

Trans/Disability: Disability, Queer Sexualities, and Transsexuality from a Comparative Ethnographic Perspective

トランス／ディサビリティ： 比較人類学視点から見る現代の障害者運動
、クイアーセクシュアリティ、と性同一性障害運動

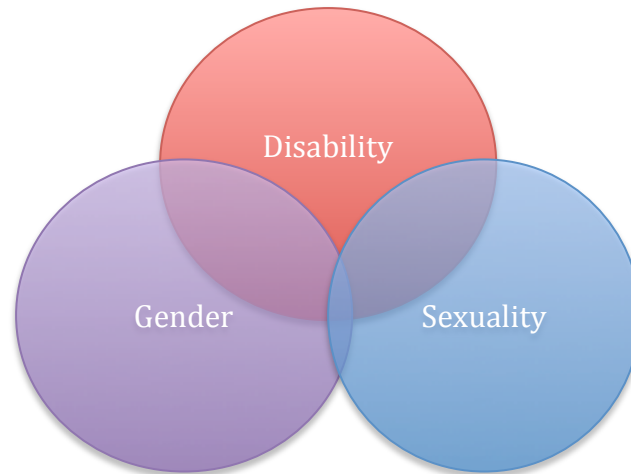
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This paper deals with the intersectionality of disability, sexuality, and gender. Previously, Disability Studies had been seen as separate from Queer Studies, which itself was a distinct branch of Women and Gender Studies. There is now more interest these days in intersectional identities (c.f. Crenshaw 1989 and Collins 1990), and this is an area where Disability Studies (DS) has tremendous potential, especially in Japan where DS is still quite young and not calcified into traditional disciplinary domains.

I understand Disability Studies to be the study of human variation in physical, intellectual, and psychiatric/neurological aspects. Disability Studies analyzes categories of disability and human variation in terms of cultural constructs. This does not mean that physical or mental impairments are not real, but that conceptions of the body and its possibilities and impossibilities, normativities and abnormalities are constantly mediated through social norms and mores, as well as the physical and social institutions in which we move. Disability Studies examines the contingency of the disability category from social, legal, institutional, biomedical and personal perspectives, using both transhistorical and cross-cultural analysis. As with the allied disciplines of Women's Studies and Queer Studies, Disability Studies has an intimate and often fraught relationship with activist communities, state actors, non-governmental organizations, and other mechanisms of social stasis and change.



By exploring the intersections of these three categories of disability, gender, and sexuality, we can begin querying (queering) the identities formed:

- Disability and Gender:
 - Transsexual and intersexual bodies
- Disability and Sexuality:
 - Sexual rights for people with disabilities
 - Disability and Sexuality: Lesbian and gay people with disabilities
- Disability, Gender, and Sexuality:
 - Eugenic and desexualization surgeries

1.0 Disability and Gender

At the intersection of disability and gender exist transsexual bodies and intersexual bodies. In Japan, a fluke of translation caused “gender identity disorder” to become “gender-identity-disability,” allowing people in the transsexual and transgender community to claim disability status. This was not possible in the USA due to legislative preemption. This short paper does not deal with intersexuality although it is critical to recognize that intersexual bodies are

perhaps the core intersectional (pun intended) identity between disability and gender.¹

1.1 Transsexuality in Japan

I am interested in transsexuality in Japan because of a fluke in translation. In Japanese, the psychiatric category of “gender identity disorder” (ICD-10: F64) is translated as gender-identity-disability (*seidoitsusei shogai*). This has resulted in many transsexual and transgendered persons in Japan claiming a status as people with disabilities, a political and social rhetoric that is largely not present in the United States or Europe.

Japan of course has a long Kabuki theatre tradition of men acting as women (*onnagata*), dating to at least the 17th century. Earlier forms of kabuki had women playing as men as well. A contemporary form of women acting as men can be found in the Takarazuka Revue, which dates to 1913. For the most part, I am not interested in these forms of theatrical production.

The first known case of transsexual surgery in Japan happened between 1950-1951 at Nippon Medical School Hospital. The patient, Akiko Nagai, had her testicles and penis removed and underwent breast augmentation. Interestingly, this happened a full year before American G.I. Christine Jorgensen famously returned from Denmark after having sexual reassignment surgery there.

In 1965, a gynecologist named Dr. Taro Kono was arrested by the Tokyo Metropolitan Police. He was charged with violations of the Eugenics and Motherhood Protection Act of 1948 for performing testicular removal surgery on three patients, as well as an unrelated violation of the Controlled Substances Act. The Court found him guilty in 1969 of all charges and sentenced him to 2 years of prison and a ¥400,000 fine. While the court decision laid out its rationale for why Dr. Kono was in violation of the Eugenics Act for not seeking ensuring that

¹ Cheryl Chase, an activist at the Intersex Society of North America (ISNA) has perhaps been the chief proponent of intersex issues in the world. The ISNA home page does not mention intersexuality as a disability, but one of the pages under the heading of “The Law” notes: “Intersex patients are born with a disability that makes sexual intimacy and thus intimate life partnering difficult.” (http://www.isna.org/library/law/vilain_aaas_2005; accessed 2012.01.12).

the patients were psychiatrically stable enough to choose to have their testicles removed, this case nonetheless effectively halted all transsexual surgery in Japan for almost forty years.

Disorder as Disability

In 1980, Japanese psychiatrists became excited about the recent publication of the third edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (abbreviated DSM-III). There was a move to translate the DSM into Japanese and debates over what the proper Japanese term might be for the word “disorder” which was used consistently through the DSM. The chief candidates were *byô*, *shô*, and *shôgai*. Dr. Robert Spitzer, one of the authors of the DSM, was in Japan to help with the translation and he emphasize that “the translated term should not imply etiology. After two hours of heated discussion, *shôgai* was adopted as the term for *disorder* (Honda 1983:191).” And in 1982, the Japanese version of the DSM was published as the *DSM-3 Seishin shogai no Bunrui to Shindan no Tebiki* (Takahashi 1982).²

Shôgai of course also means disability as well as disorder. As a result of this choice, a number of psychiatric disorders became psychiatric disabilities in Japan. This is just a random sampling of my medical dictionary:

Developmental aphasia	発達性言語障害
Conversion disorder	転換性障害
Circulatory disturbance	循環障害
Behavioral disorder	行動障害
Autonomic disorder	自律神経障害
Affective disorders	感情障害
Anoxia-reoxygenation injury	再酸素負荷障害
Cognitive impairment	認知障害
Coordination disturbance	協調運動障害
Conduction defect	刺激伝導障害
Compression neuropathy	圧迫性神経障害

² I am indebted to my graduate student, Ellen Rubinstein, for locating this discussion.

Part of the difficulty is that Japanese medical terminology does not always differentiate between impairment, injury, disorder, disturbance, pathology, and disability when translating these terms as *shôgai*.

In any case, the obfuscation was a happy one for Japanese transsexuals as the DSM-III category of “gender-identity-disorder” became 性同一性障害 *seidoitsusei-shogai*. It took some while before this language became widespread. In a search of Japanese language newspapers, the first “hit” I have for *seidoitsuseishogai* is in July 3rd of 1996³, when a physician at Saitama Medical University asks the President of the university whether to proceed with the first transsexual surgery in Japan.

Transsexual Surgery Resumes

In October of 1998, Saitama Medical University performed the first sex reassignment surgery in 39 years⁴ in Japan on a female to male patient. The hospital’s ethics board had created special guidelines including psychiatric evaluation, that it felt would shield it from the prosecution under the Motherhood Protection Act.

On July 6th, 2003, the Japanese government passed the *Act on Special Cases in Handling Gender for People with Gender Identity Disorder*. This was a groundbreaking legislation that allowed people with gender identity disorder (GID) to legally change their legal sex on their family registries (*koseki*) as well as establishing the ground rules for sex reassignment surgery in Japan.

The official English translation occludes another significant issue. The title of the law in Japanese was 性同一性障害者の性別の取扱いの特例に関する法律 *seidoitsuseishougaiisha no seibetu no toriatsukai no tokurei ni kansuru houritsu*. The word *seidoitsuseishougaiisha* is translated as people with gender identity disorder, but the literal translation is *people with gender identity disability*.

³ Mainichi Shimbun, July 3, 1996, page 3: 性転換「社会的認知待つ」 手術の実施、判断できずー 埼玉医大倫理委答申

⁴ There was undoubtedly many surgeries performed by Japanese private plastic surgeons in secret during this period. However, most were likely breast augmentation or removal, or facial reconstruction rather than surgery on primary sexual organs such as orchiectomies or oophorectomies. Most transsexual patients in the 1980s and 1990s appear to have gone to countries such as Thailand to have primary SRS surgery performed there.

The trans community in Japan has taken advantage of the *disability* aspect of GID in Japan. Tokyo local politician and transsexual activist Aya Kamikawa has argued for her awareness of disability issues because of her transition from male to female.

The Japanese case is most interesting because here we have a *frame extension* (Snow and Benford 1988) from disability as the major category to transsexuality. In the United States, disability as a protected category was a frame extension from African American and women's civil rights as the major category.

1.2 Transsexuality in the United States

In the United States, most trans activists have rejected the categorization of transsexuality as a mental illness and have a wary relationship with psychiatrists and medical providers, many of whom are seen as gatekeepers. Politically, transsexuality has allied itself with the lesbian, gay, bisexual, and queer movements to form the LGBTQ moniker.

There are very real limitations to trans people in the United States claiming a disability label. Conservative Republican Senator Jesse Helms actively worked to prevent what he thought of as social deviants from inclusion under the disability moniker (Elwood 1999: 270). When the Americans with Disabilities Act (ADA) of 1990 was passed, the following exclusions were made to the category of disability: homosexuality, bisexuality, transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders; compulsive gambling, kleptomania, or pyromania; and psychoactive substance use disorders resulting from current illegal use of drugs.⁵

⁵ Interestingly, there is apparently a debate right now in Greece about a government plan to include "paedophiles and pyromaniacs" in the category of disabilities according to a January 10, 2012 BBC report (<http://www.bbc.co.uk/news/world-europe-16486416>; accessed January 11, 2012).

People with AIDS/HIV⁶ were included under the ADA (to Helms' deep chagrin), which led to lawsuits claiming of discrimination under the ADA from people with AIDS.⁷ People with HIV who cannot work are also eligible for social security disability benefits under the law. By and large, though it is my opinion that the use of the ADA to include people with AIDS has not resulted in an expansion of the disability category to be similarly inclusive in the general public's mind.

2.0 Disability and Sexuality

At the intersection of disability and sexuality have been debates over the availability of assistive sexual services for people with disabilities. Do people with disabilities have the right to masturbate and have other forms of sexual release? Debates within this category includes sexual social welfare services such as SAR in the Netherlands, sex therapists in the United States, and sex volunteers and barrier-free health clubs in Japan.

This section also explores the intersectionality between disability and lesbian and gay identities.

[The issue of whether people with disabilities should be allowed to procreate and debates over eugenics fall under the intersectionality of disability, gender, and sexuality.]

2.1 Sexual Services for People with Disabilities in Japan

Prostitution in contemporary Japan is technically illegal but there are almost no arrests of prostitutes or of their johns (except in the case of underage solicitation and human trafficking). In 1956 the Japanese government passed the Anti-Prostitution Law. There was not much enthusiasm behind the passing of

⁶ In Japan, AIDS is included under the intractable disease category (*tokutei shikkan/ nanbyo shitei*) which gives patients with it certain medical benefits but does not otherwise include all of the social welfare benefits of the three main disability groups.

⁷ The film *Philadelphia* (1993) famously depicts a wrongful termination suit. It is partially based on the life of Geoffrey Bowers, who filed his lawsuit in 1987 after being dismissed from his law firm. Because of the date, it is pre-ADA.

this law, with the result that one gaping loophole was that prostitution was defined in terms of *coitus* (性交). Thus, any act that did not involve an actual penis engaged inside of an actual vagina (i.e., not counting dildos and other orifices) and the simultaneous transaction of money was by definition *not* prostitution. Another loophole was that the 1956 law never stipulated any sort of punishment for prostitution itself, only for the crimes of establishing a brothel and for solicitation. According to the Police White Paper of 2010, there were 1238 soap-lands, 836 fashion health clubs, 139 strip joints, 3692 love hotels, and 303 sex item shops licensed and operating in Japan. In addition, there were 15,889 delivery health clubs, almost double the number just four years ago (NPA 2011: 100).

In May of 2005, while conducting research on Japanese disability politics, I attended a monthly study group at one of the Kansai area's leading independent living centers for people with disabilities. That month, we were discussing two books that had come out that year, *Sex Volunteers* by Kaori Kawai and *I am a Delivery Health Girl for People with Disabilities* by Miyuki Oomori.

The discussion leader was one of the personal care attendants at this independent living center (ILC). Most of the care attendants were college students or college-grads in their twenties or early thirties. People with severe physical disabilities who were living independently could request personal care attendant services through the government social welfare office. The care attendants were paid to do tasks ranging from as simple as pushing wheelchairs or guiding a blind clients to much more personal ones such as assisting in eating, toilet, and bathing functions. At this ILC, all clients with disabilities were matched with personal care attendants of the same sex.

Our discussion leader, Suzuki-san⁸ started off by noting that most media portrayals of people with disabilities portrayed them as having no sexual desires. He felt it was easy for directors to make a "pure" (*junsui*) love story with a disabled protagonist.

⁸ Pseudonym.

In Suzuki-san's experience as a personal care attendant, many of his clients did not have much sexual information or experience. They might have passed through adolescence in an institution, or lived with their family all of their life. Especially people with severe disabilities were always under close supervision, with very little privacy and unstructured time, which made exploration difficult. This was added to functional limitations on self- and other-exploration.

Because the independent living center (ILC) where Suzuki-san worked only matched personal care attendants with same-sex clients, he could only speak to the experiences of men. Suzuki-san wasn't sure how women with disabilities could reach satisfaction, but noted that while "men can go to health clubs, as an attendant myself, I can say that 90% of health clubs will not accept someone with disabilities."

He asked one of his clients why he liked to go to the health clubs. His client responded, "because the women at the soap clubs will wash my body much cleaner than the staff at the institution. They will even wash underneath my penis. It feels really good to have my penis that clean. [Suzuki]-kun, when you wash someone as an attendant, do you pay so much attention when you wash them? There aren't many men who will do it that much."

People with disabilities are often instructed to think of their personal care attendants as a form of assistive technology. Thus, they don't need to thank their care attendants each time they do something for them, or feel that they are imposing on them in any way. The care attendants are there to be their legs, or their arms, or their eyes. You don't thank your arm when it reaches for a glass of water, so why should you thank your care attendant each time you ask them to do the same?

There was discussion in the study group, though, about the appropriateness of asking personal care attendants (who were after all, being paid by the Japanese social welfare system) to take their clients to health clubs or soap-lands. Was it ok to ask them to guide them to the entrance? To carry them up the stairs, if it was inaccessible? To help them undress? To help them with the sexual act itself? At what point does the personal care attendant cease to become the detached legs and arms of a person with disabilities, and someone

with their own moral strictures and personal feelings? And then there was the issue of legality. Prostitution was illegal (even if there was no punishment defined), which cast a pall over the entire question of using soaplands and healthclubs.

But at a more intimate level, if the personal care attendant is the arms of a person with disabilities, would it be ok to ask them for help with masturbation? And if that was the case, would we have to think about not only the sex, but also the sexuality of both the client with the disability, and the care attendant?

Suzuki-san also brought up the case of SAR, a social welfare organization in the Netherlands that provided sexual services to people with disabilities. He noted that 90% of the clients of SAR were men and that the organization made that people with disabilities had the right to sex, but also argued that sex was not love. He raised the question as to whether this meant that people with disabilities were entitled to sex but not love.

In Japan there are several health clubs and delivery health clubs that specifically target people with disabilities and they openly advertise their services on the internet. These include: La Mer in Kumamoto, Tokimeki in Hiroshima, and Delikea in Okayama. Judging from the websites, all focus only on providing female services to male clients. There is no mention of male providers to female clients with disabilities, or of any gay or lesbian service provisioning.

In 2005, Tomoaki Kuramoto published an edited volume called *Sexuality no Shogaigaku* which explored sexuality within disability. In his provocative introduction, he asks whether he could be considered a “sexual minority (*seiteki jakusha*)” and what the rights of PWDs are within liberal frameworks. The rest of the articles are equally provocative and insightful, exploring the boundaries of gender, sex, and the right to possess one’s own sexuality despite the limitations of the body.

2.2 Sex Therapists in the United States

Prostitution is generally illegal in the United States, although the western state of Nevada allows prostitution in brothels in tightly regulated, rural areas. Regardless, there is considerable availability of street prostitutes and escort

services in most major cities in America, as well as brothels that masquerade as massage parlors or saunas. Because of the illegal nature of prostitution, there appears to be little to no advertising of brothel or escort services that are barrier free or handicap accessible in the United States.

Instead, sexual service providers in the United States generally specialized as sexual surrogates or surrogate partners. These terms were first introduced in Masters and Johnson's 1970 seminar work, *Human Sexual Inadequacy*. In an 1984 paper, Raymond Noonan distinguishes between prostitution and sexual surrogacy by noting, "the distinctions commonly noted between the two usually rely on the *intent* of the sexual interaction: the prostitute's intent being immediate gratification localized on genital pleasure; the surrogate's intent being long-term therapeutic re-education and re-orientation of inadequate capabilities of functioning or relating sexually (Brown, 1981; Jacobs, et al., 1975; Roberts, 1981)."

2.3 Lesbian and gay people with disabilities in Japan

Lesbians and gay men are rarely visible in Japan, aside from some negative stereotypes on television. I do not know of any gay or lesbian people with disabilities in Japan who are out about their sexuality. This of course does not mean that they do not exist – or aren't known within their close circles. For example, when I was doing research on deaf politics in Japan, it was well known within circles that one of the women leaders within the movements was a lesbian. I also met many deaf gay men (through the Tokyo Gay and Lesbian Deaf Rainbow Alliance) in the 1990s. In my current work on people with psychiatric disabilities, I have also met some lesbians and bisexual women. To my knowledge, however, there are no books written by gay or lesbian people with disabilities that talk about their life histories. This is quite remarkable, given the number of books on gender identity disability that are available in Japanese.

2.4 Lesbian and gay people with disabilities in the United States

In contrast to Japan, there has been considerable work published by lesbian and gay people with disabilities in the United States. Raymond Luczak's *Eyes of Desire: A Deaf Gay And Lesbian Reader* (1993) was one of the groundbreaking books in this genre. This was followed by *The Me in the Mirror* by Connie Panzarino in 1994 and Kenny Fries' *Body, Remember: A Memoir* (1997). In 1999, the *Journal of Gay, Lesbian, and Bisexual Identity* did a feature issue on "Queer & Dis/Abled."

Two of the leading theorists of queer/crip theory have been Robert McCruer, who in 2006 wrote *Crip Theory: Cultural Signs of Queerness and Disability*, and Tom Shakespeare who co-edited *The Sexual Politics of Disability: Untold Desires*, Cassell Academic in 1997.

3.0 Disability, Gender and Sexuality

Eugenics lies at the heart of the intersection of disability, gender, and sexuality. There are several aspects to eugenics that I wish to deal with in this section. The first is the active denial of procreative rights to people with disabilities. The second is the prevention of the birth of people with disabilities. And the third is the forced surgical intervention into the sexual maturation of people with disabilities.

3.1 Eugenics in the United States

In 2007, Susan Burch and Hannah Joyner published *Unspeakable: the Story of Junius Wilson*. The book follows the true life history of Junius Wilson, a deaf African-American man born in North Carolina in the early decades of the twentieth century. He was falsely accused in 1925 of rape and given an effective life sentence in the criminal ward of the State Hospital for the Colored Insane. In addition to his confinement, he was castrated. Burch and Joyner tells the story of Wilson's life and sixty-five year incarceration. The story interweaves a complex narrative of racism in the United States, the treatment of African American men and people with disabilities such as deafness.

America was of course deeply invested in eugenics through the late 19th and 20th centuries. Alexander Graham Bell was a leading eugenicist, writing a treatise “Upon the Formation of a Deaf Variety of the Human Race” in 1884.

In 2011 it was revealed that at least 7600 people who had been sent to state institutions in North Carolina were forcibly sterilized between 1933 and 1977. People with low IQ scores, people with epilepsy, racial minorities, and people living in poverty were particular targets of this program. According to news reports, thirty-one other states including California, had also engaged in eugenics programs. North Carolina was debating how to recompense people who had been forcibly sterilized, with figures of \$20,000 per person being debated.⁹

3.2 Eugenics in Japan

Eugenics was popular globally in the early 20th century (including in the United States). Anthropologist Jennifer Robertson notes that British and American eugenics texts were eagerly read by Japanese political and social leaders in the pre-war period who were trying to argue for the purity of the Japanese race. In particular, Robertson notes a debate between two leading Japanese eugenicists in the 1920s and 1930s:

Positive eugenics, promoted by Ikeda Shigenori, refers to the improvement of circumstances of sexual reproduction and thus incorporates advances in sanitation, nutrition, and physical education into strategies to shape the reproductive choices and decisions of individuals and families. The effects of biology (genetics) and environment are conflated. In this connection, “eugenic” was often used in the early twentieth-century Japanese literature as both an adjective meaning, and a euphemism for, “hygienic” and “scientific.” Negative eugenics, enthusiastically advocated by Nagai Hisomu, involves the prevention of sexual reproduction, through induced abortion or sterilization, among people deemed unfit. “Unfit” was an ambiguous term that included alcoholics, “lepers,” the mentally ill, the criminal, the physically disabled, and the sexually alternative among other categories of people (2002:196).

Even in defeat, the ardor for protecting the purity of the race was unabated. In 1948, the Japanese government passed the Eugenic Protection Law with the stated purpose: *This law attempts to prevent the birth of defective offspring from the perspective of eugenics as well as protect the health and life of mothers.*ⁱ While there were a very few positive eugenic elements, the law was

⁹ A discussion of the Ashley Treatment, a intensive course of eugenic surgery performed on a developmentally disabled child in Seattle Washington in 1997 would also be appropriate.

overwhelmingly oriented towards negative eugenics – the prevention of the birth of “unfits.”

For example, the law listed the conditions under which eugenic surgery and abortion¹⁰ were permitted. The law normally allowed for eugenic surgery (i.e., sterilization) and abortion only with the permission of the patient and their spouse (if applicable), but this consent could be waived if the person was a minor, was mentally ill, or was mentally retarded. In these cases, the patient’s legal guardian or in the absence of a legal guardian, the governor of a prefecture, could request the prefectural Eugenic Protection Board to authorize the eugenic surgery or abortion without the consent.

In a 1965 white paper, the Ministry of Welfare noted:

The Eugenics Protection Law goal is to prevent the birth of inferior offspring from the perspective of eugenic sciences. Eugenic surgery [sterilization] can be authorized if the person or his/her spouse has a genetic mental illness, genetic physical abnormality, or genetic mental retardation; or, if any of the relatives in the 4th degree of the person or his/her spouse has a genetic mental illness, genetic physical abnormality, or genetic mental retardation. In these cases, if the prefectural committee finds that this is in the public interest, the entire cost will be borne at public expense.

Under the Eugenics Protection Law, the following (among others) were considered genetic conditions: “schizophrenia, manic depression, epilepsy... pronounced genetic psychiatric types [such as] pronounced sexual psychopathology and pronounced inclination towards crime... pronounced genetic physical conditions such as ... total blindness, retinitis pigmentosa, genetic deafness or hearing impairment, hemophilia.... ”

According to Takashi Tsuchiya (1997), from 1949 to 1994 there were 16,520 sterilizations were performed without the patient's consent. The majority of the surgeries were performed on women (68%). In my own research with

¹⁰ Eugenic abortion itself was apparently very rare. A 1953 study showed that only 0.4% of abortions in the sample were for “eugenic reasons” with the vast majority (80%) for economic (Burch 1955: 146). Of course, women may not have given the true reason for the abortions, especially given the stigma surrounding any of the conditions which would have lead them to choose a eugenic abortion.

people who were deaf or hard of hearing in Japan, I came across many elderly deaf women who had had hysterectomies when they were young girls. Other Japanese researchers have reported on eugenic sterilization of people with physical disabilities when they were institutionalized.

4.0 Conclusions

In both Japan and the United States there are numerous debates over the expansion of the categories of disabilities to include emerging disabilities (learning disabilities, etc.) as well as impairments, disorders, and other conditions that were not previously seen as disabilities. At the same that the disability category itself is expanding, there are significant fiscal pressures on governments to either restrict the number of people with disabilities or to reduce their benefits. This has created a seemingly unresolvable tensions between people in the original disability categories (namely those with physical disabilities) and those in emerging disability categories over what is being portrayed as a zero-sum game.

Japanese disability activists have up to now been relatively shielded from external pressure to expand the categories as the law has rather narrowly defined who is able to receive the *shogaisha techo* for physical, psychiatric, and developmental disabilities. This has resulted in the relative inelasticity of the category, at least for the majority of the post-war period.

However, we are seeing some areas of change in the last decade in particular, the expansion of the term “*shogai*” to include psychiatric disorders (especially those that weren’t part of the original *seishin shogai* definition) as well as particular developmental and behavioral disorders such as ADHD and dyslexia, which in Japan is grouped under LD (learning disabilities). In fact, the parent’s group for LD children is named the “LD 親の会.”

What remains clear is that whether in Japan or the United States, Disability Studies needs to be continuously aware of the direction that disability discourses are flowing. What new territories are being carved out and which are disappearing? And how can Disability Studies help disability activists strategize viz-à-viz the government while at the same time, not acting as unwittingly

agents of social stasis in the maintenance of traditional disability categories?
These I believe will be the issues 課題 that face Disability Studies in the future.

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ⁱ It should be noted that the Japanese nation was still under Allied occupation when this law was passed. Controversially, this law existed on the books until 1996 when it was replaced with the Motherhood Protection Act.