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The Blind Gaze – A critical examination of disability and queer sexuality in South Africa

by

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Dissertation presented for the degree of Doctor of Philosophy

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ABSTRACT

This dissertation takes an interest in how marginal and different bodily and sexual identities are produced, and how these constructions contribute to or disrupt normative ways of living in the world. This project pays specific attention to queer, disabled individuals in South Africa. The interest is examined through qualitative semi-structured interviews with interlocutors from different socio-economic backgrounds who identified as both queer and disabled in Gauteng, South Africa in 2016-2017. Their stories are analysed through an intersectional analysis to examine how queer, disabled persons in South Africa construct and confront these identities simultaneously. This study asks what the implications of these constructs are for the complex relationship between identities and power. The theoretical framework of the dissertation is queer and crip. The theoretical framework is developed in connection with decolonial theories and critiques to create a lens calibrated to the analysis of the production of disabled and queer lives in the global South.

DEDICATION

This PhD is dedicated to my late sister, Funeka.

Thank you for shining your light on me,

and guiding me with your eternal love that lives on.

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I am filled with so much gratitude writing this section of my dissertation, because it has taken a village to get me to the finish line of this journey. Undergoing this PhD journey has been indeed a life-changing period in my life. I have received immense support from so many people from the beginning all the way to the end.

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CHAPTER 1: INTRODUCTION

I am writing this 26 years after South Africa's liberation that promised freedom to all. I am writing this 24 years after South Africa's new Constitution was passed (SA, 1996), which states that no individual shall face discrimination on the grounds of gender, ethnicity, race, sexual orientation, disability or religion. Indeed, Section 9 of the National Constitution of South Africa (SA, 1996:s 9) guarantees equality before the law and freedom from discrimination. It clearly states that there is zero-tolerance for direct or indirect discrimination against any person based on their sexual orientation or disability. The Constitution (SA, 1996) further emphasises the equality (which includes complete and equal enjoyment of all rights and freedoms) of every citizen and the right to benefit from the protection of the law. Yet, I write this nine years after Noxolo Nogwaza, a South African lesbian LGBT rights activist and member of the Ekurhuleni Pride Organising Committee, was raped, then stoned and stabbed to death by assailants in KwaThema, Gauteng. I write this eight years after black feminist LGBT activists from the 1 in 9 Campaign demanded one minute of silence at the Johannesburg Pride Parade to honour and mourn those who have been victims of hate-crimes and were murdered because of their sexual identity and gender expression, but who were instead assaulted, called names and excluded from the parade by the predominantly white Pride Committee. I write this three years after Lesley Mashimbye was rejected from more than 10 schools because of her cerebral palsy and spina bifida. I write this on the day that yet another South African child is abandoned because her disability, her queerness or both are considered a curse brought onto the family.

Globally, South Africa is considered a “rainbow nation” – a place where difference can live side by side, peacefully. The term was coined by Archbishop Desmond Tutu, after the country’s first fully democratic election in 1994, to describe post-apartheid South Africa. A place that is defined by the diversity of races, cultures, tribes, languages, ethnicities, and religions. But the broad gender and sexuality spectrums are often not fully understood within South Africa and they are not as protected socially as they are legally. There is often misrepresentation or the representation is limited to heteronormative and gender-essentialist ways. In a similar vein, the disability spectrum is also complex and so is rarely articulated or imagined within South African discourses on gender, sexuality, and race. Before the 1990s, gender

and sexuality were configured as cis-normative and gender essentialist in South Africa – any reference to homosexuality was in a demeaning or legal context and/or was a brief mention in foreign books (Pyle, 1978 in *The Truth about Homosexuals*, which was demeaning). Even thereafter, the gender and sexuality of the disabled were excluded. The beliefs about disabled sexualities as either non-existent or, when considered, hypersexualised, has been mainly viewed through the lens of heterosexuality.

1.1 Single axes of activism

There are several organisations and activist groups in South Africa, for example, OUT, GALA (which stands for the Gay and Lesbian Memory in Action Archive and is both an organisation and an archive), The Inner Circle, and Triangle Project for the LGBT community and the National Council of and for Persons with Disabilities (NCPD), QuadPara Association of South Africa (QASA), and Disabled Women South Africa, for the disabled. They aim to raise awareness and bring attention to these people's experiences and fight for their rights within the community.

These organisations primarily focus their efforts on disability alone and sexuality alone as is evidenced by their websites. There are some notable exceptions to this: Although GALA describes itself as a "centre for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) culture and education", they have made some attempts at integration of queerness and disability. A notable example is a GALA-run program from 2006-2016 called the Deaf Office dealing with sexuality and HIV/Aids in the deaf community. The NCPD provides no specific definition under "Raising Awareness", but mentions visual, voice, congenital and acquired impairments, among others. They both largely ignore the intersection of these experiences. This single-purpose activism is rooted in specialised help, which isolates many people who do not fit neatly into what these movements seek to provide. In queer activism, disability is often an afterthought and is poorly accommodated, if at all. Similarly, in disability activism, queer sexuality is intensely ignored and not integrated into the plans and actions that form part of fighting for the rights of these people.

By acknowledging and giving accounts of disabled-queer South Africans' experiences, I want to disrupt this population group's constant invisibility and

marginalisation and address its needs and dignity. In particular, I want to merge and cement these experiences in a specialised manner, so that individuals can be represented and accommodated equally as members of both the queer and the disabled identity-groups. As Dudu, one of my interlocutors said when she began her story with a huge smile that I could trace from the sound of her voice:

> "I am so happy that someone is finally addressing issues of us disabled lesbians. It is not very often that people really care about hearing our stories and everything, because all they see is a person in a wheelchair and that is all we are reduced to."

Degnen and Tyler (2017) state that "anthropological approaches to intersection draw on a cultural form and social logic encountered during ethnographic fieldwork that emphasise ideas about interrelatedness, belonging, place, temporality, connection and disconnection." Through this dissertation, I hope to highlight the feelings of unbelonging and disconnection felt by South Africa's disabled-queer community, and answer questions relating to how these arise. These are people who wish to be heard and acknowledged as prominent and equally visible members of the disabled and queer communities and to play a role in the mainstreaming of marginalised identities in South Africa.

In the production of knowledge in anthropology, addressing and understanding queerness and disability have been tailored into tackling these identities in isolation. For queerness, there are authors like Jagose (1996), Turner (2000), Hall (2002), Sullivan (2003), and Yep (2014). For disability, there are Albrecht and Seelman (2001), Corker and Shakespeare (2002), Yuval-Davis (2006), Siebers (2008), Pothier and Devlin (2011), and Waldschmidt et al (2017). This approach seeks to normalise these identities. Variations – such as disability within the queer sexuality – are treated as outliers and, as such, have not been robustly addressed.

Most attempts at discussions consider two-way, not multi-way, intersections. Where queerness and disability are treated in tandem, it is mostly as part of a larger work that has one or the other as the main focus. For example, Taylor et al (2010) and Mayo and Blackburn (2019) focus on sexuality while Heller et al (2018) focus on disability. At least one, Nocella, George and Schatz (2017), looked at domestic pets. McRuer (2006) was one of the few to look specifically at the disability/queerness

intersection. In the above cases, the focus was on the American experience.

This leaves a gap – or an underexplored territory – to understand the complexities and the valid experiences of being disabled and queer alongside race, gender, and class differences. This applies to many societies but this dissertation focused on post-apartheid South Africa, where these factors remain a prominent marker and influencer of daily experiences – despite popular expectations. For many, disabled and queer coexist; they are not entities that can be separated from each other.

In this dissertation, I am making not just an intellectual but a political intervention. Disability studies and queer theory recognise multiple forms of oppression beyond ableism and homophobia, respectively, and both strive to document how different oppressions can be deeply intermeshed. However, specific issues arise when an intersection of disabled-queerness is theorised. Here we find a different form of sexuality, gender and ability-based oppression. Crip sexuality is not simply a field of study in anthropology, but an important political location that makes idiosyncratic forms of oppression and survival apparent – an example being the issue of "corrective rape" perpetrated against even crippled lesbians. It is an identity location which shows us that the marginalisation of queer people is not capable of being simplified to cis-sexist and homophobic oppression. Furthermore, crip sexuality suggests that the oppression of disabled people cannot simply be understood under the simple category of ableism. By placing disabled-queer experiences at the epicentre of analysis, I raise crucial questions about how the intersectionality of oppression and resistance may be understood.

These are some of the questions that initially inspired this work:

a) What are the experiences that are specific and particular to South African disabled-queer people who live in different settings and have vastly different needs and access to resources?
b) Are varying queer sexualities of disabled people given enough attention to enhance or create visibility of their existence within the queer communities?

This doctorate explicitly acknowledges the existence of queer and trans disabled people in South Africa, arguing that (1) disability studies must recognise the diversity of disabled people's genders and sexualities in South Africa; and (2) that queer

studies urgently need to acknowledge the functional diversity of queer people in South Africa.

I take a deliberate, intersectional approach for this study, in which I give detailed, qualitative descriptions of my interlocutors' life experiences. I do this for the sake of increasing the validity, reliability and quality of this study. My intention with this doctorate is to explore what it means to be both disabled and queer and how this particular positionality functions in South Africa. I seek to add queer and disabled identities, which have frequently been excluded or under-represented, into the intersectionality literature and anthropology literature. I also do this work in service of contributing to a collective disabled queer world-making project in which I offer discursive and social (im)possibilities, a register of bodies of paradox, that stretch beyond mainstream normativities, homonormativity and cripnormativity.

Focusing on the body and experience as complex sites of meaning and knowledge, using the study of queer sexuality and disability in post-apartheid South Africa, in this thesis, I examine and advance a disabled queer holism by theorising how two identities, rarely thought of together, function as sites of increased risk of violence, resistance and transformation. Overall, it is my hope that this doctorate will serve as an invitation to move towards a world in which different marginalised populations are accessible to one another, and towards a world that has space for *everyone*.

1.2 Interest in the study

The year 2011 marked my attempts at learning to navigate queer spaces. In my attempt to come out of the closet as a lesbian, I had attended my first forum at GALA (previously called the Gay and Lesbian Archives) which took place weekly. After the forum, I waited for a friend of mine to walk me back to my residence. While I stood awkwardly in the corridor, one of the attendees approached me and, after her greetings, she got straight to a question that seemingly was burning in her chest throughout the forum. She asked, "Let's face reality; you are black, blind, and a lesbian. Why would you do that to yourself?"

The awkwardness I felt standing there prior to her confrontation quickly turned into regret for even going. The question that the person posed was loaded with various assumptions. Firstly, it implied that there are identities that should not co-exist within

an individual. It is considered unusual for a disabled person to identify as queer wherein disabilities are made to align with asexuality or non-sexuality. Furthermore, it implied that identities can be separated from each other, into discrete categories that either added on or rejected. It was an experience that cemented how disability and sexuality are often thought of and understood as incompatible, at best, or mutually exclusive, at worst.

The experience of how poorly understood the intersection of queer and disabled identities are in social contexts has been mirrored by my experience in academia. As a disabled queer scholar, I have been acutely aware, since my early days as an undergrad, that there is limited representation of disabled queer experiences in both queer theory and disability studies and discourses. As an anthropologist, the literature and academic material that I have interacted with in medical, social and economic anthropology have paid scant attention to queer and disabled persons' experiences. In the subfields within disability studies, specifically looking at the sexuality of disabled persons, there was also inadequate instruction on queer disabled people. Similarly, in the subsections of queer theory, the disabled experience was ignored in the examination of the spectrum of queer sexuality and gender in South Africa. This is not just my experience. Work on disability and sexuality within anthropology and within the larger academe has been marginal. The work on intersections of disability and queer identities has been even more minimal (Egner, 2018). In fact, there is only a small number of empirical studies that explore the intersections of disability and queer identities (cf. Chelsea Whitney, 2006; Duke, 2011; Dykes, 2010; Eliason, Martinson & Carabez, 2015; Egner, 2018; Elderton et al, 2014; Fish, 2008; McRuer, 2003; McRuer, 2006; McRuer, 2013; Sherry, 2004; Yep, 2013).

This is a gap I want to contribute towards closing by examining the relationship between disability and sexuality and disability identities and queer identities through an empirical examination of personal stories. Specifically, the above experiences gave birth to the following main question I address in this project:

> **"How do individuals who identify as both disabled and queer construct these identities simultaneously in the South African context?"**

I add depth and nuance to this intersectional analysis by exploring how queer and

disabled identities are negotiated in relation to geography, race, gender, class, HIV status and mental illness. My intention with this doctorate is to qualitatively explore what it means to be both disabled and queer and how this particular positionality functions in South Africa. It is also my intention to add queer and disabled identities into the intersectionality literature and anthropology literature that have frequently excluded, or forthrightly ignored, the existence of these identities in South Africa.

This research seeks to address the following bodies of literature: anthropology of disability (responding to McRuer, Shakespeare, Thomson), anthropology of queerness (see Butler, Warner, Green, Sherry), and anthropology of intersectionality (see Crenshaw, Hancock, Nash). In scholarly literature, there is very little that we know about disabled queer people in the South African context. There is a *general* lack of literature on the queer/disability intersection around the world, particularly in the specific South African context. Furthermore, multiple and inseparable differences cannot be adequately explored in isolated categories of difference. An individual's disability, sexuality, and race require an approach that is all inclusive of all the identities in order to build a much broader understanding of the individual thus incorporating the full experiences of the individual in all aspects of their life.

1.3 A note on terminology

The use of the term "queer" in this study follows McRuer's (1997) definition that asserts queerness as a fluid description for other identities that are formed and reformed across differences and that question and disrupt prevailing hierarchical understandings beyond sex, gender, and sexuality, but include class and race. This is a relevant definition given the scope of this study.

I have chosen the definition of disability by the UN Convention for the Rights of Persons with Disabilities. I chose this definition because it is all inclusive of multiple varying types of disabilities, and is also inclusive of disability rights, which goes beyond the social and medical models of disability. It defines disability as a developing concept that results from interactions between individuals with impairments and attitudinal and environmental obstacles that interfere with their full involvement in society on an equal basis with others. This definition is particularly relevant for this study as I have incorporated and accommodated both the individuals'

impairments, and their disabilities based on the social demands. I have taken into account the medical and the social model of disability (see Schriempf, 2002). I have incorporated both models to address embodiment, pain and sexuality in the context of disability experiences, which the social model alone overlooks. This approach has helped in addressing the role played by the body and experience in its concrete material manifestations of impairment. Further, this tackles the matter of difference among disabled people as a group with respect to impairment, disability, gender, race, ethnicity, age, class, sex, and sexuality.

My use of the term “disabled queer persons” rather than “disabled and queer persons” has mapped the point of departure for my approach to the concept of inseparable difference. This, from the onset, highlights the concrete interconnectedness and inseparability of these identities. The queer identities are not an add-on aspect to disabled identities. Rather, they are co-existing identities and both play a significant role in shaping experiences of disabled queer people in South Africa.

1.4 A note on formats of writing

This PhD is written through screen reader software, not braille. This is motivated by the decision to want to produce work in a format that involves as little mediation or translation as possible. Braille, as a form of writing, requires mediation as braille is accessible to a very limited number of persons, and to my knowledge no one, in my department, and thus requires a second party to translate or convert. This form of writing was further discouraged by a few interactions I had early on post-blindness, whereby the majority of people I have interacted with told me to learn, very quickly, how to use a computer with a screen reader. They told me that this is a crucial skill for blind people who want to enter into the academic world, and that braille was becoming outdated and extremely inaccessible for the sighted world.

The violence of the academy that is embedded in the ableist-based expectations does not only imply that only certain forms of presenting and producing knowledge are superior and more acceptable, but it refuses to open up platforms and methods of knowledge production that cannot be mass-consumed as valid means of academic knowledge production. This does not only stretch the emotional capacity of being a

disabled scholar in order to meet the mainstream standards of academia that is structured in the way that requires extreme sacrifice and compromise, in multiple levels, from a disabled scholar.

1.5 Introduction to chapters

In the first chapter of this dissertation, I open with the in-depth history of South Africa as a rainbow nation, giving details of the past in the formation of South African politics. I further narrow it down to the history of the Gauteng Province, where this research took place. I have divided this section into different settings in which my interlocutors experience their daily lived experiences. I continue with the history of disability in South Africa, where I give details of disability and its connotation during the apartheid era and I move to post-colonial and post-apartheid meanings of disability and rights of disabled people in the South African context. In the second section of this chapter, I provide patterns of literature in queer studies, disability studies, crip theory, and intersectionality as my theoretical framework. I give background history of both the fields of queer studies and disability together with their criticism, and proceed by engaging on the crip theory, which links queer theory and disability theory. In the last section of this chapter, I discuss methods that I have used to collect data and my analysis methods in which I break down the narratives of my interlocutors into different themes. I have also reflected on my positionality as a scholar with a disability seeking to understand daily lived experiences of disabled queer people in the South African context.

In attempts to address the main question for this dissertation, “How do individuals who identify as both disabled and queer construct these identities simultaneously in the South African context?”, I discuss various themes that have emerged during my data collection in the analysis chapters.

In Chapter 2, which is my first analysis chapter, I discuss meaning-making of disability and the role that race and class play in shaping the meaning-making of disability in the South African context. I address how the meaning-making of disability is configured across the continuum of ethnicity, socio-economic status, and culture in the South African context. To unpack these parameters, I have developed three major sections in which I discuss, in great detail, the role played primarily by class in

determining and influencing entering the disability identity and the possible exiting of this identity. In this section, I attend to the flexibility of the disability category and how the level of flexibility can be mediated by the socio-economic status of the disabled person and their experiences of the identity. I further tackle and analyse the aspect of time and place and their contribution to shaping the meaning-making of the disability identity. In this section, I highlight the differences around the meaning of disability across generations and across varying spaces. In doing so, I bring to attention the relevance of time and place, particularly in the South African context, to show the impact history has had on the experiences and definitions of disability. Lastly, I bring into discussion the influence of race and racial inequalities in relation to disability and how the identity is perceived by the disabled person in the South African context.

Colonial forms of violence contribute to the configurations and maintenance of the borders of race and class, which, in turn, configures an individual's daily lived experiences on varying and numerous levels. Where disability is concerned, race and class can shape and influence the onset of a person's disability and how the disabled identity is experienced, particularly in the South African context. Throughout this dissertation, the contestation of the meaning of disability, in South Africa, varies significantly across multiple cultures and differing socio-economic levels. The differences in meaning-making of disability are prominent across the racial spectrum, across generations, and across geographics.

In the third chapter of this thesis, which is my second analysis chapter, I expand the discussion of disability by linking queer identity with disability to highlight the politics of the closet. Passing within these marginalised identities, I have broken this chapter into three sections. The first section of Chapter 3 (Becoming disabled) I further expand on the first section of Chapter 2 (Queer disability and class), which has addressed the onset of disability and its underlying factors.

The onset of disability has shown to have a significant correlation with the queer identity of the disabled person and it influences how they explore their queer sexual identity alongside their disabled identity. The narratives around exploration and navigation of queer sexuality as a disabled South African are impacted and shaped by when they acquired their disability. The onset of the disability, either acquired from birth, or over their life span, affects how they make sense of their queer identity and

subsequently their disclosure of the queer identity. This challenges the common understanding of ability and sexuality as separate social categories, highlights the inseparability of these identity categories, and confirms the crip theory's emphasis on disability and sexuality as a single experience that cannot be merely reduced to separate categories, as it is more than the sum of its parts. When the queer sexuality is reduced to make room for disability, and when there is an add-on to disability when the queer sexuality enters the lived experience, it does not merely suggest that disability and queerness function along a shared spectrum, but that these identities are one and the same, and are inseparable. This means that, firstly, disability functions as queerness. It is an unconventionality and deviation from that which is considered desirable, acceptable, and functional by mainstream culture; it is a form of queer ability. To identify as disabled and queer is way more than the sum of its parts but the complete inseparability of the disabled queer identity. Secondly, queerness functions as disability, which is an incapability to endorse "normalised" and normative sexualities, genders, and relationships, which is a form of disabled heteronormativity.

In this section, the lens of the onset of one's disability is used to understand the dynamics of coming out of the closet, or reverting to the closet. This highlights the flexibilities around coming in and/or out of the closet as a disabled queer person in the South African context. In the second section of this chapter, I extend the discussion around the ins and outs of the closets of a disabled queer person beyond the personal aspect of the act of coming out of or going back into the closet further to the interpersonal and social lengths of the closet in order to address the impact that society has on influencing the disabled queer person to make the decision to go in or out of the closet. In this section, I bring forth the dynamics of family in the process of coming out of the closet to further show the varying family structures and ways in which these structures impact the aspect of openly claiming a queer identity. This includes the cultural aspects of family structures in the South African context. The third section of the second data analysis chapter explores the role played by the institutions of higher learning, such as universities, in the process of coming out of the closet. In this section, I point out the safety that this space can provide for disabled queer people when they are exploring their queer sexuality. By so doing, I draw attention to how exclusionary the university spaces can be for disabled people

in South Africa on the basis of the socio-economic status of the individual. The concluding section of this chapter attends to the gender presentation and performance of the gender binary referred to as butch and femme and its predominance in the disabled queer community in South Africa. I discuss how these gender performances contribute and influence the process and the act of coming out of or remaining in the closet. This traces the complexities between disability, queerness, and gender performativity in order to visibilise the vulnerability that comes with the intersectionality of these identities.

In the last chapter, which is my third analysis chapter, I highlight, in detail, how race and class are major influencers of the ways in which disabled queer people in South Africa navigate their daily lived experiences. In the first section of this chapter, I discuss and explore varying experiences of accessing queer spaces. In the discussion of this section, I describe the limited access for queer persons with disabilities, and consequently the spaces that create a sense of unbelonging for disabled queer people. Following this section, I proceed to discuss varying and multiple forms of violence imposed on disabled bodies with queer sexualities, and how these violent experiences are shaped by racial identity and the socio-economic standing of a disabled queer person in the South African context. In an expansion of the previous section, the following section addresses sexual traumas experienced by disabled queer people and the subsequent heightened HIV infection rates within the disabled queer community. I explore how “virgin cleansing” and “heterosexualisation” are heightened risks to contracting the virus and increasing the rates of infections compoundedly. To end this chapter, I present and analyse an interlocutor’s case study with intentions to address gender privileges associated with the male gender in contrast to the experiences of the rest of my interlocutors who are of different genders and socio-economic standings.

Throughout this dissertation, the analysis of the narratives of disabled queer people puts access at the epicentre of theorising the intersectionality between disability and queerness. I demonstrate how access to queer spaces for disabled queer people is denied, both literally and figuratively, which is an indication of how queerness can inflict violence towards disabled queer people. Queer and disabled people share the challenge of bodily autonomy. Queer people are prone to marginalisation and

experience violence that is particularly inflicted by male perpetrators. I have documented instances where queer people weaponised their own oppression and marginalisation against others, who fall under an even more marginalised and oppressed group, which, in this case, is the disabled queer identifying group. This is similar to the homophobic violence that heterosexual people inflict on queer people but, in this case, it manifests as ableism violence from queer people, and gendered and sexual and marginalisation that shows its ability to establish exclusionary politics. In the South African context, the marginalised group can compete for resources and access to them, which creates further marginalisation and violence by those who are at the top of the marginalised hierarchy. This further complicates ways in which we theorise victimhood and the process in which people become perpetrators, which is constructed as a mutually exclusive binary in which an individual is either a victim or a perpetrator.

1.6 Situating the research: Disability and queerness in South Africa, past and present

> "Disabled people had for centuries been viewed as poor helpless cripples, blind beggars, dumb idiots standing on street corners with contorted outstretched hands groping, and spluttering for the small offerings their pitiable image could entice out of guilt-ridden passers-by. They were outcasts, denied the recognition of human beings, denied at every point the rights of participation in their society. Generally they were either cast out of families or hidden behind closed curtains and doors for fear they would bring shame upon and ostracizing the entire family" (Jagoe, 1992, para. 1).

The following section situates my research. It contextualises the history of disability in South Africa, gives an overview of queer history in South Africa and discusses and locates Johannesburg and Pretoria, the sites in which I did all my interviews with my interlocutors.

1.6.1 Disability during apartheid

In today's world, for a disabled person, it is a struggle to be recognised as fully human since normative notions of bodies and functionalities are entrenched markers of personhood. This struggle goes back a long way. Globally, there is a long history of

abuse and oppression of disabled people and of excluding disability from humanity. The same is true for South Africa. The struggle towards recognition, value, dignity and personhood for disabled communities in South Africa is a part of the history of this country. As the quote by Jagoe (1992) above elucidates, for centuries, South African disabled persons' lived experiences have been marked by cruelty and violence, embodied and symbolic.

Post-apartheid, democratic attempts at social and political interventions aimed at creating equal and equitable life opportunities for disabled people were preceded by the emergence of charity and welfare organisations aimed at supporting disabled people through individual acts of aid. During this pre-democratic "welfare phase" (Jagoe, 1992), society's individual guilty consciences merged together and formed organisations run, almost exclusively, by able-bodied persons, with the purposes of "looking after" "helpless" disabled people (Jagoe, 1992). As Jagoe (1992) states, this period marked the beginning of the notion of institutions developed to house, "educate" and "employ" disabled outcasts. Even though these institutions provided food, beds, some kind of activity, and safety to individuals who did not have these basic needs before, in reality, they served as "dumping grounds" to hide a problem from view. That way, society was reminded of these people's existence only through respectable and acceptable members of society who took over as proxies on behalf of the disabled people who were begging on street corners. It is the able-bodied people who became guardians and caretakers of those that the society had deemed "too horrid, too frightening, too burdensome to contemplate" (Jagoe, 1992, para 2).

During apartheid, the lived experiences of disabled people in South Africa were also the experiences of an intensely segregated group living in a deeply unequal society. There was also a huge difference in the lived experiences of black and white disabled people, which was a reflection of the general systemic inequalities between black and white people. The lives of the majority of black disabled people were filled with daily struggles of living under the poverty line, deprivation and the violence of the apartheid government, which was compounded by their disability. It is important however to shed light on and acknowledge that, during the apartheid regime, *all* disabled people, regardless of their race, were subjected to discrimination and marginalisation. Disabled access to fundamental socio-economic rights, including

employment, adequate health, welfare services and education was profoundly limited. This level of discrimination and marginalisation was based on the general belief and perception that disabled people are sick and in need of care instead of being seen as equal citizens with equal rights and responsibilities (Howell, Chalklen & Alberts, 2006).

As the Disability Rights Movement in the South African context developed during apartheid, it was immediately confronted by a unique challenge that sheds light on the absurdity and violence of the apartheid era, namely, the question of *how* discrimination against disabled people, specifically, might be legally defensible or plausible in a context where there was no recognition of equal rights for all people, and where a human rights-based approach was not feasible? How was it possible to fight for disability justice when the existing disability grants, at the time, were not adequate (and are not adequate today) and were designed to racially discriminate disabled people? According to Jagoe (1992), during apartheid, the category of "white disabled people" was entitled to receive just over R200 per month, whilst the category "coloured and Asian disabled people" was entitled to about half of that amount and disabled persons in the category "black and African disabled people" were entitled to only half of "coloured and Asian" person' grant and less than a quarter of disabled whites' grants. It begs the question: how could a grant designed to instil racial violence be improved on to achieve its single-axis aim of disability justice?

Not only was the majority of black people disabled through the oppressive and structural violence of apartheid (Cock, 1988) but, once disabled, they had to deal with inadequate rehabilitation and health services in the apartheid era hospitals. Following their discharge, they were forced to go back to the same conditions of deprivation and discrimination, which were the root of their injuries in the first place. This was further characterised by the absence of follow-up and aftercare (Du Toit, 1992). These challenges were additionally compounded by the fact that the hospitals in the apartheid era were overcrowded, that medical staff had received no or highly inadequate training in basic nursing techniques relating to long-term disabilities, as well as the inappropriateness and violence of racialised knowledge and experience of white professionals trained in "white" medical schools providing services in "black"

hospitals. Finally, the overall environment, marked by designed squalor and destitution that the majority of black people were confined to through spatial apartheid all deepened the material impact of impairments and disability. As Jagoe (1992) asks:

> "*… of what use is it to learn to transfer sidewards from a wheelchair to an accessible toilet if you only have a corrugated iron privy in the back yard into which you can't get a wheelchair? But how many white therapists have intimate knowledge of that community?*"

1.6.2 Single-axis oppression and single-axis struggles during apartheid

> "*The way things were so bad back in the day, as a black person, you were struggling with a lot of discrimination and poverty which was made worse for me by my disability. Sex and sexuality freedom was not even anything I prioritised. There was way too much to deal with already, which seemed more important than sexual liberation at the time. Hence, I only had the capacity to come out as a lesbian later on in my life when the other struggles that were associated with being black and disabled were manageable." (Dudu)*

Due to the single-axis oppression structure of apartheid South Africa, it left those who were doubly-marginalised with the predicament of choosing a set of struggles to fight for, as my interlocutor Dudu highlights in the above quote. If an already-marginalised person, for example, a black person or a white queer person, entered into the disability category through apartheid violence, how would they enact their politicisation and struggle for justice? Around what single-axis set of issues would they devote their energy? For the most part, according to Jagoe (1992), they would organise around disability issues in favour of confronting the broader, overarching struggles for justice in South Africa. This was not a wilful escape from participation in the anti-apartheid struggle, but needs to be understood from an appropriately contextualised angle, as a disability status complicated direct participation in struggles that did not directly relate to disability justice. The anti-apartheid struggle was central to many black people during that era, as the apartheid regime brutally excluded black people from using "white" buses, and living in "white" suburbs, holding down "white" jobs, and having restricted interracial relationships. Black persons who were also disabled, however, had no access to buses, had no houses,

lost their families, and had no access to employment of any kind. As long as there was inadequate healthcare and sanitation, they would continuously be confronted with health issues. In order to even have a chance at the “normative” struggles of a black life during apartheid, they first had to address and break down disability related discrimination (Jagoe, 1992).

1.6.3 Disability activism

In spite of the barriers to intersectional struggles for justice pronounced above, the anti-apartheid, black consciousness, and student movements played major roles in motivating disability activism and self-organisation of the late 1970s through to the 1980s (Howell et al., 2006). During that time, some disabled people, particularly groups of disabled people who lived in townships, started organising themselves into local organisations of disabled people and self-help groups. These initiatives resulted from the vision and commitment of disability activists such as the late Friday Mavuso (Howell et al., 2006). These groups were influential in finding practical ways to organise disabled people through self-advocacy and commitment to self-reliance and economic empowerment. One of the most important initiatives of this kind was the Self-Help Association of Paraplegics in Soweto (SHAP), which had Friday Mavuso as a founding member (Howell et al., 2006).

Disabled activists took inspiration from the Black Consciousness Movement (BCM) of the 1970s, from the analysis and leadership of Steve Biko and the South African Student Organisation (SASO). Similarly, the black students who parted with the white dominated National Union of South African Students (NUSAS) felt the need to be in charge of their own destinies and speak for themselves. Taking inspiration from Steve Biko’s analysis of the situation in South Africa meant that they held the society around them responsible for their marginalisation and the deprivation that they encountered rather than internalising ableist claims of disabled inadequacy and inherent shortcomings.

Two events that took place in South Africa during apartheid influenced disability activism. These events were the student uprising of 1976 and the formation of the United Democratic Front (UDF) in 1983. On 16 June, 1976, 20 000 students marched through Soweto, a large black township located outside Johannesburg, to

demonstrate their opposition to the inadequate education system that was available to black students and the utilisation of Afrikaans in these schools (Christie, 1985). Even though this demonstration was peaceful, police met the students with violence, which took many lives and left some students disabled. Students and youth across the country joined the uprising and workers, parents, men and women from local communities joined in to support the demonstration, which resulted in a nation-wide uprising (Christie, 1985). The apartheid government responded to the uprising with intense repression. The following year, about 21 537 people were prosecuted in relation to this event (SASPU National, 1983) and many people lost their lives, mostly in police detention.

The student uprisings were particularly important for disabled people in South Africa in two ways. Firstly, this violence led to many people becoming disabled. Some of the disabled activists who are part of the Disability Rights Movement today were amongst the people who were brutalised by the police. Secondly, these events further politicised disabled people who recognised that the liberation of disabled people depended on the liberation of the majority of South Africans and the institution of democracy in the country.

The 1980s were crucial for disability activism that attracted international attention and support. Howell et al. (2006) describe the visitations of disability leaders, such as Mike Du Toit, to the 1980 Rehabilitation International Conference where disability activists rejected medical professional control and understandings of disability. Up until that period, disability was perceived as a medical issue requiring rehabilitation but that understanding of disability was questioned, with an emphasis on common forms of oppression. In addressing this matter, Mike Du Toit highlighted that this was not a rejection of rehabilitation but the acknowledgement of greater needs and entitlements of citizenships and the removal of all obstacles (Coleridge, 1993; Howell et al., 2006). Disabled activists walked out of the conference and started their own organisation called the Disabled Persons International (DPI). This became an important marker in uniting disabled people across the spectrums of impairment, class, ethnicity, and gender, and in advocating for international alliance and change against discrimination and to regain their rights and places in society.

The year 1981 was a UN year for disabled people; 1982 signalled the start of

Disabled People South Africa by disabled activists; and 1983 heralded the UN decade of disabled persons. This means that the 1980s started cross-sectional national disability activism linked to international organisations, legislation, and support. In spite of national activism in the 1970s and international activism of the 1980s, disability was still perceived as a specialised matter that was not linked to the wider landscape of inequalities in South Africa.

In September 1984, Disabled People South Africa (DPSA) was officially launched at the fourth Congress of Disabled People. These congresses were organised by service providers working in the rehabilitation area together with some disabled activists. The conference in 1984 was attended by the majority of disabled activists who were involved in the different self-help and advocacy initiatives around the country. Dr William Rowland from the South African National Council for the Blind (SANCB) was chosen as the chairperson of the organisation. Rowland's election as the chairperson led to the organisation's commitment to constructing a cross-disability movement of disabled South Africans that was a principle of the organisation and a natural move in the context of South Africa. Unlike societies of America and Europe that tended to organise themselves according to disability type, the DPSA felt that this kind of separation weakened the movement in the South African context as it tended to place its focus on the nature of the individual's impairment and ran a risk of creating competition among disabled people over resources. Furthermore, organising according to disability shifted the focus away from the Human Rights and development approach to disability where the focus was on establishing equal rights and opportunities for all disabled people instead of the nature of their impairment. This principle does not neglect the fact that some disabilities are more marginalised than others. The cross-disability principle was also adopted by DPI in building disability movements across the world.

1.6.4 Disability and a new democratic South Africa

The years between 1990 and 1994 are considered the most momentous in formally determining the establishment of democracy in South Africa and getting rid of, at least at a political level, the system of apartheid. During this period, there was ongoing violence in the country, with compelling evidence pointing to the apartheid government as either intentionally fuelling the violence or, at best, making no

attempts to address it in a constructive way. It is during this period that many people lost their lives and some became disabled. The DPSA began formal contact with the ANC as the new government-in-waiting as early as August 1990. The organisation emphasised the importance of integrating disability matters into the party's position paper and documents that would serve as the new government's legislative and policy framework.

With attempts to include and connect disability to other forms of human rights in the post-apartheid policy landscape of the 1990s, activists started advocating for disability rights. The South African Disability Rights Charter became essential to the movement but, when there was absence of political action, disabled people took over central Durban in 1992 to protest and to have their rights included on the political agenda (Watermeyer, Swartz, Lorenzo, Schnieder & Priestly, 2006).

The African National Congress (ANC) came to power in 1994 as the first democratically elected government. Amongst the first commitments it made was to establish a constitutional assembly to address the foundations of democracy in South Africa. The culmination of the work of the constitutional assembly was the implementation of a new Constitution on the 8th May 1996 that drew from the principles and provisions of the interim Constitution that was negotiated by the old apartheid government and the organisations of the liberation movement after their unbanning in 1990. The new legislative framework that was implemented in 1996 marked the end of two years of consultation and negotiations with numerous diverse groups of people in South Africa. The new Constitution was of particular importance because of its extension of human rights to everyone in the country for the first time in the history of South Africa. It grants every citizen the right to vote and further outlaws any unfair discrimination against any individual on many grounds. The Constitution states that one of the grounds on which unfair discrimination many take place is on the basis of disability. In so doing, the Constitution acknowledges that disabled people have been and continue to be discriminated against because of their disabilities. The inclusion of disabled people in the Constitution in this way highlights how disability has become an essential consideration in the new legislation, and in the new policy documents that make up the country's legal and policy outline. Further, the inclusion of disability in the Constitution has influenced, either directly or

indirectly, the lives of disabled people in the country, and has created opportunities to deal with inequalities that were experienced by disabled people in the past. The new constitutional framework further marked a crucial breakthrough in the battle of disabled people to overcome their past exclusion from mainstream society.

1.6.5 Queer history in South Africa

The pre-colonial African societies accepted homosexuality on what has been referred to as a "situational" basis. In the Zande of Sudan and among mine workers in South Africa, having boy-wives was a common practice (Sanders, 1997). During this period, homosexual acts were referred to by the Zulu as *hlobongo* and as *metcha* among the Ngoni (Sanders, 1997). Up until the 1960s, there was very limited knowledge about lesbianism that was known to have occurred in polygamous households (Sanders, 1997). The missionaries in Africa tried to repress these homosexual acts but, in African societies, male homosexual acts were condoned whilst lesbian acts were condemned (Sanders, 1997).

With the growing Afrikaner Nationalist Movement of the 1900s, Dutch Reformed Calvinism formed the basis of apartheid and nationalist Afrikaner ideology. According to this religious ideology, homosexuality was considered unnatural and immoral (Mader, 2008). This explains the nationalist government's anti-homosexuality stance, which played a major role in influencing policy. The apartheid government believed that, in order for South Africa to avoid the dooms of ancient Rome and Greece, it should commit to preserving its Christian purity and avoid homosexual wickedness, since sexual deviance would result in the demise of South Africa (Retief, 1995). Homosexuals were also perceived as child molesters, and this bombast was used to pass the Immorality Act Amendments of 1968.

During the apartheid era, the majority of queer people had to live their lives in secrecy. Gay life and culture took place behind closed doors. Queer people arranged parties at their own homes or went out to bars that were exclusively for them. Queer people formed communities in places like District Six in Cape Town, and Sophiatown in Johannesburg. Urban spaces also provided queer people from townships some freedom to be away from parents and communities who were likely to harm them, and be surrounded by people who were more accepting of their queer identities.

1.7 The Anti-Homosexual Legislation

The Immorality Act of 1957 was one of the very first pieces of legislations that attempted to control relationships between people. This act prohibited sexual intercourse between people of different ethnicities. The main objective of the Nationalist Movement was to create an Afrikaner state that would be seen as the stronghold of civilization, founded on Afrikaans culture, language and Dutch Reform Calvinism isolated from English influence and separated from perceived precarious races and ideologies. Anything that failed to fall under the narrow criteria of Afrikaner "culture" would be controlled and outlawed. Even though the Immorality Act of 1957 showed the official stance of the government toward matters it considered deviant, the implementation of these laws was relatively loose (Gevisser & Cameron, 1995). The restriction of unnatural or immoral sexual acts was a euphemism related to homosexuality or non-reproductive sexual acts.

Amendments to the Immorality Act of 1957 were introduced which further restricted relationships between different races and only outlawed homosexuality if it took place in public spaces (Gevisser, 1995). Nevertheless, the 1966 raid in Forest Town, one of Johannesburg's affluent suburbs, served as motivation to create the first overt anti-homosexual legislation (Gevisser, 1995). On a weekend in January 1966, nine men were arrested for masquerading as women and taking part in what was considered indecent activity (Gevisser, 1995). This high-profile raid brought homosexual subculture into public view, and showed a loophole in the Immorality Act that people could only be arrested if the acts were conducted publically. Consequently, in 1968, the Minister of Justice proposed an amendment which made homosexuality illegal (Gevisser, 1995). This amendment resulted in homosexuals mobilising and attacking the charter. The Law Reform Movement of 1968 was led by a small group of gay professionals. Even though this movement was mainly made up of white middle class gay people, it brought together homosexuals from different classes of society. The objectives of the movement were to maintain the status quo, which is to ensure that their ways of living were not hindered. For this reason, the Law Reform Movement distanced itself from the anti-apartheid movement and left-wing politics in order to uphold its respectability in the eyes of the parliament. This further marginalised black gay people.

This division of homosexual rights along the racial lines was an example of the extent to which apartheid separated societies. Even though the white homosexual movement was oppressed, it still had enough mobilisation and economic power to defy the government and accomplish a minor victory (Gevisser, 1995).

In the 1980s, two major gay rights groups were formed. Firstly, Gays and Lesbians of the Witwatersrand (GLOW) was formed in 1988, with founding members that included Simon Nkoli, Linda Ngobo, and Palesa Ditsie. Secondly, the Organisation of Lesbian and Gay Activists (OLGA) was founded (Mayers, 2013). Nkoli was also involved in the formation of the National Coalition for Gay and Lesbian Equality (NCGLE), which was later known as Lesbian and Gay Equality Project (LGEP) (Pettis, 2005). These years marked a transformation within the gay rights movement. Gay rights activism distanced itself from the white-centred, apolitical stance of former gay rights activists groups such as the Gay Association of South Africa (GASA) and Law Reform Movement. GLOW and OLGA associated themselves with anti-apartheid groups such as the ANC and UDF (Pettis, 2005). GLOW played a major role in influencing the lives of black homosexuals since its main purpose was to provide support and advocacy for black LGBT people, particularly those who lived in the townships (Donham, 1998). GLOW further implemented a policy of non-discrimination and was open to people from various ethnic groups. OLGA membership was predominantly white, middle class people who opposed apartheid and associated with the ANC and UDF (Croucher, 2002). However, the apartheid government continued to introduce amendments to the Immorality Act of 1957 (renamed the Immorality Act of 1988) which implemented cruel punishments for the queer community (Webster, 1996).

HIV/AIDS was first diagnosed in South Africa in 1982 (Avert, 2011). Gevisser and Cameron (1995) state that the gay community was excessively impacted by the virus during the early 1980s and 1990s but that South Africans had limited to no access to antiretrovirals as the government stated that it could not afford this treatment (Pegge, 1995). This limited access encouraged movements that included the Treatment Action Campaign (TAC) and GLOW to adopt programs such as the Township AIDS Project (TAP) and the Gay Men's Health Forum. However, it was too late for many gay men such as Simon Nkoli who later died from HIV/AIDS complications (Pettis,

2005). The objectives of these programs were to provide support, spread awareness, and petition for access to life-saving antiretroviral treatment.

With the unbanning of the ANC, the UDF and other political organisations in 1990, LGBTI organisations, such as OLGA and GLOW, engaged in political debates, which included sexual freedom as an essential human right in the new Constitution. In 1996, South Africa's new Constitution prohibited discrimination based on sexual orientation, which made the country's Constitution one of the most liberal in the world in terms of personal freedoms (Sanders, 1997).

On December 1st, 2006, the South African government passed the Union Bill, which made South Africa the first African country to legalise same-sex marriage (Alexander, 2018). In spite of the positive advances in legislation, discrimination and homophobia still prevail in South Africa. The new legislations showed that queer people in South Africa needed protection against discrimination from the government. These new legislations further exposed the extent to which homophobia permeates South African society.

1.8 Disability and queerness in South Africa

It is evident from the history of disability and queerness in South Africa that there has always been a strong presence of intersectionality in the struggle against discrimination. Disabled people's struggles were deeply influenced and shaped by race, and consequently by class. Further, the fight against discrimination on the basis of sexual orientation has been connected to the struggle against the apartheid government. However, there was no link between queer activism and disability activism. South African history on disability and queerness shows that both these marginalised groups had to fight for their rights as both groups were regarded as misfits for various reasons that have been highlighted above. It is also important to highlight the fact that, even though both black and white disabled and queer people were subjected to discrimination and cruelty, white people in both the groups were advantaged, specifically economically.

1.9 Doing research on disability and queerness in Johannesburg

All my interviews took place in the city of Johannesburg and the adjacent capital city

of Pretoria in the province of Gauteng in South Africa between 2015 and 2017. When I use the term “Johannesburg” throughout this study, I refer to the Johannesburg metropolitan area demarcated in the 1990s (Beavon, 2004) made up of Johannesburg Central, Sandton, Randburg, Soweto, and Roodepoort, with central Johannesburg consisting of the inner city, northern suburbs and the townships. When I refer to Johannesburg throughout this study, I speak of a geographic space as well as a geographic imaginary because it is more than just an urban space to those who live in it; to my interlocutors, it also functions as an identity, and as an idea.

Since gold was discovered in Johannesburg in 1886, the city has attracted a heterogeneous population regarding race, class and faith. It nonetheless remained male-dominated for the greater part of that century as men came to work in the mines. Even before the apartheid laws were implemented in the second half of the 20th century, Johannesburg was already officially separated on racial and class lines. Three pieces of legislation adopted the geography of segregated Johannesburg: the Natives (Urban Areas) Act of 1923; the 1930 Amended Act (which was a foundation of the apartheid legislation after 1950); and the 1934 Slums Act, which was used to clear slums through evictions or rezoning. Beavon (2004) states that, even before apartheid, a segregated Johannesburg was deliberately crafted on racial lines rather than merely allowed to develop. The 1923 Act particularly had a racist content, which constrained urban black people to “white” areas only for the use of their labour. Johannesburg was therefore legally designated a “white” area and black people required permits to enter the city and had to ensure that they left the city before dark. Before the 1980s, black people were not allowed to live in the inner city because of the race-based zoning of the urban areas (Gotz & Simone, 2003).

Today, Johannesburg has become so massive that the distance that used to exist between Johannesburg and Pretoria has been swallowed by expanding urban development. It is one of the world’s largest urban areas (Brinkhoff, 2010). Johannesburg and surrounds, which includes Pretoria, is a dynamic, multicultural urban landscape, characterised by unambiguous contrasts (Beavon, 2004). These contrasts are seen through the ways in which people experience the city and its surroundings. As a space, Johannesburg varies considerably from other urban spaces in South Africa. Johannesburg, first of all, is a great African metropolis that is

connected economically and socially to the rest of the southern African region in ways that the rest of South Africa is not. As it was founded on the gold mines of the past, it is a space of both wealth and poverty. Through its gold-mining history, it has enriched the Randlords of the past and plunged the miners and their descendants into lives of despair and abandonment. It is a space characterised by multiplicity and possibility, by zones of privilege and zones of abandonment, and it is where people go to pursue a better life – even today. It promises a different, freer life, which is perhaps why it is such an attractive and popular destination for those who feel particularly unfree – disabled and queer persons. It is a space where we, where I and my interlocutors alike, have gone to *get free*. To explore who we are in a space that is big enough that we are anonymous and unknown, free from our families' expectations and gazes, and free from past identities. But big enough to connect to new communities and people. There is a great university to hide in, there are endless neighbourhoods and there are stories of incredible financial and social opportunities. There are parties, subcultures, Pride parades, queer bars and events for disabled people. It is not surprising that Johannesburg holds much of South Africa's long history of disability and queer activism and that it was home to Africa's first gay and lesbian Pride parade. It has visible places and landmarks that celebrate and honour the lives and contributions of queer people in Johannesburg.

It is for this reason that Johannesburg functions as one of South Africa's epicentres for queer and disabled production and where I explored how queer and disabled lives unfold and become configured in this particular space, this vast melting pot of queer and disabled potentiality and futurity.

1.10 Literature review

Anthropologists have been complicit in pathologising both disability and sexuality and, more recently, critical of this same process of pathologisation. In this section, I begin with a brief history of sexuality and queer theory, including heteronormativity and performativity. Next, I explore how queer subjects and rights are vulnerable to co-option through homonormativity and homonationalist representation and work by scholars who critique this process. I then look at disability studies and the history of disability, especially as it pertains to South Africa. I also explore body norms and ableism and compulsory able- and bodiedness. Finally, I look at ways in which

feminist disability scholars have done the ground work of developing crip and queer/crip theories of disability as well as intersectional theory.

1.10.1 Disability studies

Disability studies initially emerged in the 1990s primarily in the UK, US, and Canada. It is a field that evaluates the meaning, nature, and consequences of disability. Initially, the focus of the field was the separation of impairment and disability, where impairment was personal – the individual's impairment of their mind or body, whilst disability was considered a social construct. This foundation gave rise to the medical model and the social model of disability. In 1999, the social model was universally accepted and preferred by the field (Bickenbacha, Chatterji, Badley & Üstün, 1999). However, recently, the division between the medical and social model of disability has been challenged (Dewsbury et al, 2004).

Disability has been produced as a distinction from cultural notions of normality, influenced by social situations that eliminate complete social participation of the individuals considered different (see Canguilhem, 1991; Kasnitz & Shuttleworth, 2001; Shuttleworth & Kasnitz, 2004). Disabled people are acknowledged as an oppressed group (Barnes & Mercer, 2003) because disability, as a form of oppression and discrimination, cuts across other forms of discrimination, such as gender, race, class, sexuality, and assumes increasing extents. Shakespeare (2006), in defining disability, compares the medical model of disability and the social model of disability. Firstly, he states that impairment, which is a term used in the medical model, and disability, which is used in the social model, are two completely different concepts. Impairment is private, individual, and a personal misfortune while, on the other hand, disability is structural, social, and externally imposed. Oliver (1990) further argues that disability is a type of disadvantage that is added on top of an individual's impairment. Throughout my thesis, I use the word disability rather than impairment, as I rely predominantly on the social model of disability.

Differentiation of normality occurs not only culturally, but *across* different cultures and *across* time, which produces a diverse register of notions of what counts as a diversion from normality. Consequently, there is a great variance in what is considered a disability from one cultural geography to the next. This is a particularly

salient point in the South African context where cultures carry varying degrees of difference – racial, tribal, ethnic, religious, social, economic, linguistic – that produce different configurations of disability. Further, these differing configurations of normality translate to differing degrees of oppression and discrimination across cultural contexts. Consequently, the categorisation of disability, as an oppressed group due to its diversion from cultural normality, is one of many bricks that construct how the archetypes of disability identities are made. A disabled person therefore enters this identity group with its pre-existing and acknowledged productions of marginalisation.

The social model of disability is configured by the way society is organised, rather than by a person's impairment or difference. It focuses on ways of removing barriers that restrict life choices for disabled people. When barriers are reconstructed or removed, disabled people become independent and the experience of disability – or having disability be imposed onto a body – disappears. Feminist scholars (see Crow et al, 2002) have critiqued the social model of disability for overlooking the material role played by body and how the body, in its own capacity, is influenced by diverse levels of functionality. The body is not just a social construct, but a material entity capable of imposing restrictions of functionality onto the disabled person through, for example, chronic pain and degenerative disabilities, thereby impairing the disabled person. Furthermore, these scholars have raised concerns as to whether the social model and its frameworks have the ability to tackle the matter of difference within disabled people as a group with respect to impairment, disability, gender, race, sex, sexuality, age, class, and ethnicity. This, therefore, prevents the practical or theoretical engagement with and inclusion of difference among disabled people. Further, Fawcett (2018) makes use of "disabled-bodiedness" (p. 115) to defy the binary style conceptualisations of the body inherent in the social model. This puts emphasis not only on the body, but also facilitates, in a non-binary manner, the making of ongoing and different connections between conceptualisations of able-bodiedness and disabled-bodiedness.

There is also great variance in what counts as impairment or disability in various sociocultural settings. Research on disability in certain areas of the world where medical technologies are not easily accessible shows that the same category of disability has various configurations in assorted cultural and economic settings. In the

global South, where it is said that roughly 7.5 percent of disabled people live, cross-cultural work in anthropology and disability studies convey that what is considered and counts as a disability in different settings cannot be taken lightly (Devlieger et al, 2003, Addlakha et al, 2009). Impairment and disability are strongly interconnected concepts and their existence is not binary, but cohesive. There are numerous overlaps, and there is no clear cut between the two. The context in which impairment and disability are experienced by an individual contributes to the way in which both are lived through, and therefore produces its inherent level of oppression. Even though race and class are a social phenomenon and an external construct of an individual's impairment, they contribute to the level of oppression produced by the impairment. Race and class also shape how the disability is experienced. Access to medical care mediates levels of material oppression from one's impairment. In other words, race and class are categories that co-construct how disability is experienced based on the types of assistance – social, interpersonal and economic – that are at the disposal of the disabled person.

Due to the limitations inherent in the social as well as the medical models of disability (Schultz, 2009), this scholarship proposes the use of a biopsychosocial framework of disability. It is an interdisciplinary framework that looks at the interconnections between biology, psychology, and social and environmental factors in the production of disability. It captures how a multitude of aspects, from social barriers to physical impairment, play a defining role in the individual and societal construction of disability.

Knoll (2009) highlights that, although many disability theories strive for a model of universal design that targets a broadened group of disabled people, it is crucial to foreground the dialogue about intersectionality and individual difference in the experience of disability. Influenced by feminist disability studies, particularly Garland Thomson and Susan Wendell, Knoll (2009) suggests to not only consider the multiple and diverse bodily, mental, and psychological differences of disabled persons, but to also take into account ways in which race, religion, class, sexuality, nationality, and others can intersect with disability experiences.

Broadening the range of disabled people, whilst keeping the varying degrees of their experiences, has the power to obscure the degree to which race, class, gender, and sexuality shape the understanding and meanings of disabilities across these

differentiating factors. Applying the model of universal design in a South African context downplays the cultural, racial, and economical influence of what counts and is considered as a disability in these various groups of disabled people. Consequently, this will fail to showcase the diverse meanings of disability beyond the physical, sensory, and psychological differences. It is important to describe these differences and attend to them in great detail, in a South African context, where all these factors impact the experiences of disabled people and, in turn, contribute to shaping the meaning of disability.

Similarly to class, though not equated to it, any individual can enter the disability identity through aging or unforeseen events, defying life-long presumptions of fixed identities and normativity. Due to certain circumstances, such as poverty, violence, disasters and healthcare, some individuals are more vulnerable to disability. Nonetheless, there is no social category that is freed from disabling experiences (cf. Block et al, 200; Boyce & Weera, 2001; Fjord & Manderson, 2009; Eide & Ingstad, 2011, MacMakin, 2011).

Feminist disability scholars, such as Moya Bailey and Izetta Mobley (2018) who advance a black feminist disability framework, have criticised the social model for being overly concerned with material aspects of disability causing scholars to ignore, misrepresent or minimise the multidimensional aspects associated with double- or triple-marginalisations. For feminist scholars, in particular, their focus has been on drawing forth and examining how oppression or points of marginalisation have an exponential effect on the persons with multiple marginalised identities (Berger, 2013; Goodley, 2013). In other words, feminist scholars use intersectionality to understand how gendered oppression, for example, alongside sexual oppression, will multiply and transform each other and cannot, therefore, be considered separately. Feminist disability studies, in line with the aims of this study, focus on compounded oppression (Berger, 2013). According to Goodley, the feminist disabled use of the term intersectionality “is not simply about bringing together these markers but to consider how each supports or unsettles the constitution of one another … to explore convergence and divergence of multiple markers” (2013, p. 636).

Shakespeare (2000) argues that sexuality for disabled people has been area of distress, exclusion and self-doubt. Galvin (2006) additionally states that when

disability and sexuality intersect, the specific marginalisation that results takes one or two different, yet linked, forms where the disabled individual is categorised as either non-sexual or perverted. According to McRuer and Wilkerson (2003), beliefs of perversion, normalisation, victimisation, and protection, are at the centre of ableism and homophobia. McRuer (2002) additionally alleges that it is not only that compulsory heterosexuality and compulsory ablebodiedness are intersecting systems of power, but also that these normative frameworks' existence depends on each another for their survival. His belief is that hegemonic heterosexuality is premised on a lack of disability, and that compulsory able-bodiedness equally demands heterosexuality. McRuer and Mollow (2011) allege that the physical environment and discursive systems affect how disability and sexuality are manifested.

1.10.2 Primary concepts

Both disabled people and queer people experience marginalisation on systemic and individual levels (Berger, 2013; Kafer, 2013; McRuer & Mollow, 2012; Sherry, 2004; Shakespeare, 2013) as they have been invisiblised, both in research and popular culture (Eliason, Martinson & Carabez, 2015; Gomillion & Giuliano, 2011). When they do appear, they are stereotyped (Gomillion & Giuliano, 2011) and misrepresented as flat, simple, undynamic and uncomplicated.

Egner (2018:3) explains that "[d]isability and LGBTQ+ identities are rarely considered separately, and they are almost never considered together." The configuration and production of queer and disabled identities have recently been theorised (Kafer, 2013; McRuer, 2013; Sherry, 2004) but they have rarely been studied empirically, particularly in the global South (Robert, Greenhill & Cookson, 2016) and there is scant queer and crip approaches in empirical studies on disability within the social sciences (Egner, 2018).

In order to conduct a qualitative, empirical study on queer, disabled identities, I need to utilise three key theories: queer theory, crip theory and intersectionality theory. Queer theory expands on the study of sexuality beyond gay/lesbian classifications to anything considered deviant and outside of the dominant social norms. Crip theory is the critical study of how disabling processes in society come to shape and impact a

disabled person's identities, especially sexuality. Intersectionality, particularly as it is used by feminist disability scholars, explores how various social and political identities combine to create a compounding marginalisation and effects.

As this thesis aims to deepen and nuance the understanding of queer, disabled lives in South Africa, and in order to bring these fields together, I have taken an intersectional approach to my study mainly due to its focus on analysing the multiple forms of marginalised difference. An intersectional approach foregrounds the experience of disability in relation to queerness and queerness in relation to disability. In response to these bodies of literature, the discussions surrounding the conceptualisation of disability and queerness have been framed within both a global and a local context. It is my intention to bring the fields of queer theory and disability studies together to highlight and engage with the inseparability of disability identity and queer identity. This thesis, and its crip and queer approaches to disability, provides such an empirical contribution. In queering disability and cripping, this thesis contributes to a deeper understanding of these categories on an individual level, as well as to a more complex understanding of their intersection.

1.10.2.1 Queer theory

Feminists view sexuality differently but there are mainly two leading philosophies for feminist theories of sexuality – social structuralism and post-structuralism. Although they are different, they both employ intersectional thinking about sexuality, evaluate ways in which sexuality is altered as it comes in contact with other forms of being and identify how one encounters the world. The domain of knowledge that is known as 'queer theory' has many beginnings and genealogies. One of its prominent genealogies is the one traced back to Michel Foucault's seminal volumes of *The History of Sexuality*, written in the 1970s (Foucault, 1978). In these volumes, Foucault explores how homosexual subjectivity is, at once, produced within and excluded from dominant culture and society, and how it exists as a construction that is both within and outside of the borders of hegemonic society. Post-structuralism, which highlights that sexuality is constructed by the society in which the individual lives, developed in contrast to an essentialist understanding of sexuality as static across time and space. The difference between essentialist and post-structuralist views is most compellingly in matters of sexual identity which begs the question:

“have people with same sex and other sexual desires always existed, even if their societies did not make such differentiation?” From the post-structuralist viewpoint, the actual naming of and speaking about “gay” or “homosexuality” makes no sense in the past; the naming of sexuality in itself is a fairly modern concept, as argued by Halperin, Winkler and Froma (1990) in Before Sexuality: The Construction of Erotic Experience in the Ancient Greek World.

This does not mean that people in the past had no desire or did not take part in sexual acts. Instead, it means that having certain types of sexual desires, taking part in interactions that involve body parts and providing sexual pleasure might have had different meanings. Research on sexuality in various cultures conveys that, from a contemporary western view point appears to be an act of sex, may have varying meanings. From a social constructionist view point, therefore, sexual desire could or could not be the motivation for acts that include the genitals, and sexual identities cannot be assumed on the basis of what people do with their bodies (Halperin, 1989).

Post-structuralist queer theory asks questions about sexuality that vary slightly from social constructionism. Judith Butler, who played a role in shifting how queer studies and feminist scholars conceptualised gender and sexuality, argues that the discourse of “construction” that has spread across feminist theory may not be sufficient for the task at hand (Butler, 1993). According to post-structuralists, the theoretical shortfall of constructionism is embedded in taking sexuality, gender, able-bodiedness, race, and class as obvious. Post-structuralism is focused on how we come to exist as sexual subjects, instead of how society influences our identities, desires, actions, and experiences. From a post-structuralist viewpoint, subjects do not exist before actions, performances and discourse; they are instead established through these iterative settings where the social produces subjects through terms of intelligibility. According to Butler (1999), this enacting of the social is essentially performative. It is through repetitive physical acts that we become gendered. These acts have been naturalised to an extent that we perceive these acts as reflections of our own intrinsic desires or identities (Butler, 1999).

Further, Butler argues that post-structuralists perceive the body as a set of boundaries, individual and social, politically implied and sustained (Butler, 1990).

Foucault describes her object of analysis as the “regime of power-knowledge-pleasure that sustains the discourse on human sexuality in our part of the world” (Butler, 1990, p. 11). Although the problem of the subject was the most conspicuous theme throughout Foucault’s work (1978), the subject, alongside its desires and its pleasures, for Foucault and other post-structuralist scholars, is not a concept that is simple, stagnant, or unitary (Rabinow, 1984, p. 12). Foucault’s examination (ibid.) of the role that power plays in producing subjectivities has found relevance in the feminist theorising of sexuality that is concerned with power.

Queer theory is derived from post-structuralist theory alongside deconstruction, in particular (Clark, 2007). Since the 1970s, the deconstructionist critical methods have dealt with issues of sexual identities, particularly heteronormativity and non-heteronormative sexuality (Namaste, 1994). Heteronormativity is the idea that heterosexual relationships and heterosexuality are the standard, which defines all relationships and sexualities. It functions by projecting a default assumption or expectation of heterosexuality onto bodies. For example, a person who is read to be male and a person who is read to be female may, under heteronormativity, be assumed to be in a romantic or sexual relationship. Conversely, two persons who are read to be women will not be met with romantic assumption or scrutiny, but pass, simply, as friends under a heteronormative gaze. Queer theory’s main goal is to mediate between the current monolithic social norms and classifications and to evaluate how and why they came into existence (Worthen, 2016). These ideas and norms are unyielding organised groupings that inadequately account for varying attitudes, conditions, and behaviours experienced by individuals. Queer theorists examine the links between power distribution and identification across numerous aspects of privilege and oppression. Feminists and queer theory offer a framework to explore these issues instead of an identity of those in the community.

By definition, “queer” is all that is at odds with the norm, the dominant, and the legitimate but is not about evaluating the binary of heterosexual and homosexual. The term “queer theory” was introduced in 1990 with Judith Butler, Eve Kosofsky Sedgwick, Adrien Rich and Diana Fuss as the initial proponents of Michel Foucault’s philosophies. There are multiple identities that queer theory does not recognise, however, in relation to factors such as class, race, and religion. Queer theory has

progressively been applied beyond contemporary sexualities and identities to identities and practices in earlier times. An evaluation of Renaissance culture and literature, for example, has generated essential scholarship in the past 20 years (Traub, 2013).

Fuss, Eng et al and Edelman represent a distinctive time in the establishment of queer theory, Fuss targets discomposing and rendering inert the reigning categorisation of sexual identity, Eng et al look at the extension of a deconstructive method into a broader milieu of normalisation, whilst Edelman's focus is on not only the spectre of the homosexual but the very idea of society as a manifestation of psychological distress necessitating composition (Green, 2007).

Regarding the queer representation and the politics of culture in southern Africa, William Spurlin (2006) addresses the sexual politics that have developed in post-apartheid South Africa and evaluates the textual and cultural representation of same sex desire outside the Euro-American axes of queer culture and politics. Critics of queer theory frequently highlight the apprehension that the approach relies on discourse as it complicates or ignores material factors (Edwards, 1998). Edwards argues that, in its evaluation of the social, queer theory makes broad claims that are derived from textual analysis. Furthermore, Green's (2007) critique is based on a sociological stance on the matter of sexuality by chiefly and exclusively focusing on lesbian and gay subjects. Laurie (2014) further argues that queer theory does not pay attention to the social and institutional settings within which lesbians and gays live.

The primary criticism of queer theory is that the term "queer" does not refer to any particular sexual status or gender object choice. For instance, Halperin (1995) argues that heterosexual people may be "queer" which is believed by others to rob gays and lesbians of the uniqueness of what causes them to be marginalised. It desexualises identity, when the matter is exactly a sexual identity (Jagose, 1996). Michael Warner (2000) argues that the main objective of queer is to defy normalness instead of heterosexuality. This is conversant with Cohen's argument about the power dichotomy where heterosexual individuals can be oppressed for certain behaviours that are perceived as sexually deviant (Cohen, 1997).

In summary, queer theory has paid attention to both sexuality and gender identity with intent to derive five major insights about the fundamental structure of society. First, queer theorists have established that the notion of queerness is an essential precondition of the conception of heterosexuality (Muñoz, 1999). Second, queer theory proposes that, due to the nature of heterosexuality as a systematically reinforced norm, queerness is subsequently perceived as abnormal (Edelman, 2004). Third, queer theorists have revealed that the social meaning of heterosexuality is premised upon an understanding of gender as binary and static (Butler, 1990). Fourth, queer theory holds that, within this gender binary, men possess privileged gender identities in comparison to women, and any other person who is not cis-gender still holds a marginalised position (Butler, 2004). Queer theorists consider these presumptions so essential to ways in which society has been organised that heterosexuality and patriarchy become compulsory, and those who do not conform receive punishment through enforcement mechanisms such as stigma, shame, hidden economic penalties, and law enforcement actions (Foucault, 1978).

1.10.2.2 Situating queer theory in South Africa

Significant amounts of detailed information about African sexuality lies in ancient histories that live through *imbongies*, *ighyuwas*, griots, *guewels*, *jelis*, and other storytellers around the African continent. The history of African sexualities is found in folklore, folk art, dance, traditional songs, clothing, body marking, jewellery, and names and naming systems. However, these systems of knowledge are degraded in the normative and theoretical fields of conventional research. As a result, they have been recategorised as oral traditions instead of histories (Smith, 1999). The earliest written archives of studies of African sexualities are those recorded by missionaries and colonial explorers who infiltrated the continent in the second half of the 19th century. During this time of imperial expansion and colonisation, African bodies and sexualities became the focus for extenuating and legitimising the ultimate objectives of colonialism, which were to civilize the savage and barbarian natives of the “dark continent” (McClintock, 1995; Young, 1995).

Written records from the 19th century by missionaries and white explorers reveal racist and ethnocentric views of African sexualities. Western imperialist caricatures of African sexualities formed part of a broader design to colonise and abuse black

Africans. These accounts likened black sexualities with primitiveness. African sexualities were not only portrayed as primitive, exotic and bordering on nymphomania (Geshekter, 1995; Mama, 1996; Magubane, 2001; Osha, 2004), they were further seen as immoral, inhuman and lascivious. Africans were satirised as having lustful characters. Their sexualities were read directly into their physical characteristics: these characteristics were believed to be a reflection of their (im)morality as Africans (Gilman, 1985; Commons, 1993). The imperialists implemented this mission through coercion, violence, humiliation, authoritarianism, arrogance, and insensitivity. The bodies of African women, in particular, worked to reinforce and apologise for the colonial project (Commons, 1993) and were essential to the consolidation of imperialism.

Cultural anthropologist Graeme Reid argues that homosexuality takes up an intermediary space in post-apartheid politics, working as a litmus test for the success of the constitutional democracy – symbolic of human rights founded social order – whilst being cast as untraditional, unchristian, and as un-African – a hazardous threat to the social fabric (Livermon, 2012). Numerous scholars have discoursed that queer relationships, particularly those in the township spaces in South Africa, have often functioned on a strong butch-femme aesthetic, with butch and femme expressed around both gender performance and gender role (Swarr, 2009). Anthropologist Amanda Swarr (2009) argues that butch-femme relationships render same-sex relationships understandable within black communities, making it easier for families to comprehend “gay” relationships because they couple masculinity with femininity. Swarr (2009) further asserts that gender and sex are created through sex acts themselves in which both parties express their respective genders.

Butch identifying lesbians define their lesbian masculinity through their township locations in South Africa. Their masculinities depend on their combination of gender, race, sexuality, class, history, and location. These masculinities that black lesbians embody and engender are explicitly South African; they are not merely female but entwined with expressions of butchness and masculine corporeality (Swarr, 2012).

In post-apartheid South Africa, there remain characteristics of the legacies of apartheid that have initiated questions about the nature of the gay movement and the rights that it has achieved. White gay men remain the sole beneficiaries of the post-

apartheid laws within the gay movement (see section 1.6 for detailed history) whilst black gays and lesbians remain victims of harsh punishments that have, for the most part, remained unchallenged. Craven (2011) has argued that the Constitution (SA, 1996) has created an impression of unity for gays and lesbians, however, many have acknowledged the existing cracks within the lesbian and gay movement, which would be played out by the notorious “shopping list”, a litigation strategy that began with the legalisation of sodomy and ended with the legal acknowledgment of same-sex marriage in 2006 (Berger, 2008). The Lesbian and Gay Equality Project (LGEP) has supported multiple legal battles. Even though it was suggested as a poverty-alleviation strategy (Oswin 2007), same-sex marriage was aimed at giving access to benefits to serve and protect the economic interests of mostly white gay couples. Black lesbians and gays were made to believe that same-sex marriage encouraged the values of extended community and familial support. The LGEP’s approach on same-sex marriage has been scrutinised and problematised. It has been considered strange that, in a country like South Africa, where the focus was mainly on alleviating poverty and inequality, gays and lesbians would pursue marriage to solve these social issues. Oswin (2007:650), following Spivak (cited in Danius & Jonsson, 1993), refers to the LGEP’s stance as the “politics of strategic essentialism”. She asserts that the politicisation efforts used to improve constitutional gains have been an intentionally conservative approach that has been regarded as elitist, unrepresentative, and male dominated. On the one hand, this approach produced a Constitution that would protect the rights of gay and lesbian people in South Africa but, on the other hand, it produced the group of “poor black gays and lesbians”.

Post-2000 has been considered the most interesting period in gay and lesbian politics in South Africa. It is during this period that the dramatisation of “poor black gays and lesbians” has come to represent “gay” South Africa today. Since the beginning of the 2000s, two narratives have materialised to characterise the experiences of gays and lesbians in South Africa. One is seen through the visual demonstration of gay and lesbian Pride marches throughout big towns and cities of South Africa and the second one is the representation of black lesbians as the victims of male sexual violence and murder. Sometimes they are simultaneously staged, leading to outbursts of anger and racist assertions within what is considered to be the gay and lesbian “community”. Epprecht (2012) argues that the spirit of gay

liberation and Pride in Africa has been founded in the West. Even though some people may be in agreement with Epprecht (2012), specifically with his reference to Western gay assimilation, the earlier gay and lesbian movements in South Africa suggest the opposite. There are momentous events that Epprecht misses in South African gay politics. These include the important role that GLOW played in the late 1980s and early 1990s (see section 1.7) to answer the question about being gay, black and African within Nationalist politics.

Western cultural imperialism has been accused of imposing strong identitarian readings of the essentialist terms of “gay” and “lesbian” (Altman, 1996; D’Emilio, 1992; Massad, 2007). These terminologies have been adopted and used outside of European and American borders, occasionally problematically. In the South African context, the terms have been utilised since the establishment of gay and lesbian movements. This is not to erase other forms of existence and expressions; studies have documented the existence of same-sex social and sexual life in some parts of South Africa with no labels attached to them (Khadiagala, Naidoo & Pillay, 2011).

xxxThe annual Johannesburg gay and lesbian Pride march has simultaneously reinvented itself although it continues to be a perpetual reflection of a fractured rainbow nation. While celebrated for demonstrating the diversity in South Africa today, this is an illusion. Gqola (2001) argues that, even though the rainbow nation is symbolic, it hides political struggles, differences, and the sociocultural histories of the South African body of politics. The rainbow flag that is carried and flown high at the annual gay and lesbian Pride march serves as reminder of this illusion. Current gay politics in South Africa has led to a separated image of the white gay and lesbian on one hand and black gay and lesbian on the other. In different ways, both sides have become commodified global figures. The white gay and lesbian image is an exceedingly desirable image reproduced and sought after all over the world by other “queer consumers” (Altman, 1996) as it represents excess. Contrasting this “lipstick lesbian” depicted and sought after by mainstream and gay media (Altman, 1996), the butch/masculine black lesbian embodies an undesirable, valueless commodity that vanishes as quickly as it appears. Perceiving lesbians in this manner leaves no room for questions of masculinities, femininities, or diverse genders in female bodies. Furthermore, and most problematically, it allows black lesbians to be seen only in

association with brutality and death (Matebeni, 2013).

Black lesbians are not only considered as “special” victims, but as victims of “corrective rape” The concepts “corrective” or “curative” rape, utilised broadly by the media and the public, arise out of lesbian and feminist activist groups in South Africa (Muholi, 2004; Mkhize, Bennett, Reddy and Moletsane, 2010). Curative rape is defined by Muthien (2007) as the rape of women, seen by men as lesbians, as an ostensible “cure” for their deviant sexualities. Historically, the term has significance for a group of women who found themselves marginalised from society even within the women’s movements. The term no longer describes the violence on lesbians’ bodies, without neglecting the difficult past which has coined such terminology. There is a need to rework such terminologies to fit the current political uses without alienating or branding the people concerned (Love, 2007). Activists and scholars have intensely criticised the use of this term (Hames, 2011; Mtetwa, 2011; One in Nine Campaign, 2013). The language in which violence is created and communicated cloaks the violent essence of the actual experience. Even though the term continues to be used, even within the queer groups, it does more harm to those it aims to describe. In a number of ways, it strips the humanity and visibility that many women battle to achieve (Matebeni, 2013). Beverley Ditsie, who was at the front of gay liberation in the late 1980s alongside Simon Nkoli, argued that, even though violence and hate crimes have become “big issues”, lesbians need to find other ways of representing themselves. Their narratives are not limited to shame, poverty, brutality, and death. Other black lesbians who occupy various positions across class structures are not represented by narrow views that do not depict the diversity among black lesbians in South Africa (Khadiagala, Naidoo & Pillay, 2011).

Even though the post-apartheid South African Constitution (SA, 1996) grants rights to sexual minorities, the degree of racial and class inequalities in queer politics signals the need for refurbishment in politics that will defy structural inequalities and a lack of redistribution. Evaluating South Africa through the commonly utilised gay lens is not merely limited, it is also problematic. This lens follows the same methods of exclusion that gay history has exposed. Gender, class, and racial tensions within post-apartheid gay politics, like in South Africa in its entirety, are easily ignored when the focus is predominantly on equality and freedom (Matebeni, 2015).

1.10.2.3 Crip theory

Crip and queer understandings of disability are distinct from each other, but have enmeshed histories. Crip theory emerged out of queer critiques of disability (McRuer, 2006), which developed out of post-structural explorations of feminist approaches to gender, sexuality, and power (Butler, 2006; Butler & Scott, 2013). Crip theory is interdisciplinary and draws on anthropology, geography, and globalisation studies (McRuer, 2006). It is an emerging, post-structural, critical epistemology that combines the medical and social models of disability to produce new understandings of disability (Cosenza, 2010; Kafer, 2011; McRuer, 2006; 2013). As a critical disability perspective, Crip theory stretches the five views of queer theory expressed above by being suggestive of sexuality and disability as identities that have always been related to each other in medical thought and social action (Kafer, 2013).

Crip theorists suggest that ablebodiedness also serves as a compulsory power tool in society and works efficiently to reinforce (and be reinforced by) compulsory heterosexuality (McRuer, 2006). With this understanding of the normative nature of both ablebodiedness and heterosexuality, society has been configured – and members of society have been conditioned – to relate to difference as problematic (McRuer, 2011). In the milieu of intertwining systems of structural oppression, critical queer theory and crip theories highlight the significance of acknowledging the existence of non-dominant identities that allow for transgression: the queer and the crip. Both terms work as discursive spaces instead of a static identity that is merely founded on a disability, gender, or sexuality status.

Discourses of sexuality, feminism, and disability are quite familiar with the problematic, limited and limiting nature of binaries (see Corker, 2001; Sherry, 2004). The definition of homosexuality is highly dependent upon heterosexuality (Brickell, 2006; Weeks, 2000), and disability's existence is dependent on ability (McRuer, 2006a). Furthermore, abnormality exists because of socially engraved norms (Yuval-Davis, 2006). To further intellectualise the notion of binaries, even though comparison is not exact, queerness is mostly seen as existing with and within ablebodiedness. Its existence alongside disability is often overlooked.

In South African queer and disability studies, Paul Chappell (2013), when evaluating queer identities, makes reference to Duggan's (2002) notion of homonormativity,

which is explained as politics that fails to challenge governing heteronormative assumptions and institutions. Rather, it grips and sustains them, while promising the likelihood of a dismissed gay community and a privatised, personalised gay culture fastened in domesticity and consumption. Chappell (2013) further argues that the queer community's continuous mimicking of heteronormative characteristics is increasing. The queer community also gives privilege to those with identities that match leading "socio-homo" norms. For instance, the mainstream homosexual cultures in South Africa present identities that are a copy of western centric constructs from the global North. These western centric constructs are rooted in and held by hegemonic whiteness and heterosexual masculinity, which means young, athletic, muscular and rich (Oswin, 2007). This results in the exclusion of those who do not meet these requirements within the homosexual cultures in South Africa, which includes the disabled, poor, black and old (Chappell, 2013). Shakespeare (1996) supports this argument by emphasising the importance of the dominant values of the mainstream gay culture in the British context. He alleges that those individuals who access the queer scene have to either hide their disabilities or put themselves at risk of being rejected. According to Tate and George (2001), who explore how the 'perfect' body creates barriers to access in homonormative spaces, commercial gay spaces have "a normative preoccupation with looks and youthfulness which often excludes those who cannot confirm" (p. 163). According to their work, homonormative gay spaces reproduce conservative and ableist beauty standards, which can exclude those with bodies that deviate from these characteristics. It is therefore essential to expand these debates and tackle the issues of attempted concealment or rejection of these personal aspects to match the notion of homonormativity in the South African context. As Butler (1993) on her concept of performativity argues, the repetition of norms stabilise gender; the prevailing heteronormative assumptions and institutes can contribute to shaping gender roles within the queer culture, and this requires further exploration in the South African context.

By adding to the work of the social model and incorporating queer theory, crip scholars strive to understand how disabling practices or the making of disability impact the lived experiences of persons and the production of their genders, sexualities and other identities. Crip theory is particularly concerned with the

production of sexuality and the subversion of ableism. This is evident in McRuer's work on compulsory ablebodiedness (2006).

1.10.2.4 Intersectionality

The circulation of power is very complex and dynamic within group identities, particularly the group identities that also have various axes of difference at play within them. These complexities lead to other members of the group being disempowered or marginalised. Is a disabled queer person within a queer identity group as empowered as a non-disabled queer person within the same group? Is a black disabled lesbian woman equally oppressed and marginalised as a black non-disabled lesbian woman? Is an economically disadvantaged black disabled queer person equally represented in comparison to a white disabled queer person whose socio-economic status is of higher rank? These questions all point to some of the tensions within the intersectionality model. Intersectionality struggles to accommodate all these differences without creating multiple sub-groups within groups and categories of identities that go on to produce a competitive positionality between various identities as they each work to show the ways that they have been victimised.

As mentioned in the section on feminist disability studies, intersectionality is an inherently feminist approach. Since Crenshaw first coined the term "intersectionality" in 1989, it has been widely regarded as one of the most essential contributions to feminist scholarship. Even with its popularity, there has been extensive confusion as to what the concept actually means and its application to feminist review (Davis, 2008). This concept has been powerful over the past 20 years; the concept serves as a critical tool for faults of identity-based theories. Intersectionality, as an approach, has identified that categories are equally important but fails to determine *a priori* the relationship between the competing or complementing categories. Additionally, intersectionality recognises that these categories are not static, but an active interaction between individual and institutional forces is involved (Hancock, 2007).

Intersectionality is characterised by its main focus on the simultaneous and collaborating effects of race, gender, sexual orientation, class, and nationality as axes of difference. These are said to be intersectionally stigmatised populations at various levels of analysis (Simien & Hancock, 2011; Strolovitch, 2007; Crenshaw, 1989) and

the focus has long been put mainly on the intersection of race and gender (Nash, 2008). When evaluated concretely, intersectionality begins to be unclear, because of the infinite list of difference. Essential questions such as: “who defines when, where and which of these differences are considered important in certain conceptions, and which are not?” are not asked (Ludvig, 2006). These questions lead to more unanswered questions, among them is the question that my study has sought to answer: how does disability, as another essential group of difference, intersect with all the other marginalised differences such as sexuality, race, and gender?

Could this be embedded in the presumed heterosexuality of disabled people, after winning the battle of being considered as non-sexual beings, or could it be the invisibility of queer disabled people across all other forms of difference? Consequently, my study has evaluated the significance of the inseparability of the effects of disability and queerness alongside the impact that race, gender, and class has on this identity group.

According to Cole (2008), the narratives of activists propose that intersectionality is not only a tool to discern difference, but also a means to understand invisible similarities. This shift requires thinking about social groups in terms of stratification brought about through practices of people, cultures, and institutes, instead of only individuals’ characteristics. These similarities are often visible between queer theory and disability studies but are nonetheless separate. In the majority of instances, similarities are embedded in difference with a common ground of similarity. At best, the similarities are mentioned as reference points and the difference is strongly guarded and kept separate. There are strong similarities between queer identities and disabled identities, and there is greater strength in the narratives and experiences of the inseparability of disabled queer identities for those who identify with both identities.

I have used the frame of intersectionality in order to map multiplicities within disability discourse by paying close attention to different disabilities and how the variations shape and influence an individual’s entire aspect of being to lay a concrete foundation to further examine queer sexualities and their diversity amongst the disabled population in South Africa. This will not only uncover unexplored aspects of South African’s rich culture of diversity; it will emphasise the inseparable forms of

difference that are often oppressed and marginalised without making one form more important than the other but show how they all simultaneously shape one's lived experiences.

1.11 Methodology

Taxi fare or coffee?

I was on my way to Pretoria with a friend of mine, who played the role of getting me to the venues where my interlocutors felt comfortable meeting me. I was meeting Thami, my second interlocutor. We got caught up in Saturday afternoon traffic from Johannesburg to Pretoria. As a result, I was 30 minutes late for the scheduled time of the interview. I finally arrived at a restaurant in Central Pretoria, the venue at which I would be meeting Thami. Even though I had been panicking about running late, Thami had not yet arrived. My friend and I ordered something to drink while waiting for Thami who showed up two hours later, just when we were about to give up and leave since I could not get hold of her over the phone that went straight to voicemail. She arrived with an acquaintance that she referred to later on in our interview as a potential girlfriend. She asked if we could go for a drive and have our interview at a nearby park where she would feel more comfortable participating in the interview, without curious people at the restaurant. I immediately accommodated her request and we all got into my friend's car and drove to a park where the interview took place. As we were settling down to start our conversation, she asked if I had brought any food or drinks with me. When I said I did not, she asked if my friend and hers could run to the nearest convenience store to buy something to eat. I conceded and gave my friend some money to go buy food for Thami and her acquaintance.

When they left, Thami apologised for being late, and explained that she did not have taxi fare to come to town from her township to meet me. She further explained that she had to wait for her neighbour who had promised to lend her the taxi fare. She asked if I could reimburse her for her taxi fare so she would be able to pay her neighbour back. She further asked if it would not be too much for me to also give her money to go back home after the interview.

In my arrangements to meet, Thami asked to meet in town instead of her township because she did not feel comfortable conducting this interview at her house. The

township was too far from town for us to drive all the way from Johannesburg to Pretoria and to proceed from there to her township. After we were done with our interview, which lasted for an hour and 23 minutes, she reminded me to please give her the taxi fare, something I had already forgotten about.

The following Saturday, I had arranged to meet with Gail at a coffee shop in Parktown. This coffee shop was a few minutes away from where Gail lived. Our interview started at 10am. We both had two cups of coffee during the interview. On the Friday night leading up to this morning, Gail had been out the whole night, and referred to the experience as "rather hectic". When the bill arrived and I had taken my wallet out of my bag to pay, she insisted on paying. When I asked if I could please take care of the bill as a gesture of gratitude for her participation, she continued to insist on paying and said, "You are a student, and doing an important project for the disabled population. When you have been awarded your doctorate, then you can take me out for coffee."

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I begin this section with this vignette with the intention of drawing attention to the two dissimilar settings in which my interviews took place. These two different settings and encounters became a pattern that shaped my experience throughout the period of fieldwork that took place between September 2017 and October 2018 in various venues between Johannesburg and Pretoria.

Firstly, I want to draw attention to the issues around the mobility of disabled people. I, as a researcher, had to organise logistics around meeting with my interlocutors around Johannesburg and Pretoria well in advance. This meant that I had to ask for favours from friends to drive me around to meet with my participants since public transport remains inaccessible to blind travellers with a guide dog. The places where I met with my interlocutors had to be convenient and accessible to both parties involved. The majority of my participants were comfortable having the interview at a park close to where they lived whereas others were comfortable meeting at a coffee shop close to them. A few of my interviews also took place on Wits main campus. Due to the nature of her disability, Thami and other interlocutors had to have someone accompanying them to our interview location. This meant additional costs

incurred on both myself as the researcher and on the participant.

Secondly, as I progressed with my interviews, the choice of locations that were arranged for each participant to meet started to reveal itself as a pattern and marker of race and the socio-economic status of the individual I was meeting. The majority of my white interlocutors preferred meeting at a coffee shop or restaurant close to where they lived. On the other hand, most of my black interlocutors preferred to meet at a park in their township or a park close to the nearest shopping centre.

Lastly, the pattern of these locations and venues served as a marker of the access needs I had to meet for every individual I conducted a meeting with. On one hand, I had to ensure that I brought enough cash for a taxi fare and snacks for the majority of my black participants whom I met with in parks. In most black social contexts that I have been exposed to, snacks are often used as an ice breaker and the beginning of forming friendly relations. Also, in the villages where I come from, when an adult visits a household, they usually bring a few snacks as a gesture of kindness and appreciation for being allowed to visit. Usually, these snacks are given to children of the household as means of acknowledging the presence of the children in the family visited. Offering snacks or asking for snacks is, amongst other things, a friendly gesture to appreciate the other person, whether for making time to see you, or a means to initiate friendly interactions. It is also the quickest and easiest access to edibles to keep hunger at bay. In the context of my interlocutors, some of them came to the interviews with no food, and asking for snacks was a humble way of expressing hunger which is also safer in terms of respecting and being cognisant of other people's varying preferences when it comes to food. It is easier to ask or to bring snacks than it is to assume their likes and dislikes when it comes to food. For instance, I predominantly brought the types of snacks I have known to be popular taste in most social settings I have occupied with other black people, such as Lays crisps, Simba chips, various biscuits, and juice or a fizzy drink. I had to bring quite a variety of these popular snacks with intentions to, at least, give some level of choice to my interlocutors, and avoid policing or narrowing down personal favourites and dislikes when it comes to choice. There is so much shame attached to poverty and being poor that sometimes people settle for whatever they are being offered because they are ashamed to voice their preferences when it comes to food. I navigated this

request and expectation with as much care as I could muster by allowing some level of choice and options when it comes to what people prefer snacking on as the interviews were under way. On the other hand, I had to ensure that I refined my ability to negotiate and insisted on paying for coffee for my white interlocutors whom I mostly met at coffee shops and restaurants. These settings came with varying accommodation needs and demands, financially and socially. The financial needs were inclusive of taxi fare for the participant and the person or persons accompanying them to the venue, and the social needs were inclusive of having access to the people who are available to accompany the participant. For myself, as a blind researcher who required transportation from friends and acquaintances, I also needed to show gratitude for their time by assisting with petrol money and food while they waited for me to complete my interviews. All my interviews typically lasted for a minimum duration of an hour.

1.12 Data collection

In the five-year duration of my doctorate, data collection took a year and one month to complete the 15 interviews that I conducted. This is perceived to be an unnecessarily prolonged period of time in relation to the number of interviews. Firstly, this perception is based on the concept of chrono-normativity – the manner in which the dominant meaning of time has been naturalised for maximum productivity (Cosenza, 2014). Normative timelines are constructed on the basis of able-bodiedness. This notion of time disadvantages me as a blind researcher. I am always confronted by disabling structures and systems that are not accounted for in naturalised notions of time.

Unlike undergraduate structures that have been put in place to accommodate the needs of a disabled student at Wits University, examinations and tests are taken in the Disability Rights Unit, where assistive devices and the environment in which these tests are taken are monitored and structured in a manner that almost always guarantees that reasonable access and help is within the room, should the student need it. Also, there is an additional time allocated for the student's needs and, if the allocated extra time is not sufficient, it can be based on the needs of the disabled student. The controlled environment has granted me reasonable and stress-free access to the format I require to meet the expectations of the institution. Having a

trained person to assist in accessing academic material and computers that are always functional and available to be accessed has eliminated some of the burdens that the academy puts on a disabled student, that are not necessarily the case for non-disabled students. However, the way in which the PhD program is structured is in a manner that “encourages independence”. The expectations from a PhD student who has a disability are far removed from the level of support that is available for undergraduate level. This is problematic because the needs that are due to the disability do not reduce or impose fewer demands that require similar assistance and support. The navigation of the entire PhD process depends on the student’s own capacity and ability. This has heightened financial needs in order to perform the same tasks that a non-disabled student would have to do but with no additional assistance. After the PhD proposal phase, there were practical demands that I had to deal with in order to be able to start the data collection process such as finding assistance to meet with my interlocutors. There were also financial considerations where I had to depend on the availability of people who were willing to assist in this regard. This extended beyond asking for favours from friends to times where I had to pay people to get me to my interlocutors. The reliance on others’ availability led to the postponement of many interviews to times that suited whoever was willing to help. I have been fortunate to have been funded throughout my study; some of the funds I received were allocated to finding assistance in this regard. However, this is not a financial burden for non-disabled grant recipients, and therefore, the structure of the funding was not designed for these additional research needs, which has required and demanded creative ways to meet these needs. At times, I had to compromise on the quality of help I received, which resulted in multiple cancellations and the postponement of a couple of interviews. Due to these practical issues, the duration of my data collection was delayed.

Secondly, during the duration of my data collection, I interacted with an increased number of interlocutors who had been exposed to extreme violence, emotionally, physically, and sexually. The level of trauma that was disclosed to me during these interviews meant that I needed therapy sessions and professional support between interviews because it triggered memories of my own similar traumas. I continued to attend therapy during the data analysis period in order to ensure that my own issues would not interfere with how I handled and analysed these encounters with my

interlocutors. This prevented any bias based on my own personal experiences as a black disabled queer person in South African setting.

Lastly, during the write-up process of this doctorate, editing and formatting some of the written content required assistance from a sighted person to visualise the text I produced and assist in correcting errors that were not apparent to me as I rely on audio as means to relate and access the typed thesis. This process resulted in an extended period to complete the writing up of my dissertation. In order to address this challenge, I had to hire a research assistant, Mbali Mazibuko, who has a Master's degree in sociology. This service meant additional expense and time so that my research assistant could correct typing errors before the chapter was sent to my supervisor for comments. Some of the academic articles that I have used in this dissertation were in pdf formats that were not accessible to the screen reader that I use, and thus required to be converted into word format so I could access them. This became one of the tasks I have had to outsource to my research assistant, adding extra time between finding the article and having it in an accessible format. The challenges that I have mentioned in the paragraphs above reflect on the harmful structures in the academy and how these structures serve as burdens that are put on a disabled person to navigate and yet are not recognised when evaluating the academic strength of a disabled student.

Throughout my fieldwork period, I needed to travel to meet my interlocutors. Mobility when disabled in South Africa requires well-planned arrangements. Public transport is, for the most part, inaccessible. The 14-seater minibus taxis that are common means of getting around with public transport in and around the cities work around the clock but the taxi drivers are always in a hurry, and often would rather pass a person in a wheelchair, for instance, by the side of the road trying to get a ride. The amount of time it takes to get a person in a wheelchair to settle inside a taxi, and securing the wheelchair, takes time that delays the driver from collecting more passengers who can easily and swiftly get in and out of a taxi without taking longer than what is deemed necessary in the ableist time. Further, guide dogs for the blind are not allowed in these taxis as the dogs supposedly scare other passengers. According to Baderoon (2016), "the kind of affiliation Black people have with dogs remains fraught with political meaning today" (p. 349) and continues to signify

inauthentic blackness. Due to the legacies of apartheid and how dogs were trained on and against black people as weapons, and due to how the slur “dog” has been used, the discursive and cultural relationship black people have with dogs today is complex and often painful. I witness the embodiment of these complications and this pain daily when I move through the world with my guide dog. To some black people, it is almost unthinkable to ride in a taxi with a dog; it is discursively unimaginable and uncomfortable, as something that Baderoon (2016) believes challenges blackness. Having a guide dog, as a black person, becomes a constant refusal of this logic and this discourse: It becomes a resistance to canine companionship as something inherently un-black.

These and other challenges around access to public transportation pose certain limitations in mobility for both myself, as a researcher, and my interlocutors. Consequently, whenever an interview was arranged, whether it would be easier for the interlocutor to come close to where I live or to meet them where they live was a major negotiation. Further, a meeting spot was decided based on the availability of a carer that could assist my interlocutor, as well as a friend or carer who could assist me. If my interlocutors needed someone to accompany them in order to provide aid, there were added financial implications. If the interlocutor did not have access to someone to provide assistance, I had to make sure I found someone to assist me in getting to my interlocutors at their convenience. Sometimes it was difficult to find times that were convenient for myself, the interlocutor and the assistants. Although minibus taxi fares are reasonable compared to an Uber, there were instances where I had to get an Uber to transport my interlocutors. Before the Uber Assist, which is an option for disabled passengers who need assistance, some Uber drivers did not allow my guide dog in their cars, and they would cancel the trip even when I explained how a guide dog is allowed in cars as a service dog. Hence, it became easier to Uber my interlocutors to meet me. The Uber Assist was only launched a year later after I had completed my data collection.

Upon meeting my interlocutors after all the necessary arrangements were successfully put into place, we quickly learned each other’s needs so that we could assist each other. Even though our disabilities varied, we were all sensitive to each other’s needs and we provided what each party needed in that particular space and

moment. We moved around each other with much natural ease.

1.12.1 Data collection methods: Semi-structured interviews

The semi-structured, open-ended questionnaire method of my interviews. as a research method. enabled the robust analysis of the narratives that had emerged from the digitally recorded conversations. The research method I chose to use was influenced by the need to gather detailed accounts of the experiences of my interlocutors, and the digital recording is the most accessible form of gathering information in an accessible manner for both myself and the participants with varying disabilities. As a blind researcher, I did not rely on transcriptions of my interviews, as I accessed them via audio.

1.12.2 Semi-structured questionnaire methodology

Semi-structured interviews are the main way of gathering data in qualitative research (DiCicco-Bloom & Crabtree, 2006) due to their flexibility and versatility and were appropriate for the collection of dense and long narratives of my interlocutors due to their ability to enable reciprocity between the researcher and the participant (Hardon et al, 2004, Rubin & Rubin, 2005, Polit & Beck, 2010). They resulted in conversation-like interviews where I, as a researcher, opened an equal interactive platform for the participants. Semi-structured interviews as a research method produce narratives that can be loaded with meaning, as they can turn questions into story-telling invitations (Hollway & Jefferson, 1997).

It is through the semi-structured method of interview that access to the other person's perspectives can establish thick accounts of their social world which can be analysed for cultural patterns and themes (Patton, 2002; Warren, 2002). The semi-structured interview methodology allows for intensely conceptual accounts of the interlocutors' experiences and how they interpret these experiences (Schultze & Avital, 2011). According to Ashton (2014) and Dempsey, Dowling, Larkin, and Murphy (2016), the semi-structured interview method is particularly appropriate when addressing sensitive topics. In the case of this dissertation, the sensitive information exists in the violence and marginalisation experienced by disabled queer people in the South African context as well as the frequent violation of their constitutional rights.

1.13 Reflexivity as a methodological framework

The “Call For Participation” poster, which Tish Lumos assisted in creating, was posted on a few queer groups on Facebook and on my personal timeline. Tish Lumos is an active and significant disability rights activist in the queer scene in South Africa. The poster was shared by three of my Facebook friends on their own timelines and attracted five of this study’s participants. Through the five interlocutors, I was referred to and connected with other queer disabled people that they knew. This snowball sampling resulted in 15 participants whom I interviewed in person. At first, upon meeting the majority of the participants, I was met with scepticism and distrust as a scholar. However, soon after I disclosed my queer sexuality and my blindness being made apparent, I gained trust from my participants as they viewed me as an “insider” rather than a curious academic with the purpose of documenting “tragedies” of disabled queer people. This level of trust enabled me to receive and engage in detailed and lengthy interviews with my interlocutors, granting me access to honest and vulnerable narratives.

Over the years, the role played by the insider/outsider has been immensely discoursed, recognising the epistemological ground for claims in knowledge founded in life experiences (Hodkinson, 2005; Perryman, 2011; Griffith, 1998). Researchers are situated in relationships that conceptualise both their inside and outside social margins. Therefore, the insider/outsider knowledge is rooted in social variances, which can play a major role in the development of the research topic, the methodology used for the research and the information gained (Suwankhong & Liamputtong, 2015). Even though the researcher’s knowledge is often located in specific sets of social relations, the terms “insider” and “outsider” are not conclusive and therefore should be considered flexible and changing, and should be deliberated on a continuum (Mercer, 2007). In dealing with the intricacy of the researcher’s position, the role of reflexivity is accumulative in qualitative research (Naples & Sachs, 2000). Reflexivity is perceived as a recurrent internal discourse and critical self-assessment of the researcher’s positionality, which leaves the researcher in its presence (Mauthner & Doucet, 2003; Pillow, 2003).

Charlton (1998) argues that only insiders can adequately represent the accurate accounts of a community as they come from a position of strength. I came into the

interaction already knowing what to ask the interlocutors with the ability to relate to issues of current relevance therefore being less invasive regarding the topic that I was researching. On the contrary, insider-researchers may have difficulties isolating their personal experiences from those who are being observed (Kanuha, 2000). Unlike outsider-researchers, insider-researchers may have challenges offering neutral, distinctive and balanced points of view (Chawla-Duggan, 2007). These methodological challenges that can be experienced by an insider-researcher may affect and influence the quality of the study (Thomas, Blacksmith & Reno, 2000; Tilley & Chambers, 1996). These challenges may be dealt with by engaging in reflexive processes that consist of critical self-reflection and internal discourse, which I have consistently done throughout the data collection process, the analysis of the narratives, and the findings that emerged from the analysis. The process of reflexivity turned my lens back to myself, enabling me to take responsibility for my own situatedness within the research.

For the purpose of accessibility, consent to participate in this study was obtained verbally and digitally recorded. The dual role I played during the process of the interviews as researcher and a fellow disabled queer person required careful attention to ethics. I had to be cautious when entering into discourse in this terrain and when asking questions to ensure I knew what my capacity and interests were in doing so. I utilised *Anthropology Southern Africa's ethical guidelines and principles of conduct for Anthropologists* (2005) to guide the way in which I carried out my fieldwork.

I noticed that some of the information and experiences that I collected were risky to share, in the sense that they would expose the identities of my participants. As I discussed in my background and positionality section of this dissertation, in South Africa, particularly in the Gauteng Province, the disabled and the queer population is small, and there are higher risks of exposing the identities of my interlocutors if enough information is provided about a specific individual. Through social media alone, specifically Facebook, I am friends with a relatively large number of queer people, some of whom I have met in person, and some I have not. Consequently, the couple of times I have attended Pride events and other queer events in different provinces, I have met the majority of my Facebook friends and they have been able

to identify me based on the information I have put up on my Facebook page which has made me easily identifiable.

Because the disabled queer community is in the minority, many of my interlocutors know each other, either in person or over social media platforms. In order to protect their identities and the information I have shared, I have actively and carefully chosen what to include in this dissertation. Consequently, the narratives that I have used in my analysis are selective and my interlocutors are anonymous. I take full responsibility for the information I have shared, which informs the analysis of this dissertation. To the best of my ability, I have shared this information in the most honest and precise manner. Confidentiality of the participants has been maintained throughout the dissertation through the use of pseudonyms to safeguard anonymity. I constantly reminded my participants that they could opt out of the interview at any time if they felt any discomfort. None of the participants withdrew. In spite of all the sensitive and personal experiences that were shared, each interview ended on a positive and pleasant note. Some of my participants asked me to turn my dissertation into a book that will be a true reflection of queer disabled South Africans by another disabled queer South African. Phone numbers were exchanged after the majority of my interviews with participants, granting me means to follow up, should I need to do so.

Through working with the life histories shared by the interlocutors of this study during the interviews, I developed themes to inform the presentation of the participants' narratives. This method permitted the voices of the participants to guide and shape the analysis. The process of the research and the analysis emerging from the interlocutors was also entwined with my own biases and positionality. In the following chapters, I present my analysis of the collected data, and examine the meaning-making of disability through time and space, across generations, racial groups, and socio-economic status. The meaning-making of disability is further explored through the process of entering and/or exiting the disabled identity.

1.14 The Blind Gaze: Framing the researcher and the interlocutors

In order to create access to the politics of representation at play, I want to disclose

some of my own history. I am blind. I went blind over the course of six months at 19 years old due to a severe autoimmune reaction to sulphur-containing medication. I am also queer and I am black. I grew up in the rural Eastern Cape and now live, study, and work in Johannesburg. All these parts of my identity are available online, but I do not often actively disclose them in academic settings. But I make an exception now for the following reason: much, if not all, of my research is about the effects of my life and my past. My experiences as someone with a disabled, black body and a queer sexuality inform my work in anthropology. This research is reflective of a desire to create space for my “paradoxical” minority statuses and experiences that do not yet make up predominant voices within my field.

In 2010, I moved from a small, rural town named Dutywa in the Eastern Cape Province in South Africa to Johannesburg, Gauteng. Dutywa is surrounded mostly by villages and farm land. There is an adjacent, newer township, which became established in the early 2000s. Dutywa is known for being the birthplace of Thabo Mbeki, who became President of South Africa in 1999. I migrated to Johannesburg in the Gauteng Province in pursuit of tertiary education. Johannesburg is South Africa’s largest city and one of the world’s 50 largest urban areas. This was right after I had completed my Matric, which was also the year I turned blind and the year I experienced my own sharp entry into the disability category. The choice to pursue my degree at the University of the Witwatersrand (Wits University) in this big city followed intense research of institutions of higher learning that would adequately cater for students with disabilities in South Africa.

This move from a village in a small town to one of the world’s largest urban areas (The State of the City, 2018) incurred multiple culture shocks rooted in varying languages spoken in Johannesburg compared to a monolingual town, in which only isiXhosa is spoken, followed by different ethnic and tribal groups, and a fast-paced lifestyle centred around productivity and capitalism. In terms of the geographical and spatial shift, the main campus of Wits University alone is almost twice the size of Dutywa. Learning to navigate and familiarise myself with the space with a then newly acquired and severely impairing disability, on top of having to take on navigating all other aspects of making such a sharp, cultural transition, briefly overwhelmed enough to tempt me to move back to my small and familiar town. Over time, as I

familiarised myself more with Johannesburg, I became more accustomed to the city.

Moving from Dutywa to Johannesburg has given me first-hand experience of how vastly different it is to perform queerness in a rural area and in a metropolitan space. Having navigated these settings both personally and as a researcher, each social setting has its distinct set of experiences and understandings of what queer sexuality is and how it can be performed. In a rural setting, there are certain pronounced levels of concealment and secrecy around queer performance. Growing up, when I realised my queer identity, there was no one in my immediate surroundings that I could easily point out or recognise as queer, nor did I ever have any conversations around queerness with anyone, and I never heard people discuss anything close to the queer identity. Even now, when I visit my village over holidays, it almost feels very natural to shove myself back into the closet. In as much as my close family members know, the topic is best avoided. The only time queer sexuality is brought up in conversation, mostly when triggered by a queer scene in a local television show, it is coated in intense negativity and how unnatural it looks for people of the same gender to be in a romantic relationship. Further, the topic around same sex intimate relationships is only brought up when a woman suspected of being in that relationship is thought to be a witch. At times, my aunt would casually mention how big cities and their “big life” are detrimental influences on the youth, causing them to enact a queer sexuality. The passive-aggressive manner in which I have heard queer sexuality discussed is common to the very limited number of other queer people I have had interactions with within the village setting. If noticed, being queer in my village is not acknowledged directly, but becomes a topic of gossip mostly amongst elders.

I once went to town with an acquaintance of mine who identifies as a femme lesbian. She held my hand as a form to provide sighted guidance as we walked around town. She became uncomfortable and anxious as she told me how people around us looked at us in horror and confusion. To those who do not know I am blind, I easily pass as sighted with sunglasses, so holding on to someone is not perceived as a form of sighted guidance. My acquaintance became so uncomfortable that she asked if we could terminate our shopping and return home, because she was concerned that someone who knows her mother might see us holding hands and tell her mother

that she was spotted in town displaying “odd” affection with a butch-looking woman and that would “break her mother’s heart”. Her mother knows about her sexuality but she would rather have her not display it publicly.

My blindness is something that sets me apart and, at times, something that intensifies my queerness. I live and move through the world in this way, and it is also how I do my research. As a researcher, I occupy and hold a queer and crip position. White and Northern knowledge production within disability and queer studies has been historically dominant. Subsequently, this work in anthropology is a disruption of that. This is the South speaking with its own voice. The colonial legacy of anthropology means that the social and cultural constructs of South Africans were heavily saturated in murky colonial and multifaceted practical interactions. Through this work, I take back the power of rewriting our history of the present as an insider and as a disabled black queer South African scholar.

My journey and experience while writing this doctorate has highlighted how ableism and racism get built into software and technology. I use a costly screen reader called JAWS. This software, as much as it creates certain types of access, also limits access because it only reads certain types of text on certain platforms. So not only do I need access to expensive aids, I also need access to other expensive secondary aids, such as a laptop, that the primary aid relies on for its functionality. JAWS also does not comprehensibly read South African languages other than English,[1] which I would have needed to access transcriptions of my interviews, or indeed any literature in an indigenous South African language. My screen reader's inability to read Xhosa also prohibits me from writing in my mother tongue. Other than my home language isiXhosa, I speak isiZulu and English fluently. isiZulu is the commonly spoken and understood South African language across the majority of the black population group in Johannesburg and Pretoria, and all my black interlocutors could speak isiZulu and English, hence the interviews were carried out in English. I had my questions written in English but I had to translate them verbally into Zulu when the questions were not understood. Even software gets imagined within a limited space and provides certain, but Western access that does not imagine a disabled body outside a Western norm

[1] South Africa has 11 official languages, Zulu, Xhosa, Northern Sotho, Southern Sotho, Tshwana, Swati, Ndebele, Pedi, Venda, Tsonga, English and Afrikaans.

and thus forces disabled bodies of the global South to participate in a certain linguistic norm that reinforces English-language dominance and thus gate-keeps the mediation of disability. To mediate my disability, there is a certain structural level of coercion to do it on colonial terms. Colonialism extends beyond disabling the global South through war and poverty and resource extraction and racism; it ensures that the only way to scale access barriers is by complying with Western language and cultural standards.

The colonial and male gaze in the context of disability, specifically blindness, means gazing onto a blind body that cannot return the gaze in similar and acknowledged terms. The colonial gaze on a blind body is damaging because it's also automatically ableist. This is an act of cripping the notion of the gaze, of finding ways to penetrate the normality of gazing through the lens of sight, and observing and giving accounts of the disabled queer experiences through auditory and emotional observation. This is what uniquely situates my contribution to the anthropology of crippled queerness. I am queer and black and female and blind and I am gazing “back”. I am giving myself the right and power to describe and categorise myself and others involved. Therefore, this will always be an act of resistance.

The imaginable way of observation is having things described to me – I am not granted credibility to be the one who does the describing hence the creation of the concept I call “the blind gaze”. Blind gazing – the act of returning the gaze, the act of formerly or currently marginalised persons and those most brutalised by our social systems who claim a right to participate in description and categorisation – is a transgressive and revolutionary act. It challenges ableist and sighted conceptions of who is able to see and perceive and gaze. It situates the gaze as something that is not necessarily or exclusively associated with vision, but something much broader. It enacts contradiction and multiplicity and enforces blindness as another way of seeing.

1.15 Interlocutors

The population of my informants was heterogeneous, consisting of differing disabilities that include sensory disabilities, mental disabilities, and physical disabilities. The participants were also from different racial groups, predominantly

black and white. Ten of my interlocutors are black and five of them are white. Out of my black interlocutors, eight of them acquired their disabilities later on in life. My black interlocutors speak of and make sense of their own disabilities as direct or indirect results of poverty. For instance, disabilities due to late or restricted access to healthcare that then led to otherwise preventable or treatable impairments, or poor quality of healthcare received due to limited resources in government hospitals. In some cases, they also situate their disabilities as direct consequences of violence. On the other hand, out of my white interlocutors, the majority of their disabilities were acquired from birth, and the majority of them are genetically related. The age difference, between 19 and 52 years, brought insights about how experiences are influenced by different generations. Lastly, participants had different sexual and gender identities. The majority of my informants identified as cisgender lesbians, one identified as a non-binary gay man, and one identified as an asexual transman. The heterogeneity of my informants has helped in mapping out the multiple aspects of difference of disabled queer people. These multiplicities have shown how, within the marginalised identity groups there are further diverse and complex differences that are often overlooked by scholarly literature that has explored queerness and disability studies in the South African context.

The migratory practices, so integral to South Africa's history and Gauteng Province, in particular, detailed in the section on South African history, are evident in my interlocutors. Only one of my interlocutors, Simphiwe, migrated to Gauteng from the Eastern Cape but all the other black interlocutors were born in townships of this province, but their family roots are traced from Limpopo, Eastern Cape, or KwaZulu-Natal.

Disability is privatised and access to needs for disabled people is impacted by race and class, for example, access to education. Well-equipped, so called "special schools" for disabled people are situated in the biggest cities and towns around the country. In 2017, South Africa had 715 mainstream schools for basic education, and 464 schools for children with disabilities. None of these schools are situated in rural villages. Disabled children from villages have to be sent to schools far away from their homes but some of them do not acquire basic education due to the inaccessibility of these schools. When I turned blind while doing my 12th grade in a

mainstream school in my town, I was sent to a school for the blind in Port Elizabeth, which is six hours away from Dutywa, to write my final examination. Predominantly, it is black poor people who live in rural areas and townships of South Africa. Education of disabled people is not a priority of the South African government neither is the safety and security of queer people even though it is in the Constitution (SA, 1996). Disabled queer people also lack opportunities to be socialised into the mainstream and there are no adequate policies and programs to enforce these laws.

1.16 Pride as a geographical marker

Another marker of South Africa's geographical differences can be found in the history of Pride parades. In South Africa, there have never been any Pride-related events held in rural towns of South Africa. The biggest Pride and queer events are held annually in Johannesburg, Pretoria (Gauteng Province), Cape Town (Western Cape Province), and Durban (KwaZulu-Natal Province). East London and Port-Elizabeth, which are the biggest cities in the rural Eastern Cape Province, and Rustenburg in the North West Province have small queer events that are mostly not funded and are far from village towns, making access to these events limited for queer people in villages. This is illustrative of the inequality along racial, class, geographic and other lines in this country. Within the provinces that hold the biggest Pride events, there is segregation rooted in race and class, for instance, Johannesburg Pride has been widely criticised for being a classist and racist event, with the activists behind the One in Nine Campaign disrupting Johannesburg Pride as far back as 2012. Critics, such as Schutte (2012) and Tallie (2014), claim that the purpose has shifted from celebrating and protecting queer lives to being a commercialised event that predominantly caters to white middle to upper class queer people and ignores or further stigmatises black lesbians and trans women who are among the demographic groups most brutalised by homophobic and transphobic violence in South Africa. Soweto Pride is considered a more inclusive political event with the attendance of the majority of black queer people. Similarly, in the Western Cape, Cape Town Pride is categorised together with Johannesburg Pride, and Gugulethu Pride (one of the biggest townships in Cape Town) is similar to Soweto Pride. These divisions are a product of apartheid regime and continue to thrive in the 26-year-old democratic South Africa.

1.17 Ethical challenges

For the ethical reasons, my description of my interlocutors is not as detailed as I would have liked it to be due to the limited numbers of disabled queer communities in South Africa. The queer community on its own is relatively small – everybody knows everybody. The number of disabled people is even smaller, and the disabled queer population is smaller still. The majority of my interlocutors know each other. Consequently, I had to be extremely cautious when giving descriptions of the interlocutors to ensure that their anonymity is kept throughout the dissertation. Some of the information that my interlocutors shared was extremely personal, and some of their identity markers could easily give away their identities. For these reasons, I have left out much information discussed and disclosed to protect the identities of my interlocutors. Where possible, I disguised the important aspects of their stories in creative ways. When I interviewed some of my black interlocutors from the townships, narratives around rape and HIV were common encounters. When I referred them to contact the life line for support and professional counselling, they told me how ableist the people who offer this kind of help are and that they did not feel comfortable opening up and seeking help from them. They wished that there were other disabled queer people to share these experiences with. I asked if they would like to be introduced them to other people with similar experiences within my interlocutors and they gladly welcomed the suggestion. I went back to my first interlocutor who shared their experiences of rape and HIV, and she was open to the idea of meeting and sharing her experiences with others who were in the same situation. Three of my interlocutors told me that they created a WhatsApp group where they spoke on a daily basis, and how they are now there for each other and free to share their experiences without being judged. They named their chat group “Cripple’s support”. The choice of the particular term “cripple” was seen by them as a way of reclaiming a slur and changing its meaning to one of agency and empowerment.

The blind gaze with which I pursued this doctorate study is precisely that – a type of cripple’s support. It is for all the marginalised people who perceive the world and move through it in ways oppressive systems cannot comprehend and do not have room for. It is for all of those of us who cannot see, but who look back nonetheless.

CHAPTER 2: MEANING-MAKING OF DISABILITY IN SOUTH AFRICA

Kayla had arrived at reception of Wits' disability rights unit a couple of minutes earlier than our scheduled meeting time, which was at 10am. When I arrived, she was already waiting and chatting with the receptionist. From the few exchanges I managed to hear, the two were familiar with each other. After we exchanged greetings and the receptionist had told us where to sit for our meeting, Kayla offered her hand to guide me to the room where our conversation was to take place. As we walked to the boardroom, I could not help but wonder what her disability was. This information was not disclosed in our first conversation, which was online. She had seen my poster on Facebook where I was looking for participants, and she offered to take part in my study. She helped me to a chair near the door and asked if I would like coffee. From this interaction, I figured that Kayla was familiar with the disability rights unit. As I traced the sound of her footsteps towards the coffee machine, I continued to listen for any signals that would help me to figure out what her disability was. Her footsteps were even and consistent, so I had to rule out any mobility-related disability. When she came back, she was holding the cup of coffee with one hand and with her free hand, she took mine to the cup she was putting on the table. From this, I concluded that her arms and hands had no restrictions. After these debates in my head, I assumed Kayla had no physical disability, and I that was just going to have to wait for her to disclose what her disability was. When we settled down, and I officially introduced myself, the first thing she said anxiously was: "I am not even sure if you will consider me as disabled, but I certainly believe that I have a disability, and I am not sure if my disability is a result of my sexuality, but I think it fuelled my disability." Kayla has a debilitating mental disability – she suffers from medically-managed panic attacks. She explained that some people think she is being silly and that she just wants attention when she says her condition is a disability. Kayla started developing panic attacks when she was 18 years old, one year prior to our conversation. She has been hospitalised multiple times for frequent episodes, and is now on chronic medication to manage the attacks. She stated that the panic attacks developed when she was planning on coming out as a lesbian to her mother. She knew how homophobic her mother was, and she was terrified of how she would respond when discovering that her only daughter is a lesbian. She wanted to come out because she could not keep her girlfriend of two years a secret any longer.

The vignette that I opened this chapter with serves as a good departure point to discuss the meanings of mental illness and psychiatric disability as it manifests across cultures, ethnicity, and socio-economic status in South Africa. It further highlights the understanding of different disabilities across races and cultures. In the first section of this chapter I discuss the role played by race and class in the meaning-making of disability, arguing that race and class have long influenced the personal experience and understanding of a disability. Following this section, I discuss construction and understanding of disability across generations, arguing that the activism and positive representation of disability has influenced how disabled people make meaning of their disability from being an impairment to being an identity that provides functional diversity. In the last section of this chapter, I unpack issues around psychiatric disability and its intelligibility; I discuss how mental disabilities are understood in varying cultural and racial lines.

2.1 Queer disability and class

After acquiring my blindness 10 years ago due to an allergic reaction to sulphur-containing medication, I often wondered if my blindness could have been prevented if I had the means to get to the hospital immediately. I was in a rural area where ambulances could not reach fast enough, the nearest hospital was over 50 kilometres away, and hiring private transportation to take me to the nearest healthcare facility was beyond what my family could afford.

As a child, Dudu (see the third chapter for further details about Dudu) had never been vaccinated for any diseases that affected young children, which left her vulnerable to polio. She stated: “For a starter, there was no clinic around my area back in the days. So, my parents used home remedies when I got sick. They thought I was just running a fever at first. By the time they managed to get me to hospital, the damage was already done.”

These narratives are based on the experiences of people who acquired their disabilities in their childhood up to thirty years ago when black people in South Africa had very little access to healthcare. Ten years ago, when I entered the disability category, things had not changed significantly in the rural areas of South Africa. Four years ago, narratives remained the same when Thato, who is in her 20s, was bitten

by a dog on her left leg. The clinic she went to in Soweto to treat the wound did not prevent the infection from spreading to the entire leg, which resulted in the amputation of her leg three months after the incident. Thami, who was shot when the tavern she was drinking at in one of the townships in Pretoria was robbed – evidence of how violence plays a role in entering the disability category.

In contrast, Gail, Taylor, and Ludo, who are white and were born with their disabilities, have had reasonable access to healthcare, which has minimised the bodily effects of their disabilities. I do not make the generalisation that all white people are born into disability just like the access to healthcare resources they have had at their disposal did not lead to an exiting of the disability identity. It did, however, play a material role in stabilising and minimising the impact their disabilities have on their daily lived experiences.

Block et al (2001), Boyce and Weera (2001), Fjord and Manderson (2009), Eide and Ingstad (2011), MacMakin (2011) argue that there is no social category that is free from disability and its disabling experiences. This is a universalising and totalising perspective that minimises and marginalises the experience of disability in the global South. The global South is a context where social categories increase or decrease a person's vulnerability to disability or disability risk and, once entered, exacerbate the challenges of existing within that category. Race and class, as colonial products, have the power to be(come) a determining factor of daily experiences on multiple levels. In the case of disability, they determine when and how one enters disability and how disabled identities are experienced.

In a South African context, the meaning of disability is contested in multiple cultural and socio-economic levels and it has different meanings across race, generations and geographics. The personal and self-defined meaning of disability shows patterns of isolation and exclusion, both on personal and social levels for disabled people who grew up in the 70s and early 90s (the time period during which the interlocutors grew up in). These patterns have shaped a personal understanding and self-defined meaning of disability as an aspect of isolation, which the disabled person is socially forced into. As time progresses in the new democratic South Africa, the evidence in this study shows the development of notions of what disability are both on personal and institutional levels. The meaning of disability takes the form of diversity in

functionality and adaptation of the surroundings to meet the needs of the disabled person, and resources that aid in the adaptation of an individual to their differing ability, consequently, defining one's disability as an identity, more than just a condition.

The personal experiences of disability have long been influenced by class, which was, and continues to be, determined by race. An individual's encounter of their own disability and its severity is not determined by the depth of the impairment itself, but is further shaped by the social standing they hold economically; consequently, we see how similar disabilities hold different connotations and implications based on race. Being black with a disability represents an intensified severity of one's disability. The limited access to resources impacts the level of one's disability, which, in turn, shapes the personal experiences which determine the quality of personal experiences and thus the meaning attached to disability.

The activists of disability in South Africa have long moved from disability as a matter of health to a human rights matter. The South African Constitution (SA, 1996) protects the rights of disabled people to equality, which has been perceived as an extraordinary accomplishment because disabled people are almost always marginalised. Administrative and legislative measures have been put in place to provide protection of the rights of disabled people however, these rights are yet to be seen in the daily experiences of disabled people in their social interactions. The level of inequality still prevails and it requires disabled people to move beyond the courts of law and adopt a human rights approach (, & 2009).

2.2 Disability constructions

Dudu was born in the late 60s in Tsakane, a township east of Johannesburg. Dudu had polio when she was five years old, which resulted in her limited abilities to be mobile. She now uses a wheelchair. At the age of eight, her parents sent her to a special school in KwaZulu-Natal that catered for children with physical disabilities. For Dudu, growing up in the 70s with a disability was associated with isolation and exclusion from the mainstream community. Her disability meant that she could not attend the local schools. Even after the school in KwaZulu-Natal expelled her, she was taken to other special schools around Gauteng that would provide her with

accommodation therefore she was not given the opportunity to grow up around her parents and siblings as a child. Dudu commented:

> "[My parents] sent me to that school because they did not know how to take care of me themselves, so they sent me away. I have a lot of siblings, so I suppose they did not have enough time to pay attention to the needs that came with my disability and looking after my brothers at the same time."

This remark illustrates how she configures disability as an inconvenience, as something to hide and send away, as something that detracts from the primary priority of caring for non-disabled others. As she was recounting this memory, her voice trailed off to a tone of sadness that is illustrative of the weight of intra-familial rejection that acts to produce the borders of disability. To be disabled is to be a body that doesn't fit and that must come last in the family.

At the same time, this quote raises the question of time and the issue of the "enoughness" of time, or time as a finite resource, one that disability depletes too quickly or not productively enough. According to Freeman (2010), time masks and naturalises privilege, and it binds bodies to repetitive reproduction as a way of valuing certain types of productivity over others. Freeman refers to this as chrono-normativity, which gets disrupted by the disabled body, by Dudu's deviant body, which takes too long to do things and has needs, as Dudu did when she was a child, that require the family unit to do things that they do not have the means, literally or metaphorically, to do under a capitalist system. It is a body with needs that are too demanding, too special, too unproductive and require too much time; a body that takes time away, like Dudu's body, from something else, such as caring for her siblings or her parents going to work. It is a body that gets in the way of her family contributing to the running of a capitalist economy. Dudu also commented:

> "I grew up thinking that disabled kids have to be kept away from other children who are not disabled, and I also grew up thinking that I was a burden to my parents, and I never gotten the opportunity to bond with my brothers and that has affected our relationship as adults now."

This quote further illustrates the configuration of disability as separate, as separation, as something abnormal that must be send away, as in the previous quote, or kept

away, as in this quote. These narratives create, from a young age, the experience of isolation, either enacted over literal space and time through the act of sending Dudu away, a kind of temporal and geographical isolation, or enacted interpersonally, by keeping her away from other non-disabled children, including her brothers – a kind of relational isolation. She also remarked:

> "Girl, you have to understand that resources were very limited then. Our parents had close to nothing and my parents were raising nine kids, so I somewhat understand why they thought sending me off to a school they hardly knew was a viable option for them. It was financially safe, plus, neighbours were not going to be able to gossip about their 'crippled' child. Too bad I did not last in that school because two years later, I was caught doing 'funny' things that I was not supposed to be doing, and I think the only reason they asked my parents to come fetch me is because I was doing those funny things with another girl."

This quote brings up two other pernicious types of exclusion: educational and sexual exclusion. In this instance, Dudu details an intersection of ableism and homophobia, both serving to compound the other. In normative narratives, the disabled body is not imagined as *sexual*, in and of its own right. According to Addlakha, Price and Heidari (2017), "people with disabilities are infantilised and held to be asexual, incapable of reproduction and unfit sexual/marriage partners or parents." But the disabled body also firmly exists as separate from the queer body. According to McRuer (2006), disabled and queer bodies have historically been imagined as separate from each other. So, to witness a sexual(ising) disabled body as well as a queer body that is disabled is a moment of extreme transgression. It is also a moment of twofold deviance: the moving against an able-bodied norm and a heteronormative norm. This transgression gets punished by fetching and banning Dudu from both education and the sexual relations she was having with another person.

Another interlocutor, Thami, who is now in a wheelchair after a shooting that left her paralysed 30 years ago when she was 17 years old, explained how she could not go back to school to complete her matric after the shooting because she refused to be placed in a special school after spending almost her entire schooling career in a mainstream school:

> "When I was trying to go back to the school I was attending before the injury, the

> teachers said I should go to schools with students like me. It is the way they said it, like it is something obvious that now that I am in a wheelchair I should know where I belong, and that was not in that school. I don't have a matric certificate now and I am almost 50, only because my disability meant I could not go to the same school that I have been attending before the accident."

Firstly, it is noteworthy and of interest to this analysis that Thami is told by her teachers to go to a school with "students like [her]." It illustrates how disability is considered a monolith. It does not matter, or there is no careful distinction, between physical disabilities and mental or learning disabilities. Thami, a wheelchair user, was urged to attend a special needs school with, as stressed, other students *like her*. In other words, there is a perceived similarity between physical disabilities across the vast and varied spectrum of physical disability and between physical and cognitive disabilities. Grouping all disabilities together, through shared likenness and ignoring the variability between them, is an act of ableist violence. It entirely ignores how differently disabilities situate people. There is very little that is comparable about a blind vs. a deaf experience of the world aside from navigating life as a descriptively and often politically disabled person. There is also bound to be some level of disability compassion and expertise. A generalised understanding of disability, being developed within and from the lived experience of disability, helps to create a shared group membership between disabled people. But vision and auditory impairments impact people so differently that it is unhelpful to talk about people "*like them*". Confronting this tendency within the ableism of monolithically homogenising disability is crucial. Replacing it with attempts to understand and respect disability diversity is of utmost importance to disability equality.

Secondly, these special schools are often very far from the homes of many, which forces separation from families and friends. In these two cases, disability in the townships did not only carry with it feelings of isolation experienced by the disabled person, it was also associated with a social and financial burden. The extent of the financial constraints that people who lived and grew up around this time in the history of South Africa meant multiple compromises from black families which, in these cases, translated to involving institutions, such as special schools, to carry expenses of reasonably accommodating people with disabilities. It was an easy option to send disabled children to special schools because of all the myths that were attached to

disability. As evinced in Dudu's quote, being sent to a special school would give the community very little to say about the disabled person. Dudu saw it as a protective act, a way of sending her away so no one could gossip about her anymore. In Thami and Dudu's cases, it is thus possible to observe four types of concurrent, mutually reinforcing mechanisms of exclusion: temporal, relational, educational. In Dudu's case, she also experienced sexual exclusion.

Gail, a white woman who is now in her early 40s, grew up in the West Rand, in an area that was occupied by mainly Afrikaans-speaking white people in the 80s and 90s. Gail has cerebral palsy. It was a mild case when she was younger, but it has progressively worsened over the years. For her, growing up with a mild disability meant multiple corrective operations and endless private professional healthcare providers. She said:

> "As a child, the attention was cute for a short while, but because it continued endlessly, it started getting to me. I did not want everyone making such a big deal of my inability to walk the same way as my sibling and other kids my age in the neighbourhood. It made me stick out too much and I did not think my limp was such a big deal as they made it out to be. I just wanted to cut all the hospital visits and procedures and just grow up as other kids. But, no, I apparently needed so much fixing and my parents had all the money to do just that ... Wait for it! All that fuss was not enough, they decided to home-school me. Their reason for home-schooling me was that they did not want me to be ridiculed by other kids at school. I know they did all of this stuff with all the good intentions and they probably did what they thought was best. But, for me, it only reinforced the thoughts of being the odd kid, the isolated weird kid who constantly needed fixing and special attention. It messed up with my confidence a lot, but now I am all grown and I had to reprogram my thinking and how I perceive myself. I can say, leaving that place right after I matriculated was the best thing I had ever done for my sanity."

This quote illustrates how disability gets framed as a problem that needs "fixing". It is not a viable way of existing. Conceiving of disability in such a way, full of procedures and hospital visits, makes the question of "access" a synonym for disability justice, not merely its starting point. There are other ways of "fixing" that are common in black cultures, such as going to a sangoma to get cured of one's disability. There was a

point in Dudu's life after she became disabled where her mother took her to a pastor to pray the disability away. Zee's mother also took Zee to see a sangoma when all the procedures done by the medical doctors did not "fix" her. These varying ways of "fixing" a disability are influenced by class and cultural beliefs (see in the below section where I discuss in detail the "curing" of certain disabilities).

One common factor between these two black and one white interlocutors is the way in which disability gets produced as isolation and exclusion across racial lines. However, Gail's account of growing up with a disability is sharply differentiated from the experiences of my black interlocutors. The majority of people around Gail were involved with attempts to try to help minimise her disability. Her family was completely involved in attempts to make her life more accessible, a privilege she perceived as a fuss and patronising. As much as she viewed being home-schooled as an act of isolation, her family was keeping her within their daily reach, something Gail experienced as both a source of isolation and suffocation as everyone was trying to get involved. This involvement, and the ability to carry out this involvement, illustrates different socio-economic privileges and varying levels of access to resources.

Dudu now works at a centre that empowers young LGBTQ women in townships of the East Rand. She says that this gives her the platform to educate people she works with to understand disabilities, and mostly women with disabilities. Dudu remarked:

> "For a very long time, I believed that my disability was my fault, was a burden, and a limitation. However, as I grew older, I had to learn to first accept that I am differently able, not a write-off from the society. I had to learn to own my disability and teach myself that it not a curse nor is it a burden. Actually, I am very blessed because I have learned to think differently from people who grew up without any disability. I now teach people what my disability is about and I always correct them whenever they treat me like I am unable to do anything for myself, and that is not only self-empowerment, but I empower the people around me with knowledge of what disability really is."

In a similar vein, Gail commented:

> "As I said to you earlier on, leaving home after I matriculated was the best thing ever. When I came to university and stayed in university residence, I had to learn that there is more to me than my disability. Here people did not make a fuss

> about the way I walked, yes, they would and still do stare but life goes on and they quickly forget about me. I actually am intellectually superior to most non-disabled people, and I make sure I keep my mind sharpened. In as much as people are still a bit ignorant about disabilities, some people do know that disability is malfunction of a particular part of one's body, and it does not mean that one cannot perform the same tasks as the next person. Perhaps I am speaking from a privileged point of view because my disability is less severe because I can walk with only the aid of a cane. But, I can still drive and get around just fine. I really think disability is not viewed and understood the same way it was twenty, thirty years ago."

These quotes illustrate how disability identity transforms over time. Over the years, the meaning of disability progressively shifts, on personal, social and institutional levels. Disability goes from being produced as isolation, exclusion, and a medical condition that requires fixing to something that is associated with agency, self-determination, ownership and positivity. *This progression is shaped by on-going activism and more positive representation of disability in the media around disability as an identity, not just an impairment.*

It is noteworthy, however, that Gail still continues to refer to a disability as a "malfunction" that is an example of how the positive changes to disability identity and the association of disability with agency was still limited in my interlocutors. This particular use of terminology shows how much the attempts of her family to "correct" her disability instilled long-lasting and internalised beliefs about her disability as a failure to function normally that requires fixing – disability *as* dysfunction.

Simphiwe, who is a paraplegic in her mid-twenties following a cycling accident that happened three years previously, offered a different permutation of her disability:

> "Honestly, it is only a pair of legs; that is all. Them not working or me not getting around the conventional way should not shape my life in a certain way. I think people should just take getting around using a wheelchair as another form of mobility, not inferior to getting around with your own legs. What is the big deal?"

She believed that there is nothing disabling about being unable to walk with her own feet. Even after the cycling accident, she continued to enjoy cycling and did so on a very competitive level. She said that the only thing that changed for her was the fact

that she had to make use of her arms to cycle instead of her legs. Another young woman, Zee, who is in her early 20s, shared the same sentiments when it comes to her disability. She walks with the help of crutches due to a bone defect from when she was born. She commented:

> "I don't walk around with the thought that I do not walk the same way the people around me do. I sometimes forget that I am categorised as a disabled person, because I do not really see myself in that way until people around me treat me differently, either by staring or talking to me like I am stupid – then I am reminded that I am different from what the society considers normal."

2.3 Generational differences in disability constructs

For Simphiwe and Zee who grew up in the late 1990s and 2000s respectively, disability is defined as functional diversity rather than an inability to function or self-perceived limitations and isolation. This shift in meaning of disability has been, for the great part, influenced by activism around disability as an identity, and improved accessibility of social spaces and institutions of learning. Additionally, academic scholars have shifted the focus from the medical model of disability as impairment to the social model of disability. Transformative justice activists (Mingus, 2017) have added to this model by integrating and influencing the self-defined meanings of what disability is on a personal level. Temporality has constantly added value to the continuous shifts in definitions and meanings of disability as an identity that an individual is able to positively identify with in resistance to the constraints that society imposes on the disabled person.

In the analysis of the narratives of my interlocutors regarding what disability means to them, it is evident that from the early 60s to the mid-90s, there was a strong need to overcompensate with other behaviours in order to "make up" for one's disability. One had to be always "well-behaved" or perform exceedingly well in school in order to gain recognition from family, friends, and the rest of the community. For instance, some of my interlocutors, who entered disability at a young age, believed that, growing up as teenagers, they had to stay far away from entertaining boys or talking about anything related to dating as this would mean that they were "good people", which makes their disability more tolerable. As Dudu explained:

> “You know how they always say that disabled like sex too much and that that they go out of their way to beg for it from any man willing to sleep with them? Oh well, you would not really know because those myths are better now. Back in our days, they were so prevalent. We had no say regarding anything to do with our sexuality. And, it was if you are a girl …”.

In this quote, Dudu is suggesting a different stereotype about disabled people and sexuality – that they are hyper-sexual rather than asexual – that seems to be linked to her cultural context. In some cultures, physical disability is associated with hypersexuality, while other forms of disabilities are associated with non-sexuality. It is some of these beliefs that fuel heightened levels of sexual violence on disabled people’s bodies, which I discuss in depth in Chapter 4 of this thesis.

> “Once I woo people with my intelligence, they overlook my limp. Even when I went on my very first blind date with this woman that my friend set me up with, way before I met my current girlfriend, I had to make sure I arrived first at the restaurant for our date. I wanted her to find me seated already so that the first thing she notices about me is my ability to hold intellectual conversation and to see my wit before she saw that I was a cripple. This strategy worked as a charm, and it still does to date, mostly at my workplace now.” (Gail)

> ‘‘I can certainly be as promiscuous and unruly as I want, and that has nothing to do with my disability, and nobody should tell me that I cannot behave in a certain way simply because I am in a wheelchair. I was a rebellious child and teenager, and even as a young adult before my accident. I can still be as rebellious, and I sometimes am, after my accident. My disability has nothing to do with my personality and most people do not get that.” (Simphiwe)

The rest of my interlocutors believed that disability does not simply mean living according to other people’s standards of what a disabled person should live their lives. Ludo, a 19-year-old white lesbian-identifying woman who has muscular dystrophy, said:

> “Disability does not mean less freedom and, when I say freedom, I mean freedom to do whatever and be whoever you want to be, that includes sleeping with other women if that is what tickles my fancy.”

These quotes illustrate an intergenerational difference in self-perception of disability

in my interlocutors. The younger ones viewed their disabilities as an identity, but a non-problematised identity that should not be the reason they behave or get treated any differently to their non-disabled counterparts. This may be attributed to the larger discursive shifts around disability that are occurring socially. The older interlocutors expressed views that disability was inherently differentiating and something they need to compensate, and be compensated for. This can be evidenced in Gail's remarks about how her strong intellectual abilities "make up" for her disability.

These quotes show how disability perceptions by disabled persons themselves have changed intergenerationally. The depth of these changes are further shaped and influenced by the geographical space in which these experiences took place. The evidence gathered from my interlocutors shows that, in the 60s, 70s, and 80s, disability was not only associated with isolation and financial burden, but feelings of self-doubt and disrupted family and social bonds in the black disabled population. On the other hand, in the white disabled population, the sense of isolation was paired with medical correction and involvement of family. In comparison, to the generation that grew up in the middle 1990s and 2000s, disability has been associated with positive self-identification and diverse functionality. Nonetheless, the present appears to be the meeting ground for these two generations.

A current production of disability focuses on the diversity of functionality yet my older interlocutors all still configure their disability as something to compensate for. The case of self- and community-imposed over-compensation for one's disability is shown through behaviours such as (1) sharpening one's intellect in order to over-shadow one's disability, as was evidenced in Gail's earlier quote about her sharp mind; (2) taking up a role of being a good example of what disabled people are capable of; and (3) taking up a role of educating others. The younger interlocutors embody a narrative of "I do not really care what others think about me". The concept of temporality and the linear progression of past, present and future elucidate how the meanings of disability, across decades and generations, glide from past to present to future. The idea that my interlocutors invoke of moving with time, of a kind of temporal change, is salient. It offers a way to understand how disabled people configure their own disability differently and project their own meanings of disability into the past and into the future, a meaning that is shaped by their idiosyncratic

cultural and temporal experiences of disability both in pre-democratic and post-apartheid South Africa in combination with how the present moment is producing disability.

According to scholars, such as Canguilhem (1991), Kasnitz and Shuttleworth (2001), and Shuttleworth and Kasnitz (2004), disability definitions have shifted over time. From its fundamental development and production as a distinction from cultural notions of normality which has been hugely influenced by social situations that eliminate the full social participation of disabled persons. This is evident in the narratives of my interlocutors who grew up before the 90s and who experienced isolation and barriers to full participation in their communities.

The generational shift seen in parts of the global North is also seen in SA as the narratives of my interlocutors have demonstrated. In the global South, varying cultures inform the meaning-making of disability and the shift across generations is influenced by culture, race, and class. On the other hand, space is strongly correlated with resources and access to them. In a pre-democratic South Africa, living in townships with a disability meant having very limited access to resources, such as being part of a family that is financially stable and comfortable, which impacted the experiences of living with a disability. Living in the suburban areas of South Africa meant having reasonable access to resources and consequently meant better living conditions. Inequality in South Africa is still rife, and spatial and material change and justice remain inadequate. Present-day disabled people who live in townships are still faced with financial constraints and poor living conditions, which impact their experiences as disabled people. Their white counterparts who live elsewhere still benefit from the privileges of being economically, racially and socially advantaged.

The severity of one's disability is configured by the resources one has access to. Adding to Paul Abberley's (1987) historical definition of impairment as a "social product", this scholarship proposes that disability is also a racial-colonial and economic product. Gail considered her disability "mild" growing up as a consequence of her parents having access to resources that minimised the physical impact of her disability. Similarly, Taylor mentioned how their access to advanced technology, such as the cochlea implant, has been an advantage compared to other people who have

hearing loss and have no access to advanced assistive-devices. Taylor said:

> "My implants have definitely helped reduce the adversities that come with my disability, and because of that, I am not very often confronted with its severity, someone who does not have the same implant might measure the same disability very differently from me, I think."

Disability is thus a flexible category that can be exacerbated or alleviated through the previously mentioned and sometimes problematised concept of "access". The resources that disabled people have at their disposal to assist with their disabilities become a defining factor in determining how disabling their disability is, socially, interpersonally and culturally.

This "access tension" can be found through my interlocutors' stories. Gail, who grew up wearing foot braces to aid with her balance, thought growing up with her disability was "not much of a big deal". Comparatively, Zee, who also made use of foot braces, thought that growing up in a township and having parents who could not afford customised foot braces was a big challenge. She remarked:

> "I could not run around with kids my age, and walking was quite a strain. There were few operations I did from the government hospital, but they just made things worse. So, my mom stopped taking me for any of the follow-ups."

Other black interlocutors share Zee's views, highlighting the burdens of competing for limited and sometimes non-existent resources, as black disabled persons living in the townships. The inequitable allocation of resources and patterns of racial inequalities prevail in South Africa – "a country with one of the world's highest levels of inequality." (Posel & Rogan, 2018:2) – as it is evident in the histories of my interlocutors across race and age. Ntombi remarked:

> "You must be familiar with exactly how it feels like being a black young woman in South Africa, who is a lesbian. Top that with having a disability. It is like trying to overcome one hurdle and the other one competes, and the other follows, just to test your endurance, man, it is something else."

2.4 Mental illness and psychiatric disability

The vignette that began this chapter describes Kayla who suffers from debilitating

panic attacks. Kayla was also concerned she may not “qualify” as disabled. Her fear of being excluded from the disability category is more than legitimate. Mental illness, henceforth referred to as psychiatric disability, as a cause of disability, is severely under-recognised and under-treated globally (Mokoka, Rataemane & Dos Santos, 2012). At the same time, in South Africa there is an “alarming increase in applications for medical disability on psychiatric grounds, related in many cases to socio-political changes ... and have taken over from musculoskeletal conditions, particularly lower back pain, as the leading cause of disability” (Mokoka et al, 2012).

My own thoughts described in the vignette, the fact that I wondered about and around Kayla’s disability and struggling to guess what it may be, reveal some of the gate-keeping tactics that occur within marginalised communities, either consciously or subconsciously. My thoughts reveal how there is a hierarchy within the disability community too, in which physical and *physically visible* disabilities are treated as *primary* disabilities, whereas invisible physical disabilities, like ME or type-1 diabetes, are treated as secondary disabilities, and psychiatric disabilities rank at the tertiary bottom of disabled credibility. It reveals the discourse internal to marginalised communities – true for queer communities, too – of a sort of competition for most disabled or queer status, colloquially known as *Oppression Olympics* (Hancock, 2011) – the possibility of a superlative queerness or disability. Who is the most queer and the most disabled? The answer is that anyone who lays claim to either of these identities is equally queer and disabled, but that is not how it functions. Socially, the answer may vary from context to context, but looks more like this: The person with the most visible queerness and disability is the most queer and the most disabled. That would be those who have the most visibly challenging gender performance, like butch lesbian genders (for more on lesbian gender performance, see Chapter 3) and the most assistive devices. In Kayla’s case, she has been made to internalise and belong in the tacitly tertiary rung of disabilities, which is why she immediately expressed the concern to me that she may not *really* qualify as disabled.

Mohammed Abouelleil Rashed (2019) argues that the main difference between physical and mental or psychiatric disabilities is found in terms of the unintelligibility often attributed to mental disability (Rashed, 2019). The idea of intelligibility is an instructive tool in the analysis of Kayla’s case and her attendant fears and narratives

around her own disability and sexuality, and her sense or worry that her sexuality may be pushing and deepening her panic disorder.

2.4.1 Psychiatric disability and intelligibility

Intelligibility is defined as the quality of being intelligible and, for something to be intelligible, is for that thing to be easily comprehended or understood, and to be accessible, culturally and psychologically. It is therefore an instructive concept within disability and queer studies. To further illustrate the intelligibility concept, Rahmed (2019) asks us to consider the experience of hearing voices and its impact on behaviour. The neutral term, proposed by Woods (2013) is “voice-hearer”. The hearing of voices has a set of expressions. It may sometimes look like speaking to or with those voices or listening to them and therefore paying attention to those voices instead of what is “materially” around. It is a set of behaviours that attract stigma, discrimination and generally very negative responses. The same is true for Kayla. Her panic attacks are, in their most neutral state, a cluster of behaviours (as are all disabilities and gender and sexuality performances). However, they are a cluster of behaviours that, in most of the social contexts that she moves through, with her family particularly but also in the queer and disabled community, generate very negative reactions from the people around her. This causes her distress and a deep-seated sense of loneliness and isolation. According to Rahmed (2019), though a very different affliction, this lack of social understanding, this lack of intelligibility, may also be true for the “voice-hearer”. In many social contexts, especially the ones that rely on a Western and colonial biomedical model of psychiatry, the act of voice-hearing will be pathologised, if not outright feared for its distinctly “mad” component.

In some social contexts, as indicated earlier, behaving in this way can generate negative responses from others that may lead the voice-hearer into isolation and fears of appearing in public. As Rahmed (2019, section IV) stresses,

> “developing social narratives in which voice hearing is normalised or marked out as a unique experience can engender a measure of intelligibility and tolerance of the associated behaviors, and this in turn may improve social inclusion for the voice-hearer.”

Spandler and Anderson (2015, p. 19) note that the Hearing Voices Movement has

been seeking “to affect a shift from the view of voices as symptoms of illness to that of voices as meaningful phenomena.” It would therefore be helpful for someone like Kayla if her panic disorder was more intelligible, that is, if there were narratives in place that made it comprehensible and “accessible” to those around her. There is something generally more, although not entirely, intelligible about certain fixed and static physical disabilities. We can easily understand them and how they impair a person, and because we can access a partial understanding of how the impairment happens, we can also more easily put in place measures that will facilitate access for the disabled person. I suggest there is a complicated and mutually reinforcing relationship between how “socially accessible” a disability is and how many accessibility measures are put in place to accommodate that disability. For instance, I argue that there is something intelligible about hearing-loss and deafness or even, in my own case, blindness. Most normatively functional people are, to some extent, able to – or believe they are able to – imagine what it means to be blind and to be deaf. It is not just the act of closing your eyes or blocking your ears. In fact, the best way I can describe blindness is that it is like being able to see, except you can’t see. As inaccurate and ableist as social and cultural perceptions or ideas of blindness may be, there are perceptions thereof. It is a culturally-mediated disability that may be villainised, romanticised or mythologised through the association of visual impairment unlocking some kind of spiritual perception instead of access to inner wisdom. There are many tropes and blindness or vision-related metaphors of blindness as belief are rife: Love is blind. Only through the heart can we see what matters. Blindspot. The list is incredibly long. My point is, there are social, historical, cultural and political configurations of blindness, and it makes blindness somewhat intelligible. The same cannot be said for invisible disabilities, like myalgic encephalomyelitis or Grave’s disease or, in Kayla’s case, a panic disorder. These disabilities have impairments and presentations that make them much harder to imagine and to use as metaphor. They are not static; they are progressive and sometimes degenerative; they are amorphous and fluid. They don’t have precise borders, so what they are can be hard to grasp, even for the disabled person. This makes them hard, too, for the surrounding community to grasp, and it makes it more complicated – though not any less pressing – to provide accessibility. What does it mean, after all, to provide accessibility for someone who has a panic disorder? The answer may not be as intelligible as the answer to how to provide accessibility for

someone in a wheelchair.

I consider part of the oppression of queer and disabled bodies to be rooted, in part, in the perception of them as unintelligible in normative settings, that is, queer and disabled bodies are not understood or comprehended in mainstream society. They represent a difference that, because it is not accessible or understandable to mainstream thought and behaviour, becomes a threat.

2.4.2 Psychiatric disabilities and race

A significant colour line in my interlocutors' experiences of disability arises – Kayla is white. So is every single interlocutor of mine who presents with a psychiatric disability. My black interlocutors actively do not consider psychiatric disability "real" and don't view mental health problems as a kind of disability, but rather a type of "madness", as distinct from Northern and Eurocentric definitions of mental health. To give an example, ADHD does not exist where I come from. In my village, it is not a thing. It is a wild child, perhaps. A kind of unruliness. But it will not be comprehended as a learning disability in the village.

As Kayla began recounting her story, she started out by stating that she was not sure if I would consider her disabled, and therefore a qualifying candidate for my study. She had experienced people being dismissive of her disability before. She, therefore, anticipated a similar reaction from me. This is an example of a racialised expectation, if not racist. Taylor, who is white and gender non-conforming and has multiple disabilities, remarked on a similar experience of dismissiveness from people. Taylor lost their hearing from meningitis from when they were a child and they use a hearing aid. They also have chronic major depression and anxiety. Taylor's pronouns are "they", "their", and "them". Taylor remarked:

> "You have no idea how many times I have this debate with my peers, when I seek medical care, and the most exciting person to have this conversation with is my mother. She is a psychologist, but I sometimes think she has no clue, none whatsoever. Most people only have room to try understand my hearing disability, and my other disabilities are often dismissed. I get admitted in hospitals more than 20 times a year, and the healthcare professionals still have no idea how to treat me – a person with multiple disabilities. I often seek healthcare for mental

> disabilities and I am on medication for various things. Sometimes they will tell me to stop taking some of my crucial pills that help me manage my mental health, and my hormonal treatment, since I am transgender."

Taylor further explained how much harder it is to have discussions around mental disabilities compared to their hearing disability. In South Africa, mental disabilities are understood to a very limited extent, and in the majority of cases, evidence from the data in this scholarship, they are rarely considered as a form of a disability. Only my white interlocutors openly disclosed and talked about mental disabilities.

In black communities, another particular and salient aspect of disability production arises – if you are born with it, if it is congenital, you were meant to live that way. If you are born with it, no one tries to cure you. But when or if you enter into the disability category at any given stage after birth, it is considered curable and friends, family and the wider community will suggest and recommend a wide range of remedies.

In my own experience, the first and most recurring recommendation is to see this or that sangoma from this or that village or from this or that township; specifically, to see a sangoma who is said to be unusually powerful and adept at casting out evil spirits or demons. This recommendation, with its emphasis on exorcist skills, illustrates poignantly how differently disability functions and is understood in traditional black peri-urban and rural communities, namely, that possession by demons or evil spirits is at the genesis of suddenly-acquired disability.

There is a prevalent discourse that frames disability as being "part of God's plan" if it is congenital and as "man-made" or "man-inflicted" if it is acquired. This stark differentiation in responses to and narratives around disability contingent on its congenital vs. acquired status is salient. It has wide implications for how disability is approached and whether or not it is sought to be *accommodated* or *cured*.

CHAPTER 3: INS AND OUTS OF THE CLOSET

Dudu and I, with her twin sons who had accompanied her to meet me for our interview, and my two friends who accompanied me to meet Dudu, spent about 10 to 15 minutes walking around Tsakane Park on the East Rand. We were looking for a suitable spot to sit and have our conversation. Tsakane Park is huge and at noon it was already filled with multiple groups of children playing. Temperatures were peaking for the day, and the park has places providing shade. After searching for a while, we eventually found an unoccupied tree to sit under, and Dudu and I settled in, while my friends and Dudu's teenage sons sought out their own spot to give us some privacy. As our interview was commencing, a group of children came and circled the tree we were sitting under. They continued chatting amongst themselves, but were probably curious as to what a woman in a wheelchair and a woman with a guide dog were talking about. They did not address us directly, but their curiosity was obvious. After a while, Dudu politely asked them to give us some privacy and explained that our conversation was very private and of great importance and that we required quiet surroundings. They walked away without protest.

When it had again become quiet, we resumed our conversation. After I explained what my dissertation was about, I asked her to tell me about herself. She began her story with a huge smile, which I could trace from the sound of her voice. Her opening statement was: "I am so happy that someone is finally addressing issues of us disabled lesbian women. It is not very often that people really care about hearing our stories and everything, because all they see is a person in a wheelchair and that is all we are reduced to."

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I begin this chapter by describing this scene to illustrate how queer sexualities of disabled people are not frequently given time and consideration. Coming out, which refers to the act of disclosing a non-normative sexual identity to others, is a major psychological decision and a topic that has been explored in great detail in academic literature globally (see Klein, Holtby, Cook & Travers, 2014). The dynamics inherent in the act of coming out for disabled people who are queer bring to light a number of idiosyncratic meanings attached to the act of non-heterosexual identity disclosure.

The first section of this chapter is connected to the first section of the previous chapter about the onset of disability and its dynamics. The first parts of this chapter therefore discuss themes around either coming out or retreating "back" into the closet, based on the onset of disability. It becomes clear that coming to terms with being queer *and* disabled is a dynamic and flexible process that is influenced, on the onset, by the person's disability. There is no stable or static boundary determining whether or how or to what extent all queer people, including disabled queer persons, openly disclose or withhold their sexuality.

In the second section of this chapter, I address coming out beyond its personal ramifications and consider interpersonal and social aspects of this process. I show how coming out to family as a disabled queer person often produces further isolation and rejection, and may result in the elimination of family support, something of particular significance to disabled people. This is something the narratives of my interlocutors focus on continually – the fear, and sometimes reality, of homophobic and transphobic discrimination as a response to disclosures of non-normative sexualities and gender identities. Homophobia and other types of sexual and gendered marginalisation are always dangerous and oppressive to the recipient. My interlocutors, though, were particularly afraid of this kind of treatment, as they considered themselves more materially dependent on family structures and support than their able-bodied peers, and more vulnerable, because of their disabilities. They reference their positions, as LGBT people with physical and mental disabilities, as positions that generate idiosyncratic challenges and vulnerabilities compared to their able-bodied queer peers. My interlocutors described how, throughout their lives, they have been subjected to both disability and sexual minority discrimination, whichever emerged first as an identity. They detailed how they have experienced childhood bullying and isolation, a lack of access to sexual and romantic experiences as teenagers, and difficulties in accessing adequate medical care and employment as adults, as well as access to queer communities. My interlocutors implied or directly stated that these difficulties were heightened due to a lack of familial, social and community support, and that the lack of support or outright isolation and exclusion occurred precisely because of their queer identities. They experienced more support and acceptance before coming out and disclosing their sexualities. These experiences highlight the depths and dangers of multiple-concurrent marginalisation

as persons who are both disabled and queer are doubly dependent on family support, due to the marginalisation experienced as queer and as disabled, but subsequently struggle to receive it due to intersecting prejudice.

Overall, this chapter examines how disclosing a non-normative sexuality – for persons who are also disabled – produces two instantaneous, uneasy and inherently disruptive identities – the production of queerness within disability *and* disability within queerness. In other words, it is an act that *queers* disability and *crips* queerness. Discourses around disabled people and sexuality have been marked by infantalisation, negative effects, distress, exclusion and self-doubt. When co-constructed, disability and sexuality take on one or two different, yet interlinked expressions – the disabled individual is categorised as either non-sexual or perverted. These beliefs around perversion, normalisation, victimisation, and protection are at the centre of ableism and homophobia. Hegemonic heterosexuality is premised on a lack of disability, and at the same time, compulsory ablebodiedness demands heterosexuality (Chappell, 2013). Visibly, which is to say descriptively and politically, disabled and queer people's existence is thus an existence with multiple implications for sexuality, body, bodily autonomy and (dis)ability and their intertwined constructions.

Thinking with and about disability and queerness as interconnected provides a different way of responding to well-known beliefs held about disabled identities. Some of those beliefs include, but are not limited to, the notion that disabled people are non-sexual beings, and that queerness is often characterised hypersexual. Queer is challenging the constructs of disabled sexualities, unpacking sexualities of disabled people through the queer lens does not only challenge the disabled sexualities, but goes deeper into evaluating the complexities of disabled people's sexualities. Integrating queer into sexualities of disabled people does not only challenge the presumed non-sexuality, or presumed heterosexuality of disabled people, it prominently brings into light the diverse sexualities of disabled people. The unpacking of the experiences of disabled queer South Africans has been a base for contesting these assumptions and misconceptions.

Chappell (2013) argues that both disabled and queer communities run the risk of producing essentialist constructs of what it means to be queer and disabled thus

resulting in the establishment of new hegemonies. When interrogating queer identities, Chappell (2013) makes reference to Duggan's (2002) notion of homonormativity that is defined as politics that fail to challenge governing heteronormative assumptions and institutes. Rather, homonormativity grips and sustains them, while promising the likelihood of a dismissed gay community and a privatised, personalised gay culture fastened in domesticity and consumption. Chappell (2013) further argues that the queer community's continuous mimicking of heteronormative characteristics is increasing. Homonormativity privileges those with identities that match leading "socio-homo" norms. For instance, within mainstream homosexual communities in South Africa, there is a clear aspiration towards identities that mimic colonial and Northern constructs of hegemonic whiteness and heterosexual masculinity, which is to say, young, athletic, muscular, and rich (Oswin, 2007). This results in the exclusion of those who do not aspire towards or radically depart from these norms, including disabled, poor, black and old queer persons (Chappell, 2013). Shakespeare (2006) supports this argument by emphasising the importance of the fixation with conservative beauty, muscles, and youth, which excludes those with different bodies from mainstream gay culture in the British context. He argues that individuals who access the queer scene have to either hide their disabilities or put themselves at risk of being rejected. These scholars do not consider the generative possibilities, experiences and imaginaries inherent to a disabled person's act of proud non-normative sexuality disclosure and, as such, may be considered as second-wave disability scholars. In recent years, there is a new "third wave" of disability theory, spear-headed by Alison Kafer's (2013) *Feminist, Queer, Crip* and Eli Clare's (2017) *Brilliant Imperfection*, by queer disabled scholars who insist on disabled pride and liberation. The following accounts attach to that new school by demonstrating that, despite the risks and vulnerabilities associated with disabled queerness, it is also a defiant and rich identity permutation that widens the scope for liveable lives and richer world-making.

3.1 Becoming disabled

In stark contrast with other identities, such as race and ethnicity, any individual can enter or exit disability at any given point in life. Some disabilities are fixed, permanent and/or degenerative. Some people are born with their disability, and others only enter

disability in old age. In the narratives of my interlocutors, it emerged that this flexible onset of or entry into a disabled identity has important implications for the exploration of queer sexual identities for disabled people. Whether an individual has entered their disability identity from birth, earlier on in their life, in their adolescence, or late in life significantly impacts their exploration and disclosure of their sexuality. The way in which a disabled person comes to terms with their queer sexuality varies based on when they acquired their disability.

For the majority of my interlocutors, the life stage point of disability onset determines how an individual attaches meaning to their disability, particularly when this disability intersects with other marginal identities, such as queer sexual orientation. During the course of my engagement with this study's interlocutors, they explained to me that they openly disclose their sexuality across most temporal and geographical spaces. In other words, most of my interviewees are out of the closet, most of the time and with most people. Their friends and families know that they identify as queer, lesbian, gay, non-binary and transgender. These disclosed positionalities come with different individual narratives and experiences of being out of the closet.

Simphiwe disclosed her sexuality when she was 16 years old but claims that she was always a tomboy growing up. The non-normative gender performance of girls who perform traits normatively affiliated with boys in a gender-essentialist framework, such as playing soccer or climbing trees, already had her family suspicious of her sexuality. However, it was never a topic for discussion. Consequently when she decided to come out to her family at the age of 16, she says they laughed at her, claiming they had always known she was a lesbian. To her family, this implicit knowledge was confirmed when Simphiwe was 11 years old and disclosed she had a crush on her female teacher. Simphiwe considers herself fortunate that her family was already aware of her sexuality and had no issues around it. She did not have to face the trauma of being disowned by family, a risk associated, particularly historically, with queer people when they come out of the closet. However, her situation changed very distinctly after she acquired her disability two years after she disclosed her sexuality:

> "As I was grappling with my sexuality on a personal level, you know, being a teenager and all, I had to now be disabled. At first, I thought there is no ways I

> can cope with both my sexuality and being in a wheelchair. I wanted to make my lesbian identity go away or put it on hold or something. It was a bit much."

Firstly, Simphiwe, along with a number of my other interlocutors, made use of the term "*cope*" when addressing issues relating to their experience of coming out in connection with their disability. This suggests the anticipation of difficulty and grief associated with being both openly queer and disabled. Furthermore, it is apparent from the quote above, that the disabled identity, according to Simphiwe, is fixed, while the queer identity can be "wished away" or put on hold. This highlights the contestation and prioritisation of identities when both the identities fall within a marginalised and predominantly undesirable sphere in relation to the general population. The addition of disability reconfigured Simphiwe's sexual identity from something she felt fortunate to have been loved and accepted for to something that is "*a bit much*". Disability's ability to push sexuality aside and to minimise sexuality is a traumatic effect of disability and potentially of disability disclosure. The fact that marginalisations need to compete with each other for space within a person's identity illustrates our limited notions of the complexity of lived experience.

Secondly, for interlocutors who entered their disability identity in their adolescence and early adulthood, there is often an identifiable move towards heightened self-doubt surrounding the co-existence of their long-established sense of sexuality with the newly entered experience of disability. The onset of disability means revisiting their queer identity and what it looks like and how it operates in the world. Once disabled, everything else about an individual shifts too. Everything about the newly disabled person is reconstituted. My interlocutors did not remain queer in the same way that they were before. Their queerness was transformed by their disability. As Simphiwe mentioned, she wanted to put her sexuality "on hold". Their entry into disability brought about a new construction of the person's identity, the need to "reverse" and, in some cases, "minimise" the queer identity. This is carried out in order to make room for the disability, which is an addition of another marginalised and politicised identity, one that has heavier, more "present" and material effects for my interlocutors than their queerness.

Throughout Simphiwe's first year of being disabled, she actively did not want to call herself a lesbian; something she had no problem identifying before the accident.

Conversely, Kayla, who was not certain whether her debilitating panic attacks were the result of her sexuality and coming out to her mother as a lesbian, wanted to "reverse" her sexuality in order to create the mental and social space to deal with her newly acquired disability. She also did this hoping that minimising her sexuality could give her the space to manage, minimise, reverse or exit her disability. Kayla said:

> "At first, I thought I had brought my disability to myself by wanting to come out to my mother. I had no problems being a teenager who secretly had feelings for other girls, but when I met my current girlfriend, I knew it was time I came out because she is too precious to be kept a secret, and I also wanted the freedom to openly express myself romantically. When my mental illness got out of hand, I was not coping, so I just wanted to somehow make my queer identity a thing of the forgotten past. It was too hard to deal with them both at once, you know."

In these narratives, in which disability onset was later in life and occurred after the disclosure of sexuality, the manifestation of a disability produced the desire and attempts to retreat back into the closet – to withdraw the disclosure of a non-normative sexuality and conceal their queer identity. The reasons my interlocutors gave for this traumatic self-censorship and self-denial revolved around a desire for self-protection and self-preservation through an awareness of the dynamics, vulnerabilities and risks that come with being queer. Inhabiting and displaying a non-normative sexuality already entails varying degrees of rejection, isolation, and violence, which are taxing to an individual's resources and resilience. Similarly, disability also brings with it high levels of rejection, isolation, and violence thus inducing the urgent need for "reversing" and invisibilising my interlocutors' queer identity. These narratives illustrate how acquiring a disability in early adulthood, in conjunction with an existing queer sexuality, brings about self-doubt and intensified fear of social, familial and personal discrimination and marginalisation. These fearful affects are particularly evident in the use of terms such as "cope", "reverse", "making it go away" or become "a thing of the forgotten past". These are all terms that are associated with fear and a corrective desire, which reveals the traumatic effects of disability acquisition and disability disclosure of one's sexual identity to correct one or the other identity.

Meanwhile, other interlocutors who have been disabled from birth or early childhood relate to their queer identities differently. Ludo recounted:

> “Being disabled for me had just been the same as breathing; I would not know how to live without any. When I first realised I was into girls, I thought my disability had messed up with my hormones just a little bit. I thought, oh boy, now I am going to be extra weird when people know that I am not just a wheelchair queen, I also perve on other girls – extra weird, right? But it did not bother me for long, I mean, what could be worse than the stares I get every day, everywhere?”

In support of the quote above, Dudu also expressed the belief that, if anything helped her in coming to terms with discovering that she is a lesbian, it was knowing that growing up with a disability meant overcoming the most difficult circumstances that non-disabled people could never even begin to imagine. Consequently, being a lesbian would just have to be one of those things she will have to learn to deal with. Dudu said:

> “My only biggest fear was that my parents will reject me for the second time in one lifetime. Because, for me, having been sent to that special school at eight years old was a first rejection. So, being kicked out after coming out as a lesbian would be the second. Gosh, was I right – my mom could not stand the news when I told her I liked other women. She told me to leave her holy home to go live with these devils that taught me such a behaviour.”

Having been sent to special schools at an early age meant that Dudu spent most of her childhood away from home. That experience is one that she and other interlocutors interpreted as rejection. Being kicked out by their families “a second time” after coming out as queer is considered a second rejection. Dudu was already anticipating the second rejection, and had already mentally prepared herself for it before she disclosed her sexuality to her family. Even though she had already been exposed to the realities of living away from her family, she did not choose to remain in the closet for her sexuality in fear of the second rejection. She came out of the closet knowing the possibilities of being rejected, yet she still decided to openly claim her queer sexuality. For Dudu and other interlocutors, disclosing their queer sexuality was an act of claiming visibility and a way for disabled people to be acknowledged as human beings with diverse sexualities. For Simphiwe and Kayla, there was the option, which they weighed multiple times, to revert back into the closet or to “silence” their queer sexualities. In spite of these potentially harmful options, they both chose to disclose their queer sexualities, now in conjunction with their

disabilities. Simphiwe said: “It was going to be easy for everyone, including my family, if I crawled back into the closet, and claimed my lesbianism was just a phase, as they all say.”

This quote reveals the compounded effects of simultaneous embodiment of the queer and disabled identity. Sherry (2004) explores this simultaneous and sometimes complicated dual embodiment as parallel similarities between queer theory and disability studies. Some of the overlaps between queerness and disability include familial isolation, elevated violence, discrimination and stereotyping associated with coming out of the closet and “passing”. Simultaneous embodiment of these two identities extends the marginalisation and oppression encountered and endured by disabled queer people, hence the evident desire in my interlocutors’ stories to suppress or “reverse” one identity in an attempt to minimise the overall personal experience of isolation and rejection.

In a queer and disabled context, “passing” is the act of being perceived, willingly or unwillingly, as belonging to or having membership of the dominant, more privileged group instead of one’s actual membership of the more marginalised and oppressed group. According to Amy Robinson (1994 cited in Squires & Brouwer, 2014, p. 283), and still the most widely used definition, passing is an interplay between three actors or groups: “the passer, who (usually) performs a privileged identity; the ingroup clairvoyant, a member of the passer’s non-privileged group who can see through the pass; and the ‘dupe,’ a member of the privileged group who believes the pass.”

As mentioned in the introduction to this chapter, a femme lesbian, for instance, “passes” when she is perceived by onlookers as heterosexual due to her aesthetics and behaviour, but remains queer to herself and her butch partner. It is a complicated concept because it relies on essentialising what gender is, what womanhood is, and which behaviours belong to either femininity or masculinity. Nonetheless, it is a lived reality. In the case of disability, “passing” refers to the act of coming across, again, willingly or unwillingly, as able-bodied. The ability to pass allows persons to slip in and out of their queer or disability category more dynamically. That allows them more control over how their identities are negotiated and disclosed. Persons with invisible disabilities, sometimes persons with chronic sickness and mental disabilities, describe passing as a double-edged sword, one that is safeguarding and isolating at

the same time. It also instils the added burden of more frequent verbal acts of "coming out", of actively stating and disclosing one's disability, instead of the physical presentation or prosthetic "speaking" for the disabled person and communicating the disability pre-verbally and immediately. In the context of trans experiences, "passing" is a slightly different concept and refers to the act of "successfully" performing one's real identity, i.e., a trans man "passing" in a cis-normative context as a man.

Chappell (2013) argues that both disabled and queer communities run the risk of producing essentialist constructs of what it means to be queer and disabled, and thus the establishment of new hegemonies. On the basis of my interviews with my interlocutors, I suggest that it is these essentialist constructs that inform and influence the fears and doubts of disabled queer people in their early encounters with the doubly marginalised experience of being both disabled and queer. It is the internalised notions of presumed heterosexuality of disabled people, and presumed non-disability of queerness that drives internal dissonance and discomfort. However, the adaptation to both identities over time gives rise to the meaning associated with being openly queer and disabled. This temporal production directly touches on Duggan's (2002) notion of homonormativity, which is behaviour and politics that fail to challenge or begin to replicate governing heteronormative assumptions.

The difference in onset of disability across an individual's life span, the correspondingly different degrees of contestation within a person's queer sexuality and attendant acts of coming out point to the notion that the early onset of an individual's disability serves as a platform to deal with establishing queer sexuality with limited anxiety and stress on a personal level. Individuals who entered into disability *before* they become aware of and disclosed their queer sexuality express that their disability taught them ways to handle and deal with being openly different. Consequently, later on, when they explored and came to terms with their queer identities, they had a solid experiential "reference" to how to deal with marginalised difference without trying to conceal it. The life-worlds of my interlocutors also revealed that the only issues that the early-onset cluster of disabled people express when it comes to them coming to terms with their sexuality has more to do with how other people relate to it than internalised concerns and anxieties about how they will manage two strongly marginalised and "opposing" identities. Unlike sexuality,

physical or any other visible disabilities cannot be concealed. Therefore, a person with visible types of disabilities automatically exists in a state of permanent disability disclosure. There is no disability closet for those whose disabilities are so visible that they precede any verbal disclosure and, often, any other part of that person's identity.

The contestation of a disabled identity and a queer identity is influenced by the onset of one's disability in relation to the "first" experience or articulation of one's sexuality. How they occur across time in relation to each other impacts how the person relates to and contests either identity. Based on the narratives I have collected, late onset of one's disability brings along intensified doubts and discomfort around the acceptance of one's queer sexuality. On the other hand, early onset of one's disability creates another type of "crip resilience" in the person, which allows them to deal with the discovery of their sexuality with lessened anxiety and doubt. In this case, the act of actively and publicly disclosing one's non-normative sexuality, whether within a family setting or society at large, remains more challenging than the internal acceptance of their queer sexuality. When the onset of disability precedes the discovery of a queer identity, my interlocutors showed no particular need for or desire to supress or "reverse" their queer sexuality due to the comparative invisibility of one's sexuality over the non-negotiable visibility of disability.

Overall, what I have discussed in this section reveals that the onset of one's disability adds a significantly different layer to the dynamics inherent in the act of disclosing one's non-normative sexuality. Most importantly, this is a factor that does not hinder disabled people from coming out of the closet though it does contribute to a heightening or minimisation of the anxiety produced by the act of coming out and coming to terms with one's queer identity. The intertwined production of disability entry and either its protective or silencing effect on queer sexuality highlights a necessity for disability and queer theories to engage with generative effects, as well as negative ones, such as silencing, mourning, and loss. Loss would not only refer to the loss of a former ability but also to the potential loss of "unrelated" identities, as well as the gain of an entirely new identity configuration. It also illustrates the intersectional, enmeshed nature of our identity constellations. Disability and sexuality are not two distinct identity categories but are so intimately co-constructed that they will alter each other, compete for resources and recognition and reconfigure

a person's identity landscape.

3.2 Becoming queer

According to Paul Chappell (2015), youth who are trying to make sense of the world around them need a strong sense of their identity as this helps them to relate and understand the wider society, and thus navigate it with confidence. Similarly, this aspect is as important for disabled and queer people as this population is more likely to experience compounded discrimination, and multiple layered stigmatisation. Therefore, it is important to understand one's sexual identity against the backdrop of the societal misapprehensions that continuously threaten to undermine them (McCann, Lee, & Brown, 2016). The limited available literature (Chappell, 2015) on exploring and understanding queer sexuality is further limited by the focus that is primarily and predominantly on the adolescent and youth who are disabled and queer. Due to other parameters around disability identity, understanding and exploration of sexual identity come at varying stages and ages, and thus cannot be merely understood in the adolescent and youth stage. A large national survey in Australia has captured that around 17 percent of young transgender persons have a disability (Jones, De Bolger, Dune, Lykins, & Hawkes, 2015) and that the similar percentage of people who are attracted to the same gender individuals are also disabled (Hillier et al, 2010). These numbers, again, are reflective of a specifically younger disabled population. I have not been able to source equivalent data for South Africa, data that is disaggregated along queer gender identities and disability.

My interlocutors described how being sheltered from exploring and understanding their sexual identity and gender identity has led to them having sexual relationships in secrecy and being closed off to sexual exploration. This level of sheltering and "infantilisation" of young disabled people can mean that they become unprepared adults when it comes to experiencing and navigating their sexual identities (Franklin & Smeaton, 2017). Furthermore, disabled people who demonstrate any level of sexual intent are often considered to be rather going through a "phase" that will subsequently pass or fade away or sometimes deemed as part of the disability itself, rather than an identity that is isolated from the actual impairment (Corker, 2001). The perceptions of disabled people performing their sexual and gender identities as a phase blatantly invalidate the sexual identity of disabled people, let alone the queer

nature of their sexuality. Richards (2017) argues that society continues to be ignorant of acknowledging the sexual desires and sexual identities of persons with disabilities. Gay men have been singled out to be particularly vulnerable when it comes to their carers or parents repressing their need for sexual expression (Stauffer-Kruse, 2007). Parents, teachers and service providers are said to further suppress sexual identities of disabled queer young people (Blanchett & Wolfe, 2002). The politics around the act of disclosing a non-normative sexuality have been broadly explored in academic texts. However, politics around coming out of the closet as a disabled queer identifying person, particularly across different age groups of disabled people, is extremely limited. It shows above that only queer sexualities of adolescents and youth have been sparsely explored leaving the dynamics of disclosing queer identity for disabled people to continue being an unexplored territory, particularly in the South African context.

Post-structural and queer scholars (see Foucault, 2000; Butler, 2004) have critiqued the notion of coming out. They argue that coming out coerces an individual into an already established identity group. For disabled queer people in South Africa, however, their queer identities are not acknowledged as an established identity. Consequently, the notion of coming out of the closet goes beyond acts of visibility. It is also an act of creating awareness of the existence of their queer identities both in their immediate families and in establishing an identity group that is frequently overlooked and neglected. Following the long fight for acknowledgment of the sexualities of disabled people, most prominently theorised by Shakespeare (2004), the narratives of my interlocutors revealed the importance of disclosing a non-normative sexuality for disabled queer people in South Africa. This is not merely a performance of visibility within a queer identity group, but an act of claiming queer identities of disabled people to show the diversity of sexualities of disabled people. This defies the presumed heterosexuality of disabled people and the presumed able-bodiness of queer people.

The very concept of “the closet” and of disclosing one’s sexuality do merit critique for their relevance in South Africa. They are Northern, white and Eurocentric concepts and imperatives, which emerged during the gay civil rights movement in the West. The imperative to “come out” and declare one’s sexuality gave rise to, chiefly, the

urban and white gay community (see Chauncey, 1994; Seidman, Meeks & Traschen, 1999). In South Africa, the act of claiming a “gay” identity is a very different process and signifies different aspects as it ushers in different struggles and vulnerabilities, particularly for queer persons who are also disabled, as seen in the life-histories of my interlocutors.

According to the data I have collected, some disabled people’s realities involve concrete support structures from their families and friends, something that can vary greatly from requiring sporadic support with medical care to rehabilitation on a daily basis. In this regard, families of disabled people play a major role in the provision of these support structures. The disaggregated unemployment rate of disabled people is higher than any other demographic population in South Africa. The South African Human Rights Council, in their publication, *Promoting the Right to Work of Persons with Disabilities* (2015), estimates that eight in ten people with disabilities are unemployed. Subsequently, and due to a pronounced lack of comprehensive government or state provided care for disabled people, most disabled people in this country depend on their families for additional support. Sustaining a working relationship with family thus becomes central for the well-being, livelihood and survival of the majority of disabled people. Disclosing a non-normative sexuality, and coming out of the closet, is an act that may, and in most instances does, compromise and jeopardise the quality of the relationship disabled people experience with their families, particularly their parental figures. Unemployment, and therefore poverty, socio-economic status and class, is central to how South African society is constructed and to how individuals are configured, and to their levels of social mobility and functionality.

The majority of my interlocutors claimed that coming out to their families, specifically their parents, completely reconfigured the relationship they had with them prior to disclosing their sexuality. The quality of the relationship depreciated significantly, which resulted in the rise of compromised support and care as well as tension and distance.

Zee, who is her parent’s only child, has – in her own words – been very invested in living up to her mother’s expectations of being what she calls a “good girl”, someone who saves herself for marriage in order to be “given” to a “good man” one day. She’s

been living up to this expectation for almost two decades. Zee eventually disclosed her queer sexuality to her mother a little over a year after her father passed away. Zee says:

> "No child wants to be a disappointment to her parents, ever. I watched myself become that child to my mom when I told her I was into other women. I guess it did not take much to disappoint her really since I was halfway there by being disabled anyway. Our relationship has not recovered since then. Our conversations hardly goes beyond the basic stuff … The only reason I am still living under the same roof with my mom is because, after my dad died, there was no money coming in. So, my disability grant is what keeps the household going. She knows, she kicks me out, I go with the money."

This quote illustrates how *disappointment* functions as a very ableist and homophobic framing of and response to disability and queerness. Zee further disappointed her mother by disclosing her queerness. The ability to compound or push disappointment "over the edge" is possible by virtue of the fact that partial disappointment already preceded Zee's queer identity. She was disabled, thus disappointing, and a now her queer identity added to that in a similar, negatively loaded way. Disability and queerness get framed as two parts equally weighted in making up total disappointment. Similarly, Dudu also noted:

> "When I got kicked out at home, I had no job of any kind. Just my disability grant and I think the only reason one of my friends took me under her roof was because she knew I had the grant money, so I would at least help with rent. Which I did for a few months, but once she realised my needs as a person in a wheelchair demanded more money and my grant money was not enough for rent and my care, she tossed me out too."

The disability grant mentioned in these quotes is a social protection grant provided by the South African government under the Department for Social Development to eligible disabled persons who are (1) unemployed and (2) South African citizens. In 2019, it amounted to R1700 per month.

According to Section 27 of the South African Constitutional Assembly (SA, 1996:s 27), every citizen has a right to access social protection, which is inclusive of those who require adequate and appropriate assistance and who are unable or have

difficulties supporting themselves and those who depend on them. This includes the disability grant as one of the social security grants that the country provides for the vulnerable population. The disability grant has been in place since 1946. The eligibility assessment of disability status in order to qualify for the disability grant was first done by medical officers alone, which was influenced by the medical model of disability. However, this assessment procedure changed in 2001, and decision-making powers were given to provinces. Consequently, currently, the process varies across provinces. Some provinces still use a medical officer, and other provinces use expert panels that consist of a representative from a disabled people's organisation, and a medical officer, or rehabilitation officer. Some provinces make use of both processes in combination. Consequently, these varying processes have resulted in diverse interpretations of what qualifies as a disability and what does not. In some provinces, those who present with invisible disabilities have been denied access to the disability grant, while the same disability in a different province have been given access to the disability grant. Since the change in 2001, there has been a steady increase in applications for disability grants across all provinces. Researchers have evaluated this uptake of disability grants and have linked it to the awareness and the flexibility that came with applying multiple processes in informing inclusion criteria (Mitra, 2010; CASE, 2005). The success of the use of combination of both processes further highlights the importance of integrating the social model of disability with the medical model in order to inform and account for varying levels and understandings of disability alongside impairment, as I suggested in the beginning of the Chapter 2 as more effective means to understand disability in the South African context.

Due to the elevated structural unemployment rates and extreme poverty in South Africa, multiple households are dependent on the income of social support grant beneficiaries. Limited research that has been done on the influence of disability grants on family dynamics, family configurations, and provision of care in South Africa has demonstrated that the payment of the disability grant has influenced the kin support network and family formation (Klasen & Woolard, 2009; Bertrand et al, 2003). Literature further shows that the poverty-disability connection is more complex and complicated than it was predicted to be due to the multiple factors that accompany disability (Banks & Polack, 2013). Nonetheless, these complex factors are further enhanced by the queer sexual identity of my interlocutors as I have

demonstrated through the quotes above.

When we look at the dynamics of the disability grant and family support, it becomes apparent, based on the recollection of my interlocutors, that access to the disability grant as a disabled person, affects the formation of kinship and family. However, the narratives of my interlocutors show how damaging and often toxic these relations can be when influenced by the grant. It shows that the disability grant does not just protect the livelihood and care provided for the disabled person, but may also place the disabled person at risk of forming unhealthy transactional relationships. Even though the grant is intended to protect the disabled person receiving it, the disabled person may be exploited because of the disability grant, with no intentions to protect and provide for the needs of the disabled person.

Wright (2015) did a qualitative study on insider perspectives on how disabled persons in the province of Mpumalanga spend their disability grant. Wright's study demonstrated how the disability grant is predominantly used to buy groceries and essentials for the house as it is not enough to cover medical costs, assistive devices, or the provision of adequate care for the disabled person receiving the grant. In the context of my interlocutors, the only security the disability grant provided was a temporary roof over their head and food. It does not stretch beyond that, and it does not influence the strength of the kinship within the family or friends who supposedly take care of the needs of the disabled person. Instead, it raises questions around the authenticity of those who indirectly benefit from the disability grant. It is not the needs of the disabled person that are made a priority, but how the household can be kept running from having access to the disability funds. It is very clear from Zee and Dudu's encounters that the disability grant turns the disabled person into a commodity, a good deal, someone to keep around, to keep the household running. Zee and Dudu believe that their disability grants are perceived by those who benefit indirectly, which are the others in their households, as a form of income that does not lead to respect and genuine care for them as persons. Dude and Zee both remarked that people who contribute with incomes from different sources, such as holding a job, receive more respect from their friends and family compared to disabled people who contribute to the living arrangements only through the disability grant. This shows how impairment overrides any other functionality and contribution that would

be otherwise recognised, acknowledged and respected had it not been based on the existence of the impairment. To cement their positions not as humans but as disappointments or burdens, Zee and Dudu expressed that they are not valued for their humanity, but for the financial contribution they make by way of their disability grants. The quotes above reflect the complex ways in which the disability grant functions in the lives of disabled people. On one hand, the disability grant may serve as a protective and preventative tool that prevents being disowned by family and friends, and thus protects them against homelessness but, on the other hand, it may create compromised relationships between the disabled queer individual and their family. If anything, as these quotes illustrate, it leads to “forced” and unhealthy relationships driven by transaction, financial benefit and exploitation of the disabled queer person. As such, the disability grant may facilitate access to prolonged, but temporary and precarious shelter, through the continuation of familial relationships or relationships with friends and acquaintances who are willing to provide care for the disabled person in exchange for monetary compensation. However, the assistance or shelter offered transactionally, based on the prospect of financial compensation through the disability grant, in the case of my interlocutors, did not provide ethical or reliable care. Instead of allowing the disabled person the freedom to spend the financial support on what it is intended for – specialised disability care – it gets co-opted as a way of compensating “friends” and “family” for the burdens the disabled person places on them – and not to alleviate the impairments the disabled person lives with. This dynamic – that the disabled person must pay, literally and figuratively, for their disability – aggravates the challenges and pain that disabled people experience and further deepens the framing of disability as a burden.

3.3 Being disowned

Being disowned by family after the disclosure of a non-normative sexuality is a familiar reality for some queer people in South Africa. However, it has multiple, complex implications for disabled queer people. Half of my interlocutors have been disowned by their families after coming out, the majority of them being black. Only 10 percent of them have been re-invited back home after parental figures decided it was “time to forgive” them. Some of the conditions that came with the “forgiveness” meant not openly performing their queer identity, which implied they would have to suppress

their queer identity for as long as they lived under the same roof as their family.

Taylor started staying at different friends' houses from when they were 15 years old after their parents told them that they could not stay with them because their "deviant" sexual interests were "disturbing". Taylor first came out to their family as a lesbian when they were a teenager. A few years later, they came out as pan-sexual, and recently, they have come out as transgender. Their parents, on more than one occasion, have disowned Taylor. Every time they disclosed a different sexual or gender identity, their parents would kick them out only to later re-invite them back home. When Taylor discovered another aspect of their sexuality or gender and disclosed the development to their parents, they would be disowned again. Taylor's relationship with their parents deteriorated each time Taylor was invited back home. Eventually, they decided to set up permanent living arrangements with their friends. Taylor remarks:

> "I was cut off by parents' medical aid. Immediately. I suppose I was fortunate enough that they had gotten me the cochlea implants already … The relationship I had with my family was becoming very toxic, especially with my mother. So I decided it's best if I terminate it completely, so I ended the relationship, for my own sanity."

A central struggle that Taylor and other interlocutors who have been disowned by their families report experiencing is the discontinuation of medical care support for their disabilities and the lack of everyday support related to their disabilities. This presents a number of challenges for each interlocutor. Depending on the severity and demands imposed by their disabilities, the challenges vary from mild to life-threatening. These variations span across a medical, social and financial spectra from the worsening of the disability due to a poor quality of life, living in precariousness and poverty due to a lack of financial support, and having no access to resources that combat the impairments of the disability. Dudu explains that "Being homeless in Jozi is very scary, being homeless as a woman is scarier, but, my friend, try being homeless as a woman with a disability, now that is catastrophic."

In her family, Dudu first came out to her mother, who told her that being a lesbian is "unholy", and therefore Dudu needs to leave her house immediately. Her mother told Dudu's brothers that they needed to urgently help Dudu pack the few essential

belongings she owned so that she can leave and go to wherever she had picked up the “unholy habit” of getting involved with other women. Dudu’s brothers, with no contestation or attempts to defend their sister, helped Dudu pack her small backpack and told her that she can figure out what she does with her life once she is outside their yard. This happened when Dudu thought she was starting to have a good relationship with her family after having spent her childhood in special schools away from home. Her relationship with her family already lacked a solid foundation since she hardly spent time at home. This incident links to her earlier descriptions of being kicked out of her home after disclosing her sexuality as being rejected “a second time”.

Moving from one household to the next, across short intervals of time, as a disabled person facing rejection from loved ones, means living through a compromised access to a familiar and accessible household. This factor of environmental strain or sensitivity applies to all disabilities in different ways. The use of a wheelchair requires readjustments to a standard house for access purposes. Blindness requires certain levels of familiarity of one’s surroundings in order to navigate with less anxiety and being constantly subjected to change of surroundings has a debilitating effect. It takes a long time for a blind person to familiarise themselves with their physical environment as the mapping out of a space happens through touch and memory rather than sight. Environmental inaccessibility is one of the idiosyncratic and compounding challenges that disabled persons face when confronted with homelessness thus needing to relocate from one environment to another. Additionally, the unemployment rate of disabled people in South Africa is extremely high at nearly 80%, leaving the majority of disabled people dependent on their families for the financially associated demands of their disabilities. This tends to be discontinued when a person has been disowned by their family. The specific demands that impairments incur cannot, in most instances, be satisfied by a friend who accommodates the disabled person. The informal employment and informal economy that is available to most able-bodied people in times of financial distress is, in most instances, not viable for disabled people. This places another barrier for disabled queer people and further complicates their ability to meet their immediate financial needs. Lastly, for disabled queer people, women in particular, coming out of the closet and being disowned leads to heightened vulnerability to abuse and

violence in the context of the shifting environment and by whoever offers to provide accommodation.

Critical debates about disabled sexualities revolve around disarming the frustration and invisibility that surrounds the sexuality of disabled people. This infantalisation of disabled identity and sexuality leads to self-doubt and the internalisation of inferiority. The beliefs of assumed non-sexuality or perversion of disabled sexuality have been well documented in the literature by scholars, notably McRuer (2002), and McRuer and Wilkerson (2003). Shakespeare (2000) convincingly demonstrates how hegemonic heterosexuality is premised on a distinct *lack* of disability. In the rare case that the existence of a disabled sexuality is acknowledged, it is overwhelmingly presumed to be heterosexual. This doctorate adds to these debates. The findings I have discussed in this section reveal the importance of coming out as queer for disabled people as a personal act of visibility in a world that hardly acknowledges the diverse sexualities of disabled people.

In spite of the importance of this to a queer disabled identity, this study simultaneously reveals that the performance of coming out of the closet for disabled queer people presents significant challenges, particularly material ones. These challenges attach to the person's disability in unique ways and function very differently to and much more precariously than the challenges that able-bodied queer people face when they disclose their sexuality. These challenges present with unique affective registers. The next section of this chapter will explore this. It will look at how disclosing a non-normative sexuality for disabled queer people presents diverse challenges that produce different affective registers, focusing particularly on how shame function in relation to queer disability.

3.4 Affective dimensions of queer disability

Thato said the following:

> *"People do not think we are in any way sexual beings, so, my being butch is not only to show that I am a sexual being, but I want to constantly send a message that I am a lesbian and a disabled person who is not ashamed of her sexuality."*

This statement takes us to another area of this scholarship, namely, the affective

dimensions of queer disability. She expressed how she is particularly invested in people seeing and being confronted with a person who is both queer and disabled and who is actively *unashamed* of her sexuality: "… send a message that I am a lesbian and a disabled person who is not ashamed of her sexuality." Later in the interview, she elaborated on this and told me that it is especially important to her to be "out" and being "read" as butch because she thinks that people should be made aware that queer people who have disabilities not only exist, but exist with pride and without shame. Shame, as an affect, kept coming up for interlocutors, both negatively and positively; shame that they do or do not feel around their sexuality, shame that they do or do not feel around their disability, and shame that their families and friends do or do not experience in relation to them. Shame has a powerful effect and it shapes the behaviours and articulations of disabled people in myriad ways. It may be one of the most potent affective tools ableism utilises in its production of disability. Shame, as distinct from guilt, attaches not to a particular act or non-act, but to the character and character defamation or deficit of a person. Shame is not about acts, but about identity and, ultimately, morality. Shame, therefore, can't be undone through behaviour or action. It is a question of how deserving and worthy of a good life someone is, based on how moral they are as a person. Shame is the socially produced and individually internalised punishment for severe enough divergence from the norm; it is shameful to be queer, it is shameful to be disabled; it is doubly shameful to be both. Pride, as the antidote to shame, has long been an active strategy of the LGBT movements. As commercialised as they may have become, Prides began as active resistance to the configuration of queerness as sick and deviant and, ultimately, shameful. The beginning of a similar adoption of Pride as emotional counter-strategy to societally imposed shame can be witnessed in the disability community. Disability Pride is a recent and fast-growing self-proclaimed identity-formation by disability activists worldwide (Bogart, Lund & Rottenstein, 2018). A transformative justice activist, accredited as one of the first to bring this term to mainstream attention, is queer Korean disability activist, Mia Mingus. Her influential keynote address in 2011, *Moving toward the Ugly: A Politic Beyond Desirability,* was given at the *Femmes Of Color Symposium in Oakland in the US* and marked a watershed moment for a discursive change in the disability community.

My interlocutors also experienced another common affective dimension of queer

disabled sexuality, namely, that disabled persons are perceived socially as attention-seeking for their queerness and that disabled queerness itself is framed as an attention-seeking act or cluster of behaviour, and not as real. It is in particular the act of *disclosing non-normative sexualities to friends and family* that gets viewed by friends and family of the interlocutors as "attention-seeking behaviour" by the disabled person. My interlocutors explained how the people they disclosed their sexuality to first told them that their act of claiming to be queer was a way for the disabled person to make themselves "more interesting" than they actually were, since their disability actively made them less interesting as human beings. This highlights how some of the more harmful aspects of ableism in society functions. According to my interlocutors, their family and friends often expressed that it is "uninteresting" and even "lame" to be disabled. Friends and family, as well as society at large, do not look beyond the disability of the disabled person, and they therefore claim that queerness or perceived queerness is an attempt by the disabled person to make themselves "more interesting" to seek attention rather than a "real" identity dimension.

This is an illustration of the pernicious ways in which abelism and homophobia interact and amplify each other. It is the opposite of what Thato does when she utilises her minority statuses in an instrumentalised and strategic manner to increase her own agency and power. When Thato performs her butch gender to actively sexualise herself as a disabled person, she is creating possibilities and life-worlds for herself. But when friends and family cannot perceive of depth and variability and difference and possibility within disability – to the extent that they cannot or will not perceive of queerness as a legitimate identitarian option for disabled persons but simply as an inauthentic strategy for attention – they are actively diminishing the life-world possibilities for their disabled family member or friend. They are making it less possible to be and enact real, intricate personhood.

Thato further explains:

> "Dude, this friend of mine, I have known my entire life, said to me when I was disclosing my sexuality to her that I just want it all, like, being disabled was not enough for me to get attention. Now I want people to look at me even more. She practically said that I was greedy for being disabled and a lesbian."

Zee elaborates:

> "You should have seen my friend's face when I told her that I was a lesbian. Her facial expression was something between disgust and horror, or maybe disappointment, who knows. I am apparently a huge disappointment to everyone around me. She told me that she will now forever be hidden by my attention seeking 'choices'."

The quotes above take us back to ableist configurations recently discussed that are centred on reducing a disabled person to the one impaired aspect of their body as a marker for all their other identities. As I discussed in the previous section, Thato's sexuality has been reduced to non-sexuality because of her disability; her disability takes over every aspect of her being and is at play in the way she can and cannot express her sexuality. It determines her as non-sexual *and* when she fights that, it constructs her as attention-seeking. Queerness cannot "conquer" the situation as the most predominant marker, as reflective only of itself. Rather, it is still Thato's disability that is exercising the greatest amount of influence, to the degree that her sexuality is expressed as a direct consequence of her disability. She is *only* queer because she is disabled.

Her sexuality also further becomes an area of scrutiny as she discloses her queer sexuality and is now perceived, by her close friend, as an attention-seeking person because of her disclosure. Her disability already makes her excessively scrutinised and now, due to her "additional" or "contingent" queerness, she becomes doubly scrutinised. Thato's behaviour also does not get to exist as something that is reflective of herself, but as something that is constructed in direct and exclusive relation to the close friend. In other words, her sexuality is contingent on her disability, and that is, in turn, contingent on her social relationships. She is only queer because she is disabled, and because she is disabled she wants attention, or she is disabled because she wants attention. Her disability and "subsequent" sexuality both relate to and rely on Thato's desire for attention. Her disability and queerness therefore are produced as attention-seeking and attention-creating and attention-hoarding behaviour, not as marginalised identities. Close friends and family calling Thato and Zee attention-seeking, and as robbed of attention or directly invisiblised, functions as an obscured type of victim-blaming behaviour. The marginalised person,

the person who is victimised, is *actually* the only one enacting the marginalisation. It is actually Thato who is taking attention from her close friend; it is not society disabling Thato. These discourses show how queer disabled persons' sexualities and disabilities are continuously invalidated by those who are closest to them, and turned on their heads and used against the queer disabled person, as a form of victim-blaming oppression. This type of ableist violence, as will be discussed later, continues and sometimes deepens even when disabled people attempt to access queer spaces and, more broadly, within the queer community.

Even amongst the closest family members and friends, my disabled queer interlocutors had to fight to have their sexualities validated and acknowledged without the act of disclosing their sexuality becoming a reference point for their disabilities. They had to fight to have their sexualities perceived in and of themselves without the perception of their sexualities attached to a so-called "uninteresting" aspect of disability that determines what the entire existence of the disabled person is reduced to, or measured up to. These beliefs about disabled people being perceived as having attention-seeking behaviour by disclosing their queer sexuality further validates and affirms the dismissal of sexual identities of disabled people. It takes away the autonomy of the disabled person's claim to their sexuality and understanding of it. If disclosing one's sexuality leads to friends believing that the disclosure and the identity itself is an act of attention-seeking behaviour, it means that the authenticity of the sexuality is immediately questioned and met with doubts.

Identities of disabled people cannot be taken as they are; there has to be some explanation as to why their other identities even exist. This means that there cannot be a mere existence of a disabled body's identity that is not immediately scrutinised or an identity that is allowed to exist without needing to be validated by able-bodied people and without their approval and understanding.

3.5 Queer disability and performativity

In this chapter, I discuss how gender presentation and its adherence to the gender binary – colloquially referred to as "butch" and "femme" identities in the queer community – contribute to different productions of coming out. The butch identity and gender performance is one that challenges the gender binary to a greater extent than

the femme identity – the feminine presenting cis-woman adheres to heteronormatively constructed gender expectations in a way that a butch or masculine-presenting woman doesn't. The butch performance constructs a type of masculine womanhood that is a direct challenge to what kind of behaviours and aesthetics "belong" to traditional cis-heteropatriarchal masculinity. As such, butch lesbians are more visible in society whereas femme lesbians "pass" better and may be considered heterosexual by onlookers. This ability to pass functions in two ways: this invisibilisation functions as both protection from the violence that is often trained on visibly queer women who challenge the gender binary and as a kind of erasure or invalidation of feminine queerness or femme lesbians, both from within the queer community itself and from mainstream heteronormative culture. Present levels of internalised misogyny within the queer community also contribute to devaluation of the femme gender identity. Because butch aesthetics and behaviours are closer to masculinity, butch expression is treated with more respect and admiration, much like standardised male-affirming behaviour is positioned as superior to femininity in society at large. In other words, the queer butch/femme performance both affirms and problematises the mainstream gender binary. I also trace the complex relationship between disability, queer sexuality, gender performativity and power, as well as (un)safety and vulnerability.

Much attention has been given to the butch and femme identification by numerous scholars in current and past theoretical literature on lesbian experiences and identities (see Halberstam, 2010; Munt, 1998). Recent empirical analyses have been conducted that explore the ways butch and femme women understand and experience these gender identities. Surveys (Levitt & Horne, 2002), interviews (Hiestand & Levitt, in press; Levitt, Gerrish, & Hiestand, 2003; Levitt & Hiestand, 2004) and physiological research (Pearcey, Docherty, & Dabbs, 1996; Singh, Vidaurri, Zambarano, & Dabbs, 1999) have documented how these lesbian genders are experienced as having innate components, as well as components that are culturally constructed. However, there is a significant gap in the research literature on butch and femme lesbians who are also disabled. One significant overlap between the butch-femme spectrum and disability is the question of visibility: just as the femme identity allows for slipping in and out of visible queerness by "masking" as "heterosexual" and by performing consumable and recognisable femininity, invisible

disabilities function in a similar way. Invisible disabilities also “allow” the disabled person to slip in and out of “visible”, which is to say known or acknowledged disability. Both femme lesbians and invisibly disabled people remain descriptively queer and disabled *at all times,* but are often only politically recognisable as queer and as disabled following verbal disclosure. Depending on the identity constellation – for instance, a butch woman with an invisible disability – this group may “pass” in some of their identities and always “be out” in others, or vice versa. What this section does is add a modest understanding of the butch/femme binary and life experience as it is refracted through the lens of disability in South Africa.

The gender performance of queer and lesbian gender identities, running along a spectrum of butch/femme expression, and its constructed nature – which goes beyond the physical sex of an individual – has been covered extensively by countless scholars globally over the years. Levitt and Hiestand (2006) and Levitt and Horne (2008) have examined descriptions of sexuality from butch and femme-identified women, and have studied how these gender performances impact sexual relationships. They problematise butch/femme binary, both as a false binary and as an identity and behaviour that present a number of essentialist and constructivist tensions, and women surveyed explain how certain aspects of their lesbian genders are intrinsic to their sense of self, while other aspects are socially constructed. (ibid.)

Butch and femme identities kept coming up in significant ways in my conversations with my interlocutors and the majority of my interlocutors mentioned that they either identify as “butch” or “femme”. The debates mentioned above in academic literature are mirrored in my interlocutors’ use of the butch/femme binary. They discussed their lesbian and queer sexualities and their attendant gender identities as experiences that interact in a number of ways. According to my interlocutors, there are different, often mutually exclusive connotations attached to these identities.

According to those of my interlocutors who identified as butch lesbians, they do not really have to disclose their sexuality verbally because people around them are often suspicious about their queer sexuality. Instead, the butch identity functions as a pre-verbal, non-negotiable, impermeable disclosure of non-normative sexuality. When they do come out, it functions only as an act of confirmation of an already-held bias. Simphiwe explained that her family thought it was a joke for her to disclose her

sexuality when they already “knew” since she was, as she said, “as butch as they come.” Usually, coming out functions as an on-going act that cuts across temporalities and spaces, requiring significant social repetition. In other words, a person has to come out to different people, at different times. My butch interlocutors believed that identifying as butch does this “coming out” for them in advance, and works as a form of openly and visibly being a lesbian. As previously mentioned on p. 86, Thato said the following:

> “People do not think we are in any way sexual beings, so, my being butch is not only to show that I am a sexual being, but I want to constantly send a message that I am a lesbian and a disabled person who is not ashamed of her sexuality.”

In other words, Thato experiences her sexuality as being invalidated due to her disability, as disability is constructed as asexual, as something that cancels out sexuality, sexual desire and capability. The experience of “people” not thinking that disabled people are sexual beings, as Thato stresses, *in any way*, reveals how disability is structured around invisiblisation, minimisation or denial of sexuality. As such, disability, when it attaches to a person, spreads across multiple aspects of behaviour and being-in-the-world. It does not limit itself to the actual impairment. Rather, disability disables across a wide range of areas of function and ability. As evidenced through Thato’s comments, it even attaches itself to and determines aspects of *identity and character*. That is the real power and danger of ableism – that, instead of limiting itself to a reading of and around the physical, mental or emotional and very *real* impairment of the disabled person, ableism goes much further and speaks to, for instance, how lazy or productive a person is, how good a parent they are capable of being, how independent they can become, what type of value, if any, they are able to add to others and society at large, and, as we see in Thato’s case, it even attaches to the parameters or outer bounds of a person’s sexuality. Importantly, and most devastatingly, it does so in a distinctly limiting way. It takes away sexual agency. It diminishes Thato as a sexual person. Suddenly, amputation above the knee, which reflects Thato’s impairment, also tells “people” about her sexuality and her desires and her generalised skills in the world.

I experience it myself all the time. “People” treat me as though blindness tells them all they need to know about me. Blindness so fully informs who I am that it is all

strangers need to glean from my person to conclude with certainty about my entire life – and it is a diminished conclusion. They assume I do not study – as one older white lady said to me recently, as though it was the most natural thing in the world: “And when you became blind, you stopped studying.” It is sometimes so overwhelming to begin to correct that narrative. It is, at best, a daunting and emotionally taxing and transgressive burden that befalls those who already struggle with the material implications of disability on a daily basis instead of the able-bodied allies who work for and towards disability justice. Blindness is also, it appears, *multi-modal*. I can’t count the number of times people around me assume that blindness makes me hard of hearing or unable to sense touch. They will speak louder around me or get nervous and fidgety in their sensory encounter with me, asking if I can feel a tap on my shoulder.

Taking my experiences and those of Thato and all my other interlocutors, we see that disability is socially constructed, then, as something so massive and generalised that it blots out certain, and sometimes most, other aspects of a person. Thato reflected on this in the first part of her previously mentioned statement when she said that “people do not think we are in any way sexual beings.” But this is also true for other marginalised identities; this forced ability to move across a person’s whole being and determine, in diminishing and pernicious and sometimes brutalising ways, who that person is and what that person is capable of. We see this in the second part of Thato’s statement: “So, my being butch is not only to show that I am a sexual being, but I want to constantly send a message that I am a lesbian who is not ashamed of her sexuality.” In other words, and in distinct contrast to disability, being butch shows, communicates and hypervisibilises sexuality.

What we can take from this is that, amongst many other things, disability and sexuality have some aspects of their configuration that are constructed in juxtaposition to each other. Disability and minority sexuality narratives are, thus, intertwined and interlinked in their construction, in which disability is *asexual* and queerness is *hypersexual*, and they may be used *strategically* by marginalised people who possess both.

I suggest that butch, femme or other marginalised, trans and queer genders, as strategies employed by disabled people to communicate their sexuality, is a salient

and powerful strategy. Marginalisation is associated with diminishing effects and aspects, with brutalisation, with oppression, with less of whatever aspect one's marginalisation occurs. But this strategy of my interlocutors emerges as a resilient response, as a kind of survival and self-humanising strategy. To play out one's marginalisations against each other, to instrumentalise one's oppressions for one's own protection or humanity, is revolutionary. To take one marginalisation and manipulate its expression to counteract the limitations imposed on one by another marginalisation, in Thato's case, to take one's queer sexuality to even out the ableist effects of an invisiblised sexuality, is powerful. It is a manipulation of the social and cultural threats to the livelihoods and possibilities of marginalised people posed by hegemonic rule; it is the act of turning these threats around and using them in the pursuit of a more humanised, dynamic and accurate personal narrative.

This is not to imply that dehumanisation is a puzzle that can be "solved" and produce a "whole" *un*-dehumanised person, if only the marginalised person is ingenious and creative enough with how they "stack" and "manipulate" their oppressions. Oppression is not a mathematical equation in which two negatives cancel each other out if you multiply them and give you a positive outcome. That sentiment is closer to victim-blaming. That is not what I am purporting. Rather, I am pointing to this behaviour to document its existence – disabled people may use the hypersexualised framing of their queer sexualities to overshadow the asexual framing of their disability. I am pointing out that minority identities can be, and are, instrumentalised by marginalised people as an *agentic strategy*; as a way of reclaiming some agency and control over how and in what ways they are perceived, as closer to who they actually are.

Thato also illustrated, in her statement, that she believed that identifying as a butch lesbian woman holds power and agency in its ability to constantly "out" her. The last half of her remark was: "I want to constantly send a message that I am a lesbian and a disabled person who is not ashamed of her sexuality." She mentioned this in relation to her butch gender performance; she chose to present her gender and sexuality in a butch way to mitigate the asexualising aspects of how her disability configures her to people, as discussed in the previous section, *and* she chooses to present in a butch way to achieve that, since butchness actively and "constantly"

signals (hyper-)sexuality. In other words, signalling queerness, through butchness, signals sexuality itself. This is interesting to reflect on, that minority genders and sexualities reflect *excessive* sexuality. A different sexuality becomes inherently *more* sexual than the performance of a normative cis-heterosexual sexuality.

This is a recurring theme throughout my research and throughout the narratives of my interlocutors, as well as throughout my own life: that marginalisation, which is designed to be diminishing and lessening to restrict those it marginalises, achieves its restrictive properties through expansion. Restriction is achieved through excess. Oppression of this particular nature oppresses by overwhelming and oversaturating its subjects with their oppressed identities. Disability becomes all-consuming and goes far above and beyond its impairment; it takes over everything you are, and moves across modalities and functionalities. “People”, for example, believe my blindness makes me hard of hearing. Likewise, queer sexuality is all-consuming and overly sexual, so much so that it “constantly” sexualises a person. So much so, in fact, that it holds the power to oversaturate a person who has already – competingly – been configured as asexual, as hypersexual. It does not just make an averagely sexual person more sexual, it sexualises and oversaturates a negative sexual space and pushes someone perceived to be a- or un-sexual into an aggressively sexual space.

Another point of interest in Thato’s multiple-revealing quote is the idea that it is butchness, and not femmeness, that produces an actively queer sexuality. It tells us that it is the butch performance, which is a kind of gendering that relies on assimilating or interpreting and producing a performance of historically masculine traits as the central part of how one expresses one’s gender, that produces queerness most “obviously”. That, in turn, tells us that sexuality is expressed not only or predominantly through itself but through other avatars, particularly through gender and, to an important degree, (dis)ability. In other words, queer sexuality gets read and hierarchicalised through and by a person’s gender performance. It is *more* gay to be a masculine-presenting woman than a feminine-presenting woman. It is more queered and queering and thus more sexual to be a masculine-presenting woman than to be a feminine-presenting woman. Sexuality itself is private, and gets made public through a particular gender performance, one that specifically relies on the

rejection of or challenge to essentialist and historical gender roles. Sexuality, thus, does not only or even often get read through or produced by sexual activities themselves, but through placeholders. This is similar to how disability does not only or even often get read through or produced by the impairment itself, but through (lack of) sexuality and education, and interests and culture.

3.6 Butch and femme disabled identities

These butch and femme narratives link to scholarship on performance and performativity, particularly as it is expressed in the literature by Judith Butler and Sara Ahmed and their ways of linking performativity to being queer or enacting queerness. These performances link to drag, in which femininities and masculinities are performed on stage, to the constructions of femininity and masculinity as mediating "manliness", and to what it means and looks like to be "woman", according to society. Sarah Ahmed (2017) in *Living a Feminist Life*, in the chapter titled "Feminism as sensational" speaks about the project of boying and girling, to the enactment of what it means to be perceived, socially, as a girl or a boy and the different sets of behavioural cues, expectations and demands that these performances come with. Local to a South African context, Malehoko Tshoaedi defines masculinity as *power* in *Politics of male power and privilege in trade unions: Understanding sexual harassment in COSATU* (2017). In the following paragraphs, I illustrate how butch lesbians perform masculinity and, in fact, perform romantic pursuit similarly to heterosexual masculinity that rules as agentic rather than passive, like historically-constructed femininity.

In addition to the masculinised butch identity acting as a pre-verbal disclosure of queerness, identifying as a butch lesbian for disabled people, particularly those in a wheelchair, provides a safety function. In addition to visibility and the deliberate act of showing comfort and pride in one's sexuality, the butch identity also provides a sense of safety and minimises levels of vulnerability, according to some of my interlocutors.

Their narratives highlight the power they felt they had as butch lesbians in a wheelchair. The masculine appearance represents a body that is not vulnerable, or less vulnerable, mediating some of the vulnerability that is already presumed to be present in the vulnerable and powerless disabled body. This presumed vulnerability

and powerlessness give rise to the abuse and violence that happens to and around disabled bodies, particularly disabled women in South Africa. I will discuss this further in the following chapter, which deals with homophobic and gendered violence. Gail explained how “a person thinks twice before they say ableist or homophobic shit to me. I look so masculine and all buffed up, so they don’t know how I might react if they pull anything funny with me. Plus, ladies like my masculinity, so I always win.”

Gail’s quote illustrates how masculine performance by queer women functions as a protective strategy. Through explaining that people “think twice” before they say homophobic and ableist remarks Gail shows how masculinity can function in ways that protect against the dangers of disability and homosexuality. It is interesting to note that it is an *aspect* of the minoritised and marginalised sexuality that functions as the protective mechanism. It is not another privileged part of the person’s identity that serves to mediate or negotiate the marginalised person’s safety. It is not, say, only the whiteness of a white disabled queer person that, in these cases, comes to the rescue and keeps them safe. It is, again, another manipulation of their marginalised identities. Just like the queer sexuality mediated and “protected” the disabled sexuality, by allowing the disabled person to be perceived as sexualised (via the hypersexuality of queerness counteracting the asexuality or non-sexuality or, indeed, anti-sexuality of the disabled person), a smaller subset of aspects of the queer identity are protective of the disability and queerness of the person. In other words, queerness protects against ableism, and aspects within queerness protect against homophobia *and* ableism. It is the butch identity in Gail that acts as a front against hostility. It puts up barriers between Gail, as a queer disabled person, and the societal discrimination that those identities cause her to be faced with. This tension is extremely salient. It is as though the marginalised identity functions as both the thing in the interlocutor that makes them vulnerable and the thing that makes them safe(er). It points to the fact that marginalisation and privilege contain multitudes of each other. None is just one thing. It points to the complexity of identity matrices. It is similar in function to the central aim of this doctorate: To show how individuals who identify as both disabled and queer construct these identities simultaneously in the South African context. Again and again, my interlocutors constructed their disabled and queer identities in a way in which sexuality and disability were not separate categories, or even simply interlocked or concurrent or overlapping categories, but

contained multitudes of each other within themselves. Within disability, we will find sexuality. And within sexuality, we will find disability. And this is true in harmful and oppressive ways – that disability "tells" society, or is produced, rather, by society as, something that cancels out a person's sexuality, just like queerness is something that is imagined as "free of" or "outside of" or immune to disability. It is also true in generative ways that queerness can instil in the disabled person an active and agentic kind of sexuality, or that a butch performance can convey protection against ableism and an appearance as a person with "better" levels of functionality.

This quote – "a person thinks twice before they say ableist or homophobic shit to me. I look so masculine and all buffed up, so they don't know how I might react if they pull anything funny with me. Plus, ladies like my masculinity, so I always win" – also speaks to the perceived benefit of a butch identity in the pursuit of romantic relationships. According to my butch interlocutors, the butch identity for disabled queer people outs them to their pursued interests and conveys an identity discourse before they do. As one of my interlocutors similarly put it: "When approaching women, there is no need to even be explaining yourself." Their appearance already gives it away, so when they initiate any conversation that is imbued with romantic interest, the other party is already aware of their sexual identity, which eliminates confusion. It also makes it easier for them to approach women that they have a romantic interest in. They believe that being a butch lesbian puts them in a position that allows them to ask a potential partner out rather than having to wait to be approached. This type of masculinity is associated with agency, whereas in contrast, constructed femininity is associated with passivity. There is a sense of safety and security associated with identifying as butch lesbians, which is a discourse that complicates and adds nuance to the frequent reports of violent attacks targeting non-disabled butch-identifying lesbians in South Africa.

These discourses reproduce and entrench normativities and essentialisms surrounding gender and sexuality. By reinforcing a distinctively masculine identity and a distinctively feminine identity, the butch/femme behaviour adds to homonormativity by replicating similar mutually exclusive binaries as heteronormative and heterosexual culture.

Unlike the butch identity, the femme identity does not automatically out you as a

lesbian. Dudu elaborates:

> “I most certainly love and enjoy being and looking feminine. I am a lover of all things girly, hence I identify as a femme lesbian. But, it is not just that, it is a lot easier for me to be femme because at church they do not know that I am a lesbian. So, can you imagine how hard it was going to be for me to hide my sexuality if I was some butch looking woman?”

For Dudu and the other interlocutors, the femme identity is a personal preference. The femme identity is understood as advantageous at times because of how it conceals or helps queer people slip in and out of their queer identity in places where the individual is not out of the closet, as – in Dudu’s case – church. Dudu believed that her church would not accept her if they knew that she identified as a lesbian, and that they would never treat her non-normative sexuality with the same level of support they show her in relation to her disability. Dudu thus wanted to keep her sexuality a private matter in church since she relied on church as her main source of support. Given her experience with coming out to her family, she is cautious about what she discloses in church for fear of also losing that relationship. She stated that she did not think she could survive being rejected by the church in the same way her family rejected her. Zee said:

> “I think if I was butch, the sight of me would disgust my mom. She is only tolerant of my sexuality because it is not ‘all up’ in her face, and she does not even talk about it. Imagine if she were to see me with a look that resembled lesbianism every day.”

This quote by Zee tells us about how different butch and femme identities are imagined to be lived by the butch and femme women who perform them. When my butch interlocutors, like Gail earlier in this section, spoke about their butchness, they spoke of it as a positive thing, like something that will protect them. They also constructed femme identities as more vulnerable and passive than themselves. In contrast, Zee shows us that femme queer women think of the femme identity as the advantageous one, as the one that is protective. They construct their femme identity as safer than and in direct contrast and juxtaposition to the butch identity, whereas butch women think of their butch identity as the safer one. These are two very different types of safety, though, that these identities impart on the people who make

use of them in their everyday performances. On the one hand, the butch identity gives my interlocutors a sense of safety via its associations with masculinity, which is a powerful, active and enacting cluster of character traits and behaviours and norms, even though it "communicates" their queer sexuality more openly or obviously. On the other hand, the femme identity gives my interlocutors a sense of safety via its associations with a distance to and from queer sexualities; it is protective because it invisibilises my interlocutors' queerness. It hides and obscures their non-normative sexual identities. That is to say, the butch identity is protective in spite of communicating a queer sexuality and due to also communicating a masculine, and therefore powerful and potentially aggressive, characteristic, and the femme identity is protective in its avoidance of revealing itself. Butch identities protect because they reveal something different and unpredictable, and femme identities protect because they hide something. These marginalisation-related parts of the butch/femme binary and hierarchy attach to heteronormative and cis-normative formulations of femininities and masculinities, namely, that masculinity is associated with the active and productive space, that which takes up space, that which is full, and that femininity, on the other hand, is associated with the passive and negative space, that which does not take up space, that which is empty. Or, put differently, the butch identity puts itself out there into the world for people to be confronted with, and the femme identity hides itself within the person, to be kept invisible and private and personalised and internalised.

Going back to Zee's quote, "I think if I was butch, the sight of me would disgust my mom. She is only tolerant of my sexuality because it is not 'all up' in her face, and she does not even talk about it. Imagine if she were to see me with a look that resembled lesbianism every day", we also come back to the affective dimension of marginalisation – the aforementioned shame and attention-seeking accusations that my interlocutors experience as associated with their disability, and now, to add to that, social and interpersonal "disgust". Disgust is a very visceral emotion that communicates very harsh and negative effects towards an individual. It is also often associated with bodily dimensions, with the abject. For a child to perceive her mother as though she is attaching disgust, of the wide array of emotions one could feel towards possibilities of expression within one's daughter's sexuality, is startling. It is interesting, though, that the disgust has a conditional or contingent dimension – it is

something that *would be felt* in case Zee represented herself in a way that she currently does not. It is a latent disgust that can be activated at any given point. It is one that does not attach, specifically, to Zee's sexuality – after all, she is queer whether or not she presents as butch and whether or not she presents as femme – but instead to her gender performance. It is the performance of masculinity, and not the act of being, privately, a queer woman, that is most upsetting to Zee's mother. It may be the case that the disgust of the mother towards the butch behaviour is simply an act of infusing a placeholder or proxy – in this case, the butchness – for the entire queer sexuality, or as Zee puts it, her "lesbianism." Put differently, it may be the case that the disgust towards butchness is not just a disgust towards butchness, but a generalised disgust towards queerness, but projected onto butchness because it is the thing, unlike femmeness, that signals queerness. Since femme identities cannot be perceived of in heteronormative contexts as legitimately queer identities, they cannot be the target of direct, unapologetic homophobia. The homophobia that gets directed towards femme identities is a different type of homophobia and one that harms and diminishes the queer individual by denying them room and space and a right to their identity; one that minimises and invalidates; one that perpetuates harm through exclusion and by entirely denying that there is even an identity in existence. It is distinguished from the active and unapologetic harm that befalls those who inhabit butch identities. As such, the violence trained on these two different permutations of queer women's gender performances conforms to the different traits that are associated with the two types of gender performance, namely, that butch women get punished in "butch" ways, which is to say, in actively harmful and productive ways, and that femme women get punished in "femme" ways, which is to say, in passive and invisibilising ways.

In other words, it is crucial to recognise that there are different types of power and vulnerabilities affiliated with butch and femme gender performances, and that these types of power and vulnerabilities are attached to the disabled aspect of the queer disabled person in significant ways. Generally, the narratives of the interlocutors who identify as femme lesbians are distinctly different from the narratives of the interlocutors in a range of ways. There was a feeling of vulnerability for most, which they associated with being disabled and being a lesbian woman. They argued that they were more susceptible to sexual abuse and physical violence as they have

limited abilities to defend themselves due to their disabilities. This was a recurring theme in my interlocutors. This links to the fact that a majority of them have been sexually abused and, for some of them, it had not only happened once. This will also be discussed further in the next chapter.

Furthermore, the binary performance of these gender roles is particularly pronounced and delineated in the context of romantic pursuit. As mentioned before, my butch interlocutors believed that being butch puts them in a better position when it comes to pursuing romance, as they play the assertive, active role of asking potential partners out. For my femme lesbian participants, the expectation that they have to wait to be asked out becomes a challenging aspect of their gender performance. They say it is challenging for them to find partners, as they are not often asked out.

The butch-femme identity departs from a recognition of the difference between sex and gender and the roles, responsibilities and characteristics we assign to these categories, respectively. It echoes the criticisms of gender theorists (see Butler, 1990) who argue that male-identified persons have no more dominion over masculinity than female-identified persons. These performances affirm the constructed nature of gender and align with an essentialist and binary understanding of how and what gender looks like and entails.

The performativity of disabled butch and femme-identifying lesbians goes beyond the visibility and defiance and re-inscription of heterosexual norms. These gender identities are closely linked to their disabilities and the subsequent gender performativity is influenced *by* the disability itself and used to shore up a sense of safety and power. Identifying as a butch lesbian with a disability within the queer space grants immediate visibility and – explicit or implicit, willing or coerced – acknowledgment of the existence of disabled lesbians within the queer community. The queer community of operation, as a space, is assumed to be predominantly, if not exclusively, occupied by non-disabled people. Secondly, disability is often associated with vulnerability, and thus is prone to violence and abuse. By adopting a masculine-presenting gender performance, butch lesbians with disabilities manage to work against their disabled vulnerability by conveying gendered strength and control.

This chapter highlights the paradoxical functions of disabled queer bodies and of

queer disability and disabled queerness that, from a queer disabled vantage point show that (1) the disability grant is, on the one hand, protective of the disabled person and, on the other, a function of disability that makes them vulnerable to exploitation; (2) the university operates as both an *inclusive* and *exclusive* space. If you have the right socio-economic status, the university will include you and make your queer disabled life safer and put you on a path to financial independence and stability. However if you don't hold that socio-economic status, you won't be able to access the very space that could provide with social mobility; (3) the butch identity serves to protect *and* jeopardise the queer disabled body. By communicating a non-normative sexuality, it situates the butch person as proud and unflinching as well as inherently more vulnerable to othering and homophobic violence; (4) the femme identity both protects in some circumstances, like church, and endangers in others; and (5) invisible disabilities function similarly to femme identities, in the sense that they may allow the person to stay sheltered from some ableist prejudice, as they pass as able-bodied, whilst simultaneously creating the emotional burden of repetitive disability disclosure.

Finally, this chapter also alerts us to the production of what I choose to call a "*disabled gender*". This is the idea that gender and ability co-construct each other and that gender and sexuality are critically informed by (dis)ability. The ways in which my interlocutors express gender and sexuality is through their abilities – the clothes they wear, how they move, what they do or do not disclose, how they carry themselves, how romantic pursuit and interest are carried out, how attraction functions. As disabled queers, my interlocutors have limited abilities to defend themselves from sexual and gendered violence due to their disabilities that impact their gender identity and expression. Some adopt a more masculine presentation in efforts to protect themselves against the vulnerability their disability produces whilst others choose to shelter their social status and disability repercussions through femme appearances. The argument that gender performance is bound up not just with queerness and sexuality but with ability, is extremely pertinent, and requires more in-depth research to uncover some of the ways in which ability and gender are created simultaneously.

CHAPTER 4: OTHER INTERSECTIONS: HOW QUEER, DISABLED IDENTITIES ARE NEGOTIATED IN RELATION TO GEOGRAPHY, RACE, GENDER, CLASS, HIV AND MENTAL ILLNESS

"'Black, queer, disabled, and brilliant': Activist hopes to make history in space." This is the headline of an article by Catie Monteiro, which appeared on NBC NEWS on June 26, 2018. The article detailed Eddie Ndopu's life as a black, queer, disabled man and his aspiration to go to space as the first disabled person to ever undertake this journey. According to the article, Eddie Ndopu was diagnosed with Spinal Muscular Atrophy at the age of two and his family was told that he would not live past the age of five. But a tenacious Ndopu said it wasn't long before he was able to "outstrip and outlive all expectations", both academically and medically. While reading Eddie's life story and aspiration, I was drawn to his description of himself as black, queer, disabled, and brilliant. He was quoted saying: "I embody all of the identities that position me at a disadvantage in society… but I am turning that on its head." As an activist, Eddie highlights how his advocacy functions in service of galvanising world leaders to close the access gap for disabled people. "I am not just talking about ramps, braille, and sign language. This is also about giving people with disabilities access to things like joy, love, and intimacy," Eddie Ndopu explained.

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The vignette that I open this chapter with alludes to multiple layers of disadvantages that accompany the intersectionality of queerness, disability, and race. The article's tone is one of triumph and the overcoming of impairment and disadvantages through brilliance. This is a common and dangerous disability discourse that disability scholars refer to as the narrative of the 'supercrip' (Martin, 2017). This inspirational narrative promotes the idea of the supercrip who is understood as "a disabled person who, against all odds, overcomes the burdens of disability in the face of pervasive adversity" (Chrisman, 2014, p. 14). This discourse of exceptionalism is unsettling, invalidating and daunting to disability studies and the disabled community. I can also relate to this narrative on a personal level. When I graduated for my undergrad, I was featured in a newspaper, where I was praised for "succeeding against all odds", the odds being my disability. Two years later, I was featured in a few newspapers for graduating for my Master's degree, for yet again "succeeding against all odds".

These are the stories that the media cover as they present the triumphs of disabled people. However, this is not a reasonable representation of the disabled population in South Africa, where the majority of disabled people are faced with immense inequalities and lack of access to resources.

In this chapter, I add depth and nuance to my intersectional analysis by exploring how queer and disabled identities are negotiated in relation to geography, race, gender, class, HIV and mental illness.

In contrast to the categories of race, for instance, whereby an individual can't enter or exit due to its intergenerational properties, disability has a very different quality. In spite of race, ethnicity, gender, and sexuality, any individual can enter and sometimes exit the disability identity at any given time of their life with differing implications. Nonetheless, apart from genetically influenced and pregnancy or birth complication related disabilities, there are other factors that can determine the entry or exit of disability. In South Africa, this is predominantly influenced by one's socio-economic status which is also hugely influenced by one's race. As mentioned in the introduction, ten of them are black and five of them are white. Out of my black interlocutors, eight of them acquired their disabilities later on in life. They make sense of them as direct or indirect consequences of inequality: As impairments that occur as the result of exposure to violence or lack of access to adequate health care. On the other hand, out of my white interlocutors, the majority of their disabilities were congenital, and the majority of them are genetically related. According to Statistics South Africa (2011), black Africans had the highest proportion of persons with disabilities at 7.8% and the white population group at 6.5%.

In the first section I discuss issues of disability in relation to time and place. I make the point that perspectives on disability differ across generations and time, and I show how these perspectives are influenced and shaped by an individual's background. I strive to highlight the importance of geography in South Africa, a context in which time and space serve as particularly salient markers of diverse histories and inequalities. I proceed to discuss issues of disability and race in order to interrogate how racial inequalities in South Africa (continue to) prevail and how these inequalities impact access to resources. I examine how this, in turn, influences an individual's overall outlook onto and meaning-making of their disabilities. In the third

and last section of this chapter, I discuss how class impacts and mediates the entering into disability, on experiences of disability, and on potential exiting of the disability category. I show how the disabled identity is a flexible, highly differentiated and relationally-determined category, one whose vulnerabilities are socio-economically dependent.

4.1 Queer disabled geographies

Geography is a contributing factor to how my interlocutors construct their queer and disabled identities so, in this section, I show how an individual's immediate physical and social geography contribute to the meanings they attach to their disability to show how individuals who identify as both disabled and queer construct these identities simultaneously in the South African context.

In the third section of this chapter, I address issues around coming out at and within the university and the relative social and relational safety provided by this specific site. South African scholars (see Kessi & Boonzaier, 2018) have critiqued the university as a mechanism and institution that embodies colonial violence because of the lack of safety and the harm it inflicts on its black student body (see Boonzaier & Van Niekerk, 2019). For queer disabled persons, particularly black queer disabled persons, this otherwise violent space may provide a comparatively safe environment. For some of my interlocutors, the university functions as a space that imbues individuals with privilege. In this case, the privilege would be the opportunity of safely exploring queer sexualities. Furthermore, I suggest that coming out of the closet for disabled queer people requires the presence of a certain type of relational security, provided at times by sites such as "the university". This is a space accessible only to a small and particular demographic. The demographic that can access the university is characterised by those who belong to a certain socio-economic group. Six of my interlocutors, out of 15, went to university. However, that is a result of a bias inherent in my sampling methods. Around three million South Africans, which is about 8% of the total population, live with some kind of disability. Yet disabled students make up less than 1% of the total student population (Department of Higher Education & Training, 2018). The demographic may be even smaller and include only those whose intellectual or cognitive abilities grant them sociocultural and academic mobility. The university thus functions, simultaneously, as a space of inclusion and

exclusion. It provides safety for a group of people experiencing double marginalisation whose other identities – class and/or intellectual ability – grant them access to “equalising” inclusion and security. On the other hand, the university excludes other, more vulnerable groups of queer disabled people.

4.2 The university, queerness and safety

Institutions of higher learning can serve as spaces of exploration and self-discovery for the majority of those who get an opportunity to be part of such spaces. For some people, homes and families are not a safe platform that can serve as comfortable spaces to openly claim one’s queer identity. Fortunately for some individuals, there is the option of being part of a different space altogether. The university institution operates as such a space. For the disabled queer people who have the financial and intellectual capacity that these institutions require, the next step after high school is enrolling at a university. Some of my interlocutors put disclosing their non-normative sexualities to their families on hold until they went to university. They did so because they anticipated the use of the university to be a safer space to explore their queer sexuality. Once, at a certain level of comfort with their sexuality, they were able to come out to their families with more ease. However, only a very small number of my interlocutors have the opportunity to be part of a university population. The majority of that small number is also white disabled queer people. The majority of my black interlocutors did not attend university. In sharp contrast to those who come out with the backing of a university, my black interlocutors had to do so without the peer support and without student organisations for queer students that the university experience may offer. In this case, my data mirrors that collected by the Department of Higher Education. In the department’s 2016 *Draft Policy Framework for Disability in the Post-School Education and Training System*, only one in five persons between the ages of 20 and 24 years with a disability attend tertiary institutions (p. 24). Of these, the vast majority is white. (ibid.)

This means that white queer disabled students can explore their sexuality more safely than their black counterparts whose only space to discover and explore their queer identity is the home and the family but these two spaces function in very precarious ways and may be dissolved in an instant through the act of estrangement. Disclosing one’s non-normative sexuality puts a person at risk of being disowned by

their family, and has – in the case of some of my interlocutors – led to homelessness. Universities and their student housing arrangements, however, serve as a much safer and independent housing arrangement and alternative plan when a person decides it is time to disclose their sexuality to their families. Kayla disclosed her sexuality to her mother, knowing that if it were to have negative repercussions, she would still have a place to stay since her accommodation took the form of external student housing. This provided a sense of security and comfort for a person who has a disability and requires housing that provides them, firstly, with dignity as an individual and, secondly, with a trusted space that accommodates their needs as disabled people.

Gail was looking forward to completing high school so she could go to university where she stayed in one of the student resident halls on campus. This gave her the freedom to explore her queer identity away from her family. She claimed that the space allowed her to understand how to navigate her sexuality and disability with very minimal judgment from people. Gail remarked: “Being queer on campus is seriously very common; you see many like you which lowers the pressure a bit. However, being queer with a disability is not so common. It is very rare actually.”

The scarce presence and/or visibility of disabled queer people, even in universities, causes a level of holding back on the act of coming out to peers, even to peers who are queer themselves. However, the majority of my university-enrolled disabled queer interlocutors sought out support from the student organisations that function to provide support to queer students. As much as these organisations are mandated to play a major role in helping queer people navigate their queer identity and pursue coming out to their friends and family, my interlocutors found that these organisations provided very limited support to disabled queer people. My interlocutors also felt that these organisations provided very little constructive assistance with navigating their queer identity. As such, these spaces provided safety only to a certain extent for disabled queer people and this safety is premised on a simultaneous invisibility and lack of acknowledgment of the existence of disabled queer people.

This produces a situation in which a safer queer disabled identity can be purchased through costly access to tertiary education that results in the production of a commercialised queer disabled identity. The core purpose of these institutions is to

provide education, which creates an environment that produces a number of attendant platforms for personal growth in relation to identity. There are a very limited number of disabled people enrolled in South African universities. One consequence of this is that only a minority of disabled individuals benefit from the privileges that can be accessed through being able to afford enrolment at a university. The safety provided by these institutions is thus obliquely bought. In their *The Gay and Lesbian Movement Goes to Market* (2000), Chasin argues that the nature of queer identity has been hugely impacted by the relationship between citizenship and consumption. Opportunities for participation have boomed and they have become more public. They include gay themed Broadway productions and films, being able to form part of a number of support groups, being able to make use of multiple service organisations, access to queer email groups and going to demonstrations (Chasin, 2000). All these activities imply some form of consumption and each one of them is implicated in consumer culture. This is particularly pronounced in the case of going to university. This illustrates how disability is being mediated and produced by class; a material and identitarian marker strongly implicated in constituting the lives of disabled people in a South African context.

The socio-economic status of disabled people is remarkably diverse, ranging from reasonable access to resources to people who battle to even get their hands on the basic necessities of life. Despite this diversity in status, the majority of my interlocutors and the disabled population at large belong to the historically and presently disadvantaged group. This has been evident throughout the narratives of my interlocutors. The majority of interlocutors attending university are white from middle to upper class while about 90% of the black interlocutors have no university education, nor do they have jobs to grant them access to safer spaces such as universities and other institutions that provide safety for queer individuals. There are numerical reasons for this. The largest racial group of people in South Africa is the black demographic. On a more troubling note, this points to how the experience of apartheid and colonialism in South Africa was and continues to be both disabling and devastating for black South Africans. The production of impairment also exists as a traumatic effect of multiple strategies employed during and after apartheid, including the extensive violence and trauma trained on this country's black population.

Overall, this means that although the university, as an institution and geography, provides relative safety and a certain level of comfortability in the everyday exploration of queer identity, not only is access to these institutions premised on a particular social and economic status, but the safety that *is* provided is interspersed with unsafety, invisibility and invalidation.

4.3 Queer spaces, ableism and unsafety

> "Not because it's 'PC' but because we need each other, we need every perspective; and we need to ensure that we respect each other's dignity, each other's bodies, as we wish our own to be respected. Try to imagine an activist universe in which every venue is wheelchair accessible, signed, scent free; where no one supports the diet industry, and if t-shirts are sold, they come in sizes up to 6x; conferences where scooters, hearing devices, and captioning are provided for attendees. We leaders have to think harder, think together, on how to keep providing access for those who do not have friendship networks that will support them, whose friendship networks have been decimated by poverty, illness disability, and deafness." (Dykewomon, 2014, p. 21)

In the following section, I consider these three quotes, their different assertions, and the different positionalities of the three interlocutors. Firstly, Taylor said:

> "I believe there is reasonable accommodation for disabled people in queer spaces. I am involved in some of the queer events and I see activists are trying to accommodate disabled queer folks."

Secondly, Dudu remarked:

> "I attended these lesbian things once, I think it was Pride. This was a few years back, yoh, it was horrible. I regretted going there. I had arranged with one of the organisers prior attending, and she told me that ramps for my wheelchair were put in place, and I should be fine. I got there, the ramps were falling apart, the one going to the bathroom broke down and I could not use the bathroom. I had to leave early and I decided then and there that you would never find me in such spaces that have no consideration for people with disabilities."

Thirdly, Thami said:

> "I attend most of the events that are happening here in Pretoria, I know most of

> the organisers, so I always check with them to see if the venues are wheelchair user friendly. I have never had any bad experiences, really. Obviously it is never perfect, but I always enjoy myself."

When we pay close attention to these three quotes, as well as the situating introductory quote by Dykewomon (2014), it is clear that access, as a need and a framework, is an essential aspect of the disabled experience and a familiar concept to the queer community. Activists and organisers, these interlocutors express, are aware of the lack of reasonable accommodation in the majority of spaces. Yet, and although the accessibility and solutions to access are discussed, the implementation of these solutions is, at best, inadequate. When Taylor mentioned the fair and reasonable accommodation of disabled queer people in queer spaces, they mainly refer to the arrangements made around access for deaf individuals in particular and not accommodation of disabled queer people across the spectrum of disabilities. The GALA youth forum – mentioned in the introduction chapter – has extensive support for deaf individuals and sign language is a familiar form of communication among the staff and regulars who frequent the forum discussions and those who make use of the GALA library. I have encountered a number of deaf people who are part of the GALA youth forum. However, accommodation of one specific disability does not mean accommodation of all disabilities. Disability is a vast and varied spectrum of experience, ranging from physical to cognitive to social impairments. Despite their commendable efforts to create deaf access, GALA remains inaccessible to, for example, blind people like myself. There are no audio books, and no image descriptions of Zanele Muholi's work, for instance, which would be an easily implemented step in the direction of blind access.

During my fieldwork period, I attended a movie night organised by ACTIVATE Wits, a student organisation that functions as a solidarity network for the LGBTQA+ on campus. The sole purpose for my attendance was interaction with other queer students, and possibly meeting disabled queer people on campus. Tickets were available upon arrival and there was no need for my disability disclosure prior to the event since the movie that was being shown was in English. All I had to do was sit in and listen, as I usually do with any other film. As everyone in the room became ready to watch the film, technical problems arose, which first led to bad sound quality of the film and eventually no sound at all. Though everyone chipped in with advice on how

the issue could be resolved, the sound was never successfully recovered. Eventually, everyone in the room decided it would be alright if we continued to watch the film without sound, as there were subtitles for everyone to read. It was not a large group of students, so I had interacted with the majority of the attendees who were all aware of my blindness. However, during the discussions around how to proceed, and when consensus that the film should be played without sound was reached, not a single person in the room verbally reflected on how this agreement would completely exclude me as a blind attendee. This scene complicates the very possibility of a safe space and speaks to the ways in which access for disabled people is overlooked and ignored. Often implicitly, access for disabled people is overlooked even in spaces that present themselves as safe and supportive of marginalised persons and even when there is awareness of the requirement to accommodate disabled individuals.

Taylor is often present when most events are organised and therefore always suggests means to have deaf people's needs met for the events. Consequently, access for other deaf queer people is produced. On the other hand, Dudu had to make prior arrangements in order to be accommodated. Even then, despite those efforts, the quality of access that was arranged for her was of extremely poor quality resulting in her leaving early. Thami has also always had to make prior arrangements to ensure that she will have reasonable access to the spaces in which the events take place. These prior arrangements require some level of familiarity with the organisers of these events, extra time and energy. If a person does not know any of the organisers, there are intensified doubts and anxieties associated with attendance, which often result in disabled individuals deciding to not attend queer events.

These scenes reveal the selection bias at play regarding how certain disabilities are recognised and in how certain disabled access needs are prioritised. They also illuminate how various negotiations are required in order to "force" access and make these spaces accessible for disabled persons. The emotional burden of access responsibility also repeatedly falls at the feet of the doubly marginalised disabled persons. They are the ones who need to reach out in advance to request access to spaces that, even upon direct negotiation, only provide partial – and therefore often entirely compromised – access. Indeed, the majority of my interlocutors told me they avoided occupying any queer spaces due to poor accommodation of their disabilities.

Shakespeare (1996) refers to this as queer people's lack of understanding other people's needs in a quest to have their own needs understood.

In addition to this debate on access and accommodation of disabled queer people in queer spaces, the attitudes of non-disabled queer people towards disabled queer people within these spaces are another barrier for disabled queer people who try to access these spaces. Shakespeare (1996) speaks of this as a kind of irony – that many queer people's attitudes towards disabled queer people should mirror the attitudes of the heterosexual community towards queer people themselves. These attitudes, alongside the generally daunting prospects of access to numerous queer venues, triggered significant negative effects and emotions in my interlocutors. Furthermore, these negative attitudes contribute to the disproportionate levels of social insecurity and isolation that disabled queer people experience.

Thato said:

> "You are lucky you cannot see how the non-disabled queer people look at us when we are in their spaces. They look at you like you are a creature that does not belong there. They stare at you with that questioning look, like, what do you want here kind-of-look."

Before getting into the aspects of this quote that speaks to disabled queer people's marginalisation within already marginal spaces that are supposed to offer up protection to those who live with marginalisation, I want to draw attention to something that rarely gets any attention – the occurrence or case or ability of disabled people entrenching ableist notions and projecting them onto each other or ourselves. Thato says I am lucky I cannot see how the non-disabled queer people look at us when we are in their spaces. Inasmuch as it is true that I cannot *see* how they look at us, that does not mean I cannot perceive of how they look at us. Blindness is like being able to see, except you can't see. I do not perceive through a space that is defined by its lack of seeing, I don't perceive in a negative vacuum, where all I see is my non-seeing. I just perceive *differently*. I don't walk around *not seeing*. I walk around hearing and feeling and touching and sensing. That means I am fully aware of my surroundings, and aware, in my functionally diverse way, of "how the non-disabled queer people look at us when we are in their spaces." Although disabled people develop a generalised sense of disability "expertise", what

is defined as a heightened sensitivity to some of the shared challenges and positions surrounding disability and a more pronounced empathy and sympathy and compassion towards disabled peers does not mean that the disabled community does not need to confront the ableism that we have absorbed and internalised and continue to perpetuate, within and amongst ourselves. Even though disability expertise is real, disability is also such a broad and all-encompassing identity group and category, one that ranges from mental to physical to social to learning and cognitive disabilities that disabled people have incomparably different lived experiences of what it is like to be disabled, across disabilities and impairments. There is very little about blindness that will sensitise you to deafness, and there is very little about anxiety that will sensitise you to Down syndrome. Thinking of disability as a monolith, and operationalising it as such, and consequently thinking of all disabled people as easily grouped together, is incorrect and harmful. This very instance of Thato speaking to blindness in this manner is indicative of this – that disability, across impairments, is a very complex category, unknown or only very partially known to those who share membership with the group, but not the impairment.

I highlight this instance of internalised ableism, in which blindness is taken to be non-perceptive and unable to “see” or sense its environment. In this gaze, something as palpably hostile as stares and gazes and exclusion, for one of my interlocutors is a way for it to function as a modest contribution towards our community taking better and more shared accountability for the ways in which we are also capable of entrenching or perpetuating ableism. It is also part of this study’s continual, overarching effort to obscure and complicate the boundaries between established categories and categories established, particularly, as categorical binaries such as the binary of butch/femme and the binary, in this case, of perpetrator/victim. Highlighting Thato’s unintentional, but nonetheless impactful entrenching of blindness as *im*perfection is a way of showing that disabled people, though powerfully and most consistently *victims* of ableism as a structural oppression, are also capable of perpetuating and being perpetrators of ableism.

The second part of Thato’s quote, in which she says that “they look at you like you are a creature that does not belong there” and the last sentence in which she says

that “they stare at you with that questioning look, like, what do you want here kind-of-look”, deepens the specific ways in which queer ableism functions. Being reduced to a creature contributes to the configuration of disabled persons as persons of distinct unbelonging in a place you have gone to in order to feel, precisely, a heightened sense of a belonging, or a counterweight to the way in which society, at large, pushes you into generalised spaces of unbelonging. Yet this is what occurs in the queer community onto and towards disabled bodies and persons.

To be configured as an outsider in a community that is meant to combat exclusion, and to be configured as unbelonging and unimaginable, to be in a literal and figurative sense of that word a person who cannot be imagined, who cannot be thought of, who does not exist as a possible and who, upon insistent entry and appearance *as* a person, remains unimagined even when present is not only uncreative, but very damaging and very dangerous. And yet, it is the consistent experience of my interlocutors and myself when we frequent queer spaces, spaces built on not just a tolerance of difference, but a pride in and celebration of said difference. It is, as McRuer mentions, at best ironic that these spaces should be so accommodating towards functional diversity, yet so insistent on the diversity of sexuality and gender. To be looked at, to be stared at and gazed upon, with the sensation that your onlooker cannot conceive of you as a person rightfully belonging in whichever space you find yourself in, was painful and confusing for my interlocutors. This particular gaze – the one that asks who you *are* and what on Earth you want – is the very gaze that queer able-bodied minorities have had to fight against for decades. It tells us something important about the mechanics of oppression that exists in this situation. It tells us that oppression has the ability to touch and diminish one person, and then be circulated and filtered through that person’s experiences and get cast back out as a projective experience. Oppression is, in other words, able to replicate itself, as Puar (2007) shows – it keeps changing hands. LGBT rights become the precursor for Islamophobia, as Puar (2007) details in her work, *Homonationalism*. Instead of turning its victims away from or unable to perform the act of further victimisation, it complicates that role, and makes it possible, if not likely, to be a simultaneous victim and perpetrator of marginalisation.

Gender and sexuality, as my interlocutors and I keep pointing to in this doctorate, are

inseparable from ability in their continually negotiated construction, and I want to suggest that, based on my interlocutors' experiences, gender and sexuality function *as a form of ability.* Gender is an embodiment. Sexuality is an embodiment. Ability is, obviously, an embodiment. We express our gender with our body, and that expression relies on what we are able to do with that body. Mia Mingus, transformative justice and queer disabled activist, echoes this sentiment and argues that her gender is curated around her disability. She falls a lot and therefore her clothes and fashion and aesthetic statements are influenced fundamentally by what garments will allow her to fall in comfortable ways. Likewise, that is my own personal experience – my blindness curates my fashion choices. Texture and fabric have taken precedence over how something "looks". I only access how and what something looks like in a deferred way – through the verbal description of friends, family or strangers. And verbalised visual information that I experience almost daily, is hugely subjective. We don't see what *is,* or a reproduction of universal reality, as much as we see our own subjective creations and productions influenced by a myriad number of variables, notably our autobiographical histories and cultural backgrounds. I take these descriptions, and integrate them with the feel of the fabric, with my own memories of colour and shapes, and with *my own idea of what I look like*. Just like Mia Mingus dresses to fall well, I dress to feel well about what I imagine I look like.

It may be true for everyone that they all dress according to ideas of what they think they look like, and in order to accommodate all kinds of physicalities, less commonly, as with Mia, the risk of falling and perhaps, more commonly, the heat and the cold, and the ways in which seasons unfold. But these instrumental aspects of physical appearance and gender performance are pronounced for my interlocutors. This links us back to the butch and femme performances, in which butchness and femmeness are instrumentalised to achieve safety. Queer disabled people thus manipulate their genders to accommodate and wrap around their disabilities – either to protect against the threat of ableism, in the case of performing butchness to achieve sexualisation, or to protect against the actual impairment, in the case of choosing clothes that protect against falling.

Queer ableism, as a marginalising tactic, attaches and gives credence to the concept

of ideas of normative ablebodiedness. Queerness and disability influence and co-create each other to such a powerful extent that a specific form of discrimination against queer disabled people exists by and within the queer community.

Zee similarly remarked:

> "When we are at these gays and lesbian events, they (non-disabled queer people) just assume we are just allies, there to support the gay and lesbian movement. They do not view us as one of them."

According to the quotes, it becomes evident that this cleavage between "them" and "us" is deeply embedded in the attitudes and presumptions of non-disabled queer people toward disabled queer people and vice versa. There is a perceived right to belonging and ownership of the queer space by non-disabled queer people. In contrast, disabled queer people within the queer spaces experience feelings of being outsiders. These attitudes first manifest in a lack of accommodation of disabled queer people in queer spaces, as discussed above. The mere fact that accommodation of disabled people requires prior requests and arrangements signals how the access of disabled queer people is not viewed as an explicit and standard procedure or a prerequisite when an event is being organised. Consequently, the people automatically accommodated, able-bodied queers, "mark" these spaces as rightfully belonging to them. Thus, any added and "unexpected" form of difference is viewed and treated as an outside "threat". Disabled queer people are put in positions where they are required to contest access to queer spaces, and once they gain access to these spaces, they are faced with negative and harmful attitudes of the non-disabled queer people, presumably, the same ableist attitudes that created an access barrier in the first place. This places an intense demand of effort and resilience on disabled queer people in order for them to experience the inclusion and validation queer spaces are meant to provide for queer people, disabled and able-bodied alike.

Through these quotes by my interlocutors, queer spaces and the queer community make use of a single-category identity analysis and recognition, which is to say the analysis and recognition of only a single marginalised identity, in this case, the queer identity. By perpetuating a single-category identity or, perhaps more precisely, by perpetuating and making use of single-category marginalisation, or single-marginalisation identity, the queer community becomes a space of marked exclusion.

My interlocutors experience the queer community as a place that essentialises queerness and disability and makes both discriminatory identities, and as a place in which my interlocutors must choose between being either gay or disabled. The queer community itself creates and entrenches gatekeeping queer attributes. It communicates, socially and discursively, that only people who are a certain way, namely, an able-bodied way, qualify as being naturally and pre-verbally read as gay and therefore welcomed in that space. Mainstream queer communities thus fail in a pronounced way at inclusivity and at accommodation. To be disqualified as queer, to be placed as having membership in the allyship group of non-LGBT persons who frequent queer spaces, on the basis of disability or, for that matter, race, is an aggressive way for the marginalised people with the most relative privilege – the able-bodied, white gay men – to centre themselves and their identities not just as the ones that are most important, but as the only ones that exist.

Accessibility lies at the epicentre of analysis when theorising this intersection between queerness and disability. As we see in this section, queerness oppresses disabled people by denying literal and figurative access to queer spaces, therefore making it possible for queerness to inflict violence. Queer and disabled people share a struggle for bodily autonomy. Queer people are also likely to be victims of marginalisation and violence, particularly male violence. This very real marginalisation produces real subjects who are victimised. But there are also instances, as detailed throughout this section, when queer people themselves instrumentalise or weaponise their own oppression against each other and possibly even more marginalised groups. When that happens, as this chapter's scenes reveal, queer people's oppression and victimhood starts to operate as a way to (re)produce ableist violence, and gendered and sexual trauma, and marginalisation reveals its ability to entrench exclusionary politics. This complicates how we theorise victimhood and the process of people becoming perpetrators.

These harmful binaries, along with ableist, racist structures of a predominantly male and often patriarchal community, need to be challenged. Marginalised people also have the capacity to marginalise. Victims can also victimise. Queerness – and queer studies and queer theory – is not just white and able-bodied. It is not un-African; it is not just "European"; it is not just middleclass. Queerness is also, equally, isiXhosa,

isiZulu, deaf, crippled, blind, fat, poor, and it is proudly and decolonially African. Likewise, disability – and disability studies and theory – is not just white and male and American and Canadian. It is also black and female and South African. This doctorate shows that there are many more ways to be queer than what the mainstream allows and imagines and there are many more ways to be disabled than what the mainstream allows and imagines. Likewise, there is an infinite number of ways, too, to be queer *and* disabled. We do not get to and we do not *need to* choose between our identities, just like we do not get to unchoose how and in what ways we are marginalised, and we do not get to opt out of racism, as desirable as that imaginary might be. We experience our identities fluidly and organically throughout our lives, and they develop and intersect with each other across the dimensions of our personhood and socio-economic contexts. The communities we move within, the communities that work for us and the wellbeing of our membership groups, urgently need to start relating to us in an equally dynamic way.

Another important step in the direction of better access to the queer community for disabled queers is through better and more diverse disability representation within queer representation. Inviting disabled queer persons to speak or perform or otherwise take up space in queer events or queer publications or queer media and research will shift the discourse over time. It will contribute to the creation of the social, cultural and political possibilities of queer disability. By representing us, in text or film or photographs, online and offline, we come alive – to ourselves and to our communities. It becomes a possibility to those who are able-bodied and queer, it becomes a possibility to those who are disabled and struggling with or questioning their sexuality and it becomes a possibility to all of us who are already queer and disabled. To see yourself reflected in representation is to see yourself become a cultural possibility. Your life becomes a construction that it is possible to inhabit. You are already real, but through this kind of representation, you also *become enacted* and you therefore become more real, to yourself, than you were before. It will increase the community validation of our identities and our lived experiences. As these representations spread and take hold and become more mainstream, it will slowly become less likely that I am automatically assumed to be an ally, a non-LGBT person, in a queer space, because representation will have imparted my identity as a valid and plausible option in the minds of able-bodied queer people. Working towards

this, working towards including disabled queers in conversations and spaces, as participants and organisers and consumers and producers, will create a more just and equitable queer community, and it forms part of the greater task of creating a generally more just and equitable world, in which everyone has equal access to all facets of life.

In his study, *Exclusion of People with Disability from Gay Movements*, Shakespeare (1996) argues that there is very poor provision and accommodation for anyone who fails to fit into the stereotypical gay or lesbian model of needs. Shakespeare (1996) further argues that there is also a lack of understanding or respect. Additionally, he argues that commercial constraints make it redundant for promoters and owners to accommodate the small and poor disabled "market". These factors, I suggest, are major influencers in the continuous invisibility, poor representation and subsequent feelings of isolation and exclusion that disabled queer people experience from the mainstream queer movements and spaces. These factors are compounded in a South African context, where unemployment rates and levels of poverty in disabled people rank the highest.

McRuer (2003) argues that queer theory and critical disability should place demands that go beyond literal, physical access to existing cultural spaces and institutions. He proposes including a demand for access to emotional, symbolic and ever-changing sites and sites in which identities, communities, and publics are formed and contested. According to my interlocutors' narratives, this aspiration requires the restructuring and redefinition of these spaces in order to create accommodation that goes beyond the hegemonic queer individual, and equally accommodates complex and varying identities by eliminating a hierarchicalisation of the needs of the people in question.

Throughout this chapter, I show how my interlocutors experience violence, both as disabled and queer people and as disabled-queer people, as they go through their daily lives in a South African context. In the first section of this chapter, I discuss the difference in experiences related to accessing queer spaces. This discussion brings to light the lack of access for queer people with disabilities and how these spaces create a sense of belonging for the normative queer body. Not being able to access queer spaces, as a queer disabled person, also creates a distinct sense of

unbelonging in the non-normative queer body and in those who do not meet dominant ability norms. The second section of this chapter delves deeper into varying degrees of abuse experienced by disabled queer people. The third section expands on the discussions around sexual abuse by addressing the risks and rates of HIV infections within the disabled queer demographic. In this section, I argue that narratives around “heterosexualisation” and “virgin cleansing” are compounding factors that heighten the risks and rates of contracting the HIV virus. In the fourth and final section of this chapter, I hone in on an interlocutor case study.

4.4 Queer disability and gender

The *2011 Report of the United Nations Special Rapporteur on Violence Against Women* focused on the multiple and intersecting forms of discrimination that contribute to and exacerbate violence against women. This report also notes that factors, such as ability, age, access to resources, race/ethnicity, language, religion, sexual orientation, gender identity and class, aggravate the violence and the severity of violence that women experience. The existence of these multiple forms of difference impact and determine the risks a black woman is likely to face in terms of violence, particularly if she identifies as a queer disabled black woman in South Africa. It is also evident in the life histories of the disabled queer people I engaged with for this study, that race and socio-economic status contribute significantly to how at risk or how relatively safe from becoming victims of sexual violence a disabled queer person is. As in many other instances, whiteness is an identity and privilege that correlates the strongest with keeping my interlocutors safe(r) from these levels of violence.

Correspondingly, Coly (2010) unpacks the ways in which the black female body is violently produced as a target for “colonial-scientific pornography”, referencing Sara Baartman’s atrocious treatment and exhibition of her body by white colonial men. In contemporary South Africa, as witnessed in recent years waves of femicide and extreme violence against women and attendant protests (Sithomola, 2020), black female bodies remain tortured and violated. In these postcolonial encounters and times, the black female body is still subject to torture and violence delivered in a plethora of ways, ranging from physical to emotional to epistemic. Black female bodies who are also queer, bodies that Mailula (2018) refers to as queer blackwomxn

bodies, have “become sites for violence” (p. 2) in both material and symbolic ways, whilst they are simultaneously erased as non-existent in South African society (ibid.) Add to that the discourse that disabled female and queer bodies – after being acknowledged as sexual beings – become subject to and objects of redemption fantasies, either the “sexual fantasies”, “corrective rape” or “HIV cure” for men in South Africa. As much as scholars and activists continue to explore and resist the experiences of violated black female bodies and fight for our dignity and survival, the violation of disabled female queer bodies remains an under-theorised area in South Africa and an unprotected, unseen, unacknowledged demographic in the fight for gender protection and equality. For this reason, I highlight the torture and violation of disabled queer bodies to bring attention to this area and the crisis and to bring into academic light the depth and consequences of these violent acts in post-apartheid South Africa.

The narratives of my interlocutors are characterised by experiences of sexual violence and brutality. It is an alarming and haunting aspect of the majority of my disabled queer interlocutors’ stories that they are survivors and victims of sexual and emotional abuse. The highest prevalence of sexual and emotional abuse is experienced by the black disabled queer people who live in the townships and who are exposed to the realities of black deprivation of resources and precarity. At least twice, perpetrators they know personally have sexually abused the majority of my black interlocutors. They have also suffered continual emotional abuse from family members, predominantly after disclosing their non-normative sexuality. In fact, this is so aggravated that, throughout my conversations with my interlocutors, at the beginning of each interview, I began to anticipate accounts of multiple rape incidents from my black interlocutors. On the other hand, emotional abuse was a recurring theme in my interviews with middle-class white interlocutors.

A man who lived down her street as a child on numerous occasions sexually abused Zee. Zee said that the man always told her that if they continued with their secret “meetings”, Zee would eventually be able to walk like other children her age. The abuse carried on for over a year, and only stopped after the perpetrator was arrested for drug possession. As a teenager, Zee was raped by a man who was helping her with her poetry. After the rape, she started dating the man who had raped her

because she thought that no other person would ever show interest in her. Even though she knew that she was attracted to other women, she assumed that agreeing to sleep with the man who raped her would help her overcome her feelings for women. After the man became physically abusive with her, she began to fear for her life and managed to leave the relationship. A year later, after she was spotted kissing her girlfriend, two men – whom she recognised as living a few streets away from her house – attacked and raped her on her way home from school. The men told her that she needed some “manly” intervention because she clearly didn’t know what to do with her vagina, and that she is not supposed to be sleeping with other women.

Zee and other interlocutors have been raped on two (and possibly even more) occasions, for two different reasons, firstly, as a disabled woman or girl, and secondly, as a queer woman. These assaults are based on two different, but equally violent narratives within the perpetrators. On the one hand, there is the fantasy of sleeping with disabled women or girls. On the other hand, there is the “infamous” act of “corrective” rape. These mind-sets may overlap and compound the risks of disabled queer women being victims and survivors of rape. Particularly in urban and peri-urban areas, upholding harmful myths about sexualities of disabled queer women exacerbates hate crimes and brutality.

The middle and upper class socio-economic status of the majority of my white interlocutors protects them from multiple forms of violence, including sexual and physical violence. This is produced by safekeeping aspects of the financial and locational privilege that whiteness confers, such as having access to living in safe and secure neighbourhoods across Johannesburg and having access to private transport, which minimises interactions with strangers who might be possible perpetrators of violence. However, these factors do not protect the disabled queer person from their immediate family who, based on the life-worlds implicated in this study, are the main perpetrators of the emotional and verbal abuse that the disabled queer person experiences. Indeed, my white interlocutors reported heightened levels of emotional abuse from their families more frequently than sexual abuse. The emotional abuse reported by my interlocutors is something they claim often intensifies after coming out, and some of my interlocutors believed that it gets very intense because their family becomes incapable of tolerating negative attitudes

towards both disability and non-normative sexuality.

Ludo says:

> “Before I came out of the closet to my family, particularly my mother, she was tolerant of my disability. But, after I came out of the closet as a lesbian, she started yelling at me for things I had no control over, and she really became very impatient with me. She started yelling at me for messing on the toilet seat sometimes, which is something she did not have a problem with before.”

Taylor also remarked:

> “My parents could live with the fact that I drained their medical aid annually; I suppose they had no way around that. I was their child after all. They could not stand their disabled and now queer child. They would often remind me of all the sacrifices they have made for me and my disability, and tell me that I repay them by being a homosexual or ‘whatever it is that I identify as’.”

Gail said:

> “I think my mother was so pissed when she discovered my sexuality, unlike my disability, that she could spend loads of money trying to fix, she could not buy me out of being queer. That really frustrated her, so she opted for being mean and verbally abusive.”

The quotes above indicate how a queer sexuality of disabled people is often perceived as a personal choice in which disabled queer people had a choice of not “performing” their queerness. Failing to make the “right” choice to keep a non-normative sexuality hidden results in punishment. These “unruly” and “immoral” queers are subjected to verbal abuse and emotional abuse, rooted in guilting and shaming the disabled person for “choosing” to be queer.

Ludo’s case, whose family was tolerant of her disability before she came out of the closet, illustrates how intimately ableism and homophobia are co-constructed – they wax and wane in each other’s image. There is a certain “level” of marginalisation that my interlocutors’ surroundings will tolerate as reasonable and plausible. As soon as it transgresses that boundary, there are serious repercussions in the form of verbal, emotional or physical abuse. This links to the upper limit for marginalisation tolerance

expressed by Thato and Zee's friends (see earlier section on affective dimensions of disability) before they start viewing and invalidating their identities by framing them as merely acts of "attention-seeking behaviour". The sudden ableism of Ludo's mother as a consequence of her queerness is similar. It reveals a similar pattern in which there is a fixed degree to which our social worlds are willing and able to accommodate difference and divergence. Once that level has been reached, the divergences have to be played out against each other and struggle for the inadequate amount of social support and tolerance provided by friends and family. Some support that had previously been given to the disabled part of the person's identity gets taken away in order to be "redirected" to this new "demanding" queer area of identitarian marginalisation. The support that gets taken away gets replaced by ableist attitudes. Allied support, in other words, functions as a scarce and conditional resource that is premised on my interlocutors not becoming *too* marginalised in other directions. Queerness, in the experiences of Gail, Taylor and Ludo alike, functions as a kind of last straw in their families – the straw, so to speak, that broke the camel's back. It becomes another kind of punishment the family must endure, an affront, a kind of attack by the disabled person. This is most clearly evidenced in the dismissive and aggressive way Taylor's parents frame their queerness when Taylor explains that their parents "would often remind me of all the sacrifices they have made for me and my disability, and tell me that I repay them by being a homosexual or 'whatever it is that I identify as'."

Homosexuality or queerness as punishment for goodwill towards disability is a very harmful and dangerous framing, and one that is very common in the experiences of my interlocutors. It also links back to my own experience of being asked, as I introduced this doctorate, why I would ever choose to do *that* to myself, that being the choice to be both queer *and* blind. These configurations link back to the tremendously terrifying and violent idea that still exists in some socio-cultural pockets of society in which homosexuality gets framed as sin and as punishment. These families, presumably fuelled by the additional stressors of the disabled reality of my interlocutors and the concurrent ableism, take it one step further, and externalise the sinful and punishing aspect of homosexuality. According to Taylor, their parents don't believe it is just Taylor who is punished by being disabled and queer. It is also them. It is Taylor's parents who, possibly more than Taylor, need to live with the unjust

ramifications of Taylor's difference. They feel punished by their child's identities, and they put the responsibility for that punishment back on Taylor. It is an astonishing construction that is fuelled by self-righteous and self-centring ignorance and results in pronounced levels of ableist and homophobic violence. To centre yourself in your child's disability and queerness, and to frame it as something that your child enacts to punish you, is a complicated and harmful relational production of queer disability. It is a more intricate and complex construction of ableism than merely, and more commonly, feeling pity towards the disabled person – to see the disability as a punishment of the disabled person. Taylor's parents take it many steps further, they see Taylor's "whatever it is they identify as" queerness as a way for Taylor to punish *them* for the way they supported Taylor's disability. It is a way to centre themselves and the hardships they face as an indirect consequence of their child's disability rather than focusing on the disabled child and what the child's needs are. Primary concern, instead, is given to the ways in which the child's impairment impacts the parents. It is a dynamic – the tendency for parents to "co-opt" their child's disability and sexuality, and make it about themselves and their sacrifices and their pain – that needs to be carefully examined and challenged in other scholarship.

Another aspect in these quotes I want to draw attention to is the monetary aspect, in which disability gets framed as something that can be solved by capitalism. Gail speaks about how her mother treated her disability as something she could "spend loads of money trying to fix". Disability, as a category that can (and should) be "bought away" and resolved through enough money, is an interesting and concerning narrative. It points to the illegitimacy and undesirability of disability. I can't count the number of times people I have met in my life, strangers and close friends alike, have focused exclusively on my blindness as a problem to fix through expensive-enough procedures. This tendency, to want to fix disability through treatment and procedures, is particularly pronounced in the cases of those who are disabled and impaired by chronic sickness. Sickness is constructed as a temporary phase, something you exit one way or another, either through treatment and a return to health or by dying. It is not a permanent stage. It is something that must be fixed and cured and overcome. Blindness, too, is researched predominantly with a cure as the ultimate destination and marker of success. Researching how to create access for chronically sick and blind people and creating equal access for them is a clear secondary priority. There is

nothing inherently valuable or worthwhile about being disabled. It is something so tragic and awful that all efforts possible should go towards eradication of that way of moving through the world. Let us imagine, for a moment, that we treated gender or sexuality, as we once did not long ago and still do, controversially and transgressively, in Christian conversion camps in the US in which they seek to "pray the gay away". Imagine if we tried to eradicate womanhood in favour of achieving gendered equity. Imagine, instead of feminism, we were trying to end all types of femininity. Imagine most LGBT rights efforts were focused on finding a "gay gene" and ways to epigenetically eradicate it and make all queer people straight. I am not suggesting that research should not focus on limiting the challenges associated with physical impairments. Impairments do impart a lot of difficulty and pain and trauma and sorrow on those of us who live with them, and I welcome any medical and social advances that make disabled people's lives less impaired and less challenging. But I also welcome disability as a valid and legitimate identity; I welcome functional diversity as something that *contributes* to our world. We need bodily and mental diversity as much as we need biodiversity. Not being able to see, or not being able to hear, or fracturing the world neurologically differently by being autistic, are valuable and important ways of perceiving our world and of *being*, and it is something we should work to honour and preserve.

The incidence of violence against queer people and disabled people is well-documented in literature throughout the years and across the world. An extensive body of disability literature has shown that people with disabilities experience prolonged and severe assault and abuse with more severe effects than those of the same age and gender who are not disabled. According to the World Health Organisation (2015), disabled persons are 4.6 times likelier to experience abuse and victimisation than able-bodied peers. On the other hand, queer literature clearly indicates that queer people encounter heightened rates of hate crimes and violence, but that hate crimes directed towards people with disabilities are less frequent compared to queer hate crimes (see Sherry, 2004).

The severity of the abuse and violence experienced by people who are both disabled and queer has increased dramatically. My research clearly indicates that there are different but severe levels of abuse experienced by my queer disabled interlocutors in

South Africa. However, factors, such as class and race, appear to mediate the type and severity of abuse experienced by disabled queer people. Cultural beliefs and interpretations of disability and queerness contribute to the production of and level of victimisation. Immediate surroundings, material comforts and precarity are determined by class and race, with the majority of black disabled people in South Africa economically disadvantaged and thus living in areas where safety and access are often severely and life-threateningly compromised.

4.5 Case study: Queer disabled men and relative privilege

Eddie advocates for equal access in all spheres of disabled people's experiences. But Eddie's story is also a story of a black, disabled, queer, middle-class man in South Africa. It is sharply delineated from the stories of my other black interlocutors who all describe much more complex and violent experiences of life as black, disabled, queer, poor women and non-binary persons in South Africa. None of them get to be interviewed by newspapers about their triumphs and none of them live in a space that allows for them to effortlessly describe themselves as brilliant as they are. Eddie's remark of how he embodies "[all] the identities that position him at a disadvantage in society" is another expression of the previously mentioned Oppression Olympics (see Hankivsky & Kaur Dhamoon, 2013), namely, the observation that marginalised groups compete by comparing race, gender, socio-economic status, disability and others to determine who is the most oppressed. It is another form of the study of the problem with hierarchies of difference and hierarchical victimhood. Eddie positioning himself as ultimately marginalised by remarking that he embodies all victimising identities is not only an incorrect and anti-reflexive remark but also dangerously ignores his gendered, socio-economic and educational privileges. It is also a discourse that is rooted in a patriarchal hierarchy regarding gender, class, ability and sexuality and is harmful disregard for what poor, orphaned, female-identified, trans and non-binary queer, disabled, black people experience.

Likewise, Jabu, the only queer disabled male-identified person in my sample group, exhibits similar patterns of relative privilege. In the following section, I do a close reading of Jabu in a case study-format because his narrative represents a distinct and unique point of departure in comparison to the otherwise relatively cohesive

narratives provided by all my other female interlocutors.

At the time of this interview (May, 2017), Jabu was in his 20s. He self-identifies as a queer gay cis-man. He further explained how he has recently started to mostly identify as a queer man over a gay man. There are political reasons that motivate this. He explained that he perceives the gay identity to be loaded and coated with homonormativity, which, according to him, means being a white, able-bodied, middle class gay man. As a black South African queer man, the “gay” term does not represent, nor is it inclusive of black queer disabled men in South Africa. The only aspect of being gay that he can relate to is the middleclassness of being gay. Jabu was born and raised by his mother in a northern suburb of Johannesburg. He was raised as middleclass and provided with multiple privileges and opportunities that have sheltered him from the harsh realities of life experienced by the majority of black South Africans. He was diagnosed with a degenerative condition as a teenager. He studied abroad from a young age but had to come back home to South Africa when he lost most of his physical mobility at the age of 20 years. Throughout high school, he switched between boys-only schools. During this period, he started exploring his sexuality. From the age of eight, he knew he was gay, but during his time in high school, he tried going out on a couple of romantic dates with women. However, he could not connect with any of the women, both romantically and sexually. Consequently, he started going out secretly with other boys, which is when he felt his gay identity had been affirmed. He only came out as gay to his family recently after he lost his physical mobility and started using a wheelchair. This happened around the time he started university. According to Jabu, this is the most ideal time to come out and openly claim a queer identity. Jabu said:

> “In as much as I saw my disability coming, it was not a smooth-sailing when I eventually lost my ability to walk anything more than a hundred metres. However, having a brother who has been disabled from early childhood, and having an amazing mother, the transition was overall bearable. So was coming out of the closet. It turns out a rainbow-coloured wheelchair awaited my arrival and was ready to carry and embrace me with great acceptance.”

Five years down the line, Jabu has navigated life as a disabled queer man in South Africa with limited barriers and less discrimination and isolation. He mentioned that

he holds middleclass status and that he has a supportive family to thank for the relatively comfortable transition to his disabled queer identity. His middleclass status has afforded him access to certain spaces that are frequented by people of certain socio-economic status. He mentioned how he perceives himself to have been primarily sheltered from certain realities faced by many black South Africans. He has had access to institutions of higher learning, and has attended a few colleges abroad. As a queer man, he has had access to gay-friendly social spaces, such as bars and clubs, and he has been able to make friends and acquaintances through his active participation in multiple student organisations around campus. One of these organisational activities has included being part of a huge debating team that has expanded his social support network, both socially and intellectually. Concluding our interview, Jabu enthusiastically told me how he has not really experienced the outside world as a disabled queer black man in South Africa. He stated how he is excited to leave university and the protection it has provided him, and transit into “the real world”. He anticipates that this will include being independent and being part of spaces that are neither queer-friendly, nor entirely accommodating of disability. According to him, these spaces include being part of the corporate world, as he has to seek employment as a queer disabled black man in South Africa.

Jabu’s narrative is a clear manifestation of class privilege and male privilege. I have chosen to give a detailed account of Jabu’s narrative, as he was the only interlocutor who identified as a queer man. This intersection of identities situates him very differently and reveals a whole new account and different experience of the production of disabled queer blackness. I cannot generalise his narrative and infer anything about the general lived experiences of black queer or gay-identifying disabled men in South Africa. He is a sample of one. However, it is striking how different his experiences are from any of my other non-male interlocutors. As a black South African, class has played a huge role in shaping and influencing his experience, and it has differentiated this experience from those of other black disabled people who come from different socio-economic backgrounds. Furthermore, his male privilege has protected him from the evident violence and abuse that black disabled queer people have experienced, as demonstrated earlier on in this chapter.

4.6 Queer disability and HIV

HIV is still largely considered a heterosexually transmitted disease in Africa (Johnson, 2007). This excludes the more recent attention given to men who have sex with men in parts of the African continent. The latest South African national HIV prevalence, incidence, behaviour and communication survey released in 2017 is now inclusive of a disaggregated disabled population sample. The results of this survey have conveyed that the prevalence of HIV within the disabled group is 14.1% higher than the national average, and also higher than other risk groups, including men who have sex with men, recreational drug users and high-risk drinkers. These surveys, however, do not disaggregate along sexual orientation and its relationship with HIV.

According to Hanass-Hancock, research on sexual abuse of people with disabilities has been an area of growing concern within the African academy (2009). Munhalie's (2004) study in Malawi, which surveyed 341 disabled people, showed that 17% of the participants were coerced into their first sexual encounter, while 7% of 1704 deaf Kenyan people (The Steadman Group, 2007) and 22% of 371 disabled Ugandan participants experienced abuse during their first sexual encounters (Mulindwa, 2003). Moreover, in an Ethiopian study, which focused on sexual violence, 46% of the participants reported that they had been victims of sexual violence during their lifetime (Hanass-Hancock, 2009) with the majority of victims being women. In 70% of the cases, disability contributed to the abuse. Correspondingly, in the focus group discussions by Yousafzai and colleagues (2004), sexual exploitation and abuse were believed to be higher among disabled women than their non-disabled counterparts because the former are perceived as “free” of the HIV. These studies show that disabled people across the African continent are at an elevated risk of sexual violence, and consequently, an elevated risk of HIV infection.

The complexities of being both disabled and queer were not addressed in any of these studies. My study contributes to a closing of that gap in the literature by highlighting and addressing how disabled queer people experience additional and complicating types of victimisation.

According to Mkhize et al (2010), lesbians in South Africa have become specific targets of rape – what is referred to as “corrective rape” which is a form of rape that is

“intended” to “heterosexualise” queer women. As early as 2004, Polders and Wells (2004) reported that elevated rates of HIV-infected lesbians and bisexual women could be attributed to these extremely high levels of rape and sexual violence among women, in general, and lesbians, in particular, mostly in South Africa. They further argued that lesbians living with HIV become invisible in the wider HIV-positive community. Zethu Matebeni (2013) produced documentation of experiences of lesbians living with HIV in South Africa. This growing body of literature in South Africa illustrates that disabled lesbian women are at an even higher risk of HIV due to a compounding South African myth in which perpetrators believe that having sex with a disabled person will cure them of their HIV-positive status. This phenomenon, the belief that sex with a virgin or a disabled person can cure AIDS, is described by Groce (2004) as “virgin cleansing”. “Virgin cleansing” narratives put disabled women at an elevated risk of being targeted as rape victims by HIV-infected men. Additionally, when these disabled women identify as lesbian or queer, the risks multiply – not only are these women targeted as a “cure” for HIV, but they are also “correctively” targeted by homophobic men who want to exercise their power as a “heterosexualising” violence against women.

Dudu said:

> “After the man who impregnated me ran away when I told him that I was carrying his child, I thought I would never sleep with men again. However, this man, whose I name I refuse to even utter, pursued me for a whole two years, to a point where I believed he was genuine with his love for me. I finally agreed to date him. We had sex once and after that, he started acting funny and avoiding me. I figured that a man had played me for the second time. I decided to close that chapter and started being true to my feelings and I therefore started dating other women. Honestly, it was not worth having my heart broken by these men I did not even have feelings for. I got sick when I was two months in to the relationship with this amazing woman and I was hospitalised. That is when I found out I was HIV positive. I knew it was the last guy I had slept with. When I got out of the hospital, I went and told him. He told me that he already knew that I have contracted the virus from him since I have failed to cure him of his HIV positive status.”

Thami said:

> "I had dated Nthabiseng for three months, and I thought our relationship was really going well until this one day she came to visit me and she was in tears. When I asked what was wrong, she told me that she is really sorry for what she did. When I asked what she was talking about, she told me that when she started dating me, she had other intentions. She wanted to sleep with me so she can see if that will cure her of her HIV. She then continued to tell me that now she has developed feelings for me and she wants me to go tested and hoped that I am not yet been infected. I was so furious, I told her to leave and never come back. I gathered courage, after almost six months after she told me this, to go get tested and found out I was infected too."

Additionally, Zee's numerous encounters with sexual assault, which I addressed in more detail in the previous section, also resulted in the contraction of HIV. Since she did not report any of the assaults, she did not get tested after any of them. Consequently, she does not know when she contracted the virus. Zee's experience and the experiences of Dudu and Thami illustrate some of the many ways in which disabled queer women are at severely heightened risks of contracting HIV through assault.

The studies I make reference to throughout this chapter clearly indicate the higher risk of sexual violence that disabled women face. It is the kind of violence that, in many instances, results in HIV infections. The literature also clearly indicates how lesbian women are faced with similarly elevated risks of violence. However, the studies in question consider disability and queerness as separate contributing factors. The studies that do examine the risks of contracting HIV for disabled people do not account for queer disabled people. Similarly, the studies that evaluate the risks of lesbian women or women who have sex with other women contracting HIV do not disaggregate along disability lines in their analysis.

The data from my study, however, clearly illustrates the doubly elevated risks of sexual violence and HIV-infection posed to women who are both disabled and queer. The role of the "heterosexualisation" project and the "virgin cleansing" myth and pervasive socio-cultural fantasies of sleeping with disabled women contribute to and compound the risks of sexual abuse and HIV contraction in disabled queer people in

the South African context.

Looking closely at Thami's narrative, it is evident that both parties were aware of the risks of infection even in women-to-women sexual interactions. Both Thami and Nthabiseng did not perceive having sex with another woman as low risk, which contradicts the findings of Matebeni, Reddy, Sandfort and Southey-Swartz (2014), which identified an insider perception of low risks of being infected with HIV in women who have sex with other women in southern Africa. Furthermore, in most accounts that have been reported in studies regarding the "virgin cleansing" notion, it has mainly centred on toxic masculinity as the perpetrators of this myth.

Dudu's quote is an example of how it is the male perpetrator who reproduces this "virgin cleansing" myth. Both the cases of Thami and Dudu were not forced sexual acts. Both the culprits negotiated sex under the pretence of showing genuine romantic interest. Both perpetrators manipulated their partners. The person who infected Dudu with HIV with the "hopes" to be "cured" did so in the early 1990s. Close to two decades later, in 2016, Nthabiseng's behaviour represents a continuation of the reproduction of this false and dangerous myth. This shows the durability of the beliefs and oppressive prejudices around the sexualities of disabled women in the South African context.

This section of Chapter 4 further conveys the levels of risks and implications in the population of disabled queer persons in a South African context. Disability is thus configured along distinct racialised, spatial, material, familial-ancestral and temporal lines. The black disabled person becomes a financial burden that cannot be afforded, in a literal sense, by a community that is already marginalised through legacies of (ongoing) colonialism. Consequently, the black disabled person "bears" the burden of this legacy and gets this legacy re-inscribed onto their body. On the other hand, in the white suburban areas, the family and the community have access to resources, secured through historical and contemporary privileges, and thus are fully involved, albeit in a way that frames disability in an ableist way, as something to be cured or fixed. This produces a stark contrast between how disability is lived through and configured in what Meekosha (2010) calls the "periphery" and in the "metropole", in black/white, and Southern/Northern contexts. The disabled body gets configured not just as a result of colonialism, as the result of disabling and devastating activity, but

as a phenomenon that *exacerbates* coloniality.

Literature on what counts and is considered as disability varies in socio-cultural settings (Devlieger et al, 2003; Addlakha et al, 2009). Research on disability in certain areas of the world where medical technologies are not easily accessible shows that the very same category of disability has various configurations in assorted cultural and economic settings. This thesis demonstrates the degree of these complications in a South African context – a geography in which race and class co-configure the way in which disability is experienced by disabled people, as well as their community, and how varying access to resources determines the lived experiences of disability and adherent challenges. Further, it is evident that culture mediates how disability is perceived and defined.

This study has found that, within disabled and queer culture, communities seek their own sovereignty. Like within mainstream South African culture, disabled communities still struggle with the incorporation of their own lesbian, gay, bisexual and transgender members just like queer communities struggle with incorporation of their disabled members. This enforces additional sharp divides as the incorporation of queer identity into the disabled culture and disability into the queer culture leaves these minoritised and further marginalised groups with limited visibility and representation as a sub-group with its distinct culture in the South African context.

The private/public divide of disability in South Africa implicitly includes only those people whose lives have been allowed to exist within a private framework. For many people, this is a privilege not afforded them by the liberal capitalist state. Many people's experiences of family and community go beyond this divide. In poor contexts, persons may not have access to any level of privacy. Families live closely together therefore the privatisation of disability is configured differently in black and white bodies and contexts in South Africa. The difficulty and isolation associated with disability for the black body is further compounded in the black community as it interferes with my black interlocutors perceptions of community and community norms. To be privatised as a black body is, my interlocutors experience, to be made shameful, something to hide away. It is not a measure of success or individuality, but a break with social norms.

CHAPTER 5: CONCLUSION: WHERE TO GO FROM HERE?

This dissertation evaluates the multiple forms of oppression of disabled-queer people through their daily lived experiences. I have analysed the disabled and queer archetypes – where they originate, how they are made, and how they are contested. This approach has formulated a discussion on how the archetypes of disabled people are frequently presumed to be heterosexual, and the queer archetypes are presumed to be non-disabled, and mine has been the work of challenging these assumptions. In addition to this, I've also thought through and discussed how these archetypes shape and influence the everyday experiences of disabled-queer people. Furthermore, I have explored and integrated the inseparability of these identities with the use of the concept of intersectionality; prominently linking disability with queerness and queerness with disability. Through intersectionality, this study confronts the frequent separation of these identities in South African and African scholarly literature, in general, and the disability studies and queer theory in particular. Therefore, I have engaged the idea that differences are already interconnected, which is what the theory of intersectionality initially addressed. However, the theory has rather focused on the intersectionality of certain groups of identities with very limited attention given to the interconnectedness of disability and queerness. I have questioned and addressed how we should approach these multiple and inseparable axes of difference. My use of the term "disabled-queer persons" rather than "disabled and queer persons" has mapped the point of departure for my approach to the concept of inseparable differences. This, from the onset, highlights the concrete interconnected and inseparability of these identities. The queer identities are not an add-on aspect to disabled identities. Rather, they are co-existing identities where both play a significant role in shaping experiences of disabled-queer people in South Africa.

The relationships between disability productions on the basis of their congenital status reach into queerness and touch on the "Born This Way" paradigm, as I will explore below.

5.1 Born with it: Disability as congeniality

The notion of "congeniality" or born-with-it-ness or innateness giving credibility to

marginalisation is worth reflection. Trying to fracture and analyse disability and queerness have happened on the terms set by heteronormativity and the able-bodied equivalent. Able-bodied normativity functions as the counterweight to disability, namely, the hegemonic experience of being able-bodied and normatively abled and impressing that normativity upon those who function differently. Whilst “heterosexual” explains a person who has a straight sexuality, the term does not necessarily connote heteronormativity. A heterosexual person may act in queer or homoromantic ways or may be trans. In these cases, the heterosexual person is not hetero- or cis-normative. As with heterosexuality and normativity, not all able-bodied people entrench normativity, and crip normativity exists just as homonormativity does.

Understanding disability and queerness from heteronormative and able-bodied premises limits the scope of how disabled queer people are capable of expressing and perceiving themselves. One of these limitations, when queer life happens in a reactive response to heteronormative demands instead of on its own terms, has been the “Born This Way” argument and identity model that is prevalent in queer politics (Bennett, 2014). In this case, these demands are for *chronological proof* to prove that your sexuality (and your disability, for that matter) has always been this way, and it is an immutable and fated thing, something you had no control over and something you promise you can’t change. This concession happens in exchange for limited acceptance or less marginalisation.

But it also happens within queer communities. The concept of a fixed and narrow queer self has significant currency in the queer community, as reported by my interlocutors and their multiple experiences with ableist exclusion on the basis of their disabilities. All my interlocutors have some level of experience with being discriminated against in overtly queer spaces.

In fact, it was my own experience with that kind of marginalised gate-keeping that inspired me to pursue this research, as I mentioned in the introduction of this doctorate. Being asked to choose between being gay or disabled, in overt or covert ways, or being confronted with the sheer impossibility of the co-existence of these two identities are common and very corrosive and harmful experiences. They also reveal that fixedness of marginalised identity. Queerness can only be one thing. And that thing is able-bodied and, usually, white. (For more on ableism in the queer

community, please see the analysis in Chapter 4.)

I want to suggest that there are a number of significant political and social benefits to a fixed and stable queer identity model or narrative. Firstly, it is easier to organise and create political mobilisation around a stable identity and to demand rights on the basis of it. Secondly, it is also, perhaps, easier in social contexts, to express and explain and safeguard a fixed, easily-digestible identity. And finally, it works, ostensibly, as a counterargument to religious or other types of homophobia. If we are born this way, we have not made the active choice to sin, and we are therefore innocent.

But they also have significant social and political drawbacks. There is the further marginalisation and exclusion of multiple-marginalised queers I describe in the above paragraph. And then there is that counterargument to religious homophobia, which, at first, seems like a productive aspect of this narrative but, upon more scrutiny, the idea that being born like this creates a more credible, less “guilty” identity appears to be covertly rooted in its own type of internalised homophobia. These congenital or “innatist” paradigms, whether they apply to disability or queerness, seem to imply this: “Please help us, please give us rights, because we can’t help being this way.” The plea for rights is precisely that – a plea. It is not a demand. It is rooted in subordination and an acceptance of said subordination. The paradigm implies, and is therefore also politically dangerous: “We accept that our identities as queer or disabled people have happened onto us unwillingly. If we had the choice, we would have refused or rejected it. If possible, no one would choose this.” It shifts the problem away from ableism and homophobia and onto actual disability and queerness. It does not centre the rejection of the violence and oppression that disabled and queer people face. Instead, it tacitly agrees with the idea that the root of the problem is not the system and its brutalisations, but homosexuality or muscular dystrophy.

This doctorate sharply misaligns itself with these notions. I am a dedicated proponent of queer and disabled rights as nothing more than that – rights. Given because differently abled and different gendered and differently classed lives are credible, in and of themselves. Proposing the notion that the congenitality impairments or innateness of sexualities make them more credible begs the question: Do we think

the same about women's rights or the rights of black people in South Africa? Should the fight for gender equality sound similar? What would that be like? It would sound something like this: "Please give women rights because they were born this way and they can't help it, but to be women. It is not a choice. If it was, no one would ever choose to be a woman." It becomes, in my view, easily observable how absurd and offensive a position that is when transplanted onto other marginalised but more "acceptable" identity categories. And this, the acceptability dimension, is an important aspect because it reveals that the "Born This Way" narratives work on yet another level – they work to produce and therefore reveal how morality and moral judgment are salient aspects of queer and disabled oppression because it is not theoretically clear or convincing why a choice to be queer should be any less legitimate than "innate" queerness. Unless, of course, queerness is inherently undesirable and unethical.

5.2 Choosing it: Disability as choice

I argue that it is also possible and worthwhile to think through and theorise disability in this way, too. In other words, I suggest it is generative to apply the same theoretical framing of queer sexuality – of sexuality as non-innate, as a choice that is both legitimate and permissible – to disability by thinking through disability and its outer limits and by witnessing what happens when disability is considered *a legitimate and permissible choice*.

It is important for me to stress that I am not suggesting or theorising along the lines of people choosing to seek out, voluntarily, impairments to their physical or mental faculties. Acts of "deliberate" damage to one's own body that, in clinical psychology, is referred to as "self-harm", is beyond the scope of this dissertation. They are both not of interest to this analysis and they are decidedly not what is implied by this radical proposition. Rather, I am positing that disability, in the most extreme iteration of the social model of disability, becomes a neutral, non-normative, legitimate and acceptable choice. If we consider disability to be free of naturalism and normativism, provocative and, difficult as it may be, only possible in a theoretical vacuum and decidedly impossible in a material context, this is where we end up – alongside disability as a possible choice.

The act of choosing disability, as an identity and being-in-the-world, like choosing queerness as an identity and being-in-the-world, relies on an instant and powerful reshaping and broadening of our values and belief systems and our most fundamental ways of viewing ourselves and our social and political systems and worlds. Disability, framed as a credible choice, pushes disability beyond impairment and turns it into a type of epistemic position that signifies nothing more or less than a different way of knowing the world. Disability, perceived hegemonically and exclusively as a painful and near-insurmountable and entirely undesirable impairment, now shifts and becomes a radical challenge to the very concepts that constitute who we are and, more importantly, who it is worthwhile *to be*. Disability, as something that can and would potentially be chosen, actively and willingly, forces disability away from a site only of tragedy and into a land of possibility and desire. It acknowledges that there are uniquely generative and, controversially, desirable attributes to disability. It queers disability, if you will.

This act of theory is close to the logics of an already-established term “neurodiversity”. Though divisive, neurodiversity as a paradigm has been gaining traction within grassroots disability communities for a while. Coined by social scientist Judy Singer (1999), neurodiversity refers to variation in the human brain regarding sociability, learning, mood, attention and a host of other neurological and cognitive aspects. It refers to these first in a non-pathological and, over time, increasingly anti-pathological sense. It was first embraced by autistic people – Judy Singer herself is autistic (Singer, 1999) – and is now being adopted by a wider community of people with a range of psychiatric disabilities, beyond the autistic community (Ortega, 2009).

Considering disability a credible epistemic position that can be freely chosen opens up the concept of neurodiversity to a much wider application. It challenges us to ask what disability gives instead of merely considering what it takes; it challenges us to consider disability as a valuable variation in human experience, and it asks us to think of disability as a kind of functional and neurological diversity that is just as crucial to our world systems as biodiversity, racial diversity and cultural diversity.

Disability or queerness is not more credibly created whether or not it is ultimate or permanent. There is fluidity to both disability and queerness, they are categories that shift and change over time, and can be entered and exited multiple times. Sexuality

and gender are fluid; so is disability.

5.3 Merging queerness and disability

This section shows the broad range of interrelated practices and experiences that result from the simultaneous queering of disability and cripping of queerness, the implications of those interrelated practices, and a location of social identity. It is the merging of queerness and disability, a gestalt of the two.

Changing how one expresses one's sexuality in order to *make room* for disability is one of my interlocutors' most salient descriptions. It is a recurrent and categorical point – my interlocutors' sexualities had to shrink in size and presence and outward experience, social and, in some cases, aesthetic, in order to make room for the new disability category. In the case that disability was present before the experience of a queer identity, my interlocutors lament this so-called additional hardship. These descriptions illustrate an interesting and powerful relationship between disability and sexuality, namely, that they occupy *the same space* within my interlocutors. My interlocutors complain that ability and sexuality are treated as two distinct social categories by those around them, whilst their own experiences of their sexuality and disabilities are of an intra-constructed identity category, in which (dis)ability and sexuality are one experience, irreducible to two separate categories, more than the sum of its parts. When queer sexuality needs to be made smaller to make space for disability, or there is an add-on to disability when queer sexuality enters the lived experience, it not only implies that disability and queerness operate along a shared spectrum, but that they are one and the same thing, out of which both of the following statements become true:

1. Queerness functions as disability: an inability to enact "normalised" and normative sexualities, genders and relationships: a kind of disabled sexuality.
2. Disability functions as queerness: a diversion and deviance from that which is considered desirable and functional by mainstream culture: a kind of queer ability.

In other words, to my interlocutors, disability positions them as already-queer, as different and deviant, and queerness disables them further. Being disabled and queer, in a South African experience then, is the experience of being *overly*

saturated, of being too much of this particular thing. LGBT status functions as something that deepens my interlocutors' disability and oversaturates it. Queerness, due to its own deviance and burdens, turns my disabled interlocutors into people who are even more disabled than they were before – it makes their disability both more visible and more disabling. Likewise, disability deepens queerness and sharpens it. A queer disabled person is thus both more queer and more disabled than a person is either just queer or disabled. This is why it is possible for strangers to comfortably ask me to choose between my queerness and my blindness. Occupying both at once is too much of both, and too much in total. By hiding their queer sexualities, my interlocutors become less disabled. By mediating their disabilities, they become less queer. By coming out as queer, my interlocutors increase their disabilities. In other words, to be queer and disabled, is more than the sum of its parts.

The existence of these experiences also alerts us to disability and queerness as flexible and malleable categories that can be turned up or down depending on context and need. In particular, they are manipulated according to their temporality. It is queerness that must give way to disability, the more fixed and materially concrete identity of the two, *when disability follows on after queerness*. That shows a temporal and chronological aspect to how these categories work. On the one hand, the interlocutors who were queer *before* they entered into the disability category, specifically, speak about minimising their *queerness*. On the other hand, the interlocutors who were disabled before coming out as queer speak of queerness *as* disability, of queerness adding on to the disabled hardship. In other words, depending on what category was experienced first, disability either takes the space that queerness used to occupy – which is to say, *disability functions as an additional kind queerness* – or queerness adds on to the space that disability holds – which is to say, *queerness functions as an additional kind of disability*.

Finally, queerness and disability need to make room for each other, or need to be prioritised over one another or put on hold for each other, as Simphiwe explains, there are borders and *an upper limit* to the making of identity. There is some limit to how we craft our own personal identities and how we are able to construct the identities we project relationally. We can't shoulder endless identities and endless marginalisation. The experience that there is now too much disability or too much

queerness or too much marginalisation suggests a fixed tolerable amount, a fixed ability to understand ourselves in terms of our social categories and in terms of marginalisation. The experiences of my interlocutors point to this: that queerness may take up all the fixed, internal space we have for marginalisation and identity as long as we are not further marginalised. If further marginalisation occurs, in this case by entering into disability, queerness *must* shrink. Disability does not automatically occur with attendant or increased tolerance and space for marginalisation. Instead, it pushes out queerness. In queer and disabled spaces, there may be a post-structural tendency to think of social identities as endlessly fragmenting constructs. This is the ethos of identity politics, after all – that we can sub-define ourselves more and more finely. As true as that may be in queer-feminist and gender-performative thought (see Butler, 2004), my interlocutors' experiences point to an upper limit within identity formation, as evidenced by how Simphiwe thought she could not cope with being both queer and disabled. We may develop more descriptive and political identities, and we may have a vast theoretical capacity for these. But an increase in political and social identities does not produce *more room for identity itself.* The space we have, emotionally and socially and materially, for identity – queer and/or disabled – remains fixed, and it is either disability that must merge with queerness or queerness that must merge with disability.

5.4 Disability pride: Crip futurity in South Africa

More than anything, this doctorate is an act of liberation and pride. It is an act of bearing witness to queer disabled people and describing ourselves into existence. It is one of the first empirical studies of queer, disabled persons in South Africa where we, with our own words, get to explain not just that we exist, but who we are and how we live.

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APPENDIX A: ETHICS CLEARANCE

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Msekele

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H16/11/45**
PROJECT TITLE	Simultaneously evaluating multiple forms of difference and the experiences of disabled queer people in Johannesburg
INVESTIGATOR(S)	Ms S Msekele
SCHOOL/DEPARTMENT	Anthropology/
DATE CONSIDERED	18 November 2016
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	06 December 2019

DATE 07 December 2016 **CHAIRPERSON** _____
(Professor J Knight)

cc: Supervisor : Professor S Chari and Dr N Mkhwanazi

DECLARATION OF INVESTIGATOR(S)

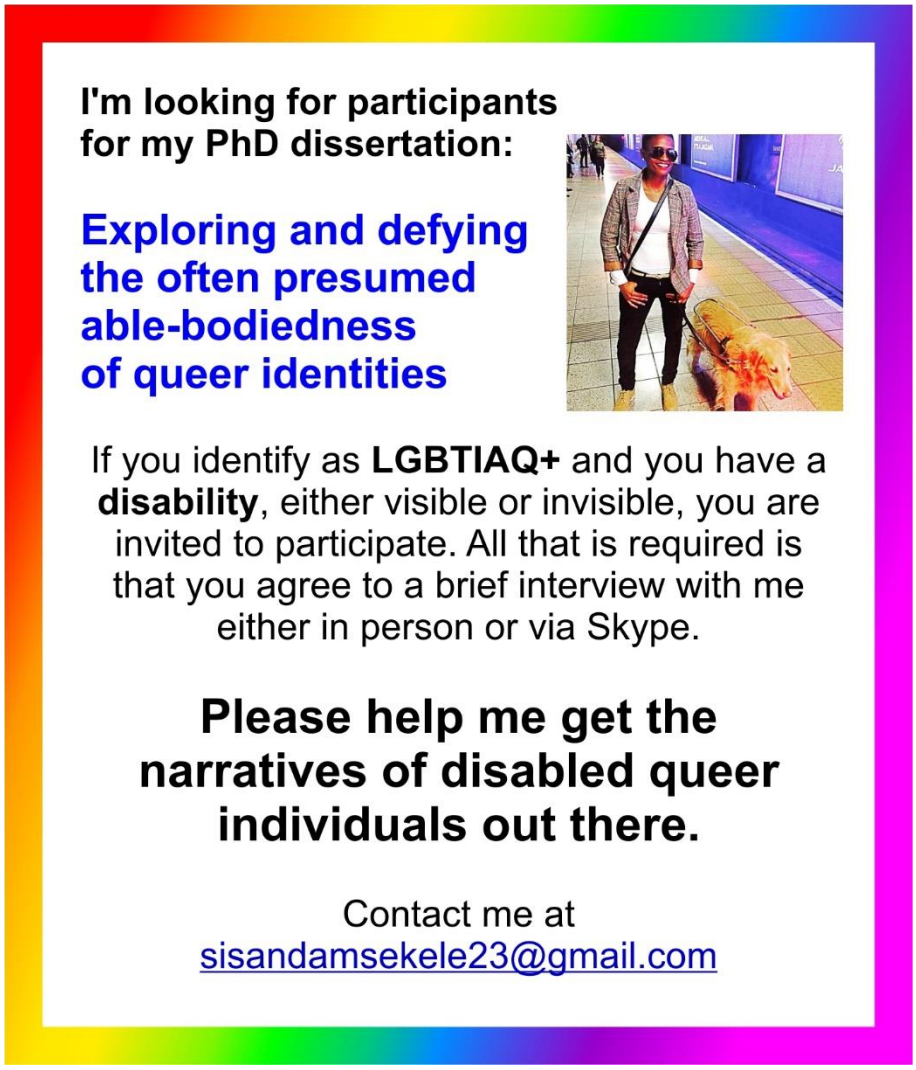
To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX B: POSTER CALLS FOR PARTICIPATION



Text for screen readers:

[Image of text in a rainbow coloured frame and an insert showing a Black womxn, Sisanda, and her guide dog waiting on a train platform]

I'm looking for participants for my PhD dissertation: Exploring and defying the often presumed able-bodiedness of queer identities. If you identify as LGBTIAQ+ and you have a disability, either visible or invisible, you are invited to participate. All that is required is that you agree to a brief interview with me either in person or via Skype. Please help me get the narratives of disabled queer individuals out there.

Contact me at sisandamsekele23@gmail.com

APPENDIX C: PARTICIPATION AND DIGITAL RECORDING CONSENT FORM

Department of Anthropology, University of the Witwatersrand

PhD Dissertation Research on 'Disability and queerness'

Sisanda Msekele

Participation information sheet

Good Day,

My name is Sisanda Msekele and I am a PhD student in the Department of Anthropology at the University of the Witwatersrand. I am conducting dissertation research on the ways in which people that consider themselves and are considered 'disabled' and queer steer around society, by exploring multiple forms of difference. Particular attention will be paid on queerness and disability and how other forces such as class, race, and gender impact the lived experiences of disabled queer people in South Africa. I am interested in how disabled queer people fit the prototypes of their disabled identity groups and their prototypes of their queer identity groups without compromising the inseperability of these multiple forms of difference. This study will focus on people with both visible and invisible forms of disability.

If you consider yourself and are considered disabled, identify as queer, and if you are willing to be interviewed in conditions of privacy and with all identifying characteristics removed at the outset of the interview, I will explain the way in which I intend to protect the data collected. Interviews would be conducted over 1 to 2 hours, depending upon the participant's availability and comfort level, and at a private location of mutual convenience. Interviews will be recorded for my own use only, they will be kept securely until the end of the research project, when the primary data will be deleted. Interviews will be in languages we share, primarily English, and will not require interpreters. Interviews will be held in conditions of privacy, and transcripts will be securely password protected on a computer. You can also refuse or stop the interview at any time. If there is any possibility that the interview triggers memories of previous traumas, (sexual or physical) or abuse, counselling services will be made available through Love Life (0800 121 900) or the Emthonjeni Center at Wits (Community Psychology Clinic, 011 717 4513).

I am able to elaborate further on the content of the project and on the procedure of research (sisandamsekele23@gmail.com or 0736923763). You can also contact my supervisor, Dr. Sharad Chari at the Department of Anthropology at Wits (sharad.chari@wits.ac.za) for more clarification on this project.

Thank you for your consideration.

Sisanda Msekele

Signatures

(Participant's name) _____ has been informed of the nature and purpose of the study, including potential risks. She/he has been given time to ask any questions and these questions have been answered to the best of the researcher's ability.

_____
_____

Researcher's signature Date

I have been informed about this research study and understand its purpose, possible benefits, risks, and inconveniences. I agree to take part in this research as a participant. I know that I am free to withdraw this consent and quit this project at any time, and that doing so will not cause me any penalty.

_____
_____

Participant's signature Date

Permission to record interviews

I understand that the interviews will be recorded and that the researcher will take strict precautions to safeguard my personal information throughout the study.

_____
_____

Participant's signature Date

APPENDIX D: QUESTIONNAIRE

- What pronouns do you prefer?
- In the spectrum of sexuality, what do you identify as?
- What is the nature of your disability
- Tell me about your background. Where you were born, where you grew up, and what was your childhood like
- Do you openly disclose your sexuality? If yes, how has the experience of being out of the closet been. If not, do you have any reason for not disclosing your sexuality
- Are you currently in a romantic relationship? Tell me more about your experiences in pursuing romantic relationship
- What is your everyday experience of being queer and disabled
- have there been any assumptions about your sexuality that have been incorrect? If yes, what are they?
- Based on your experiences as a disabled queer person, what are your thoughts around disability rights and queer rights in South Africa
- What are your experiences around accessing queer spaces as a disabled person
- What are your experiences when accessing disabled spaces as a queer person?
- Do you have anything you would like to share that we have not touched on, and you think is relevant to this topic? If yes, please share