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# Homophobia and Disability: Literature Review

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## **Summary**

We conducted a literature review of 58 studies on homophobia and LGBT disabled people published between 1994 and 2013 that reported a complex and conflictual relationship among different cultures. These are the expression of three social communities: (i) the LGBT community, (ii) the disabled community, and (iii) the mainstream society (mainly identified as the heterosexual and able-bodied community). The condition of exclusion that both disabled and LGBT people endure is rooted in two socially shared myths: compulsory able-bodiedness and compulsory heterosexuality. Both of them are the basis of homophobic prejudice. However, in order to neutralize the socio-cultural barriers, responses produced by the two minority communities, i.e., the LGBT and disabled people, are often in conflict with each other making their spaces inhospitable to LGBT disabled people.

#### Introduction

People with disabilities belong to a socially stigmatized minority group as well as LGBT people. When people have more than one stigma, due to their belonging to more than one minority group, as in the case of LGBT people with disability, they are part of a minority within a minority (BENNETT and COYLE, 2007). In this particular condition the threats they face substantially increase, compromising their self-esteem and psychological well-being (BENNETT *et al.*, 2007; HIGGINS, 2010; MORGAN *et al.*, 2011; SHAKESPEARE, 1999a). One of the most important barriers that LGBT disabled people have to deal with is the homophobic beliefs of their relatives and caregivers (HINRICHS and VACHA-HAASE, 2010; LEBLANC and TULLY, 2001). We have conducted a literature review to investigate homophobia and disability in scientific research. The study moves from an analysis of national (Italian) and international scientific production on the phenomenon of homophobia related to LGBT disabled people.

#### Methods

Electronic databases (Medline, PsycINFO, PsycARTICLES and Google Scholar) were searched on December 2013 for relevant books, chapters, and articles using the terms "homophob\*" AND "disab\*"in the "all text" field query. Titles and abstracts (where available) were screened to determine eligibility. If there was doubt as to the article's eligibility, or the abstract was not available, the full-text was retrieved. Products were excluded if: "homophobia" was only incidentally used and they did not refer to the living conditions of LGBT disabled people.

#### Results

It was found that the term "homophobia" was used in 58 products belonging to the field of disability study. Among them, 5 are books and book chapters (HALDEMAN, 2001; MAIL and LEAR, 2006; MCRUER, 2006a, b; TREMAIN, 1996), 52 are journal papers (ABBOTT and HOWARTH, 2007; BAROUNIS, 2009; BLYTH and CARSON, 2007; BURNS and DAVIES, 2011; CAMBRIDGE, 1999; CORKER, 2001; DUKE, 2011; ELMAN, 2012; ERICKSON, 2007; FRALEY, MONA, and THEODORE, 2007; GRIEVE *et al.*, 2009; GROSSMAN, D'AUGELLI, and DRAGOWSKI, 2007; HAMILTON, 2009; HANJORGIRIS, RATH, and O'NEILL, 2004; HASH and NETTING, 2009; HELLMAN and KLEIN, 2004; HENRY, FUERTH, and FIGLIOZZI, 2010; HIGGINS, 2010; HINGSBURGER and TOUGH, 2002; HINRICHS *et al.*, 2010; HUNT *et al.*, 2006; JOHNSON *et al.*, 2005; KAFER, 2003; LANGLEY, 2001; LEBLANC *et al.*, 2001; LIPTON, 2004; LUCKSTED, 2004; MCCLELLAND *et al.*, 2012; MORGAN *et al.*, 2011; O'TOOLE, Corbett J. and BROWN, 2002; O'TOOLE, Corbett Joan and DOE, 2002; PARKES, 2006; PEATE, 2008; PERLIN, Michael L, 2013;

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PERLIN, Michael L., 2011; ROBERTSON, 2003; SHAKESPEARE, 1999a, b; SINECKA, 2008; SMITH, FOLEY, and CHANEY, 2008; STEVENS, 2012; STUART, 1994; SYKES, 2009; THOMPSON, 2003, 2008; THOMPSON, BRYSON, and DE CASTELL, 2001; TROTTER, KERSHAW, and KNOTT, 2008; WALDEN, 2009; WATT *et al.*, 2009; WEST, 2010; WITHERS *et al.*, 2001; WOOD, 2004), and there was 1 abstract of conference proceedings (FEDERICI, MELONI, and STELLA, 2012).

Among the 52 journal papers, 15 are quantitative or qualitative experimental studies and 37 are mainly theoretical studies. The latter deal with or mention the term "homophobia" by framing it in major theoretical perspectives on disability and LGBT studies: the social model of disability, queer theory, and feminist theories (CHENG, 2009). The social and cultural background of the social model is the human rights movements of the 1960s. In 1975, the Union of the Physically Impaired Against Segregation claimed that "it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society" (OLIVER, 1996, p. 22). Under this theoretical lens, disability is considered as a form of socially constructed deviance; therefore, the disability should have nothing to do with the body. Even the sexuality of disabled people is discriminated, since they are perceived as unattractive and unfit to engage in relationships. Furthermore, the problem mainly concerns the role of sexuality in the disabled identity: "Merging disabled identities with sexuality is problematic because only predominant identities and sexual behaviors are seen as socially viable. [...] only heterosexual identity and sexual relations are viewed as possible" (CHENG, 2009, p. 114). The social perception of the body in the construction of disabled identity is a big issue also within the feminist theories. Susan Wendell claims that "Feminist theorists have probed the causes of our patriarchal culture's desire for control of the body [...] Idealizing the body and wanting to control it go hand-in-hand [...] In a culture which loves the idea that the body can be controlled, those who cannot control their bodies are seen (and may see themselves) as failures." (WENDELL, 1989, p. 249). Homophobic attitudes and beliefs are a way to maintain the heterosexual and masculinity hegemony within the orthodox patriarchal control of the body (BUTLER, 1990; CONNELL and CONNELL, 2005). The theoretical reflection on the body is a key concept also for the queer theory. The queer theory has conducted an in-depth study on the reasons of homophobia and heterosexism in our societies. In most of them, two myths or values are widespread and shared underlying the exclusion of disabled and LGBT people from the rest of society: the compulsory able-bodiedness (BAROUNIS, 2009; ELMAN, 2012; MCRUER, 2006a; SYKES, 2009; WEST, 2010) and the compulsory heterosexuality (MCRUER, 2006a; TREMAIN, 2000). Alison Kafer explains compulsory heterosexuality as the desire of disabled people "to appear 'normal,' 'natural,' or 'healthy' in other aspects of their lives" (KAFER, 2003, p. 82) since they are oppressed and discriminated because of their disability. The myth of compulsory heterosexuality is totalitarian: Every other non-heterosexual behavior is considered abnormal and unhealthy. Tom Shakespeare says that "unlike groups who are oppressed on the basis of 'race' or class, people who are disabled or gay may find that no one in their family, or local community, shares their experience. There may be no role models or positive images" (SHAKESPEARE, 1999a, p. 39). This leads the members of the two groups to share isolation and loneliness. As a consequence of the prejudice they tackle "the route for many who are disabled or gay is to try and become invisible: to hide the difference, or to 'act straight,' although this may be impossible for people with obvious impairments" (1999a, p. 39). However, there is another widespread myth in society: the asexuality of the people with disability (HAMILTON, 2009; KIM, 2011; THOMPSON et al., 2001). Disabled people do not have sex and do not make sex. In this way, the disabled LGBT has to face the fact of being a living oxymoron: If LGBT identities are sexual identities and the disabled person is asexual, then the LGBT disabled person is conceptually impossible (TREMAIN, 1996, 2000). The two communities try to overcome the social prejudices through the hyper adherence of each of them to the respectively compatible social value: the LGBT community stressing the able bodiedness myth until the so called "body fascism" (SHAKESPEARE, 1999a; WOOD, 2004) and the disabled communities keeping at their border the non-heterosexual members. Actually, the LGBT disabled people are hindered from living in any of the two communities.

The experimental studies focus mainly on the attitudes of health-care professionals and family caregivers towards LGBT people with disability (ABBOTT et al., 2007; GRIEVE et al., 2009; HINRICHS et al., 2010; PARKES, 2006). The most critical issues concern the lack of adequate training about love and sexuality and a widespread moral condemnation of homosexuality. Because these attitudes are not always present at a conscious level, caregivers often do not explicitly hamper sexual behavior, rather they do not provide proactive support for sexual and emotional needs of LGBT disabled clients. As explored by Stefano Federici (2002) in research on the sexual lives of disabled people in Italian residential centers, those that suffer most are homosexual people with a disability living in institutions. Because of the need to implement training initiatives to mitigate the effects of caregivers' attitudes, Fabio Meloni and Federici (FEDERICI et al., 2012) developed AmAAbili (Love-Able), the first Italian project of education and training on the issue of disability and sexuality. AmAAbili was a research-intervention project divided into three parts: a data collection phase, an experiential workshop phase and a 20-hour training course. Since 2011, based on the experience of AmAAbili, an annual 24 hours experiential training marathon for caregivers is organized on sexuality and disability.

#### **Conclusions**

The scientific literature on homophobic prejudice towards disability is still very limited and mainly of a theoretical nature. There is a lack of experimental investigations on the spread of homophobic prejudice among disable people and anti-disabled prejudice among LGBT people. At the same time, it is urgent that positive action for education and training of social workers and caregivers is implemented so that they can provide support to the sexual and emotional needs of their LGBT disabled clients.

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