

INTEGRATION AND TRANSFORMATION: AN EXAMINATION
OF THE ROLE OF SEXUALITY IN FORMULATING
A QUEER/CRIP SUBJECTIVITY FOR
PEOPLE WITH DISABILITIES

by

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ABSTRACT

This thesis investigates the current cultural discourses surrounding sexuality in persons with disabilities and argues that in order to move away from existing conceptions of personhood and citizenship that are rooted in ableism and are thus possibilities only for nondisabled persons, persons with disabilities and their nondisabled allies must embrace the queer potential advocated by crip theorists, who have so usefully applied the insights of queer theorists to the field of disability studies. I will begin by interrogating the relationship of disability studies and feminist theory by examining the societal/cultural construction of normative bodies. Next, I will focus on how notions of citizenship and who constitutes “proper” or “acceptable” political actors are rooted in ideologies of ability, ideologies which are themselves often predicated on the assumption of “normal” sexual functioning, among other normative assumptions. Then I will explore the historical policing of the sexuality of disabled persons and argue that access to sexual knowledge and expression is crucial to helping disabled persons create positive self-identities and a sense of themselves as subjects. Finally, I will conduct a critical reading of these issues on the television show *Glee*, which exemplifies the failings of the existing cultural models of disability and sexuality but also provides examples of the power and promise of a queer crip subjectivity, and briefly compare *Glee* to other televisual representations of disabled sexuality.

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INTRODUCTION

Women's bodies have long been subject to patriarchal mechanisms of societal control. Drawing on Aristotle's definition of women as "mutilated males," historically rigid, phallogentric¹ norms of what constitutes a "proper" body define women as tragically incomplete and deviant Others in need of policing (27-28). Feminist theorists critique these patriarchal cultural norms by pointing out the ways in which phallogentric society has constructed and marked as "other" the categories of woman and of women's bodies in order to justify the continued social, physical, and sexual domination of women by those in power. Those in power—almost exclusively men—are defined (by themselves) as having "normal," unmarked bodies. These critiques of the phallogentric perceptions of bodies, so central to feminist study, are also tremendously useful for in the field of disability studies,² which, as prominent feminist disability theorist Rosemarie Garland-Thomson writes, "hinges on a broad understanding of disability as a pervasive cultural system that stigmatizes certain kinds of bodily variations" ("Integrating" 17). This association makes sense, Garland-Thomson points out, because "Western thought has long conflated femaleness with disability, understanding both as defective

¹ Phallogentrism, loosely defined, refers to how the masculine is privileged within the construction of meaning.

² It is worth noting at the outset of my paper that in disability studies, the term "impairment" is often used to denote the physical or mental bodily conditions that may cause difficulty or challenges for any given person with a disability, while "disability" may refer either to those physical conditions or to the social conditions that create barriers to access for those living with disabilities. For example, a person using a wheelchair because of an amputated leg has an impairment (a missing leg) at all times, but she may only consider herself to have a disability if the buildings to which she needs access do not have wheelchair ramps. In such a way, societal conditions turn an impairment into a disability. However, despite its prominence, acceptance of the social model is certainly not monolithic; prominent disability theorist Michael Bérubé, for instance, feels that "[i]t's about time disability studies started reexamining a few of its founding premises—including what is arguably *the* founding premise, the 'social model' of disability that sees disability as an effect of built environments and social relations rather than as a matter of individual bodies and minds" (357). Growing numbers of theorists advocate for an impairment model, one which re-centers the vagaries of the body in discussions of what it means to be disabled.

departures from a valued standard”—a standard that is male and nondisabled; hence Aristotle’s conception of woman as ‘mutilated male’ (“Integrating” 18). This ‘valued standard’ of the body—which received one of its earliest and fullest critiques in Simone de Beauvoir’s foundational feminist work *The Second Sex*, in which she trenchantly observed that woman “is determined and differentiated in relation to man,” making of him “the Subject...the Absolute,” while she is created as “the Other” (6)—makes itself felt to women and to disabled³ persons in practically every cultural realm, including the realm of sexuality.

In 1992, writer and disabled activist Anne Finger argued in “Forbidden Fruit” that “[s]exuality is often the source of our deepest oppression; it is also often the source of our deepest pain. It’s easier for us to talk about—and formulate strategies for changing—discrimination in employment, education, and housing than to talk about our exclusion from sexuality and reproduction” (9). The “us” to whom Finger refers in her piece is the community of disabled persons, women and non-women; although Finger herself is physically disabled as a result of childhood exposure to polio, her quote equally applies to the cognitively disabled and, to a lesser (though varying) degree, persons with mental health issues.⁴ For as Anna Mollow and Robert McRuer note, sex and disability are “two terms that are, if not antithetical in the popular imagination, then certainly incongruous” (1). Indeed, the subject of the sexuality of disabled people is still largely culturally taboo, with nondisabled people often figuring disabled people as childlike and asexual, on the one hand, or “excessively” sexual and therefore in need of increased sexual surveillance and control, on the other. These popularly held stereotypes regarding sexuality in persons with disabilities, while dichotomous in nature, nevertheless reflect

³ The terms “disabled people/persons” and “people with disabilities” both are used widely in disability scholarship; I alternate between them throughout this thesis for the sake of variety and flow.

⁴ It is worth noting that the Finger’s quote could as easily refer to women and other “deviant” or non-normative subjects as to people with disabilities.

a common purpose: to help define and police who should and will be allowed to express himself⁵ sexually—for many people, a key means to identity formation—in order to ensure that the right to sexual expression is enjoyed only by people whose bodies conform to cultural norms of acceptability.

Garland-Thomson writes in her important essay, “Integrating Disability, Transforming Feminist Theory,” that she wants to bring together the ideas of “integration and transformation, both of which are fundamental to the feminist project and to the larger civil rights movement that informed it” for the goal of “creating a more just, equitable, and integrated society” (15). For Garland-Thomson, “Integration suggests achieving parity by fully including that which has been excluded and subordinated. Transformation suggests reimagining established knowledge and the order of things” (15). Both aspects of Garland-Thomson’s equation are key modes of inquiry in Women’s and Gender Studies, and they are also crucial to ending the oppression, sexual and otherwise, faced by disabled persons. As Garland-Thomson suggests in her essay and as this thesis will demonstrate, integrating a disability perspective allows my analysis to necessarily foster insights relating to transformation, as well, as it is in the area of transformation that the insights gained through feminist theorists and scholars may be most usefully applied to cultural and textual analysis in order to realize material effects. In particular, the need for transformation within the field of disability studies, for “reimagining established knowledge and the order of things,” provides a space to bring together the work of disability theorists and that of queer theorists—crucial work, given that, as Mollow and McRuer point out, both queer theory and disability theory have largely ignored such intersectionality, reinforcing the “frequent elision of the queerness of disability” (29).

⁵ This thesis will make occasional use of gender-neutral language, including such alternative pronouns as “hir” (replacing “his or her”) and “zhe” (replacing “he or she”).

In this space where disability studies and queer studies intersect, where the queerness of disability is *not* elided, crip theory comes to life. As crip scholar Robert McRuer explains in his foundational work, *Crip Theory: Cultural Signs of Queerness and Disability*, “Queering⁶ disability studies or claiming disability in and around queer theory... helps create critically disabled spaces overlapping with the critically queer spaces that activists and scholars have shaped during recent decades, in which we can identify and challenge the ongoing consolidation of heterosexual, able-bodied hegemony” (19). Nondisabled feminists must join persons with disabilities in using this queer crip subjectivity to interrogate the “connection between [compulsory] heterosexuality and [compulsory] able-bodied identity,” both of which are still seen, culturally, as “nonidentity, as the natural order of things” (*Crip Theory* 1), in order to destabilize the ‘natural’ ways of thinking about sexuality, ability, and citizenship that characterize Western culture—a major aim of and drive behind Women’s and Gender Studies.

Need for Study

It is now fully 20 years since Finger called exclusion from sexuality the source of disabled persons’ “deepest oppression” and “deepest pain” (9). In that time, while important work has been done both in the academy and in nonacademic fields to combat disabled oppression, comparatively little work has addressed disabled persons’ sexual desires, practices, and identities. Instead, issues of sexual access have often been subordinated to what are seen as more important claims, such as discrimination in employment, housing, and education—an observation that also applies to feminism(s) on a more general level.⁷ The implication of this

⁶ The act of queering is not necessarily related to sexuality, though such an association often exists. Rather, to queer is to upset boundaries and binaries, to destabilize received knowledge and norms. In this thesis, I have followed the practice of Michael Warner, using the term “ ‘in a deliberately capacious way...in order to suggest how many ways people can find themselves at odds with straight culture’ ” (qtd. in Johnson 166). Queer thus “denote[s] a bending of norms, a repudiation of normalcy” (Johnson 166).

⁷ Carole S. Vance, for instance, notes that “Sexual pleasure—though now more imaginable and available for women than at the end of the nineteenth century—is still complicated and frightening in a culture that is deeply hostile to

subordination is that sexuality simply is not and should not be a part, important or otherwise, of disabled people's lives. Yet the stigma and shame of what Abby L. Wilkerson has called the "sexual marginalization" of disabled people—of being denied access to one of the most basic forms of human expression—is a chronic and continuing form of disabled oppression (as well as, it need hardly be said, women's oppression), one which works to deny the full personhood of people with disabilities and which plays a part in maintaining many other forms of ableist discrimination ("Normate Sex" 198). The cultural refusal to allow people with disabilities the right to express themselves sexually has the effect of constructing disabled persons as childlike and therefore ineligible for the full benefits of adulthood, such as inclusion in processes of citizenship. Paternalist discourse growing out of the sexual oppression of disabled persons thus repeats the sexual oppression of women and perpetuates other forms of disabled oppression, as well.

Bill Hughes explores this lack of cultural intelligence and subjectivity afforded to people living with disabilities in his work on the disabled body in the sociological imaginary. He cites the claim of Carol Lee Bacchi and Chris Beasley⁸ "that subjects who are regarded as having control over their bodies are regarded as [full] citizens, whereas 'those reduced to their bodies are constituted as lesser citizens'" (qtd. in Hughes 401). In other words, Hughes says, "In a world dominated by possessive individualism, the vulnerable"—by which he means a "negative or paternalistic appellation... for disabled people" (400)—"do not possess themselves and, therefore, must be reinvented as dependent relative to those who are whole and healthy" (401).

both women and sex. [...] In the presence of such counterforces to women's pleasure, developing a politics of sexuality is far from simple" (289). She continues, "A common unease about sexuality was exacerbated by conservative charges that women's sexual pleasure was selfish, anti-social, and dangerous; pointing to conservative pressures, some feminists were relieved to jettison sexual issues. Others thought it was just strategic to adopt a responsible and sober public face" (Vance 292). In setting up women's sexuality as somehow contrary to responsibility and soberness, however, "feminists inadvertently strengthened the fundamentalist and conservative framework, for which sexuality was illegitimate and discrediting" (Vance 292).

⁸ I will discuss Bacchi and Beasley's work in more depth in Chapter One.

Because Western culture—a culture of ‘possessive individualism’—understands bodies not as subjects in themselves, but as objects that are *subject to* the control of the disembodied mind/soul/self, it is only logical that culture would read a person unable to “control” hir body as a person who is hirself fundamentally unnatural and lacking a mind or self, a problem feminists within a variety of disciplines have critiqued.⁹ As Bacchi and Beasley argue, in such situations, “If a political subject is deemed not to exercise this control [over hir own body], forms of regulation and constraint—limitations on ‘autonomy’—become justifiable” (325). So it has been, traditionally, for disabled persons. As a society, we must interrogate the sexual stigmatization that leads to and reinforces other forms of cultural oppression, as it is through such an interrogation that we can begin to take seriously the claims to full personhood that have been too long denied by our ableist, heteronormative culture.

Thesis Statement

In order to move away from existing conceptions of personhood and citizenship that are rooted in ableism and are thus possibilities only for nondisabled persons, persons with disabilities and their nondisabled allies must embrace the queer potential advocated by crip theorists who have so usefully applied the insights of queer theorists to the field of disability studies. This need is particularly great in the realm of disabled persons’ sexuality, which historically has been denied expression and even existence by dominant groups, as it is in embracing the perhaps inherently queer (because nonheteronormative) nature of their sexual potential that the liberatory power of a queer subjectivity—one which radically destabilizes traditionally enforced binary categories of mind and body, human and nonhuman, Self and Other—may emerge. The embrace of this queer crip sexual subjectivity will allow us ultimately

⁹ See, for example, the work of feminist theorist Elizabeth Grosz, whose *Volatile Bodies* stresses the need to integrate mind and body, to reject the “mind over matter” standpoint that has characterized so much of Western thought. I discuss Grosz and develop these concepts further in Chapter One.

to come to a more empowering, inclusive, and liberating understanding of personhood, citizenship, and who “matters,” not only for those working within disability studies, but across a variety of disciplines and fields engaging in the often difficult but always necessary work of challenging oppressive, dangerous, and longstanding patriarchal norms in society.

Chapter Overview

In the first chapter of my thesis, I draw on Carol Lee Bacchi and Chris Beasley’s work on “embodied citizenship” in order to examine how notions of citizenship and questions about who constitutes “proper” or “acceptable” political actors are rooted in ideologies of ability, which work to privilege and make invisible the extent to which society is constructed in the image of and for the benefit of nondisabled persons and which effectively deny the subjectivity¹⁰ of disabled people. Discussing heavily the work of Tobin Siebers, I will argue that these ideologies of ability are themselves often predicated on the assumption of “normal” sexual functioning, which automatically excludes persons with disabilities (who, because of their disabilities, fail to adhere to heteronormative ideals and thus cannot have “normal” heteronormative sex) from the ranks of full personhood.¹¹

In the second chapter of my thesis, I explore the historical and continuing policing of the sexuality of disabled people, both in ableist culture at large and, perhaps equally disturbingly, even within the disability rights struggle. This background leads into a discussion of the current

¹⁰ In brief, by “subjectivity,” I refer to the meanings placed on bodies and produced out of societal transactions, including feelings, thoughts, desires, and perspectives contributing to and arising from individual understandings and interpretations of experiences. In “The Subject and Power,” Michel Foucault argues that these meanings are constructed by the exercises of power in and around an individual’s particular social location—not power somehow existing in a void and acting *on* a body (Foucault says power does not, in this sense, exist) but rather subjects being constituted *through* interactions of power, with power existing only *within* those interactions (788). Denying the subjectivity of disabled people is thus to deny, among other constructs, self-definition and agency.

¹¹ Again, it is worth noting that de Beauvoir establishes similar ideas with regard to women in *The Second Sex*: “If a subject does not wholly replicate a development considered normal, his development will be seen as being interrupted, and this will be interpreted as a lack and a negation and never a positive decision” (59). Because male bodies have been culturally constructed as “normal” ones, women are seen as abnormal, as lacking, for not approximating them, and thus as not fully human.

issues surrounding the attempts of disabled persons to assert their rights to sexual expression and agency—including such important issues as access to sexual education and to sexual and romantic relationships—and how an understanding that sexuality and disability are not mutually exclusive categories is crucial to disabled persons forming and/or maintaining a positive self-identity. This positive self-identity would allow disabled persons to recognize their own worth and to insist on the right to occupy subject positions within a culture that often constructs people with disabilities as at best incomplete and at worst “unnatural,” deviant, and abject.

Finally, in the third chapter of my thesis, I turn to an analysis of the way in which these issues play out on the prime-time television show *Glee*, which, in narrativizing and making visible to large audiences many of the discourses surrounding the sexuality of disabled people, exemplifies the failings of the existing cultural models of disability and sexuality but also provides examples of the power and promise of a queer/crip subjectivity. Through a critical reading of the show and brief comparisons with other televisual representations of disabled characters, I will demonstrate how the disabled characters on *Glee* whose sexuality is either denied or forced uncomfortably into heteronormative scripts internalize and perpetuate damaging ableist ideas about disabled persons and lack the positive self-identification that would inform a queer/crip subjectivity, while the disabled character whose representation is arguably most queer—the character, that is, who most actively resists the restrictions of heteronormativity on her sexual behaviors and desires—does neither. In so doing, I will explore and unpack key concepts related to queerness and disability, foremost among them Robert McRuer’s notion of compulsory able-bodiedness and how it underlies and extends notions of compulsory heterosexuality.

Limitations

I am well aware that, for a variety of reasons, not all disabled persons choose to claim consciously a queer/crip identity. In calling for the need for an embrace of queer/crip subjectivity, I do not mean to deny or belittle the circumstances that might cause a given individual to choose not to claim such an identity. Nor do I advocate forcing an identity onto anyone. It is important that we not stigmatize any individual of an already oppressed group for hir choices with regard to self-identification even as we must still remain mindful of the positive potential of a collective embrace of a liberatory queer/crip identity. Such an identity must be available to those individuals who would seek to engage with it, but this queer/crip sexual subjectivity could be read primarily in terms of a critical position for the purposes of analysis among theorists, scholars, and activists.

Furthermore, while I examine intersecting domains of oppression throughout my thesis, I want to remain wary of appearing merely to substitute one type of oppression for another in a model of analysis. Gender oppression is not race oppression is not class oppression is not disabled oppression, though each informs the others in crucial ways we must not forget. Ellen Samuels' article on extending Judith Butler's body theory to the field of disability studies makes this point nicely: "[B]ecause much of Butler's work appears highly applicable to disability, one is certainly tempted to draw upon her important critical insights while exchanging the term *disability* for the original terms *sex/gender*. However,...[i]n its most extreme forms, this exchange can become an apparent substitution that suggests a direct correspondence or equation between two very different realms of social and bodily existence" (54). Throughout this thesis, I make every effort to draw meaningful connections between fields of study that have sometimes

been thought of as entirely discrete while still acknowledging and respecting the differences that affect lives.

In the third chapter of my thesis, I also discuss the representations of the sexual lives of disabled characters on a number of television programs.¹² However, I focus the vast majority of my analysis on *Glee* for two main reasons: cultural impact and numbers. Although other shows have engaged with issues related to disability in more critical or meaningful ways (particularly *Switched at Birth*, which I also examine), *Glee* is by far the most successful show, in terms of both ratings and cultural cachet, to do so; furthermore, *Glee* has to date presented viewers with six named characters who have either a physical or cognitive disability, as well as two named characters with specific mental health concerns. Issues of mental health are now generally recognized by disability studies as types of disabilities, but more mainstream discourses surrounding disability still often do not include mental illness as a type of disability, a marginalization no doubt made more prevalent by the ever-contracting terms of the Americans with Disabilities Act under an increasingly conservative Supreme Court. My decision not to include *Glee*'s representations of mental health issues, which include one character with severe obsessive-compulsive disorder and another with what may be Asperger's syndrome,¹³ is not a denial of the validity of these conditions as they exist in the real world but rather an attempt to engage with the text on its own terms, which to date have not recognized *Glee*'s characters with mental illnesses as part of the community of disabled characters on the show. *Glee*'s choice in this respect is highly problematic, to be sure, but it means that these characters are not governed by the same narrative conventions that affect the characters textually recognized as disabled and are thus outside the scope of this thesis. However, research addressing this topic could be a

¹² In addition to *Glee*, I briefly discuss *Switched at Birth*, *Joan of Arcadia*, and *Friday Night Lights*.

¹³ Sugar Motta, a character introduced in season three of the show, claims the right to say whatever she wants, including rude and hurtful comments, because she has "self-diagnosed" Asperger's syndrome.

valuable addition to the bodies of study on *Glee*, specifically, as well as to the various other bodies of study concerned with popular media representations of mental health issues.

CHAPTER I
SEXUALITY AND CITIZENSHIP: IDEOLOGIES OF ABILITY AND THE CONSTITUTION
OF THE PROPER SOCIAL BODY

Although tremendous gains have been made in the past few decades in overturning centuries if not millennia of disabled oppression, it would require ignorance of the most willful kind to claim that people with disabilities no longer experience discrimination and marginalization as everyday conditions of life. In the United States, the passage of the 1990 Americans with Disabilities Act (ADA), while a crucial step, has not necessarily borne the kinds of fruit many hoped it would, as an increasingly conservative Supreme Court has consistently narrowed the definition of disability so that the ADA applies to and protects fewer and fewer disabled people with each passing year.¹⁴ Given that people with disabilities constitute perhaps the largest minority group in the world,¹⁵ feminists disabled and nondisabled alike who are dedicated to understanding and ending the oppression of all peoples must join voices to ask the critical questions: what social constructions create this discrimination, and how do such constructs allow—even demand—that such discrimination continue?

In this chapter of my thesis, I will examine the various interlocking cultural constructs that underlie disabled oppression in the context of Western society. I argue that ideas about

¹⁴ The ADA defines a person with a disability as “a person who has a physical or mental impairment that substantially limits one of more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment” (“Guide” n.p.) Despite this broad definition, however, the law has been interpreted incredibly narrowly. For example, people suing under their employers or would-be employers under ADA must prove not merely that discrimination has occurred, but that they are disabled enough for the ADA to apply to them.

¹⁵ This depends upon one’s definition of “minority group,” but the disabled community certainly has claimed the label of “largest minority group” for themselves.

disability and what it means to be disabled are rooted in a cultural acceptance of binaries characteristic of Western thinking about who constitutes “acceptable” human subjects and thus acceptable citizens, binaries that consistently privilege the mind (which is seen as in control, as master) over the body (which is seen as *in need of* control, as *needing to be* mastered).

Positioning the mind and the body as discrete, bordered-and-bounded entities locked in a master/slave relationship means that, for feminist theorists Carol Lee Bacchi and Chris Beasley, “Embodied citizenship, in the sense of a lived, fleshly, social intersubjectivity, appears to be a contradiction in terms” (325). I further argue that the “ideology of ability” (to use Tobin Siebers’ phrase) that renders such embodied citizenship unthinkable is itself predicated on the assumption of “normal” sexual functioning—“normal” functioning being, in the vein of Gayle Rubin,¹⁶ heterosexual, penetrative, and at least implicitly nondisabled.

It will be useful, before going further, to take the time to more precisely define some key terms that will appear throughout this thesis, namely “ability” and “citizenship.” As Robert McRuer observes, definitions of ability and able-bodiedness are built on and operate within a particular social framework shaped by certain notions of labor: thus, to be able-bodied is to have a body ““capable of the physical exertions required of it,”” one with the ““ability to work”” (qtd. in “Compulsory” 91). “The emphasis,” McRuer notes, is “on work: being able-bodied means being capable of the normal physical exertions required in a particular system of labor” (“Compulsory” 91). The system of labor in question is, of course, capitalism, which stresses efficiency and high standards of output in order to make ever-greater profits. The whole notion of “ability” in the U.S. context is thus underlaid by capitalism. Similarly, “citizenship” has no intrinsic, prediscursive meaning; just as Simone de Beauvoir argues that “One is not born, but

¹⁶ I will discuss the works of Bacchi and Beasley, Siebers, and Rubin, among others, in greater depth later in the chapter.

rather becomes, woman” (283), so too might one claim that one is not born, but rather becomes, citizen, by taking part in the practices of citizenship as they are defined and constructed by one’s particular cultural context.¹⁷ Thus, while citizenship has been theorized in any number of ways, in the U.S., I would argue that it is profoundly linked to notions of ability (and thus capitalism). As I use the term throughout this thesis, citizenship means full and free access to the rights and privileges of membership in a particular community (its public and private spheres), as well as in that community’s government and politics.

In order to demonstrate how these concerns permeate discourses surrounding citizenship in the Western, and specifically United States, context, I will begin the bulk of this chapter with a recent—and in many ways representative—example from the 2012 Presidential Election cycle. On October 22, 2012, United States President Barack Obama and the Republican presidential candidate, former Massachusetts Governor Mitt Romney, met up at Lynn University in Boca Raton, Florida, to engage in the third and final Presidential Debate of the 2012 Election Cycle. This debate addressed the topic of U.S. foreign policy, including questions about the political stability of the Middle East, the role of the United States in a changing global political economy, and the rise of China as a political and economic superpower. Following the debate, right-wing conservative political pundit Ann Coulter took to Twitter to voice her opinion of how the two candidates performed, tweeting, “I highly approve of Romney’s decision to be kind and gentle to the retard.” Coulter’s remark ignited a firestorm of media attention, the vast majority of which focused on her use of the derogatory, ableist, and violently oppressive term “retard” to insult President Obama. The following day, as criticisms of Coulter’s tweet became more and more prominent, Coulter demonstrated her complete disregard for the hurt she had caused by again

¹⁷ Here I draw on Charles T. Lee’s notion of “citizenship-as-script,” as a set of practices to be performed and re-performed in order to create the “proper” social subject (68). I discuss this theory in more detail later in this chapter.

using her Twitter account to make ableist comments; critiquing President Obama's joke about Governor Romney having "Stage 3 Romneysia," Coulter tweeted, "Obama: 'Stage 3 Romneysia' – because cancer references are HILARIOUS. If he's 'the smartest guy in the room' it must be one retarded room."

Amid the plethora of media responses to Coulter's tweet(s), one of the most interesting came from Special Olympian global messenger John Franklin Stephens, a man with Down's syndrome. The 30-year-old Stephens wrote an open letter to Coulter that he posted on the blog The World of Special Olympics, and the letter soon went viral. In it, Stephens says that he "has struggled with the public's perception that an intellectual disability means that [he is] dumb and shallow" because he "process[es] information more slowly than the rest of you" (n.p.)—his "you" referring to people, like Coulter, who do not have an intellectual disability. Stephens wonders what message Coulter hoped to convey through her comment, finally concluding, "After I saw your [Coulter's] tweet, I realized you just wanted to belittle the President by linking him to people like me. You assumed that people would understand and accept that being linked to someone like me is an insult and you assumed you could get away with it and still appear on TV" (n.p.).

According to disability blogger and activist s.e. smith, Stephens's letter raises an important point about how nondisabled people view the lives of people with disabilities. "While Stephens doesn't come out and say it," smith writes:

his piece also makes a very important point to people like Coulter, who assume that intellectually disabled people don't engage with society, aren't watching, and can't comprehend what they do see. Disabled people are watching. We engage with society. We see and understand. When you insult

us on Twitter, or national television, or anywhere else, we see it and we talk about it amongst each other [*sic*]. We may struggle to hold you accountable because our voices tend to be discounted...But we are still listening, and we still take note of what you are saying. (n.p.)

I would go still one step further. As smith notes elsewhere in ou¹⁸ post, Coulter is more a “provocateur” (n.p.) than a serious political critic; her comments are designed to feed the 24-hour news cycle and to sell books to her large conservative fanbase, and she has a history of garnering attention through racist, sexist, and homophobic speech. That she repeatedly chose to insult President Obama through ableist speech is, therefore, rather unsurprising.¹⁹ However, what I find most interesting and telling about Coulter’s remark is the specificity of the context in which it occurred—namely, hot on the heels of a Presidential Debate, an event intended to inform the U.S. populace of the political views and opinions of its two main contenders for the office of the presidency, the figurehead of the United States political system. Coulter’s comments therefore suggest another layer of meaning, one hinted at but not fully explored in smith’s post: that the kinds of meaningful societal engagement in which many people assume disabled people either do not or cannot take part are particularly linked to the exercise of the rights of citizens. In other words, in the eyes of nondisabled society, “disability” and “citizenship” are mutually exclusive terms, with disabled persons commonly (if often implicitly) thought to be excluded from both the duties and the privileges of citizenship.

Coulter’s ableist insults were specifically tailored to those living with intellectual disabilities, and both Stephens’s and smith’s responses focused on intellectual disabilities, as

¹⁸ s.e. smith identifies as genderqueer and requests that “ou” be used in lieu of traditional or other alternative pronouns.

¹⁹ smith also points out that Coulter’s “slur...hearkens back to older white attitudes about Black intelligence and the once widely-held belief that people of African descent were less developed than white people” (n.p.).

well. However, their respective points—and mine—also apply to persons with physical disabilities, who also frequently find themselves relegated to second-class status both in discussions about and exercises of citizenship.²⁰ For example, prior to the passage of the Americans with Disabilities Act in 1990, a group of physically disabled activists affiliated with ADAPT, a prominent disability rights organization, led a demonstration at the U.S. Capitol in which they got out of their wheelchairs and crawled up the Capitol Building’s long flight of stairs in order to hand their representatives scrolls printed with the passages from the Declaration of Independence. This demonstration was intended, according to the organization’s spokesperson, to symbolize that ““We [persons with disabilities] will not permit these steps to continue to be a barrier to prevent us from the equality that is rightfully ours. The preamble of the Constitution does not say “We the able-bodied people.” It says, “We the people””” (qtd. in Rohrer 46).

Yet despite the promise of the inclusive language found in these foundational U.S. governmental documents, “We the people” has not historically (nor does it now actually) mean *all* of the people. In fact, at the time the words were written, “We the people” had a very narrow definition, referring solely to landholding white males; those excluded from personhood under the original Constitution included women and people of color, none of whom were considered worthy of the rights and privileges of U.S. citizenship. From its very first incarnation, the ability (a word I use intentionally) to be a citizen in the United States was associated with—indeed, was entirely dependent upon—successfully embodying a specific bodily norm. From that perspective, then, “We the people” may very well have read “We the able-bodied people,” since in U.S. society, the category of “person” is implicitly (and often explicitly) linked to able-

²⁰ Judy Rohrer’s essay about bringing disability perspectives into feminist theory makes the intriguing point that the very act of designating various types of disabilities as either physical or intellectual has the potential to reinforce the mind/body split that governs so much popular discourse about ability and the body (41).

bodiedness. Just as the category of “person” was once synonymous with a bodily norm of maleness and whiteness, today, to be “people” is to be nondisabled; the possession of a disability makes one non-people, renders one subhuman.

This binaristic thinking is characteristic of Western understandings of the Self, which consistently promote a dualistic notion of the mind/body split. As in all such simplistic binary schemas—good/bad, light/dark, human/animal—one term is privileged, the other denigrated. In the case of the mind/body split, patriarchal Western culture has traditionally privileged the mind, which is seen as discrete, rational, and masculine, at the expense of the body, seen as excessive, emotional, and feminine. At the same time, however, the ideal body is seen as male; women are therefore doubly excluded, denied access to the realm of the mind, and their bodies—all that culture allows them to have—constituted as automatically and inherently lesser. Society understands people living with disabilities in much the same way. The association of the body with femininity helps explain why disability is so denigrated in Western culture; rather than looking on disability merely as an example of naturally occurring bodily variation, disability’s societal association with femininity, itself always the denigrated half of the masculine/feminine binary, effectively creates disability as a weakness, turning a simple bodily fact into a lived social “reality.”

Just as misogynistic, patriarchal norms define women only by their bodies, claiming that women are incapable of rising above their “natural,” body-based urges into the “cultured,” purely masculine world of logic and the mind, so too do these norms reduce persons living with disabilities to nothing more than a disabled body, forever cut off from the privileged, binaristic mind. A woman who uses a wheelchair, a child with missing limbs, a person with a tremor, a man with an intellectual disability—whatever their sex or gender, persons with disabilities are

seen as bound to and, more specifically, bound *in* their bodies in a way that nondisabled people (particularly nondisabled men) are not. For while no one can truly divorce himself from his body, nondisabled persons are presumed to exert mastery over their bodies, while disabled persons are assumed to be trapped within themselves—prisoners of their own flesh and blood, as it were. This conception of the mind/body split essentially remaps the colonizer/colonized schema on a smaller scale, with the mind serving as the privileged, advanced colonizer of the unruly, in-need-of-governance body. From this perspective, to embrace the body and all its vagaries is tantamount to embracing slavery from the vantage point of the enslaved. Under such a system, disability cannot be thought in terms other than what Michael Oliver's *Understanding Disability: From Theory to Practice* identifies as "the personal tragedy theory of disability," in which "disability is some terrible chance event which occurs at random to unfortunate individuals" (32). For Fiona Kumari Campbell, then, this model of disability, still prevalent in Western society, constructs disability "as a malignancy... that is, *inherently* negative" (109). In such a system, it could not be otherwise; just as the "female/feminine" must be disparaged in order to justify the privileging of the "male/masculine," so disability must be marked as negative in order to create ability as positive.

As Campbell observes in her essay "Legislating Disability: Negative Ontologies and the Government of Legal Identities," this idea of disability as bodily enslavement relies on a politico-social norm in which absolute independence, both from the need for others and from the realities of one's body, is constructed as the ultimate goal. Because "the practices of freedom have been molded and codified into the apparatus of the welfare state, citizenship, and legal personality," "freedom is [currently] represented as *autonomy*...[T]he subject of the neoliberal welfare state is assumed to be an independent center of self-consciousness, who holds autonomy

to be *intrinsically* valuable” (Campbell 111). One of the reasons autonomy is so societally privileged is its linkage to ideas about masculinity, virility, and strength—hence the notion of the American Dream and the “self-made man,” singularly overcoming all obstacles in his pursuit of profit within a capitalist system that emphasizes individual achievement over collective gain. The ideal of autonomy is assumed to be so all-encompassing that ableist society ascribes it to everyone, including people living with disabilities. Campbell cites the example of a special issue of the journal *Law in Context* on the topic of “Approaching Law and Disability.” The guest editors of this issue, Melinda Jones and Lee Ann Basser Marks, state unequivocally that:

Most people with disabilities would share the view that being disabled is not a desirable state to be in, and even agree that disability should, where possible, be prevented. However, the suggestion that this carries negative implications about the entitlement to rights or the values, respect, and dignity of people with disabilities, [sic] should be resisted. While it may seem paradoxical, it is essential to meet the challenge of truly valuing those who are disabled at the same time as taking action to prevent or limit disability. (qtd. in Campbell 118, emphasis Campbell’s)

Jones and Basser Marks do well to note the paradoxical nature of their comments, for even as they hasten to declare that disabled people of course deserve rights, respect, and dignity, they add in the next breath that disability is an inherently undesirable state of being that must be stamped out wherever possible. The necessarily “negative...framework of disability” suggested by Oliver and explicated by Campbell, in which disability is always already negative, means that Jones and Basser Marks see no real contradiction in awarding “value” to people with disabilities and also

telling them that society must do all it can to make certain that no more people like them are created.²¹

This line of thinking is, of course, inherently flawed insofar as complete autonomy and independence are not only undesirable (human beings are of necessity and of choice social creatures) but also practically impossible; people are interconnected and interdependent, to varying degrees, from their first breath to their last. However, this interdependence, which is frequently equated with weakness in highly individualistic, capitalistic societies like the United States, is often especially visible for people with disabilities. As Rosemarie Garland Thomson argues in *Extraordinary Bodies: Figuring Disability in American Culture and Literature*, in “becom[ing] a repository for social anxieties about such troubling concerns as vulnerability, control, and identity” (6), the disabled figure assumes the “social role [of] symbolically free[ing] the privileged, idealized figure of the [U.S.] American self”—this idealized figure being independent, self-made, and self-reliant—“from the vagaries and vulnerabilities of embodiment” (7). It is this looming threat of utter embodiment—of being made into the ‘mere flesh’ of a ‘lesser subject’—that endangers the individualistic, capitalist dream of autonomy. Again, this sense of embodiment is profoundly gendered: in a system in which men are “mind” and women are “body,” to be embodied is to be feminized; the dream of achieving autonomy is therefore also the dream of achieving perfect masculinity.

Lynn May Rivas critiques the notion of autonomy with a focus on disability in her article “Invisible Labors: Caring for the Independent Person,” in which she reflects on interviews conducted with disabled people and the personal attendants who made it possible for them to live outside of institutionalized settings. Rivas notes the contradictions involved in the language

²¹ Although my concern here is simply to demonstrate how disability is thought of as inherently negative because of its connections with femininity and interconnectedness, I will return to this example within a framework of reproductive justice later in this thesis.

surrounding the use of personal attendants, which stresses that employing an attendant allows a person with a disability to live “independently”—when in fact, said independence is merely the transformation of the laborer and the care zhe provides into something invisible, so that “consumers can feel that they have accomplished their daily activities by themselves” (75).

Rivas’ point is not to reinscribe paternalist ideas about people with disabilities but rather to point out that “when we think of all the objects, beliefs, and interactions that make our lives possible, it is difficult to sustain the notion that *anyone* is self-made” (74-75, emphasis added). The desire for autonomy, she explains, is not a necessary or “natural” aim of human beings; it is a particular societal construct with a history behind it, and it is serves crucial ideological goals: “Words such as *independence*, *self-reliance*, and *self-made* help create, and are created by, a dynamic within which people are ignored and devalued. [...] The labels *independent* and *dependent*, rather than reflecting empirical reality, are myths used to justify inequality” and should be rejected as “fantas[ies] not just for disabled individuals but for everyone” (Rivas 83-84).

In order to combat this binaristic, oppressive mode of thinking, it is necessary to embrace modes of thinking that stress ambiguity, mixture, and changeability. Rather than clinging to the “either/or” conceptions of typical Western and U.S. American culture, we should strive for models that allow for—in fact, insist upon—“both/and” visions of human subjectivity and agency. Simone de Beauvoir reminds us that “humanity is something other than a species; it is a historical becoming,” and as such, our ideas about who constitute human beings can be changed—as indeed they must be, if we are to continue fighting for an end to oppression (753). The work of foundational Chicana feminist and queer theorist Gloria Anzaldúa provides possibilities for just such a (re-)conception of the world and of the people within the world.²² As

²² See also Moira Gatens, *Imaginary Bodies: Ethics, power and corporeality* (1996), and Rosalyn Diprose, “What Is (Feminist) Philosophy?”, both of which argue in favor of creating new reading of the body, concepts, and the world.

Anzaldúa writes, “Because the future depends on the breaking down of paradigms, it depends on the straddling of two or more cultures. By creating a new mythos...*la mestiza*”—which is to say the borderlands subject, a “hybrid progeny, a mutable, more malleable species with a rich gene pool,” she who springs forth “[f]rom racial, ideological, cultural[,] and biological cross-pollinization” (99)—“creates a new consciousness,” a *mestiza* consciousness (102). Although de Beauvoir protests that humanity is “something other than a species” and Anzaldúa claims the future of humanity lies in creating a new kind of species-subject, I read their points as similar: both stress that we can and must change how we have defined “humanity” and “subjectivity” thus far. Thus, for Anzaldúa, “The work of *mestiza* consciousness” is nothing less than “to break down the subject-object duality” (102)—a gargantuan task, to be sure, but one in keeping with de Beauvoir’s goals, and certainly one that must be attempted if we are to bring about a more inclusive, feminist world.

In order to uphold the binaries that privilege ability over disability, that help “define the places that are safe and unsafe, to distinguish *us* from *them*” (Anzaldúa 25), nondisabled people embrace, often unthinkingly, a colonialist mindset, constructing borders (sometimes metaphorical, sometimes literal) between themselves and people living with disabilities. In the aforementioned case of *Law in Context* guest editors Jones and Basser Marks, for example, this binary is upheld through a dual process of patronizing and constraining those disabled people who already exist and working to ensure that no further disabled people will be allowed to exist. This system of constraining, surveilling, and policing the lives and bodies of people with disabilities is justified, in the eyes of ableist society, by the very presence of disability, which is assumed to render incompetent or lesser anyone personally affected by it. Although disability is not the focus of their argument, Carol Lee Bacchi and Chris Beasley, in a significant and widely

cited article entitled “Citizen Bodies: Is Embodied Citizenship a Contradiction in Terms?”, make a similar observation about women’s bodies, particularly pregnant women’s bodies, which they relate to important social regulatory functions. They write:

We identify...a demarcation between full and lesser citizens which hinges precisely upon assumptions about bodies....[W]e find two kinds of political subjects produced: those deemed to be in control of their bodies, and those considered to be controlled by their bodies. The role of the state is described in terms of *not* intruding on a citizen’s control over their body, a control that is equated with political autonomy. If a political subject is deemed not to exercise this control, forms of regulation and constraint—limitations on ‘autonomy’ become justifiable. The ‘control over body’ subject is equated with ‘citizen,’ whereas those reduced to their bodies are constituted as lesser citizens. (Bacchi and Beasley 325)

“The ‘control over body’ versus ‘controlled by body’ demarcation,” they add, “lines up with a series of dichotomies: mind/body, autonomy/protection, active/passive, culture/nature, consumers/patients, elective/therapy, [and] sameness/difference” (Bacchi and Beasley 326).²³

I would add one more dichotomy to their list: ability/disability, which underlies Bacchi and Beasley’s assertion of the need to recognize the importance of considering bodies in discussions of citizenship. As they observe, “The mind/body dichotomy in this setting [social policy and governance] is not an arcane philosophical debate, but rather involves governmental rules and regulations that affect people’s lives on a day-to-day basis” (Bacchi and Beasley

²³ Bacchi and Beasley, it is worth noting, refuted mapping these observations onto a man/woman schematic, noting that women appeared on both the privileged and subjugated sides of the dichotomies they theorized, and suggested instead that women were “seen as being at the mercy of their bodies” mostly in issues related to pregnancy and birth (326).

327)—a statement that might have been taken nearly word-for-word from any number of writings by disability theorists. Since their project “is to insist that bodies give substance to citizenship, and that citizenship matters to bodies” (Bacchi and Beasley 324), where would be a more appropriate place to start than with disabled persons, considered by society as the people most bound to and in their bodies?

In *Volatile Bodies: Toward a Corporeal Feminism*, Elizabeth Grosz touches on the notion of “the constitution of a proper social body, the process of sorting, segregating, and demarcating the body so as to conform to but not exceed cultural expectations (excessiveness in itself pushes the question of limit for the order which it exceeds)” (193). The ‘proper social body’ Grosz discusses and the suitable citizen outlined by Bacchi and Beasley share at least one important characteristic: both must exercise control over their own bodies, making sure to remain at all times within the boundaries of what society has deemed acceptable limits of behavior. Following this line of thought, the next logical question is: what gives a person “control” over his body? The obvious answer is ability. Just as Grosz argues that a number of key theorists and philosophers who purport to deal in “corporeal ‘universal[s]’” (188) have implicitly constructed “the” body as masculine, so has theorizing about bodies focused instead on one particular kind of body—one which is nondisabled and thus “in control” of itself.

Tobin Siebers speaks to this point in *Disability Theory* when he writes, “The ideology of ability is at its simplest the preference for able-bodiedness. At its most radical, it defines the baseline by which humanness is determined, setting the measure of body and mind that gives or denies human status to individual persons” (8). Both the “simple” and “radical” definition of the ideology of ability is embedded in Western society. Having a “sound mind and body” affords a person the capacity to make decisions that others are culturally and legally bound to respect;

being thought to lack that “soundness” is grounds for having one’s actions and decisions called into question. In this conception, then, the foremost assumption for the rights of citizenship, the right to make decisions and have them legally respected, is “soundness,” for which we might just as easily substitute “ability.”

Siebers further demonstrates the extent to which ability and disability are constructed as unequal and necessarily hierarchical opposites when he observes that disability is popularly thought of primarily as a “medical matter,” while ability is associated with “natural gifts, talents, intelligence, creativity, physical prowess, imagination, dedication, the eagerness to strive, including the capacity and desire to strive—in brief, *the essence of the human spirit*” (*Disability Theory* 9, emphasis added). Advancing this argument further, he claims elsewhere²⁴ that “[t]he preference for ability permeates nearly every value in human culture, including the ability to have sex” (“Sexual Culture” 40). In fact, he states, “sex may be the privileged domain of ability” (“Sexual Culture” 40-41). Indeed, the belief that people with disabilities do not engage in sexual activity or feel sexual desire is widespread, and numerous reports from members of the disabled community confirm that they are faced with this belief when they attempt to exercise their sexuality. The concomitant assumption, that people with disabilities *should not* have sex, often remains unstated, but it is nevertheless a key facet of disabled oppression, as Siebers makes plain: “[S]ex and human ability,” he declares, “are both ideologically and inextricably linked” (“Sexual Culture” 41). The implications of such arguments are hard to ignore: people with disabilities are systematically denied access to their own sexual selves and thus excluded from ideas of what it means to be human, instead recast as lesser beings, subordinate to the privileged, nondisabled majority.

²⁴ The essay I cite here, “A Sexual Culture for Disabled People,” was originally published as a chapter in Siebers’ *Disability Theory*.

The cultural refusal to allow people with disabilities the right to express themselves sexually—the act of constructing borders around “normal” or “acceptable” sexual functioning and expression—has the effect of constructing disabled persons as childlike and therefore ineligible for the full benefits of adulthood, such as inclusion in processes of citizenship,²⁵ perpetuating the privileging of ability over disability. Garland-Thomson points out that, just as race and gender are based on “culturally fabricated narrative[s] of the body,” so too “[t]he ability/disability system produces subjects by differentiating and marking bodies” (“Integrating” 17). We as a society must examine the potential of disabled persons’ sexuality to serve as an important site of cultural reimagining or queering of “acceptable” bodily norms. Society must expand its ideas of what sex is or can be, as well as its ideas of who is able (again, a word I use intentionally) to take part in sex, because ideas about citizenship and who constitute “proper” citizens are so profoundly linked to ideas about who constitute “proper” sexual subjects; those who fit into cultural ideas of heteronormativity are proper, “good” sexual subjects and citizens, while those who do not are “bad” sexual subjects and citizens. In her essay, “Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality,” Gayle Rubin explores this good/bad sexual binary through her idea of the “Charmed Circle” of sexuality. This charmed circle opposes the inner circle of “Good, Normal, Natural, Blessed Sexuality” with the outer circle of

²⁵ Charles T. Lee notes that the “cultural script of citizenship...interpellates the ‘proper’ ways for humans to be citizens in different social spheres to reproduce domesticated subjects who will be kept in place,” resulting in a: stagnant ideological “life cycle” of liberal citizenship [which] prescrib[es] a relatively fixed social and moral order; they perpetuate a repetitive and mundane circuit of a standardized national subject, *M or F*, who works and consumes, saves and invests, and pays taxes in the productive cycle of capitalism as an honest and law-abiding citizen-worker, and who periodically participates along with others in an orderly manner in the business of governing/deliberating through the bureaucratic representative matrix, within a national territory. (68-69)

The normative processes of citizenship Lee describes have been critiqued by feminists and others for a variety of reasons. I do not necessarily wish to challenge these critiques, only to note that regardless of whether the processes are themselves problematic, it is assuredly problematic to deny human subjects the right to participate in them when others are not denied such a right.

“Bad, Abnormal, Unnatural, Damned Sexuality”: sexuality that is, on the one hand, heterosexual, married, monogamous, procreative, noncommercial, in pairs, in a relationship, intragenerational, in private, not involving pornography, involving bodies only, and vanilla, and, on the other hand, homosexual, unmarried, non-monogamous, non-procreative, commercial, masturbatory or group, casual, intergenerational, public, involving pornography or toys, and kinky (Rubin 13).

Following disability theorists like Robert McRuer and Abby Wilkerson, I would expand Rubin’s Charmed Circle yet further, suggesting that ability be thought of as a necessary part of “good” sex and disability as a precondition of “bad” sex. Notions of ability already underlie Rubin’s conception of the Charmed Circle, since the “good” model of sex here refers to one specific method of sex—heterovaginal intercourse—performed by one specific pair of actors for the purposes of procreation,²⁶ which erases the possibility of a practically infinite number of other forms of sexual expression, as well as the sexual lives and experiences of many disabled people, the vast majority of whom (if not all) are barred from inclusion in the inner circle of both sexual and nonsexual realms of society. I refer again to Siebers: “Being able-bodied assumes the capacity to partition off sexuality as if it were a sector of private life: that an individual *has* sex or a sex life implies a form of private ownership based on the assumption that sexual activity occupies a particular and limited part of life determined by the measure of ability, control, or assertiveness exercised by that individual. People with disabilities do not always have this kind of sex life” (“Sexual Culture” 39). Among other transgressions of the norm, sex for people with disabilities may involve toys, prosthetics, machines, or sexual aids (in violation of the “bodies

²⁶ This highlights another paradox facing people with disabilities who wish to express sexual agency: “good” sex cannot be purely for pleasure—it must be procreative, but disabled people also face enormous prejudice if they choose to reproduce, since they are seen as reproducing not people but disability. Although I will speak to both of these points in more detail later in this thesis, for works that address these respective points, see Ladelle McWhorter’s *Bodies and Pleasure: Foucault and the Politics of Sexual Normalization* (1999), as well as Rosemary Betterton’s “Promising Monsters: Pregnant Bodies, Artistic Subjectivity, and Maternal Imagination.”

only” mandate); may rely on outside help from sexual surrogates or attendants (in violation of the “in pairs” and/or “in private” mandates); or may simply be seen as inherently “kinky” (and thus in violation of the “vanilla” mandate).

Thus, “sex,” as Western and especially U.S. culture define it, is tightly bound to notions of ability. Placing borders around the category of “sex” in this way performs the damning ideological work of constructing people with disabilities as eternally immature in the eyes of ableist society. U.S. culture is saturated with sex; it functions as a rite of passage into adulthood. Common phrases such as “Made a man out of him” and “Became a woman that day” indicate that, on a societal level, boys and girls are considered to become men and women at the precise moment at which they lose their virginity. For an entire population of people to be deemed inherently asexual is thus for that population to be implicitly deemed eternally childlike and in need of protection—in short, to be infantilized by patriarchal, paternalistic societal and behavioral norms.

General definitions of paternalism hold that some people know better than others what the best choice is in a given situation: “Paternalists advance people’s interests (such as life, health, or safety) at the expense of their liberty. In this, paternalists suppose that they can make wiser decisions than the people for whom they act” (Suber n.p.). Historically speaking, this has overwhelmingly meant of straight, white, able-bodied Western men exercising their power over queer people, people of color, women, and people with disabilities, since paternalism deals with identity and power dynamics on both individual and macro scales. The work of Mary A. Renda provides an understanding of paternalism that engages directly with the realities of historical and material inequities of power. As she explains it, paternalism, as “an assertion of authority, superiority, and control expressed in the metaphor of a father’s relationship with his children,”

allows those in power to maintain the illusion of goodwill and friendship toward those over whom they exercise power while also exercising that power in practically uncircumscribed ways (Renda 91). Paternalism, then, is a necessarily hierarchical system, in which the father-figure is free to exercise practically unlimited power over the child-figure, who has little recourse to protest unfair treatment. Most insidiously, the metaphor of the parent-child relationship creates an eternally unequal relationship, as the aging or maturing “child” can never truly become the equal of the always already mature “parent.” Thus, the power imbalance that characterizes paternalism is forever recreated in favor of the parent-oppressors.

Ideas about who constitute proper objects of paternalistic guidance often reinforce ableist thinking: “[The harm principle] permits paternalism over the incompetent, such as *young children, the retarded*....In these cases, the consent to self-harm is not competent and need not be respected” (Suber n.p., emphasis added). The recent case of “Ashley X”—more commonly referred to as the “Pillow Angel”—illustrates the profound connections between paternalism and ableism, connections that are particularly strong when gender comes into play. Ashley X, a six-year-old girl with severe cognitive disabilities and practically no mobility, began to develop sexually, leading her parents to have her sterilized, her breast buds removed, and her growth permanently halted at 4’5” (Kittay 610). According to her parents, they requested these treatments in order to “[make] it more possible to include [Ashley] in the typical family life and activities that provide her with needed comfort, closeness, security and love: meal time, car trips, touch, snuggles, etc.” (qtd. in Gibbs n.p.) The goal, they stress, was ““to improve [their] daughter’s quality of life and not to convenience her caregivers”” (qtd. in Gibbs n.p.). Ashley’s severe cognitive disabilities meant that she could not consent to these treatments (a misleading word, perhaps, since she was not sick); instead, her parents, acting in their roles as legal

guardians, used invasive, irreversible, and ultimately unnecessary procedures to make her more readily fit the body that they wanted her to have. The effect has been to keep Ashley's body eternally childlike in ways that perhaps improve her quality of life (we have no way of comparing it to what it might have been), but which certainly have 'convenienced her caregivers,' regardless of whether that convenience was the original intention. The figurative dehumanization that Ashley's parents inflicted on her is mirrored in their nickname for her: "Pillow Angel," which, as Eva Feder Kittay points out, "has the unfortunate side effect of edging her out of the human community" (613).

Adding insult to injury, the paternalist project, far from being benign rhetoric or even individually hurtful acts, in fact "serve[s] crucial political ends," as "[a]ssumptions about power and authority, about class and democracy, about race and gender, and private initiative and public goals, [are] embodied in the institutional forms of the federal government" (Renda 90; 95). For Renda, the paternalism of the U.S. government has historically been "one of the organizing principles that lay at the heart of [the government's] political philosophy," and she notes its reliance on "metaphors of human development that infantilized some and accorded to mastery to others" (111; 129). Similarly, the ableism of U.S. society at large serves as one of its most foundational organizing principles, the backbone that supports the myth of the American Dream and helps to justify disabled oppression. In its most basic form, the American Dream preaches that anybody can do anything, provided zhe is willing to work hard; but before "anybody can do anything," *any* body and *every* body must be made to conform. Bodies that challenge, reject, or exceed such conformity, such as disabled bodies, are rejected. People with disabilities are thus consigned to an eternally immature and childlike status by ableist culture because of their failure to live up to what Charles T. Lee has called the "liberal cultural script of

citizenship”—a script “that governs and regulates numerous material-cultural spheres of social life”; “reproduces a stagnant ideological ‘life cycle’ of citizenship for human subjects”; and requires the citizen to be “an entrepreneurial individual who is self-governing, self-managing, and self-regulating” (59).

The sexual oppression of people with disabilities thus functions cyclically. Because ableist society perceives disabled people as childlike, it denies them access to the sexual realm; but that lack of sexual access also helps *create* people with disabilities as childlike and therefore ineligible for the rights of mature citizens. People with disabilities thus function as what Mae M. Ngai, in her work on U.S. immigrants, has termed “alien citizens,” or “persons who are American citizens by virtue of their birth in the United States but who are presumed to be foreign by the mainstream of [U.S.] American culture and, at times, by the state” (2). Ngai uses “foreign” literally, while I would employ it metaphorically, but the point holds true; in each case, the “alien citizen” under consideration, while legally a citizen, is barred from the full weight of citizenship by cultural prohibitions. Under the existing system, then, disabled people in the United States are, like the undocumented aliens with whom Ngai is immediately concerned, “impossible subjects”—“[people] who cannot be and...[problems] that cannot be solved” (5). It is imperative to note, however, that this is only the case under the currently existing system; that system, as a sociohistorical construct, can be—and must be—changed.

Assessing the challenges that people with disabilities face in the sexual realm, Tobin Siebers writes, “On the one hand, the stigma of disability may interfere with having sex. On the other hand, the sexual activities of disabled people do not necessarily follow normative assumptions about what a sex life is. Neither fact means that people with disabilities do not exist as sexual beings” (“Sexual Culture” 39). In other words, U.S. American culture may tie sex to

ability, but that does not mean that disabled people cannot or do not have sex; rather, it means that their sexual practices have the potential to queer cultural ideas about “appropriate” sexual behavior—and “appropriate” sexual subjects—by challenging heteronormative standards of what “sex” is. In so doing, they embody the *mestiza* consciousness that Anzaldúa claims is necessary to the project of societal re-making: “The new *mestiza* copes by developing a tolerance for contradictions, a tolerance for ambiguity....She has a plural personality, she operates in a pluralistic mode—nothing is thrust out, the good the bad and the ugly, nothing rejected, nothing abandoned. Not only does she sustain contradictions, *she turns the ambivalence into something else*” (101, emphasis added). For people with disabilities, turning ambivalence into something else could mean developing new ways of sexual desiring that could prove revolutionary for *all* people, new recognitions that stress the interconnectedness of all peoples and undercut the binaries and hierarchies that structure the current Western system of thought about personhood and subjectivity.

CHAPTER II

“BUT WHAT CAN YOU *DO*?” HISTORICAL CONTEXTS AND CURRENT CONCERNS IN THE SEXUAL LIVES OF PEOPLE WITH DISABILITIES

In Judith Butler’s germinal text *Bodies that Matter: On the Discursive Limits of “Sex,”* Butler considers how the identity category of “sex”—often, she states, erroneously read as purely biological, as somehow prediscursive, acted-upon but never acting—can be read as a cultural construction. “To what extent,” she ponders, “is ‘sex’ a constrained production, a forcible effect, one which sets the limits to what will qualify as a body by regulating the terms by which bodies are and are not sustained?” (Butler 23). No body exists outside of its particular sociohistorical moment and can only be understood through the constraints of the codes, mores, and discursive constructs that govern its specific location, “constraints [which] not only produce the domain of intelligible bodies, but produce as well a domain of unthinkable, abject, unlivable bodies” (Butler xi). Taking this into account, then, *Bodies that Matter* invites readers to ask, “Which bodies come to matter [within a given social context]—and why?” (xii).

Although Butler’s text does not deal with questions of disability, *Bodies that Matter* offers a useful framework through which to consider how and why, like “sex,” “ability” has come to function as a marker of cultural intelligibility. In arguing that normative heterosexuality is one of the main factors that shapes “the bodily matter of sex,” Butler also leaves the door open for further work in the field: “[G]iven that normative heterosexuality is clearly not the only regulatory regime operative in the production of bodily contours or setting the limits of bodily

intelligibility, it makes sense to ask what other regimes of regulatory production contour the materiality of bodies” (17). Robert McRuer’s theory of “compulsory able-bodiedness” provides one response to Butler’s challenge, demonstrating how “the system of compulsory able-bodiedness, which in a sense produces disability, is thoroughly interwoven with the system of compulsory heterosexuality that produces queerness” (*Crip Theory* 2)—and, I would add, following Butler, sex. Compulsory able-bodiedness operates at an ideological level to construct disabled bodies and lives as unlivable, “repeatedly demand[ing] that people with disabilities embody for others an affirmative answer to the unspoken question, ‘Yes, but in the end, wouldn’t you rather be more like me [which is to say, nondisabled]?’” (*Crip Theory* 9). Thus, borrowing Butler’s words but substituting terms more applicable to my own argument, “the regulatory norms of [ability, which McRuer theorizes as compulsory able-bodiedness] work in a performative fashion to constitute the materiality of bodies and, more specifically, to materialize the body’s [ability], to materialize [ability] difference in the service of the consolidation of the [able-bodied] imperative” (2). As feminists, it is imperative that we challenge the thinking that shapes such exclusionary and oppressive societal norms.

In order to develop new ways of thinking about who “matters” or “counts,” whose lives are “livable,” society must work to destabilize the boundaries that have characterized Western ways of conceptualizing subjectivity. As I have shown in the previous chapter, the current system of Western thought about who constitutes acceptable public or political subjects relies heavily (if often implicitly) on, among other factors, the assumption of “normal” sexual functioning, which effectively bars people with disabilities—who, because of their disabilities, are seen to fall outside the bounds of heteronormativity because they often cannot have “proper” heteronormative sex—from inclusion in the privileged club of “legitimate” human subjects. As

people with disabilities and their allies work to overturn the ableist and heteronormative standards that exclude countless numbers of people from their rightful positions as agentic human subjects, it is only logical to attack the problem at (one of) its root(s), by challenging the societal conditions that work to oppress, demean, and deny the sexualities and sexual expression of people with disabilities.

Thus, in the course of this chapter, I will discuss some of the historical and current social conditions that constrain disabled people's sexual freedom within a framework of reproductive justice, which proves crucial for considering these issues. Loretta Ross states that such a framework "analyzes how the ability of any woman to determine her own reproductive destiny is linked directly to the conditions in her community—and these conditions are not just a matter of individual choice and access. Reproductive Justice addresses the social reality of inequality, specifically the inequality of opportunities that we have to control our reproductive destiny" (n.p.). Reproductive justice seeks to move beyond the pro-choice/pro-life binary by taking a holistic approach to sexual and reproductive health, establishing connections between the conditions of women's lives and the attendant health care decisions they may or may not be empowered to make. Issues of reproductive justice, broadly applicable to women, are also key for people with disabilities, who must often address similar concerns about sexual education and access in their own lives. By insisting upon the right to claim sexual agency and to embrace the capacity for queer sexual potential and pleasure, disabled people demonstrate the lie of all "natural" phallogentric social models, not only those directly related to sexuality, thereby furthering the process of queering or crippling notions of subjectivity.

"What do you two get up to, exactly?" "How does that even work?" "But what do you *do* together?" As most anyone who has ever engaged in nonheteronormative sexual activity can

attest, sexual experiences that do not coincide with patriarchal sexual norms are a source of seemingly boundless curiosity for more determinedly heteronormative friends, family members, and even strangers. For as Robert McRuer notes in his recent essay, “Disabling Sex: Notes for a Crip Theory of Sexuality,” “‘What exactly *do* you do?’ is about as frequent a question for disabled people, in relation to sex, as it historically has been for many queers” (107). However, as he points out, “The motivation behind the question...has usually been different” (“Disabling Sex” 107). Whatever the motivation that drives such questions, however, the questions themselves, and those who ask them, are engaged in tactics of oppression that act to police the sexual lives of persons living with disability. The cultural willingness to ask such private²⁷ questions of members of a minority group is an example of the ways in which disabled people, “reduced” to their bodies by their inability to “control” themselves, are thought of as public property, their lives positioned as books eternally open for anyone to read. The same people who often feel themselves entitled to ask questions of “embodied” persons would likely blush to direct the same boldness toward a “proper” social citizen, whose bodily experiences are respected as private and autonomous. Lauren Berlant and Michael Warner’s “Sex in Public” theorizes the way that heterosexual culture has been created and reproduced through a systematic linkage and privatization of sex and intimacy: “Heterosexual culture achieves much of its metacultural intelligibility through the ideologies and institutions of intimacy,” which work to privatize to sex (553). “[A]lthough the intimate relations of private personhood appear to be the realm of sexuality itself,” they argue, “allowing ‘sex in public’ to appear like matter out of place,

²⁷ Obviously, I am not arguing that sex is an inherently private topic that society should never discuss and about which no one should ever express curiosity. On the contrary, I think that a good deal more frank discussion of sexuality would benefit society enormously, much as Lauren Berlant and Michael Warner argue in “Sex in Public.” Thus, to modify Berlant and Warner, my project “is not just to destigmatize those average intimacies, not just to give access to the sentimentality of the couple for [disabled persons], and definitely not *to certify as properly private* the personal lives of [disabled people]” (562, emphasis added). But we must be careful to respect individuals’ personal boundaries, especially in the context of an oppressed group with a long-established history of lack of sexual privacy.

intimacy itself is publicly mediated” (Berlant and Warner 553). In that sense, then, sex may be regarded as always already public, yet also constructed as private *through* that publicity. This general paradox of Western sexual culture becomes even more noticeable in persons with disabilities, informing much of the discourse surrounding disability and sexuality: that the sexual lives of disabled people are, on the one hand, invisible (insofar as they are assumed not to exist), and on the other, hypervisible (subject to near-constant curiosity and intervention).

Both sides of this paradox play an integral role in maintaining the sexual oppression of people with disabilities, as the simultaneous hypervisibility and invisibility of the sexuality of disabled people fold into one another, creating a virtual Mobius strip of oppressive practices. Tobin Siebers explores this hypervisible/invisible paradox in a chapter of *Disability Theory*, “Sex, Shame, and Disabled Identity: With Reference to Mark O’Brien,” by analyzing disabled poet Mark O’Brien’s poem “Questions I Feared the Journalist Would Ask.” The short poem lists a series of intrusive and highly personal questions about O’Brien’s sexual fantasies and experiences before ending on the lines, ““But she never asked me these, / damn her to hell”” (qtd. in *Disability Theory* 161). The simultaneously defiant and plaintive tone of the final lines of the poem leads Siebers to declare, “The prying questions of journalists, no matter how shameless, reveal a dependence on a culture that targets those people—celebrities and politicians—thought to have the most power, allure, and agency. If O’Brien’s speaker is not worth a prying question, it is because he is thought to have no worth” (*Disability Theory* 162). While for McRuer the sexual lives of people with disabilities are increasingly visible, even if only through highly problematic means (“What exactly *do* you do?”), for Siebers, invisibility is still the norm.

This puzzle of simultaneous invisibility and hypervisibility—what Berlant and Warner might characterize as “sex as it is mediated by publics” (547)—underlies Alexa Schriempf’s

article, “(Re)fusing the Amputated Body: An Interactionist Bridge for Feminism and Disability.” Schriempf opens her article by echoing the assertion of Michelle Fine and Adrienne Asch that “disabled women in general do not deal with the same oppressions that non-disabled women do primarily because disabled women are not seen as women in this [Western, specifically U.S. American] society” (53-53). She elaborates further on the subject some pages later: “[Solely] feminist critiques,” she states, “cannot address disabled women’s needs, experiences, or oppressions because disabled women are not recognized as women in this society. Because disabled women are seen as being helpless, childlike, or defenseless, they are denied the ‘choices’ that trap able-bodied (white) women” (60). It should be noted, of course, that such positioning is by no means exclusive to disabled women; women disabled *and* nondisabled alike have historically been positioned as “helpless, childlike, [and] defenseless.” For nondisabled women, however, these associations are now far more often implicit rather than explicit—which is not the case for disabled women, for whom such associations are still often quite explicit. Schriempf pays particular attention to the trouble that disabled women face in gaining knowledge about and recognition of their sexuality and capacity for different forms of sexual response. Schriempf quotes Ellen Stohl, the paraplegic actress and model who posed for *Playboy* in order to make the point that her disability had not diminished (even though it had changed) her sexual life, as saying, “[After the crash] I was a child again, and people treated me as such, not as a woman....*I was really lucky* in that two orderlies in the hospital harassed me relentlessly—tried to pull my sheets off and stuff. *They treated me like a woman*” (qtd. in Schriempf 56, emphasis added).

The fact that repeated acts of sexual assault could make Stohl feel “lucky”—acts that, had they been committed on Stohl when she was nondisabled, would no doubt have been met with a

very different response—speaks to the enormously complex and often conflicting messages that come into play in the sexual lives of people, especially women, with disabilities. Stohl feels “lucky” for sexual assault because this sexual assault reassures her that she is still sexually desirable in a body that society no longer deems so. Yet the photographs of Stohl that ran in *Playboy*, as Schriempf points out, clearly separate Stohl’s visible disability from her visible sexuality; while her wheelchair is featured in some of the shots, in those photographs, Stohl is always clothed. In her nude shots, however, her wheelchair is nowhere to be seen. Thus, “[t]he two aspects of her self are neatly divided. The editors offer the everyday life pictures as proof of her disability, rather than present her sexuality in conjunction with her disability” (Schriempf 56)—for example, by having Stohl pose nude in her wheelchair, or by simply having the chair nearby in the nude shots. In such a situation, Schriempf concludes, “What is wrong... is that Stohl, in this society, has no sexuality at all as a *disabled* woman. How many of us able-bodied women must establish the presence of a sexuality before we go on to author it as we see fit? And how many of us are in the position of having to prove it and assert it every day?” (57, emphasis added).

Fittingly, the two most common stereotypes about the sexuality of people with disabilities reflect this paradox. The most prevalent of these stereotypes, as I have shown, ascribes asexuality to disabled people. As Tom Shakespeare, Kath Gillespie-Sells, and Dominic Davies, the authors of *The Sexual Politics of Disability: Untold Desires*, note, “The prevailing attitude, central to the prejudice faced by disabled people, is that disability and sexuality are incompatible” (9). Put differently, ableist society assumes that the mere presence of disability eliminates or precludes the sexual desires or drives presumed present in nondisabled persons; a nondisabled person with no interest in sexual activity, for instance, is thought to be suffering

from a medical condition that should be treated and cured in order to return hir to the “normal,” sexually desiring state, while a disabled person exhibiting a similar lack of interest in sexual activity is not seen as similarly in need of medical intervention because of the presupposition that zhe will be uninterested in sex.²⁸ Interestingly, the other major stereotype about sex and disability directly contradicts the myth of disability as asexuality, labeling the sexuality of disabled persons as excessive and positioning them as dangerous predators. These widespread yet dichotomous cultural representations of disabled sexuality—what Anna Mollow calls “somehow both lack (innocence, incapacity, dysfunction) and excess (kinkiness, weirdness, perversion)” (“Is Sex Disability?” 286)—again echo long-standing ideas about women’s sexuality in general: that women either lack sexuality entirely or have it to excess (the virgin/whore dichotomy).²⁹ The endurance of this dichotomy, both as it applies to women in general and to people with disabilities in particular, demonstrates the paradoxical nature of Western society’s views on sexuality. Specifically as they pertain to disabled people, ableist perspectives on sexuality make plain the damagingly limited model of sexual possibility available to people living with disabilities and suggests the difficulty they might have in redefining the stereotypically heteronormative, phallogocentric mold of what sex is or can be.

In “On Claiming My Movement: Disability and Reproductive Justice,” disabled feminist writer Mia Mingus asserts:

Reproductive justice and disability are connected on a deeply fundamental level. Disabled people, issues, history, politics and analysis allow us to see

²⁸ I specify “presumed present” or “presumed not to be present” as a way of gesturing toward another problem: the societal erasure of persons claiming an asexual identity. Asexuality is not problematic in and of itself, but rather when it is ascribed falsely to large groups of people for whom it may be marginalizing and oppressive. This is not to deny, of course, that there are disabled asexuals—merely to stress again the need to interrogate commonly held ableist assumptions about sexuality in people with disabilities.

²⁹ There is a heavily racialized component to this dichotomy. Most broadly, ideas about sexual “lack” apply to white women, while notions of sexual “excess” apply to women of color, in ways that oppress women positioned on either side of the virgin/whore binary.

parts of reproductive just that we would otherwise never know. After all, how can you talk about bodies without talking about disability?....How can we forget that female bodies were historically coded as “disabled” because they were “different” and had “different abilities” than male bodies? Or that ableism is so easily and successfully used as a mechanism of reproductive oppression?

As women of color, people with disabilities, LGBTI and queer people, and survivors of violence and trauma, the struggle to claim our bodies for ourselves—in all of our bodies’ curious, strange, beautiful and glorious ways—cannot be separated from reproductive justice. (n.p.)

As Mingus asserts, disability and reproductive justice issues are inextricably intertwined in powerful ways. A number of important issues of reproductive justice, such as women’s rights to acknowledgment of our sexual selves, access to sexual and reproductive health care services, the right to parent, freedom from sexual violence, and the eradication of ableist, eugenicist notions of population control, are key topics affecting women generally, and women of color more specifically,³⁰ but they become doubly pronounced when considered through the critical perspective of disability (Mingus, “Disabled Women...” n.p.).

Barbara Faye Waxman’s article “It’s Time to Publicize Our Sexual Oppression” calls attention to the way in which existing structural barriers have created personal feelings of sexual

³⁰ See, for example, Angela Y. Davis’s foundational work on women of color and reproductive justice in *Women, Race, and Class*, in which she states, “Since the right of birth control is obviously advantageous to women of all classes and races, it would appear that even vastly dissimilar women’s groups would have attempted to unite around this issue. In reality, however, the birth control movement has seldom succeeded in uniting women of different social backgrounds. [...] The progressive potential of birth control remains indisputable. But in actuality, the historical record of this movement leaves much to be desired in the realm of challenges to racism and class exploitation” (353-354). More recently, Andrea Smith’s “Beyond Pro-Choice Versus Pro-Life: Women of Color and Reproductive Justice” (2005) “argue[s] that the pro-life versus pro-choice paradigm is model that marginalizes women of color, poor women, and women with disabilities” (38).

shame and worthlessness in people with disabilities. After asking, “Why hasn’t our movement politicized our sexual oppression as we do transportation and attendant services?” Waxman answers her own question: “[B]ecause we are afraid that we are ultimately to blame for not getting laid; that it is somehow a personal inferiority. And in the majority culture this secret is a source of personal embarrassment rather than a source of communal rage against the sexual culture itself” (85). Mitchell S. Tepper points out that societal discussion of sexuality, such as there is, tends to ignore the pleasurable aspects of sexual activity, focusing instead on its dangerous or threatening dimensions, but this is especially true for people with disabilities, for whom pleasure in sex is almost totally ignored: “Disabled populations,” he states, “are not viewed as...even capable of sex for pleasure” (285). Tepper argues that:

Sex is portrayed as a privilege of the white, heterosexual, young, single and nondisabled. Sexual pleasure is held out as a reward for buying the right product and targeted to markets with the most disposable income. Sexuality as a source of pleasure and as an expression of love is not readily recognized for populations that have been traditionally marginalized in society. Sexual portrayals of people who are older, who are larger, who are darker, who are gay, who are mentally or physically disabled, or who just do not fit the targeted market profile have been conspicuously absent in mainstream media...[as well as] underrepresented in the medical or scientific research literature. (285)

To Tepper’s insightful analysis of what we might call “pleasure privilege,” I will add gender—for in addition to sex being the privilege of the young, white, straight, single, and nondisabled, sex and sexual pleasure are frequently presented as being “for” men, while women’s sexual

pleasure is largely deemphasized. The ideology of ability, based in ideas about what constitutes “normal” sex (within a Western culture where “normal” is automatically conflated with “right”), works to position the sexual culture that Waxman speaks of and Tepper helps explicate as “natural,” rather than as a historical condition that has grown out of specific sociohistorical patterns of behavior that privilege ability (as well as maleness, heterosexuality, youth, and whiteness) at every turn—what Butler describes as “regulatory schemas [that] are not timeless structures, but historically revisable criteria of intelligibility which produce and vanquish bodies that matter” (14).

These societal conditions have a long history and have manifested in myriad ways. One of the earliest and most prevalent ways of understanding disability was through what has come to be known as the moral model of disability. In the words of Eli Clare in “Stolen Bodies, Reclaimed Bodies: Disability and Queerness,” the moral model, supported by Western religious and philosophical tradition, “transforms disability into a sign of moral weakness” (360). Under the moral model, disability is held to be simply an outward manifestation of some inner moral failing, exemplified in classical views of women’s failings more generally, such as Aristotle’s description of women as “mutilated males,” disabled by their very status as women and hence suffering from inborn defect (27-28).³¹ Although the clearly ableist assumptions that underlie the moral model mean that it has fallen largely out of fashion, its effects are still felt. Rosemarie Garland-Thomson reminds us that “Western tradition posits the visible world as the index of a coherent and just invisible world, encouraging us to read the material body as a sign invested with transcendent meaning” (*Extraordinary Bodies* 11). Adherence to conventional societal ideas about what constitutes beauty, ability being one of the most widespread and long-lasting, is

³¹ de Beauvoir expands on this idea early in *The Second Sex*, noting that women’s bodies have been constructed as “an obstacle, a prison, burdened by everything that particularizes it” (5).

seen as proof of moral and ethical goodness; therefore, following Aristotelian views of woman as “mutilated man,” much as women have historically been seen as incapable of moral reasoning and therefore corrupt, people with disabilities also have been seen as morally corrupt and evil. The dominant sexual culture that declares sex to be the privileged domain of the nondisabled is built on such assumptions.

The roots of the social conditions that have sought to deny people with disabilities the right to express themselves sexually, which echo those that have acted to deny women sexual agency, were planted long ago, but disability studies generally locates the solidification of those conditions in the post-Enlightenment era in which medical discourses of normalization began to take hold in the Western world. Explicating the normalizing discourses theorized by Michel Foucault, Ladelle McWhorter defines normalization as “a mode of observation, ordering, intervention, and control that simultaneously homogenizes and individualizes its target population....Norms homogenize the group by enabling all differences among its members to be understood as deviations from a norm and therefore essentially related to it. No one stands outside of normalization; everyone can be located with regard to the norms” (156). Prior to that moment in history, individuals and bodies were compared to an ideal form, and since no one could ever truly measure up to the ideal, all individuals and their bodies were united in their failure to approximate it. At that historical moment, concomitant with the shift in emphasis from approximating the ideal to the normal, the medical establishment began to solidify its hold over the lives and bodies of all people, as Henri-Jacque Stiker makes plain when he writes of “the realization [in the late eighteenth century] of the medical profession’s great dream to care for the ill and in so doing to become the adjudicators of a social norm that is defined on the basis of norms of life and health. At the close of the eighteenth century this dream of medical power,

which had the mandate to serve, or even to dominate, political power, was effectively made reality” (104).

This has proved especially true for people with disabilities, whose perceived deviations from the privileged norm became increasingly medicalized in the post-Enlightenment era,³² a condition that prompts Bill Hughes’s observation that “[t]he history of impairment throughout modernity has been a history of pathologization and supervision. In the nineteenth century, disabled people were constructed as the docile population par excellence” (“Foucauldian Analysis” 80). Much of the “pathologization and supervision” to which disabled people have been and continue to be subjected was the result of “the uncontested dominance of the ... institution of the asylum” (Stiker 104), which allows for the segregation and constant surveillance of those deemed too deviant to live among the “normal” population. With the rise of the asylums in the late eighteenth century, those subject to institutionalization included, at various times, people with any number of diseases feared communicable, people with epilepsy, and people affected by mental retardation and insanity, as well as, in many cases, poor people (whose poverty, it should be noted, was often the consequence of disability) and women whose husbands or families simply wished to be rid of them (Nielsen 69-70). Conditions were often filthy, and it was not at all uncommon to encounter inmates who were starving, naked, neglected, or beaten into submission (Nielsen 70). Privacy of any kind was unheard of, and based on the

³² It is possible to extend these observations to other non-normative bodies, as well. In Siobhan Somerville’s “Scientific Racism and the Emergence of the Homosexual Body,” Somerville explores the way in which the historical formation, at the turn of the twentieth century, of “homosexual” as an identity category locatable in discrete bodily differences parallels and intertwines with contemporary investigations into the “fact” of racial difference. Bodies of color and homosexual bodies were positioned as somehow intrinsically other from “normal” bodies, defined as white and heterosexual, respectively. In casting homosexual and non-white bodies as “abnormal,” scientists drew on (sometimes implicitly, sometimes explicitly) understandings of disability as the ultimate negative Other. I explore this connection further later in this thesis, in my discussion of the logic of immigration and disability.

numerous other documented abuses, one may presume that sexual abuse also took place frequently, both from the asylum supervisors and within the institutionalized population.

The legacy of such practices has been a culture of institutionalization of people with disabilities, one that still encroaches upon the freedoms of disabled people today—including, most germane to my paper, freedom of sexual expression. Bethany Stevens notes that, as of 2011, approximately 2 million disabled and elderly people are housed in institutional settings in the United States, where “every aspect of one’s life is monitored and controlled—from the time to eat to bathe to sleep—causing countless human rights violations” (n.p.). Anne Finger elaborates: “Institutions—whether traditional hospitals or euphemistically named ‘homes,’ ‘schools,’ or newer community-care facilities—often out-and-out forbid sexual contact for their residents” (n.p.). Disabled people living in residential care facilities or group homes often report being forbidden to form relationships or to masturbate—conditions exacerbated by the often near-total lack of privacy afforded to the residents. Shakespeare, Gillespie-Sells, and Davies quote a disabled man named Nigel, who has a physical impairment and a learning disability:

People with learning disabilities are treated badly. I know of day centres and residences where sex is banned. This is where people live and they can’t have sex. Sometimes day centres are the only places where people can socialize and sex is part of that, although people need to be discreet or it needs to be appropriate, but to ban it is wrong. I know of two gay men who were forming a relationship and the staff separated them so that they could no longer be together. All this needs to change. (qtd. in *Untold Desires* 34)

Nigel's comment also points to another strikingly common aspect of disabled sexual oppression: the belief that men and women with disabilities (if they have sexuality at all) must necessarily be heterosexual.³³ Yet as recently as 1980, the World Health Organization defined homosexuality as an impairment, complicating that heterosexist assumption: "On the one hand, therefore, we find that disabled people cannot or should not be lesbian or gay: on the other hand, it is suggested that people who are lesbian or gay are themselves suffering from an impairment" (*Untold Desires* 154). This belief has institutional consequences, as well, as Nigel's story makes plain, and Stevens notes that "[i]n the limited amount of cases where sexual activity is permitted [in institutional settings], it is generally only heterosexual marital sex that is allowed" (n.p.). Thus, even when one social norm about sex (that disabled people do not engage in it) is shattered, others (that it be heterosexual, in pairs, and within marriage) are reinforced all the more powerfully since they serve as preconditions for ending the other prohibition.

On the subject of the need for sexual access, a clear difference exists between the opinions of the people with disabilities living in institutional settings and those of the largely nondisabled staff members who work with them; the former group and their allies insist that the right to express oneself sexually, if one chooses, must be made available to disabled people, including those in institutions, while the latter group support and enforce policies of surveillance and oppression that reflect commonly held ableist assumptions about disability and sexuality—namely, that people with disabilities are either asexual and therefore have no need or desire for sexual access or are excessively sexual and therefore must be subject to sexual control by those who "know better." As Shakespeare, Gillespie-Sells, and Davies state, "This failure to prioritize matters [sexuality] which are highly significant to most adults, including most disabled adults, reflects a failure to consider disabled people as fully human" (*Untold Desires* 87).

The failure of society to see disabled people as fully human, which contributes to a culture of institutionalization, also contributes to the lingering contemporary effects of another key historical means of policing the sexuality of people with disabilities: the long-standing

³³ This belief can be read as an example of what Sara Ahmed calls a "straightening device," a way of using "the ordinary work of perception [in a way] that straightens the queer effect" (96). The effect is not merely to consciously read as straight bodies that might be queer—"not simply about correcting what is out of line" (92)—but to explain how "things might seem oblique in the first place only insofar as they do not follow the line of that which is already given" (Ahmed 92). In other words, when disabled bodies are presumed to "have" sexuality at all, they are automatically read in relation to "that which is already given," which is to say, the default of heterosexual culture.

practice of forced sterilization, which has been (and, in some cases, continues to be) used against disabled people in appallingly high numbers. As disabled feminists such as Finger and Mingus have pointed out, these sterilizations benefit the so-called caregivers of the disabled person far more than the disabled person himself, as in the case of Ashley X, or the severely cognitively and physically disabled “Pillow Angel,” mentioned briefly in the last chapter, whose parents had her sterilized and her growth stopped in order to make it easier to care for her. Furthermore, the decision to halt Ashley’s growth and remove her primary and secondary sexual organs in order to prevent her sexual maturation reflects her parents’ belief that sexuality neither should nor will ever play a role in her life; although Ashley’s parents state that their decision was partially motivated by a desire to protect her from the potential consequences of sexual assault, should such assault occur, they also revealed far more paternalistic motivations: Ashley, they write, “has no need for developed breasts since she will not breast feed ... and their presence would only be a source of discomfort to her” (qtd. in Gibbs n.p.). There is, of course, no way to know how Ashley might have experienced her own breasts; certainly they might have been a source of discomfort, but they might also have been a source of pleasure. The point is that Ashley’s parents assumed in advance that sexual pleasure would play no role in their daughter’s life, then acted to make sure they would be correct.³⁴

“The Ashley Treatment,” chilling in and of itself, is part of a much wider cultural push to prevent the reproduction of disability. In the United States, this eugenicist project³⁵ has been

³⁴ I do not suggest that either breasts or reproductive capability are necessary components of sexual pleasure; I comment only on the general thinking that surround the decision of Ashley’s parents.

³⁵ Eugenics refers to a branch of science that advocates using selective reproduction techniques for the purposes of shaping the inheritance of certain traits within a population. In the U.S. context, eugenics rose to prominence around the turn of the twentieth century amidst concerns about the declining birth rate among white women and thus the racial “pollution” of the U.S. population. Indeed, U.S. Americans’ attempts to navigate the shifting and at times conflicting meanings embedded in the very notion of “American-ness” by classifying would-be immigrants into a racial system which forced them into highly specific and often arbitrary hierarchical categories was in itself an effort to avoid certain kinds of disability by holding the “diseased” races at a distance from the “pure” and

fundamentally linked to ideas about what constitutes “proper” U.S. American citizens and the “American character,” which in some ways has been defined and constructed through abjecting disabled bodies, especially with regard to their sexual or reproductive capabilities; people with mental illnesses, for example, were equated with prostitutes in immigration policy, comprising the group known as “the immoral classes” (Ngai 87). Late nineteenth and early twentieth century U.S. immigration policy further reveals the degree to which disability and U.S. citizenship were seen as mutually exclusive categories. Before the establishment of numerical quotas for immigration with the Johnson-Reed Act of 1924, there existed “qualitative criteria for selective or individual exclusion that expressed normative definitions of social desirability,” which included “the diseased”; and by the 1880s, people affected by mental retardation and insanity, as well as the “feeble-minded,” were all deemed inappropriate candidates for naturalized citizenship (Ngai 18; 59).

Sharon Lamp and W. Carol Cleigh observe that such eugenicist thinking pervaded even ostensibly progressive social movements like women’s suffrage and was espoused by some of its most notable names, including Charlotte Perkins Gilman and Margaret Sanger. Sanger, for example, preached the need to provide poor women with access to birth control as a means to avoid individual and thus societal “defect,” arguing that “the most urgent problem of today [the early 1920s] is how to limit and discourage the over-fertility of the mentally and physically defective” (qtd. in Lamp and Cleigh 178). These “prolific poor...[Sanger] portrayed as intrinsically unfit and a national threat” (Lamp and Cleigh 182). As Angela Davis makes plain,

“uncontaminated” white race. To put it differently, while immigration policy of the day was undergirded by racism, such racist thinking was itself largely dependent on ableist notions of “fitness” for citizenship— notions that relied on the assumption that “fitness” constituted a necessary and proper prerequisite for privileged membership in the United States. Even more than the prevailing racial thinking, which met with relatively frequent, if often unsuccessful, challenges from members of the affected racial groups and from their white sympathizers, this ableist thinking went unexamined and unchallenged.

however, these ‘defectives’ were often not actually disabled but rather members of racial or ethnic groups seen as undesirable; hence Davis’s assertion that “arguments advanced by birth control advocates have sometimes been based on blatantly racist premises,” one which “lay buried in the ideological underpinnings of the birth control movement itself” (353-354). For example, according to Ngai, “copious amounts of data on ‘degeneracy’ and ‘social inadequacy’ (crime, insanity, feeble-mindedness) show[ed] the alleged racial inferiority and unassimiability of southern and eastern Europeans” (24). In other words, the degree to which groups of immigrants could be categorized as “defective”—which is to say, disabled—functioned as legal and social proof of their inherent unfitness for the high honor of U.S. American citizenship, as well as proof of their “need” for sexual and reproductive control. Though the language used today is usually more guarded, the intent behind the words is often strikingly similar; as Mingus observes, “The continuing power of eugenic thought in the U.S. [is used to justify] measures for [women with disabilities] and disabled children,” with “[t]he medical establishment pathologiz[ing] ‘disabling traits,’ associat[ing] these traits with ‘social problems,’ and defin[ing] them as targets to ‘cure’ and ‘conquer’” (n.p.).

Julia Kristeva’s *Powers of Horror: An Essay on Abjection* attempts to explain how subjects constitute themselves *as* subjects by constructing borders around the deviant, the Other, the “abject.” For Kristeva, the abject is “what disturbs identity, system, order. What does not respect *border, positions, rules*. The in-between, the ambiguous, the composite” (4). Rooted in the body, in those moments when the subject experiences an unsettling, even terrifying—though also occasionally exhilarating—loss of boundary between herself and others (such as through certain bodily processes such as menstruation, pregnancy, and excretion), the abject also applies to the creation of in-group/out-group dynamics, ones which underlie the foundations of the

structure of particular social groups, such as nations and their accompanying national identities. The traditional symbolic representation of the nation as a “body” speaks to this construct in ways gestured at by Caroline Herbst Lewis, who demonstrates in “Waking Sleeping Beauty: The Premarital Pelvic Exam and Heterosexuality During the Cold War” how, at a moment of national identity crisis, the “normal” female body and its concomitant “normal” sexual response (passive vaginal orgasm within the confines of heterosexual marriage) became not only a “prerequisite for marital stability,” but also a key means of “shoring up...the national security state” (303).

I wish to expand Lewis’s argument somewhat, showing how, without mentioning disability, it can nevertheless be read in ways profitable for critical disability studies. As Lewis shows, the “normal” body and sexual response of the married woman was important primarily because it allowed for the reproduction of the “healthy” family unit and thus the “healthy” nation, itself metaphorized as a body. Similarly, for those concerned with policing the metaphorical boundaries around the idea of the nation and who comprises it, the primary worry, then as now, is not actually the disabled person himself, but rather the imagined future offspring of that person, who could have an exponentially greater effect on the composition of the nation. As Jonathan Xavier Inda points out, eugenicist thought on this subject was so absolute “that by 1917 sixteen states had enacted involuntary sterilization laws aimed at those considered burdens on society: habitual criminals, the mentally retarded, epileptics, and various categories of the insane” (107). In Western society, then, disability—and particularly disabled sex—is held to be so implicitly negative that it can transform one of the main tenets of Rubin’s “good” sex (that it be procreative) into a powerful social taboo. Disabled people transgress sexual and social norms if they decide to procreate because they are seen as increasing the number of disabled people in the world—a major taboo since ableist culture barely tolerates preexisting disability and cannot

fathom someone willingly “taking the risk” of producing more disabled humans.³⁶ Consider, for example, the common refrain of many a soon-to-be parent, who often protests that zhe does not care if the baby is a boy or a girl—just as long as the baby is “healthy,” which is to say, nondisabled. Implicit in these strategies (and, for that matter, sometimes explicit) is the message that *those* kinds of babies are not wanted, that increasing the number of disabled people in the world is a bad thing that should be avoided—that only nondisabled people are of the cherished “us,” while people with disabilities will only ever be an unwelcome “them.” For Sarah Smith Rainey, the conclusion is clear: “[P]eople with disabilities are erotically segregated” due to widespread societal anxiety “that a disabled person will partner with a nondisabled person, burdening nondisabled family members and potentially creating more disability” (3).

The daily effects of these historically oppressive practices—which are, of course, still continuing, though they are admittedly less visible than at some other points in history—make plain the need for a drastic shift in the way Western culture conceptualizes disability and sexuality. In her article, “Structural Barriers to Sexual Autonomy for Disabled People,” crip activist and theorist Bethany Stevens discusses several major issues that people with disabilities, specifically those in the contemporary United States, often face when trying to gain or exercise sexual agency, including the shameful lack of sexual education and health care for people with disabilities and the lingering effects of laws that act to define “sex” in strictly delineated, highly gendered, phallogentric ways. In fact, as Stevens and others show, these two issues are tightly

³⁶ This unfathomability finds its roots in the ideological system that queer theorist Lee Edelman, in his foundational text *No Future: Queer Theory and the Death Drive* (2004), terms “reproductive futurism,” which describes how society seeks endlessly to reproduce and perfect itself through the figure of The Child, the symbol of an eternally perfectible (because eternally yet-to-be) future. Within a social system structured by reproductive futurism, like the U.S., the Child, whom Edelman is careful to distinguish from “the lived experience of any historical children” (11), ensures that “the absolute privilege of heteronormativity [is preserved] by rendering unthinkable, by casting outside the political domain, the possibility of a queer resistance to this organizing principle of communal relations” (2). From the critical perspective of disability studies, then, to knowingly “risk” reproducing children who, because of their potential disabilities, cannot hope to fit the mold of The Child is essentially to stand “opposed to every form of social viability” (Edelman 9).

bound to one another, with each acting to reinforce the other in ways that have devastating effects for disabled people, as well as for the whole of society. Stevens' work provides opportunities for thinking through how re-scripting the discourse around these issues can contribute meaningfully to the crucial project of embracing queer/crip modes of thinking about sex and subjectivity.

Untold Desires quotes at length a disabled woman named Caroline, who laments the lack of practical and readily available information about sexual activity for people with disabilities. She ends her testimonial by stating, "Information is power, and disabled people still don't have enough of it" (Shakespeare, Gillespie-Sells, and Davies 15). Caroline's words still ring true; reliable information about sexuality and sexual functioning for disabled persons is difficult to come by even for those who know where to look and have the means to do so—not insignificant qualifiers. Meanwhile, "Teachers, parents and centre workers seemed often to place low priority on sex education, or to convey the bare minimum facts, or to protect disabled people from information which was felt to be inappropriate" (Shakespeare, Gillespie-Sells, and Davies 22). Even considering the low priority placed on sex education in general, given that people with disabilities are the largest minority group in the world, appearing in every race, ethnicity, nationality, sexuality, sex, gender, class, and virtually every other identity category imaginable, it is extremely problematic that this should be so. Anna Mollow and Robert McRuer offer one possible explanation when they suggest that "we tend to accord more importance to those forms of oppression we label 'access barriers' than to the more subtle ones that govern social and sexual encounters ... on the basis of their [access barriers'] concreteness, their indisputable 'reality'" (5). Yet what could be more "real" than the pain of systematic exclusion from one of the most basic human experiences? This pain can have significant, long-lasting effects on self-

esteem,³⁷ as Mia Mingus makes clear: “I internalized and believed this cripsex myth [that disabled people are not sexually worthy] for a number of years and hated myself because of it. As a sexually frustrated teen, I felt undesirable....I assumed everyone in my peer group was having sex and that I was subhuman because I was not” (“Paying for Pleasure,” n.p.). Again, as Siebers’ work suggests, “having sex” becomes seen as a baseline for humanity, with dire consequences for the psychological and physical well-being of those who are excluded from the group—this “group” being, as previously noted, not only nondisabled, but also implicitly young, white, straight, middle-class, and male.

Issues of reproductive justice, such as the need for access to sexual education and health care, as well as for models of sexual and romantic relationships that reflect the real-life sexual experiences of people with disabilities, are some of the paramount concerns facing disabled sex advocates at the current moment, as disabled feminist Liz Crow suggests when she writes:

I’ve always assumed that the most urgent Disability civil rights campaigns are the ones we’re currently fighting for—employment, education, housing, transport etc., etc., and that next to them a subject such as sexuality is almost dispensable. For the first time now I’m beginning to believe that sexuality, the one area above all others to have been ignored, is at the absolute core of what we’re working for. [...] It’s not that one area can ever be achieved alone—they’re all interwoven, but you can’t get closer to the essence of self

³⁷ Again, this echoes larger patterns present in discourses surrounding sex and women. Vance, for instance, notes that the goal of sexual freedom and access often has been repressed in favor of other, less politically sensitive needs, such as integration into the workplace (292). Keeping sex “private” thus continues women’s oppression, as well as the oppression of people with disabilities. In the words of Berlant and Warner, “[B]y making sex seem irrelevant or merely personal, heteronormative conventions of intimacy block the building of nonnormative or explicit public sexual cultures” (553).

or more ‘people-living-alongside-people’ than sexuality, can you? (Crow 9, qtd. in Tepper 7)

What Crow implicitly champions here is a call for increased sexual education, a program that will get “at the absolute core of what we’ve been working for.” Comprehensive sex education is a central concern of reproductive justice, and in order to be truly comprehensive, it must include people with disabilities. However, sex education in the United States is currently based largely on the abstinence-only model, and even when it does include practical information, it is usually directed only toward nondisabled persons, as Eddie,³⁸ a man with spina bifida, relates: ““They did sex education, *where the man puts his penis into the woman, all the biological stuff*, it’s all technical and big long words, it was all about how babies are made, we weren’t told this is what you will be doing, and all diagrams, all the pictures, but *none of disabled people*”” (Shakespeare, Gillespie-Sells, and Davies 23, emphasis added). This quote helps demonstrate how lack of sexual education and culturally constructed ideas about what sex “is” inform one another, as the kind of sex education Eddie describes reinforces the idea that only one type of sex exists (“where the man puts his penis into the woman”), that only one type of body can have sex (a male body, which performs sex, itself defined as a man putting his penis into a woman, on a female body), and that both the type of sex being had and the body having it are necessarily able-bodied.

This model of sexuality, put forth by a phallogentric society that defines sex strictly as heterovaginal intercourse, relies on a number of sexist, ableist, and heterosexist ideas, as Alexa Schriempf’s article “(Re)fusing the Amputated Body: An Interactionist Bridge for Feminism and Disability” makes clear. Perhaps foremost among them, for Schriempf, is that women with disabilities are not seen even as having sexuality, but others are equally deserving of mention: that sex will necessarily be between a man and a woman; that it is for the purposes of

³⁸ Eddie, it should be noted, is from Great Britain, not the U.S., but the point applies in both contexts.

procreation, not pleasure (“it was all about how babies are made”); that there is only one way to express oneself sexually; that bodies must function in certain ways in order for people to have sex (the man must be able to get and sustain an erection, while the woman must be able to have a penis in her vagina long enough for the man to achieve orgasm); and that sexuality and sexual expression are purely biological processes with no emotional, mental, or social components (“it’s all technical and big long words...we weren’t told this is what you will be doing”). Combined with the fact that “all diagrams, all the pictures” showed only nondisabled sexual participants, the message is clear: sex is not for disabled people. Sexual education that is more expansive, more inclusive, and more just—in a word, that is more queer—would no doubt do much to counter the belief that sexuality is, in Tobin Siebers’s phrase, “the privileged domain of ability” (“Sexual Culture” 40-41).

Crip theorist and activist Bethany Stevens points out that because disability is still often thought of purely as a medical problem, rather than as a social or political problem, disabled people seeking advice on sexual matters are often encouraged simply to ask their doctors about any questions they may have. This can be a major problem because “many medical professionals”—who are, after all, products of the same ableist society that works to exclude disabled people from the sexual realm—“lack cultural competence concerning disability issues [...] all too often assum[ing] disabled people are only their disabilities” and thus “reifying the medical model of disability that asserts the problem of disability is a personal, rather than social one” (Stevens n.p.). Thus, people with disabilities often report doctors who behave in frankly ableist ways, assuming there is no need to ask questions relating to the patient’s sexual history, failing to provide information about contraceptives, and generally neglecting to treat disabled people as human beings with legitimate sexual needs and desires.

Schriempf lays bare this problem in horrifying ways, citing the example of a young woman with spina bifida who asked her gynecologist if she could “have satisfying sexual relations with a man” only to be assured that “[her] vagina will be tight enough to satisfy any man” (qtd. in Schriempf 53). Again, a number of sexist, ableist assumptions are in play, foremost among them that this young disabled woman could only be concerned with satisfying her partner’s sexual desires, rather than her own—an assumption that draws on traditional beliefs about the superiority and vitality of male sexual pleasure—but heterosexist ideas also shape the doctor’s response: hence the assumption that when the young woman asks about sexual relations, she must necessarily mean penetrative, heterovaginal intercourse. In other words, the doctor—a gynecologist, no less!—“misunderstands the woman’s question not just because he is sexist and/or ableist but because his idea of sexual activity is shaped by the heterosex model’s notion of erogenous zones—basically, as long as the woman’s vagina is accessible, then there are no question to be raised about her ability to *provide* satisfying sexual relations” (Schriempf 64, emphasis added). What is important is that the woman be able to *provide* satisfying sexual relations, not that she be able to experience sexual satisfaction, because her sexual satisfaction is seen as entirely secondary to her (male) sexual partner’s. For the doctor in this example, sexual satisfaction is *de facto* nondisabled male sexual satisfaction, an understanding shaped by the phallogentric sexual norms that govern Western sexual culture—what Shakespeare, Gillespie-Sells, and Davies so aptly term “fucking ideology,” in which the category of “sex” is held to be “synonymous with heterosexual penetrative intercourse with male on top of female” (97). As they point out, “While [this idea] is damaging generally to healthy sexual relations, and no doubt is responsible for the limited sexual pleasure that many women derive from heterosexual experiences, it is particularly oppressive to disabled people, who often cannot operate according

to ‘fucking ideology’” (Shakespeare, Gillespie-Sells, and Davies 97) because of the physical conditions or realities of their disabilities.

Abby L. Wilkerson expands on this idea in her article “Normate Sex and Its Discontents.” Rosemarie Garland-Thomson’s conception of the “normate” defines it as “the veiled subject position of the cultural self...[or] the social figure through which people can represent themselves as definitive human beings” (*Extraordinary Bodies* 8)—as the societal construct of “subject.” Building on this idea, for Wilkerson, normate sex names not so much a sexual act or acts but rather the *ideals* of “the” sexual act, which acts to uphold cultural norms that privilege sexist, racist, heterosexist, classist, and ableist ideas about who can occupy a subject position. “Normate sex,” Wilkerson argues:

should be understood as a powerful force contributing to social group oppression. Major social institutions—the state, medicine, popular culture, education, religion—disseminate and enforce its norms....Sexual norms capture in a particularly gripping way a vast array of rules for social relations; that is, rules for relationships and interaction between and within social groups. Bodies themselves become larger than life in schemas of normate sex, representing broader states and identities, from communities to the nation. (197)

Keeping this idea in mind, let us return to the example of the young woman with spina bifida and her gynecologist. The real problem at the heart of this exchange, Schriempf suggests, is not the doctor’s personal sexism and ableism, though those certainly play a part; the real issue is the constant privileging of the idea of normate sex in Western culture at large, which dictates both that the young woman must ask the question and that the doctor must answer it in precisely the

way that he does in order to perpetuate the dominant social order. In other words, the real issue is that question must be asked in the first place (Schriempf 73). Feminists disabled and nondisabled alike must work to overturn the societal conditions that create the need to ask such questions so that in the future, another person with a disability will not have to experience a conflict between hir sexual desire and the modes of sexual expression possible to hir—because sexual expression itself should not be narrowly defined as male-female genital contact.

Critical in and of itself, the everyday work of battling disabled oppression that I discuss in this chapter—speaking out against institutionalization, advocating for greater access to sexual education, fighting for increased rights to make their own sexual health decisions—takes on double significance in the context of my broader thesis project, as it is just this type of work that can help foster a sense of queer/crip sexual subjectivity. As Wilkerson states elsewhere, “Sexuality is a vital means of pleasure, interpersonal connection, personal efficacy, and acceptance of one’s body and of self more generally” (“Disability, Sex Radicalism” 194)—all key elements of establishing a queer/crip subjectivity. Within the context of a social system that has sought to define disabled people and their bodies as unnatural and wrong, it is crucial that people with disabilities be able to exercise agency in reclaiming their sexualities as sites of personal growth and societal transformation.³⁹ As Tom Shakespeare advocates, “Rather than struggling to conform and to fit in to stereotypes which developed on the basis of exclusivity and the body beautiful, and narrow, limited notions of how to behave and how to look, disabled people can challenge the obsession with fitness and youth and the body, and demonstrate that sexual activity and sexual attraction can be whatever you want it to be” (5). In doing so, he adds, “[w]e can perhaps challenge a whole lot of ideas that predominate in the sexual realm, and

³⁹ As I state in the Introduction to this thesis, I do not advocate forcing anyone to adopt practices or identities with which zhe may feel uncomfortable. The decision to exercise sexual agency must lie with individuals, but whether those individuals ultimately choose to do so or not, the option must be available.

enable others—not just disabled people—to reassess what is important and what is possible” (Shakespeare 5). Embracing “the political power of the sexuality of disabled people” (Stevens n.p.) points the way toward a means of re-conceptualizing what “sex” in Western culture traditionally has been (exclusionary, phallogentric, masculinist, heteronormative) and what it can be (inclusive, fluid, feminist, queer).

In closing, it is worth noting that none of the issues addressed in this chapter are new; though the presence of disability inflects them in particular ways at the present moment, these are old problems, ones which have affected not only disabled people, but also women, throughout history. Assumptions both ableist and sexist (not to mention racist, classist, and heterosexist) underlie these enduring problems; recognizing and refuting these assumptions is critical for those who work to bring about sexual justice for disenfranchised groups, particularly people with disabilities. Eli Clare’s well-known essay, “Stolen Bodies, Reclaimed Bodies: Disability and Queerness,” makes precisely this point, eloquently demonstrating the potential of the sexuality of people with disabilities to effect the sorts of personal and societal change necessary in order to further the search for queerer modes of subjectivity. In this excerpt, Clare locates hir primary political awakening in hir experiences with a lover:

The work of refiguring the world is often framed as the work of changing the material, external conditions of our oppression. But just as certainly, our bodies—or, more accurately, what we believe about our bodies—need to change so that they don’t become storage sites, traps, for the very oppression we want to eradicate. For me, this work is about shattering the belief that my body is wrong. It began when I found communities committed to both pride and resistance. It was there that I could begin to embrace irrevocable

difference—come to know the grace in my shaky hands, the rhythm of tremor and tension in my muscles, the joy in my transgendered butch body, sun on my back, a lover’s hand on my belly....I am still in the middle of this work. I think of my lover cradling my right hand, saying “Your tremors feel so good”; saying, “I can’t get enough of your shaky touch”; saying, “I love your CP.”

Shame and disbelief overwhelm me until I stop and really listen to the words.

Another layer begins to shatter. (“Stolen” 363-364)

Thus, for Clare as for others, coming to an understanding of oneself as a sexual being is a key component in carrying out the critically queer, critically crip project of “shattering the belief that one’s body is wrong” and beginning “the work of refiguring the world.”

CHAPTER III

LET'S SING ABOUT SEX, BABY: REPRESENTATIONS OF SEXUALITY AND DISABILITY ON *GLEE*

At the most recent meeting of the 2012 Popular Culture Association/American Culture Association in the South Annual Conference, one presenter delivered a paper in which she interrogated the representations of and messages surrounding the popular television show *Glee*'s portrayals of sexuality, paying special attention to its many teenage characters and particularly to its queer teen characters.⁴⁰ During the time allotted for questions following her presentation, an audience member asked the presenter if she had examined at all the issue of sexuality in the lives of the show's disabled characters. Ironically, given that her paper largely emphasized *Glee*'s failings in the realm of teaching and advocating responsible sexual knowledge and behavior, the presenter replied that her paper included no discussion of the sexual lives of *Glee*'s characters with disabilities. Such work is typical of a larger trend in scholarship on sexuality, which has tended to consider disability as at best marginal and at worst completely unrelated to discussions of sexuality, but it strikes me as particularly significant in a paper on *Glee*, a show which provides audiences with tremendous amounts of material through which to interrogate cultural constructions of disability and sexuality.

But why should we *want* to interrogate those cultural constructions, and what is to be gained by doing so? As I have demonstrated throughout this thesis, societal constructions about what constitute "normal" bodies and "normal" ways of having sex are rooted in ideologies that

⁴⁰ Jane Bryan Meek, "No Substitute for Comprehensive Sex Ed: An Analysis of *Glee*'s Sexual Ethics."

privilege ableist and heterosexist (not to mention sexist, racist, and classist) modes of thinking—modes of thinking that are performative in that they “produc[e] the effects that [they] name,” constructing “ability” and “sexuality” in precisely the ways in which they are subsequently defined as having already existed (Butler 2). In other words, according to Judith Butler, “the ideal that is mirrored depends on that very mirroring to be sustained as an ideal” (14). Without said mirroring, the ideal ceases to be. One of the key ways in which these societal norms are “mirrored” is through media representation. It is therefore of crucial importance to turn a critical gaze on the ways in which various forms of popular media, such as film and, in the case of this chapter of my thesis, television, represent various groups. In the case of minority groups and all those who find themselves pushed to the outside of the Charmed Circle, for whom representation has typically been either negative or nonexistent,⁴¹ media representation is especially important.

In this chapter of my thesis, I will attempt, through a critical analysis of *Glee*, an hour-long, scripted, musical series currently in its fourth season, to contribute to the developing body of scholarship within queer and disability studies that engages with popular culture to provide new ways of reading cultural texts.⁴² Taking the show’s complex representations of disability and sexuality as my focus, I will demonstrate how *Glee* repeatedly constructs potential queer openings within its heteronormative plotlines only to continually “straighten” the narratives, a la Sara Ahmed, through the use of stereotypical, normative representations of disability and sexuality. Yet even as *Glee* largely adheres to ableist, heteronormative ideas about disabled

⁴¹ See, for example, the films *The Celluloid Closet* (1995) and *Fabulous! The Story of Queer Cinema* (2006), which explore the history of GLBTQIQA cinema and the “coding” of characters.

⁴² Judith/Jack Halberstam’s cultural studies work on “low theory” (see, for example, *The Queer Art of Failure* [2011]), which locates and develops queer moments within texts—such as children’s animated shows—usually dismissed in the academy, speaks to the kind of work I wish to do in this chapter of my thesis, as does Robert McRuer’s recent article about *The New Normal*, a first-season sitcom created by Ryan Murphy, who also created *Glee*. In “The New Normal: Normal and Normaller,” McRuer examines how Murphy’s new show constructs a homonormative familial unit that gains its “normality” through abjecting disability—an argument similar to that which I make in this portions of this chapter, in which heteronormative romance is facilitated through abjecting disability .

sexuality, the show also, perhaps unintentionally, points toward the possibility of a queer Crip subjectivity that corresponds to work being done by other, less determinedly “straightened” television shows in which ideas about sexuality and disability are interrogated—namely, ABC Family’s *Switched at Birth*, currently airing its second season, which I examine briefly at the end of this chapter.

The question remains, however: Why *Glee*? Certainly it is not the only show in recent years to feature disabled characters, nor even the only show to feature plotlines addressing sexuality and disability; for example, *Joan of Arcadia* (2003-2005) and *Friday Night Lights* (2005-2011) both included prominent characters with paraplegia (or injuries to the spinal cord resulting in loss of sensory or motor function in the lower half of the body), each of whom had multi-episode arcs devoted to their struggles adjusting to new methods of expressing sexuality and desire (and to discovering the pleasures to be found through those new methods), as well as multiple sexual partners between them. However, I choose to focus on *Glee* for several reasons. The first, simply, is numerical representation. To date,⁴³ *Glee* has featured six named characters with physical or cognitive disabilities whose disabilities play a significant part in their roles on the show, a much higher number than most television programs, providing much-needed visibility to disabled characters; while six characters over the course of 77 episodes may not seem impressive, compared to the paucity of disabled characters on most shows, the numbers are significant.⁴⁴ Furthermore, of these six characters, four are involved in definite sexual and/or

⁴³ *Glee*’s fourth season is airing as I write this thesis. I have analyzed all episodes aired before the completion of this chapter (through episode 4.11, “Sadie Hawkins”) for a total of 77 episodes’ worth of analysis. For reasons of scope, however, not all disabled characters/plotlines addressed could be included in this chapter.

⁴⁴ As I state in the Introduction to this thesis, I do not include characters with mental health issues in my analysis of *Glee*’s disabled characters because the show does not appear to recognize them as part of the disabled community. Just as more work engaging with sexuality is needed in disability studies in general, however, this too is a much-needed development. Furthermore, I wish to note again that I chose not to include two characters with dyslexia (Howard and Sam, respectively) because their disability is mentioned only in passing (in “Pilot” and “Audition,” respectively) and never becomes a part of their respective plotlines on the show.

romantic plotlines, one is completely asexual, and the last expresses very minor sexual attraction but is never allowed to act on his feelings. Second, for much of its run, *Glee* has been something of a cultural phenomenon, spawning a number of hit records, spin-off book series, a concert film, and even, for two summers, a sold-out national tour; although its ratings have dwindled somewhat in the third and fourth seasons compared to its heights in season two, the show's media visibility is still high. My third and final reason for choosing to focus the bulk of my analysis on *Glee* has to do with the way in which the creators of the show position it as a vehicle for social justice issues; *Glee* does not merely tell stories related to disability (or sexuality, and, to a lesser extent, gender or race) because it sees those stories as narratively worthy, but because it wants to spread messages of tolerance and acceptance to its audience—at this point, mostly teenagers and young adults. Tying together my second and third points, I find it worth examining what messages *Glee*, with its high level of cultural saturation and intentions toward social justice, actually depicts.

While the creators of *Glee* would no doubt assert that the representations of all of their disabled characters are largely positive—and in fact have done so, repeatedly—the disabled community mostly disagrees. Almost since its first airing, *Glee* has drawn criticism for its use of “crip drag” (the practice of casting nondisabled actors in the parts of disabled characters,⁴⁵ as in the case of paraplegic wheelchair user Artie Abrams, played by nondisabled actor Kevin McHale), as well as for the unwillingness of its show creators to engage in dialogue with the disabled community in order to help create more responsible portrayals of disabled characters.⁴⁶

⁴⁵ *Glee* is by no means the only show or film to practice crip drag; the practice is widespread and is sometimes likened to blackface. Both *Joan of Arcadia* and *Friday Night Lights* also cast nondisabled actors in the roles of disabled characters; to the best of my knowledge, however, *Switched at Birth* has not.

⁴⁶ See, for example, the roundtable discussion of *Glee* conducted on the disability-themed radio talk show *The Largest Minority*, which soundly castigates creator Ryan Murphy for his refusal to meet with representatives from the disabled community about what they see as the show's problematic representations of disability.

But if the show's problematic portrayal of disability was apparent to many almost immediately, what has been less noticed is that the dividing line between those disabled characters who merely reify tired ableist stereotypes and those who challenge dominant cultural perceptions about disability is the degree to which the characters can be read as expressing, if not necessarily explicitly claiming, non-normative sexual agency.

Disabled characters are certainly not alone in this; other minority groups, including women, people of color, queer people, and poor people, frequently find themselves represented (when at all) in stereotypical and damaging ways. The disabled characters on *Glee* whose sexuality is either denied or forced uncomfortably into heteronormative scripts internalize and perpetuate damaging ableist ideas about disabled persons and lack the positive self-identification that would inform a queer/crip subjectivity, while the disabled character whose representation is arguably most queer—the character, that is, who most actively resists the restrictions of ableist notions of heteronormativity on her sexual behaviors and desires—does neither. In narrativizing and making visible to large audience many of the discourses surrounding the disability and sexuality, *Glee* both challenges and enforces traditional models of disability while also, perhaps unknowingly, constructing the positive self-identification that would inform a queer/crip subjectivity as being rooted in more expansive, inclusive, and feminist ideas of sex.

While *Glee*'s portrayals of gender and sexuality and its portrayals of disability garner a good deal of scholarly and media attention individually, comparatively little work has been done considering the topics together. Given the high degree of visibility that *Glee* provides for queer and disabled characters, groups typically underrepresented in popular media, the lack of scholarship addressing the intersectionality between the show's portrayals of disability and its portrayals of queer sexuality feels problematic, especially given that multiple episodes of the

show directly link storylines regarding disability and sexuality involving non-straight characters.⁴⁷ Unfortunately, in this respect, *Glee* is the rule rather than the exception, symptomatic of what Anna Mollow and Robert McRuer call the “frequent elision of the queerness of disability” (29), both within disability studies and in society more generally.

McRuer’s notion of compulsory able-bodiedness provides a rich conceptual framework through which to read *Glee*’s portrayals of disability and sexuality. The system of compulsory heterosexuality that produces a certain kind of “proper” sexual subject is underlaid, for McRuer, by an equally compulsory insistence on able-bodiedness, one which works performatively to render invisible the process through which able-bodiedness “masquerades as a nonidentity, as the natural order of things” (*Crip Theory* 1). In recent years, the push by academics and activists to denaturalize these previously hidden processes has rendered them newly visible, thereby “produc[ing] and reproduc[ing] ... more flexible bodies,” ones “that no longer mark absolute deviance” and “tolerat[e] a certain amount of queerness” (*Crip Theory* 12). These newly “flexible” *other* bodies—bodies that are gay, lesbian, or otherwise sexually non-normative, and/or disabled—make possible what McRuer terms “‘heteronormative epiphanies,’ continually making available, to the out heterosexual, a sense of subjective wholeness, however illusory” (*Crip Theory* 12). The precondition of this moment of epiphany is that “other bodies”—again, bodies that are disabled and therefore considered non-subjective—“must function flexibly and objectively as sites on which the epiphanic moment [of integration] can be staged” (*Crip Theory* 16).

Read through such a critical lens, *Glee*’s insistence on “tolerating” bodily and/or sexual difference becomes even more problematic, its plotlines around disability and sexuality

⁴⁷ See, for example, 1.9 “Wheels,” 1.18 “Laryngitis,” 1.19 “Dream On,” 2.4 “Duet,” 2.5 “The Rocky Horror Glee Show,” 2.6 “Never Been Kissed,” and 3.12 “The Spanish Teacher.”

(re)integrated into fundamentally heteronormative representational schematics. Rather than embracing the queer potential of disability to call into question the very notion of “normality,” *Glee* most often offers plotlines about sexuality and disability that straighten and suppress queer potential, upholding and reinforcing the largely heteronormative and ableist standards that the show implicitly champions—a triumph for proponents of an assimilationist approach to sexual and bodily norms, but a disappointment for advocates of a queerer social project. What follows is an attempt to make sense of some of the recurring patterns in portrayals of disability and disabled bodies on *Glee* by organizing my analysis around a few central representational patterns that appear on the show, focusing on plotlines and representations of disability and sexuality.⁴⁸

Being Able to Do “That”

Bringing disability into discussions of sexuality and romance forces one to ask the kinds of questions that an ableist, heterosexist society usually prefers to ignore: What “is” sex? What body parts are involved? Who can have it? And *how*, in what ways, can it be had? All of these questions—questions that denaturalize discourses around the “natural” act of sex and so can be regarded as profoundly queer—are addressed, to one degree or another, in the mid-first season episode “Wheels,” the earliest episode of *Glee* to link disability and sexuality in any way. However, both in “Wheels” and in other episodes with plotlines addressing disability and sexuality, the answers that *Glee* provides to these questions twist (or, more accurately, *straighten*) the queer impulses behind the questions in decidedly problematic ways.

Artie Abrams, a teenage boy whose post-car accident paraplegia requires the use of a wheelchair, is *Glee*’s original disabled character, and his firm adherence to heteronormativity

⁴⁸ I am indebted, for the general structure of this chapter, to Merri Lisa Johnson’s essay, “Stripper Bashing: An Autovideography of Violence Against Strippers.” Furthermore, it is worth noting before I begin my textual analysis that, in order to establish the degree to which *Glee*’s treatment of disability and sexuality largely follows a set of particular narrative patterns, I have chosen to emphasize a breadth of characters and situations over an in-depth reading of only one or two characters.

(or, at the very least, his repeated attempts to adhere to those norms within his relationships) shows itself in one of his earliest interactions hinting at romantic or sexual potential. After Glee Club teacher Mr. Schuester declares in “Wheels” that the entire Glee Club will be performing a number in wheelchairs in order to “show solidarity” with Artie, Artie takes over the responsibility of teaching his fellow Glee Club members how to dance in the chairs.⁴⁹ After one particularly strenuous practice, fellow Glee Club member Tina stays behind to praise his fortitude in dancing in the wheelchair, providing the first real hint at their future romantic storyline: “I really admire you, Artie,” she says, before asking him how he became disabled (“Wheels”).⁵⁰ Artie reveals that he was in a car accident when he was eight that resulted in the loss of his ability to use his legs, then takes the chance to inform the girl he likes of one other important matter: “I wanna be very clear—I still have use of my penis,” he says seriously (“Wheels”). Given that, at this point, Artie and Tina have yet even to kiss, his announcement feels somewhat out of the blue—an impression driven home by Tina’s response of somewhat confused silence followed by a quick exit. The moment is obviously intended to humorously convey the marvelous ineptitude of a would-be cool teenage boy faced with the slightly terrifying prospect of a girl he likes, but it also conveys a deeper meaning: for Artie and for *Glee*, Artie’s continued “use” of his penis is both the single most important outcome of his becoming disabled, making it possible for him to take part in “normal” (hetero)sexual activity, as well as

⁴⁹ Two points here invite further commentary: One, Mr. Schuester’s decision to have the Glee Club perform “Proud Mary” in wheelchairs is itself ableist, as it reinforces what Mollow and McRuer call “universalizing models of disability: everyone’s a little disabled, really; we all face physical and mental challenges, but these can and should be overcome with hard work” (“Introduction” 22). This directly supports a claim Mr. Schuester makes in an earlier episode, “Throwdown,” where he tells his students, “[Y]ou’re all minorities. You’re in the Glee Club.” Two, it is ironic that Artie teaches others how to dance in the chairs when disability advocates such as Alice Sheppard, a dancer with AXIS Dance Company, have criticized how the nondisabled McHale moves in the chair: “There’s an understanding of embodiment that’s just not physical in McHale’s portrayal of Artie, and for me, what I see is a huge gap between the body and the chair...There’s no rhythm, there’s no feel, there’s no understanding of the chair as part of his body...And the sad thing about it is that McHale is a beautiful dancer, he’s a really gorgeous mover, and, you know, he just can’t make it work in the chair.” Inability to accurately embody the movements of disabled people is a common complaint, by people with disabilities, about actors performing “crip drag.”

⁵⁰ Prior to this moment, viewers have no idea if Artie was born or became disabled.

the condition that allows the scene to resolve itself on a humorous, rather than tragic, note. Had Artie not retained the use of his penis after becoming disabled, the scene would have taken on a distinctly different feel, if it had even taken place at all.⁵¹ Even this early in the series, the message seems clear: as Sarah Smith Rainey writes, “[T]he scripts that surround love are possibilities only for those that can perform in certain physical and emotional ways” (28). Without the “use” of his penis, Artie would not be able to “perform” sex or love as *Glee* defines it.

Artie’s insistence on trying to fit into fundamentally heteronormative standards manifests throughout the duration of his relationship with Tina, but it becomes particularly noticeable in his season two relationship with another fellow Glee Club member, Brittany, during which time *Glee* consistently raises the possibility for queer modes of sexual and/or romantic expression only to undercut those possibilities at practically every turn. The basis of Artie and Brittany’s relationship is queer not merely in the sense of being non(hetero)normative, but also in that it has its origins in same-sex desire, since Brittany’s initial interest in Artie is primarily in order to make Santana, her female best friend and sometime sexual partner, jealous. After Brittany and Artie have sex—his first time, though not hers—a jealous Santana tells Artie that Brittany had no real interest in him. In retaliation, Artie breaks up with Brittany, who he feels has betrayed him: “I know that sex doesn’t mean anything to you,” Artie says, “but did you ever think how much it means to me? After my accident, we didn’t know if I’d ever be able even to do *that*. And when I found out that I could, it seemed like some kind of miracle, and you just walked all over that” (“Duets,” emphasis added).

⁵¹ See, for example, the way the show treats Sean, the quadriplegic character it introduces in “Laryngitis,” whom I will discuss further later in this chapter.

In this moment, *Glee* shores up the boundaries it has earlier constructed around what sex “is.” When Artie says, “After my accident, we didn’t know if I’d ever be able even to do that,” his singular, emphatic “that” refers specifically to vaginal intercourse, which erases the possibility of a practically infinite number of other forms of sexual expression, as well as the sexual lives and experiences of many disabled people—not to mention the experiences and desires of non-straight people, for whom heterogenital, penis-in-vagina sexual intercourse is hardly a cherished goal. Penetrative vaginal intercourse seems “miraculous” for Artie because he sees that as the only possible form of “sex,” a viewpoint shaped by his dual investments in the systems of compulsory heterosexuality and compulsory able-bodiedness, which function cyclically to sustain each other. At no point do other characters suggest to Artie, nor do the show’s creators suggest to its viewers, that Artie could still have experienced sexual pleasure even if he had not retained “use” of his penis following his car accident; such a possibility seems to lie outside the realm of the thinkable (quite literally—no one thinks of it). Thus, through Artie’s character, *Glee* suggests that sex only “counts” if it is performed in certain ways, ways that are dependent on the ability to embodying a certain kind of bodily norm. Through such representation, queer acts and disabled bodies begin to disappear, recouped by narrative straightening devices that re-shape them and render them invisible.

Ascribing Asexuality

Another way in which the sexuality of people with disabilities is rendered invisible is through the widespread—at least among nondisabled people—belief that people with disabilities are asexual. The notion that the mere presence of disability does not necessarily remove sexual desire from a person’s life is one that seems never to have occurred to vast portions of the population; the notion that a disabled person could actually be considered desirable by others

appears to be even more unthinkable. This is in striking contrast to the actual lives of disabled people, many of whom report experiencing rich and satisfying sex lives, both singularly and with partners. These kinds of assumptions are too often mirrored in popular media representations of disability. On the still-rare occasions that plotlines dealing with disability appear in movies or television shows, sexuality usually plays little to no part in the lives of the disabled characters.

Although *Glee* does feature several disabled characters who engage in sexual and/or romantic relationships at various points, the show has also directly exploited the stereotype of the asexual disabled person on at least one occasion and possibly more.⁵² I am interested in how *Glee*'s writers construct this ascribed asexuality and what narrative purpose it serves on the show. Does the figure of the asexual disabled person appear on *Glee* because that is genuinely what *Glee*'s writers believe disabled people are, or do these types of character appear in service of larger thematic and cultural goals?

The first season episode "Laryngitis" is useful for such a reading. "Laryngitis" introduces the character of Sean Fretthold (played by paraplegic actor Zack Weinstein), who sustained major spinal cord injuries during a football game and is now quadriplegic, which in his case means being paralyzed below the neck. A friend of Glee Club member Finn Hudson, Sean is written into the show as a counterpoint to the narrative of Glee Club star Rachel Berry contracting a case of acute tonsillitis that causes her to lose her singing voice; viewers meet Sean only because Finn grows tired of Rachel's incessant whining and introduces the two in an attempt to get her to stop feeling sorry for herself. Rachel is visibly uncomfortable throughout their conversation, most noticeably during Sean's attempts at mild flirtation:

⁵² I want to be careful not to suggest that a character with a disability is automatically an asexual stereotype simply because that character is not shown to express sexual desire or engage in relationships; such a reading would be far too simplistic and broad, especially given that the two disabled characters on *Glee* that might be said to fit this pattern, Sean and Jean, both had very short tenures on the show. Rather, I read them in this manner because of the way *Glee*'s creators seem to self-consciously write out the very possibility of either of them experiencing sexuality.

Sean (*to Finn*): This is the hottie you were telling me about?

Finn: Yeah. Sean Fretthold, Rachel Berry. Rachel, Sean.

Sean: Got a boyfriend, Rachel?

Rachel: Um, sort of.

Sean: Sort of? Sounds like I got a shot.

Rachel (*to Finn*): I don't understand. This isn't funny.

Sean: Sorry. They make me see a shrink. He says I compensate with humor.... ("Laryngitis")

Finn encourages Sean to tell Rachel the story of how he became disabled, which focuses on Sean's anger and frustration over "what [he] lost": "I'm miserable. I miss my body. I miss my friends. I miss girls" ("Laryngitis").

The far less common flip side of the stereotype of the asexual disabled person is that of the disabled person whose sexuality is excessive and out-of-control. Sean does not appear immediately to fulfill either of these main stereotypes, but upon closer examination, it becomes clear that he actually manages to fulfill both simultaneously—quite a feat, considering he has approximately five minutes of total screen time and is never seen nor mentioned again on the show. Sean clearly finds Rachel attractive, attempting to flirt with her at their first meeting, but his attempts to express his desire make Rachel excessively uncomfortable, as said attempts position him outside the culturally intelligible figure of the asexual disabled person. While Sean exists in this limbo, Rachel is barely able to speak to him, stammering and directing her comments toward Finn, rather than toward Sean himself; after Sean comments drily that he's "got a shot" at dating Rachel, Rachel turns to Finn and whispers, "I don't understand. This isn't funny" ("Laryngitis"). The merest hint that Sean possesses sexual desire is enough to make

Rachel profoundly ill at ease, and her body language—shrinking in on herself and cowering away from Sean—suggests an element of fear, as well, thereby rendering Sean’s sexuality “dangerous.” Sean’s comment that he “misses girls” also speaks to his dual positioning: that he misses girls suggests, on the one hand, continued desire to be with women, but it also suggests that he believes such interactions will no longer be part of his life, re-positioning him (for viewers, if not necessarily for Rachel) as safely asexual. The potential queer plotline made possible by Sean’s expression of desire is thus contained at precisely the moment it is first made visible.

From that point on, Sean’s sexuality is effectively banished from his interactions with Rachel. When she returns some days later, voice having recovered, to offer him singing lessons, the subject of his attraction to her is never broached; in fact, he barely speaks at all. Instead, Rachel takes the lead, thanking him for “showing [her] that just because [she’s] not good at anything other than singing doesn’t mean [she’s] not any good if [she] can’t sing” (“Laryngitis”). Another queer opening does arise, however, when Sean asks Rachel to hold his hand. Looking down at their entwined fingers, she asks, “Can you feel that?” to which he replies, “No, but it’s weird. I remember what it feels like, and I can see it, so—it’s like I can” (“Laryngitis”). Because visual stimulus can cause arousal even in the absence of feeling, Sean’s sight of their hands touching can create a sense memory of touch—touch which we could read as potentially sexual.⁵³ They then begin singing together to U2’s “One,” a performance that culminates in Rachel singing with Sean as a single, pitying tear slides down her face.

⁵³ This is consistent with accounts by disabled persons of the erotic visual quality of stimulus of their or their partners’ bodies, regardless of their ability to feel that stimulus. For examples, see Shakespeare, Gillespie-Sells, and Davies’ *The Sexual Politics of Disability: Untold Desires* (1996), as well as, more recently, Sarah Smith Rainey’s *Love, Sex, and Disability: The Pleasures of Care* (2011).

In this way, even the erotic potential of their touch is neutralized; rather than examining—or even simply acknowledging—that there is sexual possibility in Sean and Rachel’s touch, the show emphasizes his utter passivity: Sean becomes an object of pity only, the earlier threat of his “excessive” sexuality brushed aside and replaced by a forced asexuality that draws out Rachel’s charitable impulses (offering him singing lessons) and her tears without ever awakening her recognition of his subjectivity. Sean’s entire function on the show thus appears to lay in creating queer moments—so that those moments can then be straightened and safely contained. The obvious next question is: why? From a narrative standpoint, what purpose is served by Sean’s inclusion in the show, as well as his summary dismissal from it?

Constructing Heteronormative Epiphanies

Lennard Davis writes in *Bending Over Backward: Disability, Dismodernism, and Other Difficult Positions* that typically, in fictional works, “When characters have disabilities, the [work] is usually exclusively about those qualities. Yet the disabled character is never of importance to himself or herself. Rather, the character is placed in the narrative ‘for’ the nondisabled characters” (45). Reading Davis’s assertion through the lens of compulsory able-bodiedness makes plain how McRuer’s idea of “heteronormative epiphanies” functions; queer/disabled bodies are placed into texts in order to foment the kind of able-bodied heteronormative epiphanies, moments of intelligibility and integration, through which protagonists are constituted as *subjects*—subjects who are, it goes almost without saying, definitely able-bodied, almost certainly heterosexual, as well as probably white, financially secure, and very often male. I argue that it is this representational schema which most defines *Glee*’s depiction of sexuality and disability, as the show frequently has the bodies of disabled characters serve as the sites through which nondisabled characters’ epiphanic moments of

subjectification can take place, most often through suppressing the sexuality of the disabled characters.⁵⁴

Not content merely to deny Sean's sexual potential, *Glee* follows the pattern suggested by Davis and McRuer by also re-purposing Sean as a teaching tool, one designed to direct the temporarily partially disabled, but usually normatively able-bodied, Rachel toward her correct—which is to say, nondisabled and heterosexual—romantic path. Sean's experience of disability—as well as his (lack of) experience of sexuality—thereby serve as a conduit to help provide Rachel with the “sense of subjective wholeness” to be found on the far side of a heteronormative epiphany (*Crip Theory* 12). In other words, Sean appears on *Glee* in order to reassure Rachel of her worth as a human being, regardless of whether she is able to sing as well as she is used to (as well as to remind her implicitly of how much worse her life could be), but he only does so in the context of furthering her romantic desirability. Sean's real purpose is to serve as a plot device that will ultimately bring Finn and Rachel closer to pursuing a relationship, regardless of whether Rachel's laryngitis leaves her a “vocal cripple” or not (“Laryngitis”).

Rachel's singing voice does recover, of course, and she returns to assure Sean that he has helped her realize that she can be more than just a singer, if she wants to be. Tellingly, however, *Glee* never shows Rachel realizing any other dream she might pursue in the absence of her singing voice, so what is this “other thing” she might be? Read through the lens of McRuer's notion of “heteronormative epiphanies,” the implication is clear: Rachel will be fine no matter what because she will still have the ability (a word I use intentionally) to be Finn's girlfriend—a point the show drives home by cutting from a shot of Sean and a teary-eyed Rachel singing in

⁵⁴ For reasons of scope, I examine only two such instances here, but I could have brought in others: in the second season, Jean Sylvester's death serves to reunite Finn and Rachel; in the third season, Artie plays a key role in helping female football coach Shannon Bieste begin dating her future husband; and in the fourth season, transfer student Ryder Lynn gives up his own interest in Glee Club ingénue Marley Rose and instead helps his friend Jake Puckerman date her successfully.

Sean's bedroom to a shot of a smiling, happy Rachel and Finn singing to one another as they make full use of their nondisabled bodies to dance and chase one another around the auditorium stage. Sean's whole purpose on the show, his very reason for existence, is thus to serve as a conduit to move Finn and Rachel one step closer to their mutual heteronormative epiphanies. Having done so, he then disappears from *Glee* permanently, the threat that his queer, disabled existence represents to the major arc of subjectified heteronormative romance having been safely suppressed and the fundamentally straight plot re-set.

Intriguingly, one of *Glee*'s more recent major plotlines about disability involves a character whose trajectory is, arguably, one of the show's least queer—Quinn Fabray, the sometime-head-cheerleader, sometime-bad-girl Glee Club member who loves Jesus and popularity and whose pregnancy during season one sets up a number of *Glee*'s major plotlines. Although Quinn could be read as queer (because nonheteronormative) outside of her disability plotline by focusing on her status as an unwed teenage mother, both prior to and following her pregnancy, Quinn espouses a belief in chastity based on her Christian faith; in her romantic relationships, she represses her sexuality whenever possible, sublimating her sexual desires with desires for popularity and social status, and viewers are reminded multiple times throughout the series that her sexual transgression—sleeping with Puck, the decision that resulted in her pregnancy—occurred only “because [he] got [her] drunk on wine coolers, and [she] felt fat that day” (“Preggers”). Although her characterization varies wildly throughout the course of the series, Quinn's baseline character remains invested in heteronormative ideals—an observation that holds true despite the potentially queer narrative path that arises through her disability storyline.

Quinn becomes disabled in a car accident that occurs while she is texting and driving, eventually spending several episodes in a wheelchair due to a severely compressed spine. Quinn struggles greatly to adjust to her new circumstances and begins to move toward a more genuine acceptance of her situation only in the context of her burgeoning relationship with Joe, a new boy at school. In fact, a significant portion of Quinn's disability storyline is devoted to establishing Joe's character, rather than developing Quinn's in any real way; he joins the Glee Club at her behest, nearly three full episodes after first appearing on the show, and it is through their interactions that his character begins to develop beyond its initial, somewhat sketchy outlines. They bond over their mutual Christianity, and he even begins helping her with her rehab, where, as Joe helps her do deep leg stretches, he gets an erection. Although Quinn is quick to reassure him that "it happens," he explains, shame-faced, that "when I'm with you, I don't care what God says about sins of the flesh" ("Dance With Somebody"). Joe then tries to define what he and Quinn are to one another: "So what is this? About you and me?" he asks, prompting Quinn to reply, smiling, "I don't know. Something new" ("Dance With Somebody"). The promise of something different, "something new" between the pair suggests a queer path the show might have taken in developing their relationship—a path that was, ultimately, never explored.

Although Joe and Quinn's interaction avoids the major stereotypes about sexuality and disability, it nevertheless reinforces (albeit more obliquely) the same ableist, heteronormative standards upheld by other plotlines about disability and sexuality throughout the show. From a narrative perspective, Quinn's disability serves no real function; as a storyline, it takes her character nowhere she has not been before.⁵⁵ But while Quinn becoming disabled does not

⁵⁵ By this, I mean that Quinn's basic plot arc—from popularity-obsessed mean girl to a smart, wise young woman with dreams and plans beyond high school—is one that viewers see her repeat time and again on the show (for

develop her character in any meaningful way, it does allow *Glee* to add new dimension to Joe, who experiences his own heteronormative epiphany—his physical and emotional attraction to women, as opposed to his mental and spiritual devotion to chastity—while in the company of Quinn’s disabled body. Tellingly, this epiphany is not hinted at before Quinn becomes disabled, nor does the show follow up on it after the fact: after establishing the beginnings of a relationship between Quinn and Joe, *Glee* then drops that plotline almost entirely in the following episodes as she continues to recover from her disability. In other words, Quinn’s disabled body—passive and flexible, laid out before Joe on a rehab mat—functions as both a literal and metaphorical means to bring about Joe’s heteronormative epiphany. Having fulfilled that purpose, that body (like Sean’s in season one) then begins to disappear, absorbed back into a storyline Quinn has gone through multiple times. Despite the queer promise of developing “something new,” *Glee* ultimately returns once more to the preexisting heteronormative state.

“The Hottest Bitch at McKinley High School”

Thus far in this chapter, I have focused on identifying the particular patterns of representation through which *Glee* constructs disability and sexuality and on interrogating how a variety of disabled characters fit within those patterns, providing readings of key moments that exemplify what I see as a clear pattern of ableist, heterosexist assumptions underlying the narrative framework of *Glee*. I wish to conclude this chapter by considering an outlier, the sole disabled character on *Glee* who constantly defies these patterns of representation, and to discuss her in conjunction with *Switched at Birth*, another current television show that features disability

example, in season one, from head cheerleader who hates the Glee Club and actively plots its downfall to a fully participating member of the Club who lives with Mercedes, one of its founding members; in season two, back to head cheerleader chasing Prom Queen glory and scheming to destroy the Glee Club after Finn breaks up with her for Rachel; and earlier in season three, before becoming disabled, trying to have her daughter’s adoptive mother declared unfit before realizing that the Glee Club provides her with the family and sense of belonging she needs). Quinn’s disability is used as a means to fulfill the Prom Queen dream she has carried throughout the years and then to teach her that she is better off giving up that dream, but this is a beat that has been hit several times over the course of the series.

prominently. I contend that this character, Becky Jackson, and the plotlines that develop her romantic and sexual life can be read as profoundly queer, as they consistently challenge normative assumptions about sexuality and disability, pointing the way toward a queer/crip subjectivity that would inform and be informed by a healthier, more inclusive, and ultimately more feminist way of thinking about sex and who “matters.”

Notably, Becky, a high school student with Down’s syndrome, is the only disabled character to have appeared on the show who does not play a major role in helping foment heteronormative epiphanies for nondisabled characters—a role that even Artie plays, at least once. Furthermore, beyond being co-captain of the school cheerleading squad and integrated into the classrooms of McKinley High, she also expresses sexual and romantic desire, which are treated as legitimate, healthy, and on par with those of other, nondisabled characters. In fact, *Glee* devotes a substantial part of the third season episode “Yes/No” to exploring Becky’s desire for a romantic relationship. In a long, sustained internal monologue, Becky considers and rejects several male McKinley High students before settling on Artie. She asks him out, and although he tries to pass off a Glee Club performance as the date she wants, they end up going to a local restaurant together for dinner, culminating in Artie’s realization that “[t]he more [he] get[s] to know [her], the more [he] like[s] [her]”—though his “like” is platonic, which she does not realize at the time (“Yes/No”). His apparent romantic interest leads Becky to send him suggestive cell phone pictures of herself as “a taste of what [he’s] going to get on Friday night,” when she plans for them to have sex (“Yes/No”).

One could perhaps argue that Becky’s portrayal in this episode falls under the stereotype of “excessive” sexuality (most frequently applied to those with developmental disabilities) in that Artie does not reciprocate Becky’s desire and is in fact distressed by it. But as Becky’s mentor,

cheerleading coach Sue Sylvester, points out when Artie goes to her for advice on how to handle Becky's naughty texts, similar behavior in his past relationships did not make him uncomfortable, suggesting that the real issue here is society's attitudes toward disability,⁵⁶ not the disability itself:

Sue: Well, you dated Brittany. I'm sure she sent you titillating photos. That freak you out?

Artie: I guess not, but that was different.

Sue: Well, did you go out to dinner with Becky?

Artie: Yeah, we had a great time.

Sue: Do you want to go out with her again?

Artie: No.

Sue: Well, here's a radical idea. Why don't you treat her like a real person and tell her?....So why don't you tell her the truth so she can move on and maybe date someone who doesn't sound like one of those weird puppets they

⁵⁶ Artie's internalized ableist attitudes appear at various times throughout the show and are consistent with real-world accounts by some disabled persons regarding their feelings about disability in themselves and in others. As Shakespeare, Gillespie-Sells, and Davies point out, "[D]isabled people themselves are socialized within this dominant culture, and therefore hold conflicting views about desirable partners, and can have negative views about themselves" (49). For example, after the other Glee Club members confront Artie about his date with Becky, suggesting that he is "lead[ing] her on," Artie angrily dismisses their concerns: "What is she gonna think? That she's fun to be around, that I had a good time hanging out with her?....I liked spending time with Becky. She knows what it's liked to be trapped by a disability....She's really optimistic about life, which is really amazing considering what life has handed her" ("Yes/No"). Artie's ableism is two-fold here: one, he considers it impossible that she would think that their date was motivated by genuine romantic interest on his part, and two, he considers her (and by extension, himself) "trapped by a disability." Coming from Artie, who canonically struggles with feelings of diminished self-worth related to his disability, such projected opinions of Becky's quality of life, while derogatory at best, do make sense. Notably, however, Becky does not seem to share these feelings; she acknowledges her disability and the limitations it sometimes causes her, but she regards them just as parts of her life. Artie assumes that every day Becky lives with a disability is a bad day for Becky, but she refutes that idea; some days are bad, certainly, but not all. For example, when Artie tells her he just wants to be friends, she responds in voiceover, "I didn't ask him what I wanted to ask him. I didn't ask if the reason he didn't want to be my boyfriend was because I have Down's. I didn't ask him because I know the answer is yes. *Some days*, it sucks being me" ("Yes/No", emphasis added).

bring around to the grade schools to teach kids about sexual predators.

(“Yes/No”)

The most important aspect of this interaction is that it does not assume that Becky’s failed attempt at romance with Artie means that any future attempts at romance are similarly doomed to fail or that Becky will remain trapped in heartbreak forever, both of which would fit with the ableist, heteronormative stereotype of the doomed or tragic disabled person, rendered forever undesirable by her disability. On the contrary, it suggests that Becky will get past the pain of Artie’s rejection and that requited romantic and/or sexual love may very well be a part of her future⁵⁷—impressions supported by Becky’s actual reaction to Artie breaking up with her: disappointed, saddened, and realistic about the role her Down’s syndrome played in the break-up, but hardly devastated or tragic. And in fact, Becky’s next major plotline, in “Prom-asaurus,” supports this idea; when next viewers see her, she is apparently quite over Artie, confidently flirting with Puck at the “Anti-Prom” and eventually taking him as her date, albeit a platonic one, to McKinley High’s official prom.⁵⁸ Becky’s pursuit of romantic and sexual fulfillment continues throughout her appearances in *Glee*’s fourth season, as well. In “Glee, Actually,” she states that what she wants for Christmas is “a hot date,” and by the next episode, “Sadie Hawkins,” she has obtained one. Becky is one of the first to offer her support for the idea of a Sadie Hawkins Dance, declaring to the fellow members of the Too Young to Be Bitter Club, “I’m a hot piece of ass, and I want to shake this sweet thing on the dance floor” (“Sadie Hawkins”). Viewers later see her and her date, a young man with Down’s syndrome, dancing together while the Glee Club performs, and at the end of the episode, she joyfully informs the

⁵⁷ Also notable is that Sue does not assume that any future partner of Becky’s will necessarily be disabled.

⁵⁸ It is important to note that the date is *mutually* platonic; Becky is no more seriously interested in dating Puck than he is in dating her. She does, however, find him sexually attractive, luring him into a game of strip poker and mentally referring to him as a “hot piece of booty” (“Prom-asaurus”).

Too Young to Be Bitter Club that she “got to third base, bitches!”—to which the entire group reacts with excited cheers, celebrating the sexual and romantic success of a friend whose desire for a sexual life is seen as ordinary and healthy (“Sadie Hawkins”).

Perhaps the most significant aspect of *Glee*'s representation of Becky's sexuality is not simply that she has a sexual life, but rather how she *feels* about that sexual life. For the most part, *Glee*'s other disabled characters seem to assume that their disabilities make them undesirable sexual or romantic partners. Becky, however, exhibits no such attitudes or behavior.⁵⁹ When Artie rejects her romantically, she acknowledges that he does so because of his discomfort with her Down's syndrome, but she does not blame herself for it, and in no way does she assume that his rejection will be the norm; rather, she defaults to confidence in her attractiveness and appeal. If *Glee* points toward the possibility of a queer/Crip subjectivity, it is through the positive self-identification that forms the bedrock of Becky's sense of herself. In this context, *Glee*'s representation of Becky's sexuality, and indeed of Becky herself, can be regarded as profoundly queer—a claim that can hardly be made of the show's other disabled characters. Through presenting Becky as a forthright, agentic, desiring and desirable subject, *Glee* queers normative ideas about who can constitute the “proper” sexual subject, allowing Becky's narrative lines to remain defiantly unstraightened. As the show moves forward, if it would seek to improve its representations of disabled characters, it could do worse than to follow the queer

⁵⁹ In fact, in a sequence in “Glee, Actually” inspired by *It's a Wonderful Life*, one of the primary means through which *Glee* communicates that the world has been changed for the worse is through a vision of a pregnant Becky, who is “the school slut now. No one treats her with any respect.” When Artie protests that he showed her respect by taking her on a date, former Glee Club member Rory, who is acting as his vision-guide, replies, “No, you didn't. You were too busy throwing losers in dumpsters to give her any attention or treat her with kindness, and as a result, she never learned any self-respect” (“Glee, Actually”). While this sequence is highly problematic in a number of ways—it labels promiscuity as necessarily bad, as well as suggesting that “real world” Becky owes her self-respect to Artie, rather than to herself, which directly contradicts Becky's portrayal in the show's first three and a half seasons—it does help to underline the differences between the real world, in which Becky is confident and brimming with self-respect, and the “wrong” world, in which she internalizes ableist notions about her own desirability and allows them to negatively shape her behavior in risky ways.

example of Becky Faye Jackson, “the hottest bitch at McKinley High School” (“Yes/No”), and develop disabled characters for whom sexuality is a visible, important, and everyday part of their plots, storylines, and lives.

But while *Glee*’s construction of Becky’s sexuality bears little resemblance to that of the other disabled characters on *Glee*, it does actually correspond to work being done by another television program that deals heavily with issues surrounding disability, including disability and sexuality: ABC Family Channel’s *Switched at Birth* (2011-present), which tells the story of two teenage girls, one of whom is Deaf, who were switched at birth and meet in their teens following the revelation of their biological parentage. *Switched at Birth* features a number of disabled characters, most of whom are Deaf, but the main disabled character is Daphne Vasquez (played by Deaf actress Katie Leclerc), the biological child of the wealthy John and Katherine Kennish, who was raised by working class/lower middle class single mother Regina Vasquez and became Deaf as the result of a childhood battle with meningitis.

While *Switched at Birth* engages with issues of sexuality less explicitly than does *Glee*, it nevertheless presents a much healthier, more feminist view of sexuality in general, and specifically sexuality for disabled characters. In a reversal of typical ableist ideas about the undesirability of disabled people, Daphne is presented from the outset as both desirable and desiring; she dates a series of attractive young men, many of whom are nondisabled. In contrast to most disabled characters, about whom it is commonly assumed that all problems and issues in their lives must be somehow related to their disabilities, the problems that arise in Daphne’s romantic relationships are often, though not exclusively, unrelated to her Deafness. Even when she engages in sexual behavior that may be considered imprudent—for example, entering into a clandestine sexual relationship with her much older boss—she does so on her own terms, freely

choosing to pursue the relationship, rather than being coerced; her heartbreak when the relationship ends is that of a young woman in love, not of a tragic disabled woman cruelly exploited by her nondisabled lover. Similarly, Daphne's best friend Emmett, who is also Deaf, is the closest thing *Switched at Birth* has to a male romantic lead, spending most of the show's first season in a relationship with Bay. In fact, both Emmett and the straight-laced Daphne have prior sexual experience, while the nondisabled Bay, who is something of a rebel, is a virgin.⁶⁰ Characters disabled and nondisabled alike are repeatedly shown engaging in consensual, enjoyable sexual activity, and frank discussions of sexual health are common. This is a world, in other words, in which Becky Jackson might feel quite at home. But what might it mean for a *Switched at Birth* to queer disability in a much broader context—to apply a critical disability studies perspective in order to interrogate the very ideas about the sanctity of normality that underlie so much of U.S. culture?

Through Daphne's experience of living with a disability, as well as through the experiences of her mostly Deaf friends, *Switched at Birth* actively questions the very idea of "normality" as it is constructed by a mostly ableist society, presenting viewers with a world in which what is more common—being nondisabled—is "other," and what is more rare—being disabled—is standard. In the second season (currently airing), Bay begins attending Daphne's Deaf school as part of a pilot program that integrates hearing students into a traditionally Deaf space, and the show does not shy away from examining the politics involved in such a choice: the school must cut funding to a number of programs in order to provide interpreters for the hearing students, repositioning the culturally dominant group (hearing people) as the hated

⁶⁰ There is a classed element to this dimension of their respective characters; Daphne grew up in a low-income neighborhood, while Bay grew up in a family whose socioeconomic status seems to hover somewhere between upper middle class and upper class. Their respective levels of sexual experience reflect patterns of sexual behavior associated with members of each class.

outsiders and the culturally oppressed group (Deaf people) as the privileged majority in ways that force viewers to confront issues of normalization and access.

From its earliest episodes, *Switched at Birth* works against notions that disability must necessarily be negative. In the pilot episode, for example, when the Kennishes learn that Daphne is Deaf, their near-immediate reaction is to offer to pay for cochlear implants so that she can become more “normal”; at this point, still viewing the world through the lens of compulsory able-bodiedness, they are incapable of considering Daphne’s Deafness as a positive—or even neutral—part of her personality and self-identification. Regina, the woman who has raised Daphne, angrily corrects them, pointing out that Daphne is happy and confident *and* Deaf, and that to convince her to undergo expensive, unnecessary, and potentially harmful surgery simply so that she can more easily approximate able-bodied norms will do her no favors. *Switched at Birth* goes beyond dialogue to make this point, as well, dramatizing moments when Daphne’s Deafness functions not as a disability, but rather as an *enabling* condition; in the first season episode “Game On,” for instance, Daphne’s ability to turn off her hearing aids so that the world is completely silent allows her to focus all her energy on making a crucial game-winning goal in an important basketball tournament.

In so doing, *Switched at Birth* dramatizes what McRuer might call a “severely disabled” critique, one which “reverse[s] the able-bodied understanding of severely disabled bodies as the most marginalized, the most excluded from a privileged and always elusive normalcy, and...instead suggest[s] that it is precisely those bodies” that are most capable of “remap[ping] the public sphere and reimagin[ing] and reshap[ing] the limited forms of embodiment and desire proffered by the systems that would contain us all” (“Compulsory” 96). Positing disability as

variant rather than deviant, *Switched at Birth* promises to deliver insightful cultural critique to which scholars of both cultural studies and disability studies should pay close attention.

CONCLUSION

Throughout this thesis, I have attempted to demonstrate the profitable work to be done in making visible the too-often invisible relationship between disability and sexuality. To that end, I have demonstrated how ideas about who constitutes “proper” citizen-subjects are produced through ideologies of ability, themselves rooted in deeply ableist and heterosexist ideas about “normal” sexual functioning. Through exploring the historical and continuing sexual oppression of people with disabilities, I have advocated for working towards a queer/crip sexual subjectivity that will allow those who engage with it to destabilize traditional hierarchies of self and other that only reify the oppression of marginalized groups, and I have analyzed how these issues make themselves felt in popular culture through analysis of cultural texts like *Glee* and *Switched at Birth*.

It is my hope that research such as that I have conducted here can contribute in some small way to increasing knowledge and accountability in representations of disability, particularly disability and sexuality. After all, representation does not merely reflect the social world; it performatively *creates* that world, a world in which, as Margrit Shildrick notes, “considerations of sexual pleasures and sexual desire in the lives of disabled people play very little part in lay consciousness, and practically none in the socio-political economy” (60). Damaging, ableist notions about disability and what it means to live a disabled life are at least partially constructed by how our societal institutions, including popular media outlets, represent disability to their general audience, many of whom receive the bulk of their information about

disability from those representations. Thus, as holds true for any number of oppressed groups, including women, people of color, queer people, and poor people, portrayals of disability that offer only hackneyed stereotypes perpetuate disabled oppression, reinforcing the objectification and marginalization of disabled people.

In her foreword to the collection *Foucault and the Government of Disability*, Ladelle McWhorter writes that:

the networks of power and knowledge that the various chapters in this book analyze touch your life at almost every turn, even if you are not taking lithium or using a wheelchair. They are enormous, entrenched, expanding, and extremely expensive to operate. Therefore, first of all, as is obvious and frequently noted, no matter who you are, you participate in an economic and political system that is bound up with the institutions that these authors explicate and critique—institutions like hospitals, schools, psychiatric clinics, grant foundation, drug companies, insurance and reinsurance companies, and government agencies. And that means that if you want to think responsibly, creatively, and effectively about issues like welfare, workfare, public education, or regulation of health care costs, these are voices you need to listen to. (xiv-xv)

In other words: disability is never far from us. Disability theorists are fond of reminding people that, unless we die sooner rather than later, we will all be disabled someday. We cannot escape disability—nor, crucially, is there any real reason we should seek so fanatically to do so. The frantic desire to hold disability at a remove speaks to why Shildrick's *Dangerous Discourses of Disability, Subjectivity and Sexuality* calls “the interweaving of disability, subjectivity, and

sexuality... a dangerous mix”—because “[t]he issues of both subjectivity and sexuality... go right to the heart of what it is to be a self at all” (6). Going forward, we must ask ourselves how rethinking disability through sexuality—and sexuality through disability—can change our understandings of both fields of study, as well as our understanding of what it means to have a self. What might it mean, for instance, to desire disability? How would sustaining such desire change the idea of the self?

Although the project I have outlined in this thesis is not easily achieved, it is of the utmost importance that we work unceasingly to arrive at a more open, inclusive, and queer definition of who constitutes a self or a subject. Furthermore, although I have articulated this project within the language and scholarship of disability theory, persons with disabilities are by no means the only people who can or should take part in the mission to move away from ableist, heterosexist societal norms; rather, as the numerous theorists I mention in this thesis make plain, destabilizing traditional binary categories of self and Other can only bring about greater liberty for all people. Simone de Beauvoir wrote in 1949 that “for woman there is no other way out than to work for her liberation,” a liberation that “can only be collective” (664), and her words are no less true today than they nearly 65 years ago; for women as for other marginalized groups, the everyday work of fighting oppression must continue. The goal of collective liberation must cut across identity categories and groups; it must catalyze change, movement, and growth if those of us who dwell, to a greater or lesser degree, in the margins of society are ever to take our rightful places as subjects. The question that remains, then, is how to use these ideas “as an enabling disruption, the occasion for a radical rearticulation of the symbolic horizon in which bodies come to matter at all” (Butler 23).

In “Wounded/Monstrous/Abject: A Critique of the Disabled Body in the Sociological Imaginary,” Bill Hughes writes that “[i]t is difficult to escape the representation of the disabled life as doomed and tragic or to avoid the melancholia that surrounds non-disabled people’s accounts of disabled people’s lives” (402). The key to erasing this cultural image may lie in re-writing the sexual scripts perpetuated by our heterosexist, ableist society, in demonstrating the radical capacities for new and various pleasure that could exist with a reconception of what sexual pleasure can mean—what Foucault would call “the real creation of new possibilities of pleasure, which people had no idea about previously” (qtd. in McWhorter 185). It is through “the use of pleasure and the expansion of our capacities for pleasure” that all people, but especially those who are queer or, more directly germane to this thesis, disabled, can defy the forces of normalization and “creat[e] different lives for [them]selves” (McWhorter 177).

“Official” historical and cultural narratives about sexuality in persons living with disabilities paint a very different picture than narratives told by disabled people themselves. “Official” narratives construct disabled persons either as asexual or as overly sexual and in need of kindly, paternalistic guidance and control, while disabled persons assert that their exclusion from sexuality is the result of systematic surveillance, marginalization, and oppression based on their failure to adhere to cultural norms of what constitutes an “acceptable” body. In embracing their capacities for queer sexual potential and pleasure, disabled people demonstrate the lie of all “natural” phallogentric social models, not only those directly related to sexuality. Through a consideration of the queer dimensions of crip sexual subjectivity, we can begin to redefine our cultural ideas of what it means to be fully human, which may or may not in itself be sexual.

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