

My Body, My Voice: Key Themes

Summary of themes identified in the community survey and focus groups



Recent discussions on body image have often overlooked the experiences of women with disabilities. The My Body, My Voice project addressed this gap by amplifying the voices of women with disabilities and other marginalised identities.

The project comprised two parts. In the first part, a community survey was completed by 78 eligible participants – women with disabilities aged between 18 and 65 years. The second part involved focus groups with five participants from the survey who resided in Melbourne's Southern Metropolitan Region.

The findings from this project highlighted the complex and often contradictory experiences of body image, identity, and societal expectations among women with disabilities. While some participants found ways to adapt to their changing bodies and develop a sense of self-compassion, many continue to struggle with the pervasive societal norms that dictate beauty, ability, and worth. A number of key themes arose in the findings and are discussed below.

Body image and self-perception

Participants articulated a complex relationship with their bodies, often shaped by external societal norms and internal struggles. Body image was frequently described as a cognitive and emotional assessment of their appearance and functionality. Many women reported feeling disconnected from their bodies, particularly when dealing with chronic pain, limited mobility, or other disabilities. This disconnect, or disembodiment, often emerged as a coping mechanism to handle physical pain or frustration with their bodies' limitations. For some, body image evolved over time as they focused less on appearance and more on functionality, though societal pressures often hindered their ability to embrace this shift fully.

Societal expectations and norms

Participants faced constant pressure to conform to societal ideals of beauty, health, and ability. These pressures were not only aesthetic but also functional, as women with disabilities are expected to perform tasks or behaviours associated with able-bodied individuals. Many described frustration at not being able to meet these expectations, leading to feelings of inadequacy, shame, and anger. The lack of representation of disabled bodies in the media exacerbated these feelings, as women with visible or invisible disabilities felt marginalised and excluded from broader beauty and wellness narratives.

Experiences with healthcare professionals

Many participants reported experiencing medical weight stigma, where healthcare professionals focused excessively on their weight rather than addressing their actual health concerns. Others felt dismissed or invalidated, with their symptoms being attributed to psychological factors or minimised altogether. This often led to feelings of frustration, disempowerment, and further disconnection from their bodies. In some cases, women ceased seeking medical care altogether due to these negative encounters, illustrating the profound impact healthcare interactions can have on their overall wellbeing.



Identity and intersectionality

The intersection of disability with other aspects of identity, such as gender, sexual orientation, and cultural background, played a significant role in shaping participants' experiences. Many women described struggling to balance their identities as women and people with disabilities, often feeling that their disabilities overshadowed other aspects of who they are. Some reported that societal expectations of femininity were particularly challenging, as they felt pressure to look and act in traditionally feminine ways while managing the realities of their disabilities. This often led to a sense of being 'less of a woman' in the eyes of society.

Social exclusion and isolation

Participants frequently expressed feelings of social exclusion and isolation. These feelings were linked not only to their physical appearance but also to the inaccessibility of many public spaces and social activities. Women with disabilities often found themselves excluded from societal participation due to physical barriers, societal misconceptions, or assumptions about their abilities. For some, this led to feelings of invisibility and a desire to withdraw from public life, while others reported engaging in masking behaviours to appear more able-bodied and avoid judgement.

Mental health and coping

Mental health emerged as a significant factor in shaping participants' experiences of body image and self-perception. Many participants reported struggling with anxiety, depression, eating disorders, and other psychological conditions, which were often exacerbated by societal pressures and negative healthcare experiences. For some, mental health challenges were intertwined with their physical health conditions, creating a cycle of negative self-perception and emotional distress. Despite these challenges, some participants spoke of their resilience and efforts to cultivate self-compassion, though these efforts were often undermined by societal expectations and external criticism.

Control and adaptation

A pervasive sense of loss of control emerged in discussions around disability. Many women described feeling powerless over their bodies, particularly as their disabilities limited their ability to engage in everyday activities. This lack of control often resulted in frustration, grief, and a sense of betrayal by their own bodies. However, it is important to recognise that this perceived loss of control stems not from their disabilities alone but from the ableism embedded in society. The lack of structural supports, such as ramps, wider doorways, sensory-friendly environments, and accessible toilets, combined with insufficient social support, significantly hinders participation in daily activities, contributing to the feelings of powerlessness and lack of agency. Some participants spoke of adaptation and learning to live with their disabilities, often reframing their perceptions of body image to focus on what their bodies can do rather than what they cannot. Coping mechanisms varied, with some women finding solace in body neutrality or body positivity movements, while others felt excluded by these movements, which often failed to address the unique challenges faced by people with disabilities.



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