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What's A Leg Got To Do With It?: Black, Female and Disabled in America

by
Donna R. Walton, Ed.D.

Introduction: Over a decade ago, Eddie Glenn called attention to the disparate treatment of African American women with disabilities, suggesting that a triple jeopardy syndrome puts them at a further disadvantage because they are victims of race, gender, and disability bias in our society. Her research explored what it means to be an African American and live with a disability. She also found that African American women with disabilities contribute disproportionately to the population of under educated American women and are least likely to have a high school diploma, do not vigorously participate in the labor force because of the severity of the disability, and are least likely to be married or living in a family arrangement. The impact of triple jeopardy, she found, is observed in several aspects of the lives of African American women with disabilities, including support and family relationships, education, participation in the rehabilitation process, and employment and income (Glenn, 1992).

The 1980s saw a flurry of interest in women with physical disabilities (for example, amputees, paraplegics, quadriplegics), but little attention was devoted to the subject in the 1990s, (Danek, 1992). Today, even though a body of literature exists that examines and criticizes rehabilitation services for African Americans with disabilities, there remains a scarcity of literature dedicated to examining the lived experiences of African American women with disabilities, particularly related to self-esteem, self-efficacy and sexual identity. Research suggests that the cause of this scarcity may be attributed to distrust, stemming from the historical relationship between African Americans and whites in the United States -- from slavery to the Tuskegee syphilis experiments. According to Atkins (1988), the scope of cultural mistrust is a lack of trust on the part of some (white Americans) and suspicion of the motives of others.

One plausible argument to explain the dearth of research and the trickle down effect of apathy and anxiety among African American women with disabilities may be attributed to their cultural beliefs. Many African American women with disabilities believe that their disabilities are not issues for discussion and that by not disclosing, they may feel that their silence will somehow alleviate the stigma attached to their conditions (Glenn, 1992). They also feel that self-disclosure requires that others have an open mind, an open heart, and an open dialogue about what is required of them. Interestingly, African American women with disabilities who are in social networks and professional circles seem to echo this lament. They share that perceptions and stereotypes have had a long-lasting impact on their participation in social and/or political organizations and that many efforts in their struggle for equality and equal rights are still subjected to prejudice and discrimination. They feel that researchers lack a genuine interest in their concerns; thus they do not feel compelled to contribute.

The goal of this paper is to go beyond the discussion of the impact of "triple jeopardy syndrome" with respect to Glenn's (1992) aforementioned aspects and to focus on other aspects that impact the lives of African American women with disabilities, such as self-esteem, self-efficacy, and sexual identity. One objective of this paper is to scrutinize how race and disability affect the self-esteem of African American women with disabilities, and how they overcome attitudinal challenges to manifest a new standard of "normalcy" in order to become successful, adjusted women in a society that lauds physical attractiveness. Another objective of this paper is to examine how African American women with physical disabilities overcome struggles with imposed standards of beauty (body image) in a society where African American women and disabled persons are absent or dismally addressed in literature, the media (television, cinema) and policy.

This paper also discusses remedies for policy makers and rehabilitation programs to consider when serving African American women with disabilities. The Paper concludes with a discussion about ways in which African American women with disabilities can confront the challenges of discrimination and misperceptions about what it is like to be African American, female, and disabled in America. The Paper then proposes policies which, if adopted, can help to ameliorate the conditions that keep African American women with disabilities from attaining recognition in the media and status in the workplace.

Finally, to help narrow the focus of this paper, the terms African American women with disabilities and African American women with physical disabilities are used interchangeably to include those women whose impairment requires the use of a wheelchair, cane, crutches, prosthesis or other mobility devices. The exclusion of African American women whose disability may be non-physical should not be interpreted to mean that the issues discussed in this paper do not affect the women in these groups. It is not to be assumed that the impact of "triple jeopardy syndrome" on this author, an African American woman amputee, can be generalized to other African American women with other physical or non-physical types of disabilities. Also, my use of the term "disabled" is not intended to show disrespect by not addressing the person first. It is used to economize word usage.

African American Women with Disabilities and Standards of Beauty: Numerous studies seem to corroborate the notion that African American women have an uneasy coexistence with the European (white) ideal of beauty. Compared to white women, issues of skin color, facial features, and hair have more profoundly affected Black women (Ashe, 1995). This can be explained in large part by the emphasis that is placed on the physical attractiveness of a woman in our society. According to Ashe, hair alteration (i.e., hair-straightening "perms," hair weaves, braid extensions, Jheri curls, etc.) remains the most popular way for African American women to approximate a white female standard of beauty (Ashe, 1995). A social experiment contradicts the notion that an African American woman's obsession is to attain a standard of skinny and thin. In fact, one may be hard pressed to find an African American woman who would readily admit her desire to look like a white woman.

For the most part, many African American women hold great pride in their body's shape and size because this is the standard in their communities and what their men desire. Caruthers, Schooler, Ward, and Merriwether (2004) support this contradiction by offering a reprieve to this sobering notion. They contend that when it comes to body image Black women just don't feel bad in the same way as white women, especially by watching television because the ideal of resembling a thin, pretty white woman is simply unimportant. Likewise, Smith (2004) confirms that even though only 5.6 percent of the characters on prime time television are Black women, those Black women who were studied were mostly unscathed by watching numerous hours of television programs featuring thin, white women. Further, John Bing, an anesthetist nurse who works for a leading plastic surgeon in Washington, DC, says he is noticing an increase in the number of African American women who undergo makeovers, but does not believe they are seeking to look like White women (personal conversation). Regardless of the conundrum surrounding the African American woman's obsession to attain high physical similarity to the white woman's standard of beauty, African American women with disabilities can only strive to show another standard of physical attractiveness that some day society will embrace.

Physical attractiveness is of overwhelming importance to media outlets, advertisers and sponsoring corporations, because much attention is paid to how women "look" in our society. However, the "look" is the focus for large media conglomerates that do little to promote realistic and affirming images of African American women. Malveaux (2008) drives the point home when she talks about the power of media and its impact on perpetuating negative images of Black women, reminding us of the Don Imus media debacle during a *State of Black America* conference. She argues that the image of African American women in popular culture has only barely improved, despite organized response and resistance to these images. She claims that even though there is ample anecdotal evidence that African American women have been climbing the corporate ladder; images of Black women in popular culture are an ankle-weight that slows the climb.

From the television show *Ugly Betty* to the movie *Pretty Woman*, a subliminal dynamic takes place influencing not just how we view beauty but how we consciously think about attraction. Imagine the television shows *The Biggest Loser*, *Dancing with the Stars*, and *Extreme Makeover*. The first represents what you may look like, the second what you want to look like, and the last shows you how to get there. On a 55 inch TV screen these images appear to walk right into our consciousness and tell us what is -- and is not --and how to become -- beautiful. In like manner, tale a trip to downtown Los Angeles or New York City or any major city in the United States and you will encounter a plethora of billboards and advertisements exhibiting "pretty people" with "perfect bodies" that, generally, look nothing like our own.

If we stop to think about it, we see beautiful people all the time, more often than members of our own family, making exceptional good looks seem real, normal and attainable. In fact, according to a blogger on Cross-Cultural Blog (1997) -- a blog for students and teachers participating in the Cross-Cultural Rhetoric project at Stanford University -- society, through the use of both electronic and print media, imposes beauty standards that are almost impossible to acquire. Thus, perhaps what we see occurring in mainstream media are African American women seeking to acquire the standard of beauty through artificial representation, which, in fact, is more daunting because it is an unrealistic representation of an ordinary African American woman.

The truth of the matter is that many young African American girls and women feel pressured to fit into this specific model of beauty and desirability; as a result, they resort to artificial solutions -- such as plastic surgeries (including breast implants), skin bleaching, long hair extensions, slender bodies, and eyelash extensions. Regrettably, this false sense of beauty sets up an artificial standard for African American women with disabilities because it cultivates an unconstructive outcome on her psyche. When self-worth becomes dependent on physical appearance and beauty that is unreal and untrue, the expectation becomes harder and unrealistic for African American women with disabilities to aspire to, much less achieve – given the negative perceptions held by others towards African American women with disabilities and the current media ideal of thinness. If this is the case, then may we pause to ask ourselves: Are corporate media moguls the culprits in ensuring that extremely rigid and uniform standards of beauty remain the norm in our society? Or is it the woman's responsibility to shape her consciousness by defining what is and what is not beauty? We also must keep in mind that, for women this standard of beauty is achievable by less than 5 percent of the female population (Fox, 1997),

How imaginable is it, then, for us to assume that African American women with disabilities can dodge the messages of the ideal standards of beauty that are reinforced by, and a necessary part of, the multibillion dollar beauty industry that sees women as being in need of correction, when in American society physical beauty is the standard by which numerous women foster a sense of self and purpose? This question is troublesome because even if some of us could meet the standards, there would still be many of us who could not, simply based on our genetic make-ups and physical dispositions. The fact is that in real life women come in all shapes, sizes and skin tones. For many of us, "rounded -- even sagging breasts and stomachs are a physical state of our realities" (Kirk and Okazawa-Rey, 1998; page 104). Thus, the notion of achieving a perfect body is ludicrous, given that the ideal standard of beauty is one that even the top-paid models cannot achieve. Clearly, if our society's views about beauty remain culturally misguided, this means that African American women with disabilities will need to draw strength from within when seeking confirmation of their beauty or sense of self-worth, as American standards of beauty are never attainable and may never change.

Self-Esteem/Self-Efficacy on Perception of Body Image and African American Women with Disabilities: An examination of psychological journals, dictionaries and texts used to define self-esteem reveal as many definitions as there are sources. Yet, among the numerous meanings there appears to be a consistent theme, suggesting that self-esteem is confidence and satisfaction in oneself and is essential for psychological survival. My definition of self-esteem relies on the work of psychologist Nathaniel Branden, who provides useful definitions of self-esteem that have, according to hooks (2003) "stood the test of time" (page xi). In essence, Branden's definition states that self-esteem is our ability to think, confidence in our ability to cope with the basic challenges of life, and confidence in our right to be successful. Relying on Branden's (1997) definition may help to explain the resiliency of disabled Black women in overcoming challenges and coping with the imposed standards of beauty on their non-conforming body images.

A personal testimony from a disabled woman female shares an entry on the conversation of body image and disability and sums it up this way: "People with disabilities, especially women, have all the same pressures currently non-disabled people do to look 'good enough,' with added bonus of being either non-sexualized or hyper-sexualized, as well as having people infantize them to an incredible degree" FWD, 2010.

This statement illuminates the necessity for women possessing self-esteem to overcome blows of feeling undesirable and marginalized by men and women in our society. Over a decade ago, I addressed my account of feeling marginalized because I have one leg. For example, a profound blow to my self-esteem transpired with a man I dated before and after amputation. The five year interval resulted in unimaginable fallout that was both personal and unnerving. The relationship ended abruptly because my man could not rewire his brain and process that a woman, like me, could still be complete with one leg. And it was only over time that he found refuge in my body image through my wearing of an artificial leg (Walton, 2002). Therefore, from all accounts, it seems that the most damaging swipe to my self-esteem was the perception and false belief that I was the sum of my parts. And this, of course, did not make me feel "normal." Needless to say, in society, these malign beliefs are destructive and counter-productive for nurturing self-esteem and self-efficacy and are much too stringent and stressful for any woman -- disabled or non-disabled -- to contend with.

Naturally, there are African American women with disabilities who do not subscribe to the notion of acquiring an ideal body image at the sacrifice of their self-esteem. Many disabled feminists and lesbians debunk all notions that something is wrong with their bodies and that they need to work hard to eliminate, or at least reduce, their flaws. Similarly, numerous African American women with disabilities are imbued with self-esteem and possess self-efficacy, work overtime to redefine themselves, and are establishing a new standard for normalcy.

My journey towards normalcy – which I used to define as "walking without a limp" – began over 30 years ago when my left leg was amputated, above the knee, as a result of bone cancer. I was 18 years old, and I could never imagine leaving the house without my artificial leg. Just the mere images of my pant leg flipped under my waistband made me feel very uncomfortable and not normal. Unfortunately, my amputation is very high above the knee and my residual limb is very short; in fact, I was just inches away from having a hip disarticulation. Because I did not want to be perceived as an amputee over the years, I always dreamed of having an artificial leg that would allow me to walk without a limp; I wanted to just be Donna, not the object of everyone's curiosity. Because my residual limb is very short, it causes all kinds of challenges for me prosthetic-wise, so the reality of ever sauntering was bleak.

Walking with a noticeable limp and with a cane is my reality. It's not unusual for women with physical disabilities to have such dreams of being what the world considers "normal." An African American amputee whom I met recently shares my sentiments. She also wears an above the knee prosthesis because she doesn't have a hip, and she also limps dramatically when she walks. "It isn't easy being a person with a disability," she says, "much less someone with a very noticeable limp. When you walk into a room, you're never quite sure if people are staring at you because of how you walk or that fabulous new outfit you're wearing. You get used to the stares and whispers, but that doesn't make them right, nor are they something that you should really have to get used to. I always avoid, as much as I can, walking into a room full of people or moving across a room when I am presenting. The less walking I have to do, the better I am."

This young woman is a great example of how too much concern about one's differences can affect a person. "I have bouts of insecurity," she admits, "and I have never been totally self-confident about anything, even things that have nothing to do with the way I walk or my artificial leg". These are side effects of being a person with a disability, especially a noticeable one. And this young woman seems to have come to a similar understanding: "I'm not happy about my limp," she explains, "but I no longer let it define me. I am a person just like everyone else; I just happen to walk a little differently." She says that there needs to be a culture shift in how people view each other: "you shouldn't base judgments on how people look, walk or talk but rather on their words and actions." Not only should we not judge others based on the way they look or walk, we should also not judge ourselves (Walton, 2006).

African American women with disabilities face unique vulnerabilities and struggles beyond those experienced by women in general. The stigma attached to disability status in American society can be so intense and pervasive that it can overshadow other personal characteristics (such as sexual identity and self-esteem) that comprise the individual's self-concept. Over the years, for example, I worked so hard to build and maintain self-esteem and confidence that I almost risked losing it when I decided that I had to walk "normal" again in order to attain society's ideal for physical attractiveness. My gimpy gait is mine, and it is very "normal" to me. I feel now that I have evolved into my own reality consistent with being a woman, an African American, and subsequently an amputee, with each level of my survival affording me enough clay to mold a self-assured persona unique to my struggles. However, I found that, in striving to meet the goals and objectives for normalcy (having two legs) and being accepted, I am vastly different from being just an African American woman amputee. Above all, why should women amputees even care about what others think about their gait? Just being able to walk or to get where we want to go, whether it is with a cane or in a wheelchair, is the point, isn't it? The truth is that when we strive to make others comfortable, we sometimes lose our focus on our quest to achieve high self-esteem.

In view of the above narrative, the role of self-esteem in helping disabled women survive media assaults and create a new standard of normalcy seems to have more to do with how a woman sees herself than how others perceive her. On the one hand, if self-efficacy is our belief in our ability to succeed in specific situations, then it must play a major role in how we approach goals, tasks, and challenges. As psychologist Albert Bandura (1997) claims, the concept of self-efficacy lies at the center of social cognitive theory, which emphasizes the role of observational learning and social experience in the development of personality; and, people with high self-efficacy -- those who believe they can perform well -- are more likely to view difficult tasks as something to be mastered rather than something to be avoided (Bandura, 1997).

On the other hand, locus of control is an important aspect of personality as it refers to an individual's perception about the underlying main causes of events in his/her life. Or, more simply, do you believe that your destiny is controlled by yourself or by external forces (such as fate, God, or powerful others)? (Rotter, 1966). Drawing from my own experience as an African America woman amputee, I can testify that my strength and ability to accept myself as I am, even in the absence of images of disabled African American women featured in the glossy pages of fashion magazines, is attributed to the constructs of self-esteem and self-efficacy and locus of control. Thus, by all indications, confirmation that our perceptions shape and mold our lives and influence the way we relate to the world is evidenced in the meaning and operationalization of self-esteem and self-efficacy.

In the end, the importance of self-esteem and personal efficacy to an individual's success is unquestioned, as both constructs are important traits for advancing life satisfaction. Thus, we may conclude that self-esteem and self-efficacy undergird our coping mechanisms and facilitate our capacity to negotiate how we perceive ourselves, how we perceive what others think of us and what we think others perceive of us. (Walton, 1991).

Sexual Identity: Of all the issues confronting women with disabilities, sexuality is perhaps the most charged. Negative stereotypes and myths regarding Black women's sexuality are prevalent within American culture and reflect their devalued position within it. That is why it is rather comical and equally disturbing how folks – both men and women - view me as a disabled woman, particularly when it comes to sexuality. They have so many misconceptions.

Women, for example, want to know how I can attract a man, while men are entertained with the idea that because I have one leg, sex with me must be a blast. An encounter with a female rival supports the impact on the prevalence of negative stereotypes on Black women's sexuality; for example, a female rival once told me that I am less than a woman because I have one leg. Her comment confirms the influence of negative stereotypes which suggest that women are the sum their body parts. When women are barraged with negative messages about their imperfect body, there is a strong likelihood that her sexual identity will either accept or internalize these unrealistic standards. Alternatively, strong-minded individuals who reject current standards and create different standards of normalcy for themselves are more likely to have a positive body image and healthy sexual identity.

According to Erikson (1959) female identity development is more complex than male identity development. In their search for identity, women are not only concerned with their own sense of self, but are also more concerned than are men with the impact of their self on significant people in their lives. Brown and McNair (1995) state that it long has been established in the psychological literature that an individual's sense of self may be influenced strongly by the way in which others perceive him or her. Therefore, in an attempt to gain some understanding of the way in which the Black woman establishes a sexual sense of herself, it is important to review the sexual identities that have been ascribed to her by others and to address the numerous myths related to the sexual identities and social roles of Blacks.

Taylor (1999) suggests that sexual images of Black women are negative and conflicting in many ways – reflected in three recurrent sexual stereotypes of Black women in the literature: the sexless but nurturing "Mammy"; the "Jezebel," or sexually "loose" Black woman; and the aggressive, emasculating "Sapphire" (a stereotyped female character from the Amos 'n Andy radio and television shows, 1928-1956). Though different from one another, these images grew out of an important historical and sociological context: the sexual exploitation of African-American women during slavery. Taylor (1999) suggests that such limiting and conflicting images offer distorted, often negative models to the young Black girl who is striving to establish a sense of sexual identity.

Distorted images of Black women's sexuality may strongly impact their overall self-concept and self-esteem and, more specifically, the degree to which they are able to view themselves as non-deficient, efficacious, and powerful within a sexual context (Jackson, 2005). Drawing on the historical underpinning regarding sexual images of Black women may lend understanding as to why African American women with disabilities are marginalized even more than their non-disabled counterparts and why African American women with disabilities stand less of a chance of being described as desirable.

Disability has an impact on a woman's sexual identity and confidence. Thus, the importance of validating a disabled woman's sexual identity cannot be overstated. Basson (1998) confirms that various myths about sexuality and disability prevail in our society, with the sexual well being of disabled women often neglected. And no one is more acutely aware of these myths than disabled Black women as these myths serve as injurious insults to her sexual identity. For example, among the myths about women with disabilities are the following: disabled women are asexual; only independently functioning women can handle sexual relationships; disabled women who are single are celibate; disabled women cannot be mothers; all disabled women are heterosexual; disabled women should be grateful for sexual relationships; disabled women are different; and, youth and beauty are essential to sexuality. Negative stereotypes and myths about disabled Black women's sexuality are compounded even more because of their existing oppressed status within society and the negative identities that have been imposed on them.

Kay Maddox, a Black disabled woman, illustrated her reality regarding sexual identity when she described an experience at a gas station. She was filling her gas tank when a group of guys drove up and said a few complimentary words, expressing to her that she "looked "good. But, when she walked toward the building to pay, the group began to tease the outlier for "trying to hit on a cripple" (Maddox, 1994). The comments she endured serve to illustrate the prevalence of existing stereotypes and the assault on sexual identity -- that disabled women are unattractive, asexual and certainly not appropriate romantic partners for "normal" people. Maddox's experience is not unique, as I can testify. For example, a second grade boy told me that no man would ever marry me because I have one leg and adult male strangers who see me an attractive woman shy away from me when they detect that I walk with a limp and use a cane. All of these experiences are deeply rooted in my psyche, reminding me of the powerful impact of our socialization and indoctrination to look "normal". Reluctantly, I accept that there are men and women who may have a virus I have created and named – NSV (negative socialized virus) – which socializes them to mimic or adopt negative stereotypes rather than rebuke or change their beliefs and attitudes towards girls and women who are visually attractive but are physically different.

Policy Implications: To live in a world where what you see, hear, and experience conspires against you, directly or indirectly, imposes challenges that are not only unfair, but unjust. Our culture is inundated with images, from the biggest TV screen to the smallest cell phone, with imposed concepts of beauty, none of which captures an African American woman with a disability. Clearly, we need to see a shift in corporate media policy to be more inclusive of all types of women. Since standards of beauty are reinforced by the multibillion dollar beauty industry in America, an urgency exists for broadcast media corporations to cease playing on women's insecurities about their bodies, which they do by using women with so-called "perfect" bodies to peddle their products. A revised corporate policy that insists that different body types of women are shown needs critical consideration.

Women's magazines need to reexamine the messages they use to increase sales; for example, profits appear to be based on the sale of magazines that continually urge us to improve ourselves. There will need to be a proliferation of wheelchair users, amputees, or others who are disabled by cerebral palsy featured as models, proving that beauty can truly be in the eye of the consumer. Not until images of African American girls and women with disabilities become as common as the ones we are bombarded with now --thin and pretty and white -- will African American women with disabilities ever be admired or desired.

Even though these results of self-esteem on woman's ability to thwart negative encounters cannot be generalized to all women with disabilities, the results of lifestyle embodied with self-sufficiency seem to suggest that when African American women with disabilities are happy with themselves their relationships with others are enhanced. Future studies should address the extent to which African American women with disabilities who possess self-sufficiency and self-esteem translate these qualities to other areas in their life -- such as higher employment outcomes and attainment of more leadership roles. In addition, studies should address other factors that likely contribute to the ability of African American women with disabilities to overcome struggles and challenges in American society, including the influence of family, community, peers, education, employment, and religion.

There still remains an urgent need to restructure rehabilitation services to address the needs of African American women with disabilities. A departure from the medical model that deviates from recognizing any one aspect of a person's background (race, ethnicity, gender, or disability) needs consideration and service providers must be culturally competent to work successfully with African American women with disabilities. Service providers therefore should consider incorporating program practices that network and build alliances with resources existing in African American communities along with family into the planning and service delivery area simultaneously, as these may prove to be successful complimentary strategies.

African American women with disabilities face more barriers to advancement into corporate leadership positions in the United States. Unfortunately, many employers remain emotionally and attitudinally ill-prepared to accept many leaders and professionals with impairments, possibly explaining why the number of African American women with disabilities who do occupy executive leadership positions is lower than their white counterparts in senior executive ranks. There are very few polices that promote the hiring and retention of African American women with disabilities, suggesting that recruitment and outreach efforts in the public sector need a major overhaul in order to embrace diversity as a prioritized paradigm rather than meeting recruitment benchmarks. Employers will need to cast the net wider to capture those who are often left out of the workforce. An understanding of reasonable accommodations will need to be viewed more favorably by employers and employers will need to learn how African American women's disabilities may manifest differently from their white women counterparts with disabilities.

Conclusion: The impact of the triple jeopardy syndrome cannot be overstated, as an African American woman with a disability can never can be quite sure if her race, gender, or disability is working against her. For example, is the chance to get a job she is qualified for jeopardized because she is Black? Is she the recipient of inferior rehabilitation services because she is female? Or does she receive quality health care from her gynecologist because she is disabled? My experiences -- being denied employment and facing some physicians who make false assumptions about my sexuality because of my disability, for instance -- prompt my suspicions about whether or not triple jeopardy is working against me. Suffice it to say that discrimination experienced by African American women with disabilities, whether perceived or real, has lingering effects on self-esteem, self-efficacy and sexual identity. The work of psychologist Nathaniel Branden, whose definition of self-esteem has empowered many over time, is a mandatory read. It is his work that has allowed me to authenticate my own self-concept and enable me to understand that my "disability" is not the problem and that it is the concept of being disabled that needs to be revisited. To level the playing field, the confluence of family, community, peers, education, and employment sources coming together would serve as a serious positive collaborative network for self-enhancement and empowerment for African American women with disabilities.

Although the last decade has seen an increase of literature dedicated to women with disabilities, the existing literature on African American women with disabilities has been limited in scope. Therefore, I have made an earnest effort to explicate the unique dynamic that comprises being Black, female and disabled in America. In each condition I stand in the affirmative, less as an observer, more as a participant. With the struggle of many in mind and the voice of a few not heard, I hope to encourage more to stand, like me, in affirmation of their authenticity whether it be individually as a woman, African American, amputee or collectively all of the above. I have learned through my struggles that to be recognized as beautiful is great, but to nurture one's own attraction is greater. To be "eye candy' is both flattering and fleeting, to be the "apple of his eye" is romantic, but to be wholesome in mind and spirit, to be genuine to my own authenticity -- this is real beauty. The constructs of self-esteem, self-efficacy and locus of control are essential tools when strategically deployed against the many challenges my sisters face. The added pixels of digital technology used to view beauty should be matched by a higher consciousness to understand and appreciate it, not exploit it.

Nurturing a respectful and positive attitude and raising a higher consciousness toward physical disabilities from others would serve as a major bridge across insensitive and ignorant waters. The river of society's cultural resistance toward people with disabilities should flow into an ocean of awareness, media sensitivity campaigns, and policies that calm the waters for those who struggle upstream to be normal and accepted. As an advocate and proponent of African American women with disabilities, I take pride and esteem in confronting the issues before us, and I do so with alacrity.

At speaking engagements, I often remind my audience that I still have two legs and it's just that they can see only one of them. This daily mantra strengthens, so much so that I hope, through writing, through speaking, and through my walk, to empower, encourage, and engage, the woman, the African American, and the amputee to stand in declaration of the space they occupy. Through thousands of hours as an amputee I have truly taken refuge in remembering that life is not how you survive the storm but more how you dance in the rain and, at the end of the day, ask yourself: "what's a leg got to do with it?". A major overhaul is in order to embrace diversity, in the way see beauty, in the way we think about it, and the way we experience disability.

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