

There can be few practices in everyday life that arouse such strong responses—both positive and negative—as sex. For all its joyous and pleasurable connotations, sex always has the capacity to make people feel uncomfortable, even ashamed. Nowhere is this more evident than in the conjunction of disability and sexuality. Even in the twenty-first century, there is still a widespread public perception that people with disabilities are either asexual or, the complete opposite, sexually out of control and requiring management. Either pole leads to damaging consequences not just for disabled people themselves but, arguably, for “normal” nondisabled society at large, which remains unable to acknowledge diversity fully and locked into rigid and conventional models of what sex consists.

What, then, is meant by that seemingly simple term “sex”? For many, sex begins and ends with one’s own relationship to sexual practice, itself a fraught area of inquiry. In its most basic form, sex is taken to be an innate biological attribute that enables human beings to reproduce themselves over time. Sex is also usually taken to encompass issues of self-identity, self-esteem, interdependence, and social relations, all of which are typically gathered under the rubric of sexuality. Religions of all cultures have played a major part in propagating restricted views of sexuality, and historically have set strict parameters around the contexts in which sex, as a practice, should occur. Sex is, for example, usually highly gendered. Heterosexual sex is the approved form;

it involves just two adults (male: active and female: passive); intercourse is understood as the proper medium; and its primary purpose is not pleasure but the propagation of children.

Clearly, the traditionally dominant model of sex is for many people a historical relic. Nevertheless, it continues to exert a real force on prevailing attitudes and values, even in the most developed Western societies. The presumptive link between sex and reproduction is particularly pernicious with regard to disability. Even when the biological urge to procreate is acknowledged among those whose embodiment differs from the norm, the overriding response is that people with disabilities should not be entitled to sexual relations for fear that they will pass on congenital abnormalities. Even with knowledge of the worst eugenic excesses of the last century, the question of sterilization—usually in relation to cognitively disabled young women—still crops up with some regularity. Social policies that concern people with disabilities continue to see sex as a problem to be managed. Sex education for young people with disabilities is rarely provided, while institutions, group homes, and families often seek to limit expressions of disabled youths’ sexuality to something more like friendship.

Yet disabled people, like everyone else, understand their own sexualities in multiple different ways, which do not easily fit within convenient models of social management. There is, of course, sometimes a real need to protect disabled people from sexual exploitation, particularly where power relations are in evidence. But regulation is not always the right answer. Would it not be better to provide targeted sex education that maximizes and supports opportunities for personal choices and exploration rather than trying to channel sexual feelings into “safe” asexual outlets or to silence them altogether? In *The Sexual Politics of Disability*, Shakespeare, Gillespie-Sells, and Davies (1996) gave a variety

of disabled people the opportunity to talk about sexual needs and desires that far exceeded prevailing myths of sexual indifference. As their title implies, the book demonstrated—much as feminism and gay liberation had done in previous decades—that talking about disabled sexuality is about more than just recognizing and voicing individual sexual practices. The large-scale empirical project by Nosek et al. (2001) into the sexuality of physically disabled women also brings to attention both the magnitude of sexual experience and the degree to which it is thwarted, while Russell Shuttleworth's (2002) research with men with cerebral palsy does the same for male sexuality.

Why has the topic of sex within disability rights activism and disability studies taken so long to arrive alongside other more widely acknowledged political and disciplinary concerns? If those who count themselves as nondisabled have largely disavowed the conjunction of disability and sexuality, experiencing what can only be regarded as the “yuck factor” when faced with the realities of sexual desire in all of their anomalous forms, then we might conclude that it is because sexuality is always a site of deep-seated anxieties about normative forms of embodied being (Shildrick 2009). We should not be surprised, then, if people with disabilities exhibit many of the same conventional negative feelings toward sex. Indeed, though scarcely acknowledged, many physically disabled people hold dismissive views of the sexuality of those with cognitive and developmental disabilities. Beyond a shared entanglement in the sociocultural imaginary, however, the influence of the medical model of disability has dominated discussions of disabled sexuality, leading to measures as varied as eugenic sterilization and the well-meaning but controlling machinations of social workers.

For many, the emergence of the social model of disability in the early 1990s was a huge advance over the

existing medical model, which blatantly pathologized disabled people's bodies even in the absence of what could be called disease or ill health. The social model focused on countering discriminatory law and policy by identifying the social and political obstacles routinely experienced by people with bodily or cognitive impairments. Over the past few decades, rapid improvements—at least in the Global North—in access to jobs, housing, leisure activities, and education have led to positive outcomes for people with disabilities. The downside, however, is the relative neglect of issues relating to disabled embodiment and subjectivity. The practical, affective, and emotional dimensions of living with a disability, not least in the arena of all things pertaining to sex, were until quite recently given little voice. The dominant discourse surrounding legislation and rights for people with disabilities has to an appreciable extent drowned out any adequate consideration of more nebulous issues. It is true that the demand for sexual citizenship is gaining momentum in activist contexts; yet such demands often reduce sexuality to that which can be measured, categorized, and, one could argue, domesticated (Shildrick 2013). As Gayle Rubin (1984) pointed out in her essay on the “charmed circle” of normative heterosexuality, gaining entrance to the citizenship club fails to challenge the normative organization of sexual matters.

Far more progressive, and often radical, understandings of disability and sex have encouraged scholars and activists to confront questions of embodiment and, more specifically, the circulation of desire. In conventional, and certainly psychoanalytic terms, desire—for nondisabled and disabled people alike—is always a response to a lack that, ultimately, is never satisfied. For Deleuze and Guattari (1987), bodies are never whole, singular, and autonomous but are simply part of extensive assemblages that include not simply human beings



but animal and mechanistic components of all kinds. According to this Deleuzian model, desire is not centered on sexual practice between autonomous bodies but between those disparate elements without fixing on any particular sexual aim (e.g., reproduction) or sexual object (e.g., the penis or vagina). Desire, then, figures both “a network of flows, energies and capacities that are always open to transformation [that] cannot be determined in advance” (Shildrick 2009, 132) and a move away from unsatisfied internal drives to the positivity of mutual becomings.

The implications of such a Deleuzian model of sexuality for people with disabilities is considerable, given that embodied desire enacts all sorts of differential couplings, with no single privileged form. The reliance of many disabled people on assistive or prosthetic devices, for instance, or the support of other human bodies, to facilitate sexual encounters becomes thus unremarkable. Embodiment no longer implies separate and self-contained entities but operates intercorporeally on a “plane that is as hospitable to disabled people as it is to any others” (Shildrick 2009, 140). In the terrain of assemblages, corporeal difference loses its normative significance. At the same time, desire itself—pleasure, danger, uncertainty, joy—takes on multiple different forms and possibilities that can be regarded as much the province of disabled people as they are for the nondisabled majority.

Such new ways of imagining the relationship between disability and sex are far from mainstream, and are often alien to those struggling against the legacies of eugenics or the common prejudices that equate disability with sexual dysfunction. But they are rapidly gaining ground among disability theorists, such as Gibson (2006), Goodley and Lawthorn (2011), Shildrick (2004, 2009), and others who have similarly made linkages between disability and queer theory. Many people with

disabilities do, of course, identify as nonheterosexual and face similar difficulties to other LGBT people, but the term “queer” goes much further in being explicitly defined against all forms of normativity; not just sexual norms (see especially McRuer 2006). As Serlin notes, it is a matter of “demystifying the cultural and political roots of terms like *normal* and *healthy* and *whole* at the same time [as seeking] to destigmatize the conceptual differences implied by those terms” (2006, 159). Far from thinking about the conjunction of disability and sexuality as a site of fear and voyeuristic fascination for mainstream society, or else something to be monitored and controlled, sex in this expanded mode of desire celebrates the as yet unrealized potentials of all anomalous embodiment. Opening up the meanings of sex and sexuality for disabled people entails rethinking the whole nexus with respect to us all.