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# "What's it like to be a lesbian with a cane?": A Story and Study of Queer and Disabled Identities

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“What’s it like to be a lesbian with a cane?”:  
A Story and Study of Queer and Disabled Identities

An Honors Thesis for the Department of Sociology and Anthropology

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Bowdoin College, 2018

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## **ABSTRACT**

People with disabilities are largely conceptualized as asexual; this systematically excludes disabled people from achieving agency in their sexual landscape. Drawing from interview data on the sexual lives of nine queer people living with disabilities, this project explores the lived experiences of physically disabled queer people as they relate to sexuality, sexual identity, intimacy, and the sexual body. Queer people with physical disabilities navigate identity, community, various sexual fields while also challenging misconceptions about these marginal identities. Excerpts and analysis of these interviews reveal the various strategies that queer and disabled people utilize in order to make their identities legible in the face of numerous assumptions about their experiences.

Illuminating the voices of queer and disabled people, this thesis offers an important intervention to the sociological study of sexualities, gender expression, and disability, which too frequently marginalizes the voices of people who are queer and disabled.

*For Lane, Olatokumbo, Sam, Jamie, Maria, Amelia, Ace, Sofia, and Jay.*

*I don't know if I can adequately express how much our conversations meant to me, so for now I will just say thank you.*

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*PRELUDE: WHAT'S IT LIKE TO BE A LESBIAN WITH A CANE?*

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*During an interview with “Sofia,” a Latina queer woman with an invisible physical disability, I asked if she had experiences meeting other queer and disabled people. This was her response.*

Sofia: I’ve been able to meet some queer people with disabilities and chronic pain [through Instagram], yeah. But in real life...not really at all. Well, I do know one woman who I see like once a month because we volunteer together. She has chronic pain and is also gay and she uses a cane. So her disability is more visible. But I think of her more in like a professional way, you know? So as much as I’ve wanted to, I’ve never really been able to run up to her and be like, ‘what’s it like to be a lesbian with a cane?’

Daisy: Right. [Laughs].

Sofia: [Laughing] I wish I could talk to her about it, but it’s just not the kind of conversation we would have...

Daisy: That’s a hilarious question though.

Sofia: [Laughs] But yeah, she is the only other [queer and disabled] person I can think of that I have ever met other than...you, Daisy. Which is sad. But yeah, please don’t put that in the quotes, ‘what’s it like to be a lesbian with a cane’...[laughing]. Don’t quote me on that.

Daisy: [Laughs] That’s what it will be called, the title of the thesis...

Sofia: Oh my god [laughing]. Hell yeah. As long as it’s anonymous.

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## *CHAPTER 1: INTRODUCCION*

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When I was seven, I celebrated my recovery from an intensive orthopedic surgery with a “cast off” party. For eight weeks, my legs and feet were encased up to my knees in clunky purple plaster. My mom and friends had decorated the casts with rhinestones, glitter paint, Silver Sharpie, and other markers of girlhood femininity. When the casts came off after two months, friends and family came over to celebrate and eat my favorite food (mac and cheese). I got a lot of socks as presents.

It was a pretty awesome day for a seven-year-old recovering from massive surgery. But when I think back on it now, one memory stands out in vivid detail. After braiding my hair in preparation for the party, a close relative looked into my eyes, and, while smoothing out the shoulders of my yellow dress, said, “Wow, you get to be a beautiful little girl again.”

In this moment, my relative taught me something about gender and disability that would take me years to unlearn: that disability and attractive femininity cannot coexist in one body. After surgery, my mom, friends, siblings, and I had hyperfeminized my casts in some effort to make my girlhood legible to the outside world. Despite our efforts, as I recovered from surgery, wielding two large purple casts and an imposing wheelchair rented from the hospital, I could not be the beautiful little girl everybody expected me to be. In my relative’s eyes, and in the eyes of so many others, the “less disabled” I seemed, the more I could achieve a femininity perceived as normal and attractive. If I stayed seated, no one would ever know about my Cerebral Palsy, and on good days, maybe they would just think I was recovering from a sprained ankle. But when I limped around,



spastic arms by my side, stiff legs working their hardest to move from one place to the next, I straddled the line of visibly disabled and passing as able-bodied. The hyperfeminization efforts taken on by those around me to map legible girlhood onto my body was a concerted effort to highlight my femininity, thus distracting from my curled toes, atrophied calves, and scarred hips.

It took me a long time to realize there was a way for my body to exist outside of the gender and sexual codes projected onto me, and that I could take pride in my spazzy body, rock a cane in the winter, sport a partially shaved head, multiple tattoos, and an occasional bowtie. It has been fifteen years since that surgery, and since then, I have constructed a queer, disabled self that experiences gender and sexuality on my own terms—not on terms projected onto me by external forces.

This process of gender self-discovery drove me to wonder what it means to be physically disabled and discover your gender and sexual truth. As such, this project—analyzing and sharing the stories of queer and disabled people—will explore how queer people with physical disabilities go through this process and create a gendered, sexual self in a world that projects assumptions about gender and sexuality onto their bodies.

My body, and my existence, has always been read by others as queer. I have Cerebral Palsy, a physical disability resulting from brain injury at birth. I walk with a limp, my skinny calves are defined by atrophy and surgical scars, and my body navigates the world in a visibly queer way that I've come to reflect on with both pride and love. But the journey to loving my body has been just that: a *long* journey. I received a slew of negative feedback about my disabled body as a kid. I did a lot of physical therapy growing up—in an effort to more closely align my body and my gait with what was

“normal,” I spent hours each week in strange stretching formations or practicing my balance in unfamiliar positions/on unfamiliar terrain. Therapists, doctors, parents, teachers would put their hands on my body, make comments, tell me what I was doing right, what I was doing wrong, how to turn my foot this way, stretch my hamstring that way, walk straighter, stand taller, be *better*. This is an experience familiar to many physically disabled people. We are entrenched in medical authority that tells us how our bodies are supposed to be, and self-determination for our bodies and our physicalities is forgotten. I was told to make my body fit other people’s standards that were never really within my reach. In a way, even before I understood it or had a language to explain it, I was always queer. People would look at my body from the time I was a baby and read it as queer: out of place, different, and weird.

There’s a failure of heteronormativity inherent to being disabled. From the moment I had any conception of sexuality, I came to the realization that people like me—disabled people—were not supposed to, or allowed to, be sexually desired/desiring individuals. Everything I saw and heard about disabled people in my life or on TV (which was, admittedly, not much) told me that disabled people were innocent, childlike, all asexual, and definitely not in control of their bodies, sexualities, and genders. In my pursuit to minimize my disability at all costs, I desperately tried to dress femininely and smile at boys the way a desirable teenage girl is “supposed to,” thereby trying (but, of course, failing) to make my very visible physical disability invisible.

During this time, I desperately clung to femininity in an attempt to prove my sexual agency. But there’s a paradox here: it lies in the fact that the more vehemently I clung to heteronormative standards of sexuality and gender, the further I migrated away

from my sexual truth. The more I tried to prove my sexual agency through heterosexuality, the more I denied myself sexual agency as a queer person.

Around age fifteen, the growing awareness of my queer sexuality threatened the heteronormativity that I'd learned to protect myself with. However, something cool and surprising started happening when I came to realize my queerness. I began meeting other queer people. I met people who took rules about what men and women were "supposed" to do and rewrote them, revised them, or threw them away entirely. I discovered a whole world of gender and gender presentation outside of the How to Be a Good Disabled Woman guide that I'd unknowingly been reading my whole life. With the support of close friends, I slowly started to experiment with bowties, button downs, backwards hats, and other markers of gender outside of the feminine norm. Ever since I started presenting my queerness more openly, I have liberated myself from the narrowness of gender normativity, and been able to create new rules for my body that are entirely my own. I have found peace in all the visible ways my body does things differently. In a way, no one was really surprised by my queer sexuality, as my body, my sexuality, and my existence were never really "normal" to begin with. Now, my liberated gender presentation serves as a representation of all the ways my body is radical and defiant of norms as a queer and disabled person. In coming out as queer and living the truth of my sexual identity, I've been able to finally claim the sexual agency that had previously been denied to me as a disabled person. All that time I had been trying to assert my sexual agency by adhering to the heteronormative structures that rejected me and my body, but claiming agency was only actually achievable once I came out as queer and rejected those structures myself.

Now, my visibly queer, visibly disabled existence is an unapologetic expression of the sexual agency I've subversively reclaimed for myself. It's an embracement of the failure of heteronormativity that my weird body has always committed, and the radical body politic that my spazzy legs have always demanded. Every time I shave the sides of my head, throw on a bowtie, or limp down the street holding hands with my partner, I leverage and reclaim my truth as a queer, disabled sexual agent that refuses to apologize to the ableist, heteropatriarchal structures surrounding me.

There are a million ways to tell a story of queerness and disability, and there are a million ways to tell *my* story of queerness and disability. But as two identities that experience a constrained sexuality, queerness and disability can both inform and illuminate academic discussions of sex and sexual agency. I've waded through pages of queer theory and disability theory, learning about the denial of sexual agency to disabled people, reading about notions of embodiment and queer physicality, and analyzing the prevalence of sexual exploitation of disabled people. In this research, I found the struggles of me and my disabled friends. In this academic theory, I saw our identities, our fears, and our journeys to claiming sexualities and genders of our own. But where were our voices? Where were our stories? Where was *my* story? Now, our stories can be found in this project, which will share the experiences of nine queer people with disabilities.

### **Compulsory Identities: A Continued History of Denied Sexuality**

This thesis intervenes in key debates within and across sociology, queer studies, and disability studies by illuminating the limitless possibilities for how people can create an agentic self in a world that imposes strict codes of gender and sexuality onto disabled

bodies. People living with disabilities face numerous constrictions and projections from society about how a disabled person is “supposed to” experience (or not experience) sexuality, or how a queer person is “supposed to” exist in their physical body. I refer to these restrictions as *compulsory identities*, or false assumptions about people’s experiences based on identity. Compulsory identities function to constrain and limit an individual’s full and true expression of themselves.

Queer and disabled people are one of many marginalized communities that face compulsory assumptions about identity. In her 1980 essay “Compulsory Heterosexuality and Lesbian Existence,” Adrienne Rich demonstrated how lesbian women face erasure and invisibility because of the assumption that all romantic and sexual relationships exist between men and women, as well as the assumption that romantic and sexual relationships exist for women to please and appease men (Rich, 1980). Scholars have continued this pursuit of writing about compulsory identities in recent years—other compulsory identities include the assumption that Black men are hypersexual, and the projection of femininity onto Asian men (Ferber, 2007; Han, 2006). As I argue, queer people with disabilities experience compulsory identity categorizations broadly across all fronts of identity.

People with disabilities are compulsively conceptualized as asexual (Esmail et al., 2010). This categorization systematically excludes disabled people from achieving agency in their sexual landscape and denies them sexual citizenship—the various rights and entitlements associated with being a sexual person—including access to sexual habits, education and resources surrounding sexual health, as well as sexual agency, pleasure, and full recognition of one’s sexual rights by legal institutions (Richardson,

2017). When a disabled person is compulsively *assumed* to be asexual, they are denied individuality and freedom in constructing and enacting their sexual selves (Milligan and Neufeldt, 2001). As Tobin Siebers articulates: "...disabled people experience sexual repression, possess little or no sexual autonomy, and tolerate institutional and legal restrictions on their intimate conduct" (Siebers, 38). Ultimately, this creates obstacles to disabled people both seeing themselves and being seen as full sexual citizens.<sup>1</sup>

These forms of state-sanctioned restrictions on disabled sexuality date back to various movements of the early twentieth century. In the 1920s, president Calvin Coolidge began preaching what it meant to be a "true American" in the context of xenophobic immigration restrictions. As the American social psyche was flooded with messaging surrounding "undesirableness", the definition of what constituted human desirability increasingly narrowed. Notions of desirability ultimately transcended the conversation about immigration and implicated numerous marginalized groups; as a result, those with impairments faced extreme scrutiny (Nielsen, 99-100).

Moreover, disabled sexuality became increasingly feared as eugenic ideology was validated by the pseudoscientific discoveries of Henry Goddard, as well as the creation of the Binet-Simon Intelligence Scale. Goddard, an American eugenicist, used Gregor Mendel's theory of inheritance in order to claim that so-called "feble-mindedness" and other bodily impairments were genetic (Goddard, 1914). Meanwhile, the Binet-Simon Intelligence Scale established a means of quantifying and stratifying mental capacity. The

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<sup>1</sup> Of course, disabled people can be asexual—including participants in this project—and this is not to deny or diminish the existence of people who hold both disability and asexuality as identities. Moreover, people who are asexual can also be sexually active people with agency. I do not mean to imply that those who identify as asexual cannot have sexual agency or a sexual citizenship. It is the automatic *assumption* that disabled people are always asexual that diminishes one's sexual rights and agency.

combination of these “discoveries”—the ability to measure “feeble-mindedness” and the theory that it was hereditary—allowed eugenicists to claim that hereditary impairments were a threat to future generations, and the nondisabled population as a whole, so disabled reproduction must be contained (Nielsen, 100).

Because this era preceded the federal mandate that public schools educate disabled children, the majority of young people with disabilities lived in deplorable conditions within state-owned institutions. Asylums and institutions across the United States thus enacted compulsory sterilization programs, which became legitimized under numerous state laws. Without resources to care for people with disabilities, and fearful of the consequences of disabled people reproducing, numerous families committed their children to institutions and abandoned them to be sterilized there. Within the institutions, residents faced gruesome conditions, medical neglect, and physical trauma (FilmRise, 2014). Disabled people confronted a loss of safety and bodily agency in numerous ways, including compulsory sterilization and the loss of sexual agency. Many of these state statutes that legalize forced sterilization still exist today, including in Arkansas, Delaware, Georgia, Idaho, Mississippi, North Carolina, Vermont, and Virginia (Nielsen, 101). This state-supported eugenic ideology widely pervaded American conceptions of disability; in this way, disabled sexuality was not just taboo, but perceived as an active threat to the well-being of society.

Paradoxically, disabled people have not only been denied sexual citizenship because of assumed asexuality, but also an assumed hypersexuality. Many cognitively disabled men have been castrated throughout history, and even today, due to a perceived uncontrollable sexuality (Rowlands and Amy, 2017). According to Michelle Jarman,

author of “Dismembering the Lynch Mob: Intersecting Narratives of Disability, Race, and Sexual Menace” the “seemingly distinct” historical practices of white-on-black lynching and the eugenic castration of disabled men are “in actuality profoundly interconnecting” (Jarman, 89). Jarman argues that narratives of black men as sexual dangers to the threat of white women, which led to the lynching of thousands of black men through and beyond the 1930s, are distinctly connected to the eugenic narratives of sexual menace that caused thousands of disabled men to be eugenically castrated in the same time period. In Jarman’s words, “Although the ritualized violence of lynching differed in form and overt purpose from the institutionalized violence of surgical sterilization, the intertwining narratives of rape and the extreme corporeal punishments enacted upon black and disabled bodies share important similarities” (Jarman, 92). These parallel narratives, reaching their historical apex at the same time, reproduced and reinforced one another. The interconnected nature of the sexual marginalization of black and disabled people gestures to the inseparability of systems of oppression for many different communities and identities. Moreover, in contemporary society, cognitive and physical disabilities are often falsely conflated. Those read as physically disabled are assumed to have cognitive impairments as well.

Thus, this era of state-sanctioned eugenics has left a legacy in which all disabled people are altogether denied sexuality. The contemporary ways in which disabled sexuality is silenced, overlooked, or actively marginalized cannot be detached from this history. The modern sexual oppression of disabled people is inseparable from 20<sup>th</sup> century eugenic ideology, which used pseudoscience to legitimize the destructive idea that disabled reproduction would beget the downfall of American society. A 2017 study



by Justine Wu, et al. revealed that women with disabilities still face a disproportionate likelihood of being sterilized when compared to nondisabled women. Furthermore, even though eugenic ideology is relatively less mainstream compared to decades prior, intellectually disabled men also continue to face compulsive sterilization. This is often due to faulty justifications asserted by disabled people's parents (Barton-Hanson, 2015). The anxiety around disabled sexuality that has lingered into the modern era results from oppressive fears of so-called "undesirable" reproduction. These historical roots are an imperative variable when considering how our contemporary misunderstandings of disabled people and disabled sexuality came to be.

State violence against those living with disabilities functioned to create a societal misconception of disabled people as lacking sexual agency and autonomy. Through the institutionalization of disabled people and the enactment of compulsory sterilization programs, the state communicated that people with disabilities must be asexual. To this day, assumptions of asexuality with respect to disability render disabled people incapable of consent in the eyes of numerous state institutions and societal mindsets. These misconceptions attempt to rob disabled people of their sexual agency, autonomy, and self-determination.

A conversation about disability and sexual agency recently played out on the national legal stage. In 2015, Rutgers professor of Philosophy Anna Stubblefield was arrested for sexually assaulting D.J., a nonverbal man with Cerebral Palsy. Stubblefield was teaching D.J. a new form of communication, "facilitated communication," in order for him to speak with others in a way he had not been able to before. Facilitated communication involves an assistant (in D.J.'s case, Anna) helping support a person's

arm while they signal and type out words on an advanced computer, thus allowing them to talk. Shortly after they began working together, D.J. and Anna announced to D.J.'s family that the two were in love and had been sexually active together. The family quickly moved forward with a legal case against Anna, claiming her power as the facilitator of D.J.'s communication allowed her to misconstrue his feelings and take advantage of him sexually. The family alleged that because D.J. is disabled and cannot speak, he cannot express sexual desire, and thus is not able to consent (Engber, 2015).

Stubblefield, who maintained the mutual love she and D.J. held for each other, was initially found guilty, but the verdict was overturned on an appeal, thus reopening the case in the spring of 2018. The ordeal came to a “demoralizing end” when Stubblefield pled guilty to assaulting D.J (Engber, 2018). The revisiting of the Stubblefield case has reinvigorated a discussion on consent, communication, and disability. In the words of *Times* journalist Daniel Engber: “Anna copped only to a narrow, legalistic proposition: that she ‘should have known that the victim had been determined to be ‘mentally defective’ to the point of being incapable of providing consent’” (Engber, 2018). After years of a painful and drawn-out trial, uncertainty still remains about whether D.J. consented or had the ability to consent. However, the Stubblefield case does illuminate the degree to which mainstream society refuses to view disabled people as having any form of sexuality and sexual agency (Engber, 2018). The highly publicized case ended by maintaining the idea that surely a non-verbal man with Cerebral Palsy could not have sexual agency, and could not consent to a mutually pleasurable sexual relationship. People with disabilities continuously face compulsory assumptions about their sexuality and must navigate constraints on their sexual agency as a result. Compulsory identities

function to silence disabled people by casting them into unwilling categories that differ from their true selves. As a result, they must adopt myriad strategies to construct a legible queer, disabled, sexual self, thus resisting such unwilling categorizations. By articulating their sexualities, sexual identities, and true selves, they are engaging in radical acts of resistance against a system of oppressive assumptions. I argue that these strategies to construct a sexual self while queer and disabled can be understood as *queer projects*. Discussing the sexualities of queer and disabled people represents a radical act of resistance against a system that denies sexuality to the disabled.

### **Queerness, Disability, and Queer Projects**

#### ***Queerness, Cripness, and Resisting the Norm***

Disability studies arises out of queer studies. Queer theorists work to dismantle systems of power that tell us sexuality and gender are supposed to look a certain way: “Queer is by definition whatever is at odds with the normal, the legitimate, the dominant. There is nothing in particular to which it necessarily refers. It is an identity without an essence. ‘Queer’ then, demarcates not a positivity but a positionality vis-à-vis the normative” (Halperin, 62). Similarly, disability studies, or what some have dubbed “crip studies” seeks to disrupt the normative by challenging our commonly held beliefs about bodies, embodiment, ability, and disability.

The field of disability studies emerged as a resistance to our fixed understanding of disability as a medical experience. Rosemary Garland-Thomson’s book *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* was considered an inaugural text in the field of disability studies when it emerged in the late 1990s. In the

book, Garland-Thomson calls for a new understanding of the disabled experience that frames disability as a minoritized and oppressed social category, not a narrative of personal misfortune and medical problems. In doing so, she opened a path for empowerment and social identity surrounding disability. By framing disability as a socially minoritized identity, Garland-Thomson challenged oppressive narratives about disabled people as dependent, pitiful, tragic, and nonsexual (Couser, 1999).

From this canonical work, disability/crip studies has evolved into a field that liberates individuals from heteronormative, ableist assumptions about disability and sexuality, thus allowing people to live their queer crip truths. Forming a proud disabled identity can be understood in this way as a queer pursuit. Like ‘queer,’ ‘crip’ has been adopted and re-appropriated from a derogatory word by numerous individuals within the community. In her novel *Beasts of Burden: Animal and Disability Liberation*, Sunaura Taylor states, “Many disabled people identify as crips, and to crip something does not mean to break it but to radically and creatively invest it with disability history, politics, and pride while simultaneously questioning paradigms of independence, normalcy, and medicalization” (Taylor, 12). By resisting what we think we know about bodies, sexuality, ability, and gender, crip studies opens the door for a radical reimagining of how people can occupy their bodies, take up space in the world, and exist as sexual, disabled beings.

### *Understanding the Social Model of Disability*

Drawing on foundational scholarship in Queer Theory, scholars of disability highlight the falsehoods within social understandings of disability as a fixed category. Michel Foucault studied power broadly, but localized his study of identity and what is

considered “natural” in sexuality. He claimed that the binary categories of homosexual and heterosexual emerging in the late 20th century “reflected a shift in the tactics of power from an emphasis on sexual behavior to one of sexual personhood” (Epstein, 192). Rather than focusing on abnormal and normal sex *acts*, experiences become divided into binary sexual *identities* of normal and abnormal, heterosexual and homosexual.

In this Foucauldian vein, disability scholars have been unpacking the ways in which our classifications of “disabled” and “nondisabled” naturalize these categories into socially constructed binary identities. Resisting a medical model of disability, which conceptualizes disability as an individual medial failure distinct to that person, scholars have increasingly recognized disability as socially constructed. Advocates of the social model of disability argue that a diversity of bodies exist in the world, and a person is disabled not by their impairment, but by the social organization of society, which only accommodates a specific type of body and brain. Disability then does not refer to the limits of a person’s mobility, but to the sociocultural organization of the world that leads some bodies to be marginalized and denied access to certain spaces and experiences.

Disability is a societal system of oppression. I am not disabled due to the limitations of my body, but by the fact that I exist in a world that is not built for bodies like mine. The social model takes a more social justice, rights-based approach to disability, and advocates for inclusive environments that would be accessible to a diversity of people, thereby eliminating the disabling factor in a person’s life. Therefore, a wheelchair user is not disabled by their inability to walk, but rather by a lack of curb cuts and ramps that deter them from fully interacting with their environment. A deaf person is not disabled by their inability to hear, but by hierarchical structures that

prioritize spoken languages as normal and natural, and signed languages as abnormal and different. Contrary to mainstream belief, there is no “natural” binary of identity when it comes to disability. As Sunaura Taylor states, “Ableism encourages us to understand one technology as normal and another as specialized. We are so used to technologies and structures such as steps and staircases that they become almost natural to us. But curbs are no more natural than curb cuts, and blinking lights no more natural than beeping sounds” (Taylor, 14).

The social model of disability demands a re-thinking of “disability” and “impairment” as categories. Though disability and impairment are often falsely conflated, the social model allows for an understanding of disability and impairment as two discrete terms. Impairment refers to the physical conditions of one’s body that render it different from societal conceptions of how bodies “should” work. For example, as a person with Cerebral Palsy, I have an impairment because brain damage at birth causes my body to be stiffer and more spastic than bodies considered normal. Many bodies in this world experience impairment—some temporarily, because of things like a torn ACL or serious infection, and some permanently, because of things like amputation, visual impairment, or chronic pain. But not all of these impaired bodies are considered disabled, and many do not fit into our constructed binary categories of “disabled” and “nondisabled”.

This focus on impairment, rather than disability, allows us to see the inability of the disabled vs. nondisabled binary to capture the true spectrum of bodily diversity. Moreover, it also allows us to see the nuance that underscores disabled identity. People like me who actively embrace and identify with being disabled are signaling a sort of identity politic. Specifically, they are communicating a subversive embracement of a

stigmatized identity that they have been shoved into by falsely dichotomized categories of disabled and nondisabled. Identifying as disabled, in this way, is an acknowledgement of disability as a constructed system of social oppression, not an individual person's physical shortcoming.

### *What is a Queer Project?*

Centering the stories of individual queer and disabled people raises new questions about the socially constructed boundaries built around queerness, disability, and sexuality. The constructed binaries surrounding bodies with impairments have silenced disabled people from existing as their true, nuanced selves. The stories in this thesis highlight a deeper complexity to identity and sexuality that can only be articulated by giving individuals a platform to discuss their own lived experiences. Every single day, my interlocutors construct an agentic self related to sexuality and disability. This construction of self resists flattened, one-dimensional, and constructed binary understandings of queerness and disability. A reparative knowledge framework allows these experiences to exist and define themselves on their own terms, thus resisting hegemonic systems of categorization that queer and disabled people cannot neatly or cleanly fit into. In this way, we can conceptualize their creation of an agentic identity and sexual self as what I call a *queer project*.

This research is a reparative approach to considering the experiences of queer and disabled people. Eve Sedgwick's conception of reparative knowledge encourages a pursuit of understanding that allows experiences and individuals to define themselves. Rather than being flattened or reduced into schemas and categories we already understand, a reparative approach understands social relationships on their own terms. In

Sedgwick's words, "to read from a reparative position is to surrender the knowing, anxious, paranoid determination that no horror, however apparently unthinkable, shall ever to come to the reader *as new*; to a reparatively positioned reader, it can seem realistic and necessary to experience surprise" (Sedgwick, 146). In its willingness to let knowledge be surprising and new, and its refusal to fit new knowledge into narrow, existing schemas, reparative knowledge is decidedly queer. It challenges existing binaries and categorizations and allows social dynamics to define and speak for their own truths. Reparative knowledge resists dominant systems of categorization, and thus, is a queer pursuit; a reparative approach will allow me to demonstrate that there is no one way, and no natural way, for queer and disabled people to experience sex and sexuality.

This ongoing negotiation of identity and experience that queer and disabled people undergo points to a larger tension between structural oppression and individual agency within such oppressive societal norms. Omi and Winant are two sociologists and racial theorists whose writings on racial formation and racial projects unveil this link between an individual/their identity and the larger social structure they exist in. My notion of queer projects both draws upon and elaborates Omi and Winant's racial project theory. According to Omi and Winant, "Indeed race cannot be discussed, cannot even be *noticed*, without reference—however explicit or implicit—to social structure. To identify an individual or group racially is to locate them within a socially and historically demarcated set of demographic and cultural boundaries, state activities, 'life chances,' and tropes of identity/difference/(in)equality" (Omi and Winant, 125). In other words, in this racial context, the idea of race is fundamentally tied up in a social and historical schema that, to some extent, defines an individual's experience. Their concept of racial



projects— “simultaneously an interpretation, representation, or explanation of racial identities and meanings”—connects the ideological and sociohistorical frameworks of race to the everyday interactions and experiences of racialized people (Omi and Winant, 125). Put most simply, racial projects are the ways in which the structural schemas of race become played out on more micro levels in lived experience. Although racial projects can vary in scale and significance, they represent the ways in which an individual becomes linked to a broader racialized and hierarchal system.

Omi and Winant’s framework for racial projects allows us to see how the interaction between individual people and structures of ableism and heteropatriarchy play out in the day-to-day. As mentioned, allowing room for nuance and self-definition in the face of narrow categories is a queer pursuit because of its resistance and opposition to dominant schemas. By hearing firsthand accounts of how queer and disabled people navigate identity, this thesis will illuminate the various strategies employed by my interlocutors to construct their own identity in a world that projects numerous assumptions onto their queer and disabled bodies.

Their efforts to resist, expand, and redefine flattened categories of identity constitute individual queer identity projects. These queer projects reveal an individual’s ability (or inability) to resist oppressive structures through everyday practice. Their negotiation of identity on a moment to moment basis is a queer identity project in which queer and disabled people resist assumptions of queerness and disability that are projected onto them by systems of oppression. This individual resistance in an era when the sociopolitical climate is increasingly cruel to queer and disabled folks reveals just how significant and meaningful my participants’ queer identity projects are. Their efforts

to be agentic sexual beings in the face of such sexual marginalization matter as forms of political and social resistance. These queer projects represent individual, autonomous acts of agency in a larger system of oppression.

## **Method**

### ***Why Storytelling?: A Pursuit of Intellectual Activism***

In his talk at Bowdoin College in December 2017, Black Lives Matter activist and civil rights leader Deray McKesson explained, “In this moment, the role of storytelling has never been more important. Ideas travel in stories.” In the current political climate of the United States, people with disabilities, LGBT people, immigrants, people of color, and many other minority groups are systemically denied humanity through various discriminatory political rhetoric and decisions. This includes President Donald Trump’s proposition to ban transgender people from the military, his efforts to deny disabled people healthcare via repealing the Affordable Care Act, and his numerous travel bans to restrict all immigration and travel from several Muslim-majority countries. In this era, marginalized people are barely able to maintain basic rights and freedoms, much less authentically and truthfully voice their stories and experiences. For this reason, centering and amplifying the voices of marginalized folks is a radical act of resistance against a culture that silences so many.

I developed this project out of a desire to see our authentic voices reflected in the academic world. Research on disability and sexuality that includes the voices of disabled people is not completely unheard of—take, for example, Barbara E. Gibson et al.’s 2013 piece “Becoming Men: Gender, disability, and transitioning to adulthood”, which

included the authentic stories of teen boys with Duchenne muscular dystrophy. However, never before have the fields of queer studies and disability studies used the individual stories and authentic voices of queer and disabled people to draw new conclusions about the intersection of these identities. We are living in an era that demands storytelling. Speaking our truths, and listening to the truths of others, is one of our greatest tools to maintain our humanity in this politically dehumanizing time. This thesis allows queer and disabled people to tell their stories in their own words, deepening the academic fields of queer studies and disability studies in the process.

In her 2012 book *On Intellectual Activism*, feminist and sociologist Patricia Hill Collins defines intellectual activism as “the myriad ways that people place the power of their ideas in service to social justice” (Hill Collins, ix). Hill Collins believes in the power of academia to “speak the truth to the people” and disrupt the false binary between academics of the ivory tower and activists of the general public (Hill Collins, xii). Hill Collins and Kimberly Crenshaw are two foundational academics who use intellectualism to articulate their positionality as black women. Crenshaw founded intersectional theory as we understand it today and used her intellectual work to fundamentally change the way we conceptualize race, gender, and the intersections therein (Crenshaw, 1991). Hill Collins and Crenshaw’s careers and far-reaching impacts demonstrate the ability of intellectual work to function as activism, and to influence the way the public thinks about people who exist at the intersection of multiple marginalities.

This thesis is a work of intellectual activism as it amplifies the voices of a multiply marginalized community that is so frequently silenced in the media, academia, and mainstream discourse. Sam, an interlocutor with Cerebral Palsy, said in our interview

that having public outlets to share her story is “empowering” for her, but also “important representation for the larger disability community.” My hope for this story and study of queerness and disability is that it provides queer and disabled people with a platform to voice their experiences, while also motivating and empowering others who hold these identities to share their stories as well. The importance of these stories for the queer and disabled communities, for the academic world of queer and disability theory, and for general society as a whole cannot be underestimated.

### *The Research Process*

The data for this project were gathered through nine semi-structured interviews. Interviewees were found through a snowball method of recruitment. The first two interviews were conducted with close friends, who then connected me to other queer and disabled people they know. I also found many participants using social media, as Instagram and Twitter are rich platforms for community building between queer and disabled people. By exploring hashtags like #disabledandcute, #queercrip, and #accessibilitymatters, I was able to find queer and disabled people participating in an active online community. I could use the direct messaging feature on Instagram and Twitter to invite people to participate in the project and build relationships with them. If a person was interested in participating, I presented them a consent form detailing the project and the parameters of participation. If the individual I contacted was willing to sign the form and participate, we then set up a time to complete the interview in person, over video calling technology (Facetime or Skype), or over the phone. The medium used to conduct the interview depended on travel restraints, feasibility, and participants’ preferences.

Interviews were recorded with interlocutor permission using an iPhone. I started interviews by giving an overview of the project and reviewing the consent form. We then dived into conversations which often lasted approximately two hours. I made a conscious decision to leave interviews very open-ended and allow participants to dictate the direction of the interview. I started by broadly asking participants to tell me about their queer and disabled identities, and what those identities mean to them. From there, the direction of the conversations varied greatly. I frequently simply asked interlocutors to say more about their answers, and from there grew complex, nuanced discussions of disability, sexuality, and sex. I had a short schedule of questions to fall back on if conversation stalled, as well as pre-written questions about sex to ask further into the interview once we had built more rapport and trust in our discussion. Some of the pre-written questions that I asked nearly all participants included (among others): “When do you feel most sexually desirable?”, “Do you feel a strong connection to queer community?”, and “Tell me about your current (or most recent) relationship.” Questions frequently varied depending on whether the interlocutor had a congenital or acquired disability, and the extent to which their disability is visible. At the end of the interviews, I asked if there were any other topics the interlocutor wanted to talk about, and any other thoughts that may have arisen throughout our conversation. After completing interviews, the audio was transcribed and coded using NVIVO software.

## **Outline**

This project takes both a storytelling and analytical approach. In February 2018, I read Eric Plemons’ award-winning ethnography *The Look of a Woman*, which explores

facial feminization surgery and transgender medicine. The book consists of chapters interwoven with interludes, or narrative sections documenting Plemons' interactions with doctors and trans women. The narration in the interludes does not include deep analysis or scrutiny of Plemons' observations and interactions. Plemons visited the course I read his book for, and in our conversation, he explained his motivation for including interludes. He wanted to allow significant moments in his research to speak for themselves, and not be interrupted by heavy-handed academic analysis. I was inspired by this structure, which aligns with my goal of letting queer and disabled people tell our own stories in an academic setting. As such, the main chapters of this thesis are joined by a prelude, three interludes with excerpts from conversations with interlocutors, and one interlude with an excerpt from disabled poet Riva Lehrer's 2011 piece *Golem Girl Gets Lucky*. I also included a reflective postlude describing what my queer and disabled identities mean to me. The first three interludes consist of text directly transcribed from my conversations with interlocutors. For example, the second interlude includes Ace's reflection on their parents. Ace is an activist with Cerebral Palsy, and according to Ace, their parents have "internalized they everything you can possible internalize about having a child with a disability" and think of Ace as "a burden." In these interludes, the interlocutors' stories and experiences exist on their own terms without interruption by academic analysis. Furthermore, the interludes provide the reader with a direct insight into the joy, pain, humor, and reflection that so frequently emerged in the interviews.

This process will be undertaken in four main parts, with interludes between each chapter. In Chapter Two, I will more thoroughly outline queer projects and compulsory identities. I will nuance these categories and our understandings of identity by sharing the

stories of Maria and Amelia, two participants who experience complicated compulsory identity categorization across all categories of identity. In Chapter Three, I will discuss the creation of a sexual self through sex acts. The chapter will reveal how Olatokumbo and Lane negotiate compulsory identity categorizations, reclaim a sexual agency, and construct a sexual self during sex. This chapter will show how the sexual moment becomes a sphere in which queer and disabled people can resist compulsory identity categorizations. Chapter Four will use the stories of Lane and Jay to discuss how queer communities, disabled communities, and/or queer and disabled communities can operate (or fail to operate) as a catalyst in constructing a queer, disabled, sexual self. Finally, I will conclude by providing recommendations for future research, discussing the limitations of this research, and offering concluding remarks about the findings of this project. This thesis illuminates how queer and disabled people take on queer projects by leveraging a visibility of their identities and engaging in the erotic moment. In doing so, they produce a sexual and gendered self that resists compulsory identities.

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## INTERLUDE I: JAMIE ON LABELS

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*Jamie acquired a disability in recent years; she has chronic pain and fatigue, has run numerous “ultra-marathons” (fifty plus mile races), and describes her gender identity as somewhere between “badass athletic woman and agender.” Here is an extended excerpt from our conversation, where she unpacked labels, community, and the limitation of “boxes”.*

Jamie: I would say in a very basic sense that gender-wise I exist somewhere between “badass athletic woman” and agender. And I would say that gender and sexuality for me are very dependent on context. So, part of why I shy away from boxes and identity labels is that when I was in college, I felt like the definitions of what it meant to be a woman in my college community were too narrow for me to be included. And in some ways, I really embraced that. For a few years the whole agender/nonbinary thing really vibed with my experience. But also, I’m from Wyoming and there are a lot of badass women in Wyoming, and part of why I never really thought about gender before college was because I existed in this space where how I felt most natural still fell into the social category of “woman”.

But I also have been frustrated with the whole gender presentation thing. People are like, “Oh well you’re wearing a button up flannel tucked into Carhartt and you cut your hair short, so clearly you’re a butch lesbian.” I get so bothered when people try to decide who I am for me. So, I feel like for me a lot of things, sexuality and gender included, are context specific. And I think that’s part of why I shy away from all kinds of labels and boxes. But I think with the disability thing, I have a drive to label myself and find community and people who understand what it’s like to exist in the world in some ways that are similar to how I exist in the world. But in terms of gender and sexuality things, I think that there are a lot of assumptions, like there’s gender presentation and



gender identity and then a whole host of other characteristics that get tied together. There are so many stereotypes and I got so fed up with people determining what I look like and deciding who I am because of that.

Also, I see myself as kind of ace?<sup>2</sup> I don't know. For a really long time I didn't even know asexuality was a thing. But I was just like, eh I am too busy to think about boys or girls or nonbinary people. But my senior year of college I kind of ended up in a relationship, which was weird and not something I expected. I realized that I am not someone who experiences attraction unless I have like a pretty close emotional connection with them. And so, then I was like, huh, that's kind of a definition of asexual. Or I guess technically that's a definition of demisexual.<sup>3</sup> But I think there is something powerful in seeing that okay, just because I don't experience attraction a lot and I only experience it very very rarely, that doesn't mean there is anything wrong with me!

Wait, what was your question again? Oh yeah, we were talking about labels! So, I still feel like I am in the ace/demisexual region, but I have had experiences of attraction for people I don't really know, and I was like, "whoa what is this feeling, I don't even understand!". And that raises the question of like, okay, so now do I still fit into the demisexual and asexual category?

And the other aspect of my sexuality that I guess is significant is that through time I've been like, huh, seems like you are kind of a polyamorous person, it sucks that the world is not designed for you. And if you think about it, like asexuality and polyamory for instance, I really respect people who find power in having a way to define themselves

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<sup>2</sup> Ace is a shortened form of "asexual," and a word used by many to demarcate asexual identity.

<sup>3</sup> Speaking broadly and generally, demisexual refers to a person who does not experience sexual attraction without an emotional connection.

and who find identification with others through identifying with a label. I think that that can be really powerful. But I also think that labels, like sexuality labels, can sometimes flatten things in a way. Like say someone is asexual. Well you could be asexual and never be in a relationship because that's not your thing, or you could be in a romantic but not sexual relationship, or you could be asexual but decide to have sex with your partner sometimes. And I feel like the same with polyamory. Like there are people who have multiple partners and multiple partnerships, and there are people who have one partner and other people that they are intimate with in various ways. Or maybe you're poly and you live a monogamous life but that doesn't make you not polyamorous if that's how you experience the world. Which is to say, I don't know, I think with gender-y things I like balk labels, and with sexuality not so much, but I do think there's a risk with making assumptions about people and how they live their lives based on labels. So long story short I'm uncomfy with labels and they do important things but they also flatten identities.

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## CHAPTER II: VISIBILITY AND COMPULSORY IDENTITIES

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*“Someone’s going to notice the wheels and metal objects that I get around in...like that’s pretty damn obvious. I’m never in a space where people don’t...know that in their eyes something is wrong with me.” –Amelia*

A common thread emerged in my lively conversations with Amelia and Maria: the challenges that arise when outside society makes assumptions about your identity, and compulsively places you in narrow identity categories as a result. Both discussed the frustration and challenges they face when their visible or invisible disabilities lead people to make assumptions about their abilities, genders, sexualities, and more.

### **Maria’s Story: Figuring it Out**

Maria is someone whose silliness, joy, and passion exudes off of her. Currently in graduate school to get her PhD in Oceanography, Maria describes her sense of style as “nerd”. Having recently been diagnosed with an unknown rheumatological condition, hypermobile Ehler-Danlos Syndrome, and TMJ dysfunction (which causes pain and decreased mobility of the jaw), Maria spoke extensively on her new disabled identity, which she explained as something she is “still sort of figuring out”. Maria is Latina but passes as white, and her disability is not visible. As such, she talked a lot about what it means to find community and form identity when your identity may not be legible to the outside world. We discussed a myriad of challenging topics, including her frustration with her physical pain, the complicated shame she feels surrounding her disability because of messaging she received about disability throughout her life, and the sexual assault she experienced in college. Yet Maria’s infectious sense of humor and goofy demeanor always managed to shine through, like when she described an incident when

her parents (whom she described as “very Midwestern, with a button-up feel”) found her diary when she was sixteen. The diary included a description of giving her then-boyfriend a hand-job. She laughed endlessly while recounting the story, telling me how there were “very much a lot of consequences” when they found out about her active sexuality.

In our discussion of Maria’s identities, she described an invisibility of her core identities. This invisibility results in a multifaceted compulsory identity categorization in hegemonic identity categories. In other words, people assume she experiences privilege on all fronts of identity. As a result, she is not only denied the truth of her identity, but also struggles to connect with queer and disabled communities: “It is sort of tricky to know where I fall in terms of the disability community...and like whether I count,” she explained. “And that has overlapped with queerness because I’m dating—even though he’s trans—I’m dating a man, and we’re perceived like ninety-five percent of the time as a straight couple. So my queerness doesn’t always get acknowledged. It isn’t always at the forefront of what I do, or how I’m perceived. And similarly, because I’m also Mexican and I’m completely white-passing, I’m also not perceived as Latina. And...it’s hard sometimes to feel like that isn’t...that doesn’t really fit who I actually am.”

In terms of her ability, her race, and her sexuality, Maria is categorized by others as existing in the hegemonic category. Our discussion of identity and visibility highlights the tangible impact of this system of compulsory identities for those with invisible disabilities. She noted that “it’s hard sometimes to feel like [whiteness, straightness, being non-disabled] doesn’t really fit who I actually am.” Maria articulated frustration when her disabled identity is ignored and unknown, and people make assumptions about her as a result. She recounted the hateful comments she has received from passersby on

public transportation who assume she is nondisabled: “[I was walking up the escalator] and someone was like, ‘Jesus Christ! Get out of the way!’ Or something like that. People will say things like that because they think [I’m] just being slow for no reason, I guess?”

As a result of being denied her disabled identity, Maria must leverage a visibility that she creates for herself. She describes adopting certain visual cues to signal herself as a member of the disability community to the outside world: “So, I’ve been wanting to get like a pin for my backpack or something... about either ableism or something that signifies me as someone being more friendly in terms of the disability world. [It is both] wanting to be seen for myself, but also wanting other people to see that I am a potential advocate if they want me to be, or if they just want to know that there’s someone there.” Maria discusses at length her decision to get a pin about ableism or disability in order to convey her membership within the disability community. She articulates both a desire to be “seen for [her]self,” and a hope that it would connect her to other disabled people who may be in her vicinity.

### **Amelia’s Story: Femme Identity and Visibility**

Amelia and I connected while living in the same city this summer. We first met at a coffee shop and bookstore, sipping lattes and mimosas and talking about our shared experiences as two people with Cerebral Palsy from New Jersey. Amelia is a self-described fashionista—when we met, she had on bright red sneakers and a gray dress, and a light pink backpack was slung over the handles of her power wheelchair. A thin headband held back her blond hair. Amelia is someone who laughs loudly and often, and whose wide smile seems to brighten her whole face. In the first few minutes of our

conversation, she described having CP (a disability most often caused by brain injury during or shortly after birth), as “essentially like a baby stroke when I was born” and giggled as she called herself “super spazzy.” Our conversation ranged from discussing gender presentation, to the inaccessibility of pride parades, to eating disorders, to our favorite shows with disabled characters.

Amelia described the very visible nature of her physical disability, Cerebral Palsy, with both wit and self-awareness: “There’s no room that I can go into [and not be identified as disabled] unless everyone else in the room is blind... And I mean that because I’ve been in rooms where all my friends are blind! [laughs]. But even [blind people] know [I’m disabled] because they hear the sound of my wheelchair!” she says, shaking her head. “Someone’s going to notice the wheels and metal objects that I get around in...like that’s pretty damn obvious. I’m never in a space where people don’t ...know that in their eyes something is wrong with me.”

Many cues indicate Amelia’s disability, and she never has the option, willingly or not, to be perceived as non-disabled. This has tangible impacts on her experience of identity. Amelia goes on to describe that because of the visibility of her disability, she has been continuously and unwillingly de-gendered, de-sexualized and denied her identity as a woman: “As a disabled person I’m degendered so often. Like the number of times people have said to me, ‘I can say those things around you because you’re not really a girl.’ ...In high school I would be in study hall with all boys, and I remember they would gossip about girls, and one day they were talking about some girl that I was friends with. I was like, ‘You realize I’m going to tell her what you said, right?’ And one guy goes ‘Oh my god, I always forget that you’re like kind of a girl.’”

Unlike Maria, Amelia is not compulsorily placed into hegemonic identity categories; rather, she is desexed, degendered, and denied the truth of her queer womanhood because she is visibly disabled. However, Amelia articulates the way that her sexual identity allows and empowers her to resist these assumptions: “One of the other things that was really empowering about discovering queerness, was finding the word femme. Because I used to always say I’m girly, but it’s more than that. I’m girly to a point of being very uncomfortable if I look masculine in any way...I wear dresses almost every day, and if I wear pants I wear them with a ruffle-y top jewelry. I wear makeup when I’m not leaving my house. It’s not just like, oh, I’m a girly girl, it’s a calculated decision that I will appear not only feminine, but extremely feminine, so that there’s no way you can say to me ‘you are not a girl’.”

## **Discussion**

### ***Introduction***

Analyzing the various ways that Amelia and Maria navigate compulsive identity categorization reveals how queer and disabled identity become mutually constitutive as a means of pushing back against compulsory identity categorizations, and how individuals make their true experiences known in the face of false assumptions about their identities. This ultimately highlights the varied strategies enacted in order to navigate compulsory identity categorization. For all participants, they are combatting compulsory projections imposed on them by the outside world. Yet there is no singular way to navigate such assumptions and create a sexual self despite them.

In “Compulsory Able-Bodiedness and Queer/Disabled Existence,” disability theorist Robert McRuer posits that compulsory able-bodiedness and compulsory disability are two “intertwined” systems that work to reproduce straightness and the non-disabled bodied. Moreover, McRuer notes that “because they depend on a queer/disabled existence that can never quite be contained, able-bodied heterosexuality’s hegemony is always in danger of being disrupted” (McRuer, 97).

The discussions on visibility and compulsory identity categorization that emerged in Amelia’s and Maria’s stories reveal the ways in which queer and disabled people consistently face forced categorization into identity categories. However, Amelia and Maria’s experiences necessitate new theorizations on compulsory able-bodiedness, compulsory heterosexuality, and compulsory identity more broadly; they demand an expansion of McRuer’s theorization. They highlight the way that compulsive identity categorizations do not happen in isolation, nor are they simply intertwined as McRuer claims. Rather, compulsion and identity categorization must be conceptualized as inseparable processes that are mutually constitutive and holistically impact an individual on all identity fronts. In other words, disabled people are unwillingly categorized into various identity groups regardless of personal identification with such identities, and these compulsory categorizations do not happen for just one identity. Compulsory identity is an intersectional process, and the various categories in which disabled people get placed reinforce one another. Beyond McRuer’s assertion that compulsory able-bodiedness and compulsory disability are two intertwined systems, I will use Amelia and Maria’s stories to illustrate how compulsory categories are wholly inseparable, mutually constitutive, and operate across all dimensions of identity, not just disability and



sexuality. This reinforces that disabled queer people must consistently navigate compulsive identity categorization, while highlighting that this functions beyond just disability and sexuality.

Additionally, the compulsive categories in which disabled people are categorized operate in distinct ways dependent on the visibility of one's disability. While a person with visible disabilities is known to be disabled, they are compulsively categorized as nonsexual and agender. Conversely, a person with invisible disabilities is compulsively categorized into hegemonic categories of heterosexual, able-bodied, and cisgender whiteness. Though the compulsory identification occurs differently for those with invisible and visible disabilities, compulsory identities do not operate in isolation. They ultimately serve to deny disabled people agency over their identities in all ways. Although McRuer utilized the tools of compulsory able-bodiedness and compulsory heterosexuality to theorize about agency and identity, authentically hearing from disabled queer people about visibility and compulsory identity expands his theory. It reveals that compulsory identity is actually experienced across all identities, and is dependent on the visibility of one's disability. The discussion in this chapter will reveal how compulsory identity functions in the lives of queer disabled people.

***(In)Visibility and Intersectional Compulsory Hegemony: A Discussion of Maria***

As Maria articulated in our discussion, she faces an invisibility of her Latinx, queer, and disability identities because of assumptions from the outside world. However, Maria does not conceptualize this as separate, distinct processes of being compulsorily categorized as the privileged category. Rather, she describes facing this unwilling categorization simultaneously on all fronts. In terms of her ability, her race, and her

sexuality, she is categorized by others as existing in the hegemonic category. This highlights McRuer's theory that compulsory able-bodiedness and heterosexuality operate in tandem, but necessitates an intersectional expansion of his theory. For Maria, compulsory identification by others must be navigated on all fronts of her experience, not just sexuality and disability. The various categorizations of Maria as a person with privilege do not happen in isolation, but instead, as she articulates, she is perceived as having "a lot of privilege" on all fronts. This illustrates that compulsory identity must be thought of more intersectionally beyond just sexuality and ability. Maria's true identity as a disabled, Latinx queer person is made invisible and erased in all ways, thereby reproducing the existence of an able-bodied, straight, white majority, denying her access to identity-based community, and erasing her true identity. These systems do not operate individually, but rather work together to automatically categorize those with invisible disabilities into the dominant majority. Whiteness, the nondisabled body, and heterosexuality work together to reproduce themselves. They are continually ascribed onto bodies in which their counterparts—being of color, disabled, or queer—are not visually apparent, and individuals like Maria must continually grapple and contend with this invisibility in all aspects of identity.

Furthermore, Maria's example of encountering scornful strangers on the escalator highlights the negative impacts of compulsory identity on the experiences of queer and disabled people. In this moment of being accosted for moving slowly on the elevator, Maria must contend with being unwillingly identified by other people as an able-bodied person of privilege. Her ability to navigate the world in a way that works for her body (such as moving slowly on an escalator) is constrained by the false assumption that her

impaired body fits into conventional norms of ability and physicality. This highlights the way that the intersectional system of compulsory identity categorization ultimately denies disabled people agency over the expression and experience of their true identity. Maria cannot freely navigate the world as a disabled person in the way she needs to and wants to because she is assumed to just be “slow”. Disability cannot be mapped onto her body by others because of the invisibility of her impairment; as such, she has to act and control her body to scripts of “normal” and nondisabled embodiment. However, these norms are ultimately inaccessible to her impaired body, leading outsiders to respond to her slower movements with anger and disdain. In this way, she faces both invisibility and stigmatization.

Similarly, her Latina and queer identities are denied by others when they automatically sort her into hegemonic identity categories, creating what she describes as the “hard” realization that people are not seeing her for “who she actually is”. In this way, compulsory identity categorization operates beyond just ability and sexuality. Maria must navigate this compulsory categorization across all identities, and as someone with an invisible disability who is white-passing and straight-passing, her agency over her Latina, queer, and disabled identities is denied. This revelation demands an intersectional theorization of compulsory identity, which ultimately constrains Maria’s agency and sense of truth in all of her identities.

***(Hyper)visibility and the Denial of Identity: A Discussion of Amelia***

Amelia’s discussion on visibility and identity also reveals the intersectional nature of compulsory identity categorization, thereby expanding on McRuer’s analysis of compulsory able-bodiedness and compulsory heterosexuality. However, as a wheelchair

user with Cerebral Palsy and visible disabilities, compulsory identity operates differently for Amelia than it does for Maria. Whereas Maria is compulsively categorized into all hegemonic identities (whiteness, straightness, able-bodiedness) due to being invisibly disabled, Amelia faces compulsive placement in multiple marginalized categories due to being visibly disabled, or she is denied any kind of identity altogether.

Because Amelia is visibly disabled and unquestionably placed into that category, she experiences further compulsory marginalization through the denial of her gender identity. Her womanhood, a central identity to Amelia, faces consistent erasure because of her visible disability. Like Maria, as a disabled person she faces an unwilling categorization that invisibilizes identities of central importance to her. However, her experience is different from Maria's, as she is further read as marginalized by others and denied her gender identity altogether, rather than being unwillingly placed into dominant identity categories. In both cases, Amelia and Maria are denied agency over the identities and face erasure of their true experiences; however, this denial operates in different ways dependent on visibility.

Maria and Amelia's stories underscore the significant role that visibility plays in a disabled person's life: it can beget a denial of identity and further marginalization by the outside world when the disability is visible, or falsely and oppressively mis-categorize people as possessing certain hegemonic identities when the disability is invisible. Significantly, in both cases, compulsory identification is working in tandem across numerous identities—sexuality, disability, gender, race, and so on—to deny disabled people the right to agency and ownership over their identities. This validates McRuer's assertion that compulsory heterosexuality and compulsory able-bodiedness are

intertwined systems, but reveals that compulsive categorization is a significantly more intersectional process than he posits, and is experienced by individuals on all identity fronts. Furthermore, visibility of one's disability is a vital variable that dictates the ways in which compulsory identity categorizations operate. These automatic categorizations do not happen in isolation, nor are they simply intertwined as McRuer claims, but they are a multi-faceted, all-encompassing system that impacts individuals differently dependent on the visibility of one's disability. More broadly, this reveals the insidious, dangerous nature of compulsory identity categorization, which further marginalizes and silences marginalized people across many inseparable spheres of identity. This in-depth understanding of how compulsory identity operates for queer and disabled people is necessary for ultimately illustrating how the navigation of compulsory identity signals a specific identity politic shaped by both queerness and disability. Having established this foundational understanding of how compulsory identity operates across identity, yet differently dependent on visibility, I can now move on to illustrate how individuals push back against this assumption about their identity, and the various identity politics enacted to do so.

### ***Reclamation of Identity Within a Compulsory System***

As I have established, compulsory identity categorization happens holistically across all identities for queer and disabled people, thereby constraining the extent to which they can freely enact and embody their true identities. However, my interviews with Amelia and Maria revealed that disabled queer people adopt various unique, individual strategies to reclaim and assert their authentic identity within such constraints. The varied ways in which they go about this reclamation illustrate that there is no single

politic, or no one way to fight compulsory identities. The fight for authenticity and visibility is distinct for each individual. In this section, I will closely discuss how Amelia and Maria push back against compulsory identity, and how they use various tactics in order to leverage a visibility of their identities that are otherwise denied to them. This discussion of resisting compulsive identity categorization highlights important questions related to agency within systems of identity. It demonstrates how these individuals' negotiations of compulsory identity embody an agentic creation of self that merges sexuality, gender, and disability. I will highlight the intentional identity work that is done by Amelia and Maria in order to mark themselves as their authentic gender and sexuality. I will also briefly touch on larger questions of agency, gender, and sexuality that emerge from this reclamation of identity. This intentional identity work reveals the ways in which queer and disabled identities often function to resist heteronormative, ableist assumptions about queer and disabled people and their bodies. This section will lay the groundwork for my ultimate argument of this chapter, which posits that the ways in which individuals resist compulsory identity categorization signals a certain identity politic that is shaped by both disability and sexuality. It reveals how individuals construct a sense of queer and disabled self in the face of numerous societal constraints.

In our conversation, Maria explains her decision to get a pin about ableism or disability in order to convey her membership within the disability community. For Maria, adopting some sort of visual symbol signifying her disability serves to both validate her own internal identity, and connect her to a larger community. This is a direct means of pushing back against the invisibility and separation from the community that she had previously articulated due to her assumed hegemonic identities. Wearing a button on her

backpack about ableism allows her to reclaim an identity that hegemonic identity structures deny to her. The identity work being done in this moment embodies a specific political identity strategy being enacted in order to navigate compulsive categorization and live as her true self despite it. It is one aspect of a queer project in which Maria is able to assert her queer and disabled truth despite numerous societal constraints surrounding her experience.

Amelia's experience as a visibly disabled queer woman reveals a similar effort to resist the compulsory identity categorizations she faces. As she described, coming into a queer identity, but more specifically a femme identity, allowed her to reclaim a gender and sexual identity otherwise denied to her because of her disability. Making herself legible as femme to the outside world—by wearing dresses and avoiding any visual cues of masculinity—is an intentional form of identity work in order to validate her own identities as a queer woman. For Amelia, her disabled body becomes the site where numerous expectations surrounding sexuality and gender become visible. Her femme presentation is a means of making her sexual womanhood legible. In other words, gender presentation becomes her entry point to access sexuality. This highlights the complex way in which gender, sexuality and disability operate in tandem for Amelia, but more specifically, it forces us to recognize the sometimes mutually constitutiveness of gender and sexuality. Because gender presentation is a distinct way for Amelia to resist an intertwined system that denies her sexual and gender identity, her gender presentation and sexual identity cannot be disentangled. Though modern conceptions of sexual identity recognize sexuality as defined by object choice, Amelia's complex identity work serves as a reminder of the important role that gender presentation can still play in sexual

identity. By presenting as femme, Amelia is in a way marking herself as a female sexual subject, and creating an agentic self that is informed by sexuality, gender, and disability. Like Maria, she is resisting compulsive categorization by leveraging a visibility of identity that she embraces on her own body. In enacting these strategies (such as wearing a pin or presenting as femme), both Amelia and Maria take on a queer identity project and create a distinct sense of self that merges queerness, disability, and sexuality.

In this vein, it is important to unpack the differences between Maria and Amelia's queer identity projects, and the questions of visibility and agency that emerge therein. In both of their experiences, we see disability become the site where numerous societal expectations surrounding gender and sexuality—whether that people with invisible disabilities are compulsorily categorized into hegemonic categories, or that people with visible disabilities are denied a sexuality and gender altogether—become visible. Both Amelia and Maria are employing specific strategies to resist the assumptions about identity they face, and in doing so, are able to create a distinct self that merges and is informed by gender, sexuality, and disability. However, the visibility of their disabilities emerges as the variable that makes these very different identity projects, and drives them to adopt different strategies to resist compulsory identity categorization. It points to a significant distinction in the experiences of those with visible and invisible disabilities. This distinction underscores the high stakes of such identity work that Amelia and Maria are contending with. This in-depth understanding of how queer and disabled people resist compulsive identity categorization can be used to understand how this resistance of compulsive identity can signal an individual identity politic informed by both queerness and disability.



### *An Identity Politic Informed by Both Queerness and Disability*

This chapter has used compulsory identity categorization to highlight the complex ways in which disability, gender, and sexuality interact as identities, and the individual strategies and queer projects employed by queer and disabled people to resist the constraints imposed on their identities. However, Amelia and Maria's means of resisting compulsory identity can ultimately be used to reveal how their queerness and disability inform one another. Specifically, their politics of navigating compulsory identity as it relates to queerness and disability are mutually constitutive as a means of resisting compulsive categorization. The specific strategies and politic adopted to resist assumptions about disability, sexuality and gender vary from person to person, but for both participants, the politics of queer and disabled identity are inseparable from one another.

For Maria, the inseparability of her queer and disabled identity politic lies in the shared invisibility of all of her identities. The invisibility of her queer identity informs the way she conceptualizes the invisibility of her disabled identity. As she had articulated, she has trouble making space for herself in queer and disabled communities because of her assumed privilege, and this operates across multiple identities. However, wearing a pin on her backpack is a direct way to signal herself as disabled when she is otherwise denied access to such a category. It is a means of validating herself, as well as signaling to others that "there is someone there." This political resistance to compulsory identity is informed by her exclusion from community, which is true for many of her identities. In this way, we see Maria creating a distinct strategy of resistance for herself, and a political means of reclaiming identity, that is shaped by both disability and sexuality. Her identity

politic is mutually constitutive in terms of both experiences. The way she wears a pin on her backpack to subvert the assumption that she is able-bodied signals an identity politic that is informed by exclusion from community across identities.

Like Maria, Amelia's means of resisting compulsive identity categorization also points to a specific identity politic that is shaped by both disability and sexuality. However, Amelia's strategy for reclaiming identity is significantly different than Maria's. Maria uses a very clear identity signal—a pin about ableism—to resist compulsive identity categorization. Amelia, on the other hand, relies on gender presentation as the entry point through which to make herself legible as a sexual person. This is a less overt, less direct means of resisting identity categorization, yet still an effective means of leveraging visibility and resisting compulsive categorization. Amelia's queer politic—adopting a femme identity and making such identity visible through cues like dresses—constitutes her disabled identity politic, in which she utilizes gender presentation as a means to resist the compulsive categorization that results from her visible disability. Both Amelia and Maria are pushing back against assumptions about their identities, and this resistance to compulsory identity points to their politic of identity that has been shaped by not only disability, but sexuality as well.

## **Conclusion**

This chapter first revealed the ways in which queer and disabled people face compulsory identity categorizations. It demonstrated how beyond McRuer's theorization about compulsory able-bodiedness and compulsory heterosexuality, compulsory identity categorizations occur across all identity categories, and operates differently for different

people contingent on the visibility of their disability. The chapter then outlined the various strategies enacted and employed by disabled queer people in order to resist this unwilling categorization and create an authentic sense of self. Within this section, questions emerged related to agency, as well as the interaction between gender presentation and sexuality. Finally, the chapter finished by highlighting how the strategies adopted to resist compulsory identity categorization signal a specific politic of identity that is shaped by both queerness and disability. Ultimately, this allows me to illustrate that queer and disabled people face innumerable constraints on their identities. They must adopt complex queer projects in order to make their true identities legible in the face of these assumptions. This reinforces that while both Amelia and Maria conceptualized their queer and disabled identities in inseparable ways, these conceptualizations are diverse and individualized. There is no singular way to navigate the various constraints imposed on identity, which vary based on many factors, including the visibility of one's disability. A person's individual politics inform their identities in an interconnected way, but the process is distinct for each individual. This demonstrates the diversity within the broad category of queer people with physical disabilities. Despite numerous overlaps and shared experiences of this community, there are distinct and individual ways that each person takes on a queer project in order to create a sense of self that merges sexuality, disability, and gender.

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*INTERLUDE II: SAM ON SEX, DESIRABILITY AND  
FETISHIZATION*

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*Sam is a disabled athlete and online activist who has been making content about disability since childhood. Sam has Cerebral Palsy, and our conversation about queerness and disability covered innumerable topics, including her androgynous style, the steadfast support system she has in her family, and her own relationship with her sexuality.*

*Here is an excerpt of Sam discussing stereotypes about disability and sexuality, as well as fetishization:*

Sam: In the beginning, stereotypes about sex and disability impacted my sex life a lot. I felt this expectation that disabled people were supposed to just be naïve and innocent and bland, I guess. And being so aware of that expectation made me feel like I would be less desirable if that was what everyone else was thinking. I guess for me having a disability there was a lot of body confidence to be had before I really could start, you know, having serious relationships and also, I had to deal with the idea that [my] body doesn't always behave in the same way as everyone else's.

Daisy: Yeah, that makes a lot of sense. And have you ever experienced feeling fetishized because of your disability?

Sam: As soon as I started putting content up on the internet about disability, people would pop up in the comments and fetishize my disability. They'd ask certain things or say things that made me feel shitty. Like they would ask to see certain parts of my body, or certain awful things like that. So yeah, like so many other people, I have definitely experienced fetishization because of my disability.

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CHAPTER III: THE EROTIC MOMENT, THE SEXUAL SELF

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*“I have developed to be more open and frank...about sex so that I can sort of fight against my upbringing and see my sexuality as healthy and natural, and like perfectly acceptable and normal...and [my partner] has done a great job with helping me be more body positive...she really reassures me that I’m still a good sexual partner with my disability and with my limitations.”—Olatokumbo*

*“...Society teaches us from a young age that we should not sexualize disabled bodies. And I try really hard to fight that, and I try really hard to work on that, and my partner tries really hard to fight that too...that internalized stuff that we all have going on because we’re raised in it, you know? There are definitely times when I have to turn down sex because I’m in pain or fatigued, but I really try to keep up that sexual mystique.”—Lane*

This chapter seeks to explore the production of a sexual self in a society that denies disabled people sexual subjectivity. Ultimately, discussing sex with Olatokumbo and Lane reveals how sex is a means through which queer and disabled people take on queer projects in order to live as their true queer and disabled self. Numerous scholars have revealed the mechanisms through which disabled people are unwillingly categorized as asexual, and the larger societal misconceptions of disability that this gestures to: “An abundance of anecdotal reports and other forms of social evidence attest to the existence of a societal view that [people with disabilities] are asexual beings; that they lack the desire, ability, and/or capacity for sexual relationships,” says disability studies scholar Maureen S. Milligan (Milligan, 92-93). While it has been well established that disabled people are assumed asexual, this chapter will deepen this conversation by discussing how Olatokumbo and Lane navigate this compulsory asexuality and stigma through their sex lives.

## **Olatokumbo's Story: Resisting Repression**

Olatokumbo and I first connected via Twitter. In the first photo I saw of him, he pursed his lips, eyes smiling, flashing a peace sign. Our conversation jumped between moments of shared laughter about the quirks of our bodies, to deep, engaged discussions of our fears, triumphs, and identities, and the multiple strokes that disabled him. A black queer man who was born in Nigeria to Ugandan parents, Olatokumbo spoke about sex and his sexual identity openly, pausing occasionally to laugh lightly or click his teeth. Olatokumbo had his first stroke at age nine, which led to a speech impediment, paralysis on the right side of his body, and migraines. His two subsequent strokes occurred at age 22, leading to seizures, insomnia, and chronic pain, headaches, nausea, and fatigue. Despite acquiring a disability later in life, Olatokumbo talked about experiencing a regulation of his sexuality throughout his lifetime. He explained that his parents and the cultural context he was raised in endorsed a strict repression of his sexuality and his disability: "Pray the gay away, pray the disability away." In our conversation, he clearly articulated how this repression motivates him to be more open about his identity and his sexuality when he can safely do so: "I have developed to be more open and frank about sex and sexuality so that, you know, I can sort of fight against my upbringing and see [my sexuality] as healthy and natural and perfectly acceptable and normal." In our conversation, we dove into a range of his sexual experiences, from sex positions, to pleasure, to communicating about desire.

Olatokumbo described in detail the repressive attitudes surrounding sexuality that his parents hold, and the normalization of being able to pray away sexuality, especially non-normative sexuality. As he puts it: "I'm from Uganda, which is steeped in a lot of

rampant homophobia due to colonialism. It would not be safe for me to be out to everyone I know, because of a risk of conversion therapy or life in prison.” He directly cites this repression as a motivator for liberating himself and being open about sex. His openness operates as a tactic to “fight against my upbringing and see [my sexuality] as like healthy and natural and perfectly acceptable and normal.” Nonetheless, he still expressed struggles surrounding seeing himself as desirable: “I thought for a long time I would never be able to find a partner...I thought [my disability] was like a burden that someone wouldn’t really be able to take on.”

The repressive ideas about sex that he received from his family paired with broader societal messaging about the undesirability of impaired bodies served as a barrier in Olatokumbo’s exploration of his sexual self, and more specifically his sexual agency and desirability. As he explained, “My childhood and the way I was raised consisted of a lot of repression of sex and sexuality. I definitely had a lot of issues with like, desirability and physical attractiveness when I was a child. So it took me a while to become comfortable with sex and sexuality.”

However, Olatokumbo described being able to reclaim a comfort and pride in his sexuality by expressing desirability with his partner. His greatest sense of sexual desirability emerges from his partner’s expression of attraction for him while fully knowing and making space for his disabled sexual body: “[I feel most desirable when] having a frank conversation with my partner about what I enjoy sexually, what I would like to explore...and like just like having that honest and open conversation about our unique sexualities. And then I slowly started to realize that other people saw me as desirable. And so I was like, oh, okay. If other people see it, I guess there must be

something [attractive about me]. And so with time, now I do see myself as an attractive person.”

Olatokumbo is bisexual and queer, and currently dating a woman who is not disabled, but makes space for the unique needs of his body: “My current partner, she really likes to check in with like my comfort zone. She picks up on and notices [if I’m uncomfortable during sex], and she will check in and like help me move around and switch up the position that we’re in to be better for us both.” Olatokumbo’s relationship is built on a foundation of deep trust and comfortability, allowing them to communicate, check in, and make sex not only work, but be pleasurable for both of their bodies.

By establishing such a foundation of trust and intimate physical understanding in the sexual realm, Olatokumbo is able to expand the possibilities of sex acts beyond conventional, heteronormative gender roles. When Olatokumbo was discussing switching up positions while having sex with his partner to meet his physical needs, he added: “We can explore what we want instead of playing like these roles. I feel like in my last relationship I was trying to fill this stereotypically masculine role, whereas in my current relationship there is a lot more sexual understanding based on just what each other enjoys more so.” In this way, Olatokumbo described his sex life and his trust with his partner as not only allowing him to be a sexual agent who achieves pleasure, but also enabling them to engage in sex that challenges heteronormativity and strict gender roles.

### **Lane’s Story: Fighting Internalized Stigma**

Lane is most easily described as a human pop of color. She’s a white, non-binary queer person with numerous disabilities, including Ehlers-Danlos syndrome, a disability impacting one’s connective tissue. Her smiley face is framed by hair that is often partially



dyed some bright pastel color (when we talked, it was blue), and she describes her sense of style as “funky and weird.” In her words: “I wear these weird wild outfits, and then I usually have my cane with me,” she says, “so people are like, is she in a performance or is she just really cool?” Like Olatokumbo, she also talked frankly about her sex and sexuality during our conversation. For example, here is a take of Lane talking about emotionality in the sexual moment: “...Seeing a boob is like whoa! I saw a boob today,” she explains. “That was a lot...that was a whole boob so I need to take a step back and think about how I feel.”

Unlike Olatokumbo, Lane had a radically forward-thinking upbringing surrounding sex. Her father’s reaction to Lane coming out, which occurred while she was in middle school, was to educate her about safe queer sex: “[My Dad] had some gay female friends, and so after I came out to him, the first thing he did was turn to actual gay people for advice,” she explains. “Then my dad sat me down because my mom had passed. He sat me down for a talk and was like, ‘You're queer, here’s some extra info about things you should know, like dental dams.’ And I was like, ‘Ohh, this is embarrassing’ [laughs].” Lane’s father was significantly forward-thinking surrounding sexuality. When he found out about his teenager’s queer sexuality, he not only accepted it, but went as far as to give her tools for safe queer sex. This deviates significantly from Olatokumbo’s experience, in which living as his true queer self would put him at risk for persecution and violence from his family and community.

However, despite these dichotomous experiences of familial acceptance and attitudes towards sex, Olatokumbo and Lane both harbor significant internalized feelings of undesirability and insecurity related to their sexualities. In Lane’s words: “If I’m using

other mobility aids...is that going to inhibit our sexuality or [my partner's] attractiveness to me? I think that's a big part of the ongoing conversation about disability that we have, because society teaches us from a young age that we should not sexualize disabled bodies. And I try really hard to fight that.”

Lane went on to describe how her use of mobility aids led to insecurity about whether her partner would find her attractive: “When I first started using a cane regularly, one of my biggest fears was that my partner wouldn't find me hot anymore. I think that has a lot to do with how we perceive mobility aids as these things that are unattractive, and that you can't at all sexualize disabled people. I really don't want [my partner] to just start seeing me like, ‘Oh, Lane is always fatigued, she's always in pain, she's frail, she's breakable, she's not someone I can touch.’”

However, like Olatokumbo, Lane described being able to reclaim a sense of sexual desirability by establishing a deep trust and emotional intimacy with her partner. She says, “I feel the most sexually desirable when [my partner] gets me on a deep level for who I really am without any holds bar. Like she is really seeing me for who I am, no filters, and she loves and is attracted to that person. When I share something personal and she is receptive and open to that is probably when I feel the sexiest.”

According to Lane, this trust and intimacy allows her and her partner to explicitly communicate about comfort and needs during sex, thus granting them both a more empowering and pleasurable sexual experience: “It is so important being with someone who is open and amenable to pacing and taking things slow, and also like switching positions if I need to. Sometimes I'm just like, yeah, I can't do that because my knees are like hell no, and she's open and gets that.” For both Olatokumbo and Lane, trust,

intimacy, and communication during sex are ways in which they are able to establish an empowering, reciprocal sexual relationship.

## **Discussion**

### *Introduction*

Drawing on the experiences of Olatokumbo and Lane, this chapter considers how queer and disabled people can claim their own sexual agency and personhood (i.e., take on queer projects) through sex. The rich sexual experiences of these two interlocutors reveal how for queer and disabled people in the sexual moment, the construction of an agentic sexual self operates to resist compulsory asexuality. Before discussing the overlaps in their experiences and what they gesture to, I will unpack the points of departure in the backgrounds of Lane and Olatokumbo, and what these differences reveal about the pervasiveness of stigmas related to disability and sex. Then, I will dive into the shared experiences of Lane and Olatokumbo, and what this tells us more broadly about disabled sexuality and agency. I will outline how an agentic sexual self is achieved for both Olatokumbo and Lane through the mutual expression of desire, as well as the articulation of physical/sexual needs with their sexual partners. This negotiation that occurs between partners works to create a distinct trust and intimacy. Ultimately, this process facilitates the creation of a queer, sexual self built on negotiated trust and intimate understanding with their partner. This intimacy extends beyond the heteronormative and operates as a queer project, in that queer and disabled people are utilizing the sexual moment to discover what their distinct bodies can and cannot do. This queer project opens up the imaginary for what sex can mean beyond the heteronormative

penis-in-vagina framework, thereby centralizing the desires of queer and disabled people, and producing an agentic sexual self that rejects compulsory asexuality. In this vein, I will also articulate how this reclamation necessitates distinctly intimate trust and understanding between Lane and Olatokumbo and their sexual partners. This intimate trust and understanding allows for more inclusive conceptions of gender and sex acts. As such, the erotic moment for Lane and Olatokumbo is ultimately a queer project in which they construct an agentic sexual self that resists various stigmas, heteronormativity, and an assumed asexuality.

### *Distinct Backgrounds, Similar Struggles*

This chapter will ultimately utilize similarities in the sexual experiences of Olatokumbo and Lane to discuss the production of a sexual self that is mediated through the erotic moment. However, significant differences exist in the backgrounds of these two people, which allow for further discussion about the pervasiveness of stigmas surrounding queer and disabled sexualities, and all sexuality more broadly. Both Olatokumbo and Lane now hold liberal, open attitudes toward sex; however, this openness is driven by significantly different socializations regarding sex. Olatokumbo described the repressive attitudes surrounding sexuality that his parents hold, and the normalization of being able to pray away sexuality, especially non-normative sexuality. Lane, on the other hand, had a radically forward-thinking upbringing surrounding sex. Lane's father was significantly progressive in his approach to his kid's sexuality. This deviates significantly from Olatokumbo's experience, in which living as his true queer self would put him at risk for persecution and violence from his family and community.

Despite these dichotomous experiences of familial acceptance and attitudes towards sex, Olatokumbo and Lane both harbor significant internalized feelings of undesirability and insecurity related to their sexualities. Regardless of the sexual rigidity or freedom of their upbringings, both Olatokumbo and Lane face obstacles when seeing themselves as desirable and must actively work to overcome these internalizations. Olatokumbo explicitly explains his fears that others would not find him attractive due to societal assumptions of disability as unsexy, asexual, and unattractive, as well as the repression of sexuality he was socialized into. Lane echoed a similar sentiment in her experience, citing fears that her partner would no longer find her attractive when she started using a cane.

This gestures more broadly to the inescapability of messaging that stigmatizes disabled sexuality. Despite Lane's father's efforts to give his disabled child tools for safe, queer sexual empowerment, she still grew into adulthood with notions of disability as sexually undesirable. This signals an omnipresence of stigma related to disability and sex, whether you were taught to embrace your sexuality or pray it away. In this way, the differences in their upbringings ultimately somewhat converge—even the sex positivity present in Lane's childhood did not protect her from the insecurities and barriers that arise for disabled people in the sexual field.

### ***The Creation of a Sexual Self Through the Expression of Desirability***

For both Olatokumbo and Lane, they harbor internalized understandings of their sexuality as failed, inferior, or undesirable due to their disability. For Olatokumbo, this is further compounded by the repression he was submerged in early in life. However, both articulate the ways in which their partner's expression of desire for them allows them to

view themselves as an agentic sexual person, thereby creating a sexual sense of self that resists compulsory asexuality. When asked what makes them feel most sexually desirable, both cite some variation of communicating with their partner about their distinct physical needs, and having their partner still feel attraction toward them. For Lane, a self-reflective understanding of herself as a desirable sexual agent comes from being frank and honest with her partner about the intricacies of her body, or in her words, “no filters,” and having her partner still love and be attracted to her in return. Her sexual self and sexual confidence stem from being seen as desirable not despite her disability, but with her disability and all.

Similarly, Olatokumbo described his sense of greatest desirability as emerging from his partner’s expression of attraction for him while fully making space for his disabled sexual body. When others expressed to him that they found him attractive, he was able to see himself as a sexual agent. Both Olatokumbo and Lane articulate a clear trajectory of their development of a sense of sexual self that is desirable and agentic: they frankly articulate to their partner their sexual desires and needs within their disabled body, and in turn, their partner still voices an active desire for them, physical disability, needs, and all. This gestures to the fact that negotiating the erotic moment and desirability with their sexual partner allows Lane and Olatokumbo to see themselves as desired sexual agents. Both credit communicating with their partner about their distinct physical needs and desires, and having their partner still voice attraction to them, as the catalyst for seeing themselves as sexually desirable beings. This speaks more broadly to the fact that for disabled people, sex is a critical site for negotiating one’s own sexual agency and sense of power. Through this negotiation with partners, Olatokumbo and Lane normalize

and centralize their sexualities, which are otherwise denied by societal constructs of disability as inherently asexual and undesirable. Through this process, they reclaim a sexual self that has agency and desirability. In this way, sex operates as a site of queer identity projects for Lane and Olatokumbo.

### *A Distinct Trust, A Queer Project*

Underlying this establishment of desirability in the context of one's physical desires and unique needs is, of course, a distinct intimacy and trust between Lane and Olatokumbo and their sexual partners. For these interlocutors, trust and understanding are catalysts for a mutual desirability between partners. This makes space for what Lane refers to as "who I really am without any holds bar," and Olatokumbo refers to as "our unique sexualities". This demonstrates the tangible impact of trust and intimate understanding from their partners on the creation of their sexual selves. Being able to negotiate intimate physical positions within the constraints of one's disability demands an attune thoughtfulness to individual physical needs. For Lane, her partner's thoughtfulness, and her ability to trust that her partner "gets it," is not only important to her, but also allows her to be both sexually desirable and pleased during sex. An intimate, compassionate trust and understanding of your partner's physicality and needs (i.e., when Lane's knees are like "hell no") is necessary for this. Olatokumbo expressed the same sentiment, citing his partner checking in and offering to switch positions as establishing trust and allowing him to be a full sexual agent. Like Lane, the establishment of a desirable, pleasurable sexual self for Olatokumbo is contingent on a deep trust, understanding, and recognition of unique physicalities between sexual partners. This points to the heightened significance of trust and understanding of physical needs for

these two interlocutors. Ultimately, a full, trusted understanding of their bodily univities and sexual desires is the very thing that allows Lane and Olatokumbo to see themselves as sexually desirable beings, and thereby resist compulsory categorizations of asexuality.

Moreover, the intimate trust and understanding established by Lane and Olatokumbo during sex allows for more inclusive conceptions of gender and sex acts, thus opening up the imaginary for the possibility of what sexual contact can mean for an individual. In this way, the erotic moment for Lane and Olatokumbo is a queer project in which they construct an agentic sexual self that resists normalized constructions of the disabled body as asexual. This is particularly observable in Olatokumbo's experience, as he discusses how the deep trust and understanding established with his sexual partners enables him to explore eroticism outside of the heteronormative frame. By establishing such a foundation of trust and intimate physical understanding in the sexual realm, Olatokumbo is able to expand the possibilities of sex acts beyond conventional, heteronormative gender roles. Now, Olatokumbo no longer feels like he must "fill this stereotypic[al] role".

In having such a deep trust with one another, and a deep understanding of their physical intricacies, Olatokumbo and his partner can transcend heteronormative gender roles and focus on pleasure and enjoyment. This certainly contributes to the creation of an agentic sexual self, as they are prioritizing their own pleasure over societal assumptions about sex and manhood. By opening up the imaginary for possibility of what sexual contact and pleasure can mean for them beyond rigid gender roles, Olatokumbo is undertaking a queer project in which he produces an authentic sexual self that resists heteronormativity and compulsory asexuality. This process is facilitated by his non-



normative physicalities and the resulting attention to communication and trust that Olatokumbo and his partner give. Olatokumbo is not only having sex, but better sex, because he is learning how to love, talk about, accommodate, and authentically please both his body and his partner's body. From this queer project, Olatokumbo emerges with a distinct, empowered sexual self, thereby resisting the asexual category previously projected onto him by false societal assumptions.

## **Conclusion**

Both Olatokumbo and Lane are not just desiring a sexual subjectivity from afar, they are constructing, living, and enacting it every day through their sexual encounters with their partners. Enormous agency and sex positivity emerges from resisting numerous stigmas and an assumed asexuality, while negotiating embodiment and pleasure through the erotic moment. For both participants, the trust and connection that emerges out of negotiating sex while disabled allows them to take the sex further. Their trust with their partners yields pleasurable, validating, affirming sex, and they claim a sense of pride, sexiness, and desirability in doing so. This ultimately goes beyond just resisting compulsory asexuality and sexual stigmas that surround disability, but actually allows the two to have positive, empowered sexual experiences, through which they create their own sense of sexual subjectivity. Their stories tell us that despite significant differences in their upbringings related to sex and sexuality, both Olatokumbo and Lane carry internalized stigmas related to disability and sexuality, but take on impressive queer projects to create a sexual self that resists such stigmas through the act of sex.

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*INTERLUDE III: ACE ON FAMILIAL ABLEISM*

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*Ace is a disability sex educator with Cerebral Palsy who is active in online communities of disability activists. Here is an excerpt of our conversation, which began as a discussion on disability and gender identity, and evolved into a conversation about familial ableism. Ace's story highlights the sense of outsider-ness that queer and disabled people can feel even from their own family community. Moreover, Ace's parents' ableism unveils the ugly preconceptions of disability that even the most forward-thinking, LGBT-accepting individuals can hold.*

Daisy: And can you tell me about your gender identity?

Ace: I guess at the moment I identify as female, masculine-presenting in my public life. But privately, my gender identity and sexual expression is more masculine.

Daisy: And do you feel like your disability has informed your gender identity at all?

Ace: Oh, so much. To the point that I can't...unravel it. I can't pull it apart and go these are the ways in which one or the other has necessarily shaped who I am. I think the impacts of ableism on my life, in terms of my family's view of who I am, and the ways that I have found to resist those narratives, are so intertwined. They are so intertwined that I feel like I can't imagine—and nor do I want to—how my sexuality or my gender identity would be if I wasn't disabled.

Daisy: Can you talk a little bit more about your family's view of who you are?

Ace: My mom and my dad are super alternative when it comes to alternative politics, and very progressive in terms of queer stuff, but when it comes to disability stuff they've internalized everything you can possibly internalize about having a child with a disability. My mom was one of my key therapists from when I was two to fourteen, and she decided to become a nurse because she loves the medical profession and its ability to “cure” people.

When I started to shift my perspective on my body and my disability when I was about nineteen, there was kind of a bit of pushback. And then when I moved [to a new city] about four years ago, and started doing [disability advocacy] professionally, and getting kind of known for this stuff, I thought, ‘oh they must be reading my articles’...but they never commented or anything. Long story, but I went home this time last year actually, and it was the first night I was at home, and they said a bunch of really ableist stuff. And I was like, this is not okay, you can’t talk like that about me anymore, and yeah, we ended up having a conversation for like two hours in which I said, you need to switch your perspective on this stuff. My disability is not a terrible tragedy, I’m not super sad about it, I don’t lead this sad and tragic life, I’m actually really happy. And they literally said, my dad literally said, ‘well just because you want to view it like that, doesn’t mean that’s how it really is. That doesn’t mean that that is our experience. Your disability is still a terrible tragedy that happened to us, and just because you don’t think you are a burden, doesn’t mean you’re not a burden.’

So yeah, my parents are pretty full on...and at that point in the conversation I got up and left, and we had a really awkward week together in which we didn’t mention it again. Um, and our relationship is kind of okay if I don’t bring disability up. But they say a lot of stuff all the time that they don’t even seem to realize is ableist.

So that’s really hard especially because they are super alternative and really good on a number of other stuff. It’s hard to be like, oh wow my parents are still really traumatized about the fact that you didn’t get the baby you were hoping for and people judged you because of that. And it’s weird to feel that there’s this giant chasm between us. And there’s not really much I can do. Because, you know, I used to feel terrible about

myself too until I started to engage with these ideas and I realized that I am not the problem. Like I wish they could think about it and realize that they didn't fail [as parents], they actually have this really awesome adult person who is happy and you know, loved.

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## CHAPTER IV: CONSTRAINTS OF COMMUNITY

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*“Like I’m happier, but that is simplifying. Now, all the sudden I’m allowed to be myself in a way that’s so mind-blowing.” –Jay*

### **Introduction**

Numerous studies and writings have corroborated the importance of identity and affinity-based community for LGBT people, and minorities in general (Renn, 2007; Frost and Meyer, 2011). Whether an in-person or online community, connection to those who share your identities has been proven to be a significant need for marginalized youth, and for all marginalized people more broadly. According to Bharat Mehra and Cecelia Merkel in their 2004 study on the internet and empowerment, the internet has become a central foreground through which LGBT people can establish community and “accomplish changes that are meaningful to them” (Mehra and Merkel, 782). Shared community is, in this way, central to the marginalized experience. However, during our conversations many interlocutors highlighted the struggles and tensions surrounding community that emerge when one sits at the intersection of numerous identities. When one straddles, say, queerness and disability, a unique experience beyond just the disabled experience or just the LGBT experience arises. Because identity-based communities often exist in silos, those at the intersection do not have a space in which their full experience is held, supported and understood. The participants of this project, beyond just being queer and disabled, hold innumerable identities, including being intersex, Latina, asexual, Black, and polyamorous, to name a few. However, nearly all interlocutors

discussed the challenge of participating in queer and disabled communities due to inaccessibility and queer exclusivity.

By discussing the obstacles that many queer and disabled people encounter with regards to community, this chapter explores the heightened significance of the queer identity projects my interlocutors undertake. With most participants of this project lacking rich queer and disabled communities, coming to understand and construct oneself as queer, sexually agentic, and disabled in the face of endless assumptions and constraints is a significant feat. I will draw from Patricia Hill-Collins' notion of the "outsider within" to highlight the significance of intersectional thinking surrounding identity. In doing so, I will illuminate the struggles faced by those holding multiple marginalized identities to find authentic community that can hold one's full self. Ultimately, the fact that rich queer and disabled communities are so rare highlight the impressiveness of my interlocutors' queer identity projects when they often struggle to find representation of themselves in the communities surrounding them.

### **The Outsider Within**

Audre Lorde, Black lesbian feminist thinker and writer once said, "There's always someone asking you to underline one piece of yourself - whether it's Black, woman, mother, dyke, teacher, etc. - because that's the piece that they need to key in to. They want to dismiss everything else" (Hall, 31). My discussions with interlocutors about community underscore the challenge of creating a queer, disabled sexual self in the face of such siloed identity communities. These stories reaffirm the invaluableness of

intersectional theory to reflect the intersectional nature of people's experiences and embody a call for more accessible queer community.

In her 1986 "Learning from the Outsider Within: The Sociological Significance of Black Feminist Thought," Patricia Hill Collins details what she refers to as "outsider within status" to describe black women's distinct positionality in the racial world. Despite having access to white elitism and white community (in Hill Collins' example, through Black female domestic work), these women remain outsiders because of their blackness. In her words, this standpoint "[produces] distinctive analyses of race, class, and gender" (Collins, 515). Black women's outsider within status and the intersectionality therein allows for a deeper, more complex understanding of the social categories in which they operate. The outsider within framework is a useful context through which to understand the positionality of queer and disabled people, who may never have insider access to queer community due to ableism, inaccessibility, and exclusion. The ways in which they straddle queer and disabled communities, yet hold individual experiences that differentiate them from other members of these communities, produce an outsider status. This outsider status constrains their access to communities that can make space for their multiplicity of identities. Their ability to construct a queer and disabled identity despite an outsider status in numerous identity spaces speaks to the resilience of queer and disabled people, and the impressiveness of their queer identity projects.

## **“Homo Hops,” Classism, and the Ableism of Queer Community**

Jay is a genderqueer intersex person and a wheelchair user. In our conversation, they described their gender identity as “kind of in between,” and joked about the joys of being in a relationship with another disabled person--on their first date with their partner, the two compared bags versus catheters for bladder control, an intimacy and comfort that Jay described as “fun and exciting”. Though they now live in Toronto, Jay discussed growing up in a very small town (“a terrible idea”) and struggling to find an accessible queer community before landing in Toronto:

In high school we’d go to these Homo Hops. My best friend was gay, and we’d go to these dances, and I would not feel very comfortable at all. You know, I’m not a good dancer and [dancing] is sometimes not a wheelchair user’s thing. [Laughs]. I can’t dance and I don’t have rhythm. It was definitely like I felt excluded.

In this moment, Jay is highlighting an experience common to queer people with physical disabilities: a lack of full inclusion in spaces meant to unite queer people. Be it a “Homo Hop” focused on dancing and physical activity, a gay bar with stairs to enter and no elevator, or a pride parade with staggering amounts of sensory information and physical movement, numerous queer spaces are only built for a certain type of body. These are explicit examples of restricted community access, which leave queer and disabled people on their margins of the very community that is supposed to embrace and empower them.

However, some interlocutors pointed out that ableism within the queer community is much more nuanced and insidious than just a lack of wheelchair ramps or



an emphasis on bodily physicality. Lane spoke at length about the complex intersections between classism and ableism in the queer community. Despite having found what she describes as a “very feminist” community of disabled friends in Boston, she also described witnessing first-hand the exclusionary mindsets of many wealthier queer people:

[Ableism] is everything from like, queer people who are upper- middle class sneering on someone who is low income. I mean a lot of disabled people are low income...there’s a lot of disabled people who rely on SSI and SSDI and Medicaid and do not have a disposable income for like gay glitter parties. And that exclusion is a serious problem. There’s a lot of homelessness in both [queer and disabled] populations, but if you’re both queer and disabled, your chances of being poor, your chances of being homeless, your chances of being unemployed, or underemployed, are so much higher...

While Lane acknowledged that queer ableism can be as straightforward as physical barriers to access, she also acknowledged that ableism can occur in more subtle ways, such as more elite queer people “sneering” at low income folks. In 2016, nearly 21% of people with disabilities were living in poverty, compared to just 13% of people without a disability (Disability Compendium, 23). Lane highlighted the complex ways in which class and disability are linked, and how classism within the queer community can, consciously or not, translate into ableist exclusion. Ableism operates on multiple levels

within queer communities. Ableist exclusion among queer circles can manifest as literal physical barriers to access, or as complex exclusion along class and ability lines.

Disabled people often do not have access to the kind of queer community that would be necessary to support and understand their identities. They frequently lack the kind of community that other LGBT people without disabilities may rely on. However, disabled queer people are not the only multiply marginalized LGBT folks excluded from queer community. Scholars and activists discuss how sexual objectification and racism work to marginalize gay men of color from LGBT community, and how prominent lesbian communities have frequently demonized and purposefully excluded trans women (Teunis, 2007; Fairchild, 2018). Numerous queer people are marginalized when mainstream queer culture and queer community are dominated by wealthy, cisgender, white gay people. Ultimately, this poses a challenge for queer and disabled people in their quest to find a community that can support them as they grow and flourish in their own identities. My interlocutors described ableism within the queer community as “insidious,” “frustrating,” and “sad.” Nonetheless, they have impressively managed to undertake queer identity projects to embody their true queer and disabled self often without any kind of path, script, or example to be influenced and supported by.

This emphasizes the impressiveness of the queer identity projects that this thesis describes. The interlocutors are successfully constructing an agentic queer, disabled, and sexual self with little to no blueprints or scripts to guide them, which is a massively impressive task. The very title of this thesis— “What’s it like to be a lesbian with a cane?”—underscores just how rarely queer and disabled people are able to meet peers or role models who share their identities. In the prelude, Sofia explains that the only queer

and disabled person that she knows besides me, the author of this thesis, is a “lesbian with a cane” who she volunteers with. During our conversation, Sofia humorously detailed her desire to connect with this fellow queer person with a disability. But Sofia explained that discussing their shared identities felt beyond the scope of their relationship. Nonetheless, like other interlocutors, Sofia is still able to live her truth as a queer and disabled person, despite having little intimate community, leadership, or representation surrounding her intersecting identities. Undertaking such queer projects to construct an agentic queer and disabled self without any kind of mentorship, community connection, or role model heightens the stakes of these identity projects. These queer projects are brave individual pursuits to construct one’s sexual and gender self despite having little to no guidance on how to do so.

### **An Inclusive Exception**

What would it look or feel like for a queer disabled person to have access to an inclusive queer community that made space for their multiplicity of identities? Despite lamenting the exclusive Homo Hops of their youth, Jay also described their success at finding an inclusive and accessible community in Toronto. This is a unique exception to the reality that queer and disabled people rarely find a rich, inclusive community; it illustrates the powerful, positive impacts that inclusive community could potentially have on queer and disabled people at large. Jay first described the diverse queer and disabled community in Toronto as “awesome and eye-opening,” and then went on to explain how Toronto as a whole has become significantly more accessible and inclusive as a result:

I remember meeting my ex, and they were heavily involved in the political community in Toronto, and that was kind of a game changer because it opened this door to people who made an effort [to be accessible]. Political consciousness goes a long way, and I think it made it easier for me to feel comfortable. I remember feeling so thrilled going to community events and seeing access signs that were obviously handmade, like they clearly took the effort to make something accessible, and that was really important to me at the time to see people going to that length to be accepting.

In this moment, Jay is articulating the validating and restorative power that disability-inclusive community can have. Even the simple act of creating hand-made access signs was a significant gesture of inclusivity for Jay, who during our conversation laughed and glowed throughout their description of their newfound inclusive community. Furthermore, Jay's story illuminates how for some disabled people, politics can be a realm through which to not only find inclusive, progressive community, but also mobilize around issues they care about.

The emotional impact of achieving such an inclusive community cannot be underestimated. Jay described the noticeable change to their mood, persona, and outlook once they found an inclusive community at age 26:

It is a really nice thing...[people] tell me now... like wow you're different, you actually talk. Like I'm happier, but that

is simplifying. Now, all the sudden I'm allowed to be myself  
in a way that's so mind-blowing.

This quote gets at the undeniable importance of inclusive community for queer and disabled people. As Jay describes, the security and assurance they have found from their queer disability community does more for them than just adding to their overall happiness: it fundamentally changes how they interact with the world. It allows them to talk and participate in ways they did not before while embodying their true self in a way that is, in their words, "mind-blowing."

Yet this is a rarity, and for so many queer and disabled people, they are unable to access a community that provides this degree of affirmation and validation. For most of my interlocutors, they are forced to inhabit the world and be themselves without such a community supporting and guiding them. This heightens the stakes and impressiveness of the queer identity projects they undertake: for people like Lane, Olatokumbo, Amelia, and Maria to construct a queer and disabled sense of self while often lacking tangible examples, role models, and queer and disabled support systems requires immense bravery. It is an act of resilience and resistance to find yourself with few to no examples of people who have done it before you.

But what would the world be like if queer communities were universally accessible, inclusive, and queer and disabled people had the clout and visibility to band together and build resilient communities? What would it be like if Jay's experience was not such a rarity, and queer and disabled people had, from a young age, an ability to be themselves in perpetuity? How would our social world work if all people, including queer

people with disabilities, had access to this “mind-blowing” selfhood? Ultimately this underscores the need for intersectional communities and intersectional thinking that can hold the multiplicities of a person’s experience. We must build a social world in which queer and disabled people need not be the “outsider within”. This project is one step in the direction of intersectional academia; it amplifies the voices of queer and disabled people in order to call attention to the necessity of radically inclusive queer community. I myself still feel pulled between communities, between identities, and struggle to maintain grounded in my queer and disabled self when for so long I had no examples off of which to inform my own experience. But if mainstream cohorts of queer folks could deconstruct their classism and ableism and revolutionize their exclusive mindsets in order to be more disability inclusive, experiences like Jay’s would not be such a rarity, and constructing a queer and disabled self would not be such a complex queer project.

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INTERLUDE IV: FROM "GOLEM GIRL GETS LUCKY"

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*An excerpt from "Golem Girl Gets Lucky," by Riva Lehrer*

*Lehrer is a painter, writer, author, and speaker whose art focuses on the experiences, bodies, and identities of disabled people. "Golem Girl" is a reflective piece on the normative gender and sexual expectations of bodies (including the medicalization of disabled bodies). This excerpt, in which Lehrer addresses her "crip lover," speaks to the transformative power that liberating oneself from those expectations can have.*

"My crip lover, in both senses, you are the first one who ever got me to completely take off my clothes.

So this is my thanks to you, for that gift, the union of our full-length skins.

When we were naked together, I stopped being the Bride of Frankenstein. I stopped being a living-dead collection of stitched together body parts. I stopped being a creature whose only home was the doctor's theater.

You made me your Golem, instead.

If you wonder, is that better, let me say, Yes. Shaped and reshaped by your hands, formed as a being of breathing clay. You carved the truth on my forehead and animated it with the imprint of your lips on mine.

And reconsecrated me every night in bed.

The Golem of Prague was made through love, magic, and daring, and so were we. I am trying not to fall into dust now that you are gone.

I miss your scars and your patience with mine. But I walk a little less defended in the world.

Because of what you said, with your fingers: I have assembled you in the night. Felt the edges of the puzzle pieces, the keloid map, and the flinching, sleeping bones. I know what you look like, and I know what we look like together. Watch my eyes, so we can both be visible. In total darkness. With the lights on."

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*WHAT'S NEXT?*

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**Remaining Questions, Future Research, and Looking Back**

In October 2017, United States Secretary of Education Betsy DeVos rescinded and gutted 72 documents detailing the rights of disabled students (Balingit, 2017). Vice President Mike Pence, an advocate for LGBT conversion therapy, once said that gay couples signaled the societal collapse of the United States (Drabold, 2016). In other words, we live in an era in which the rights and humanity of queer and disabled people is being attacked and constrained from numerous institutional powers. Yet this denial of rights for queer and disabled folks is not a new trend: we have always struggled to construct agentic senses of self in a world that denies us sexual and corporal freedom.

This project is the first of its kind: a reparative approach to amplifying the voices of queer and disabled folks, while highlighting the efforts we undertake to live as ourselves in a world that compulsorily categorizes us and denies us autonomy. This thesis illuminates how queer and disabled people take on queer projects by leveraging a visibility of their identities and engaging in the erotic moment. In doing so, they produce a sexual and gendered self that resists compulsory identities. Yet often my interlocutors impressively undergo these queer projects with few queer and disabled support systems, examples, or inclusive communities to guide them. These stories—stories of pain, triumph, grief, loss, joy, humor, and hope—represent an overdue call for more inclusive queer community, for more intersectional academia, and for a world that stops taking ability and sexuality for granted.



## Limitations, Further Questions

Yet many questions remain, and the completion of this oral histories project does not mean that our understanding of queerness and disability is complete. Rather, I compel sociology and gender studies as disciplines to stop treating the body as an uncontested category, and to continue asking questions about what it means to occupy a queer and disabled body in a heterosexual, able-bodied world. These are only the stories of a handful of queer and disabled people, and they only begin to scratch the surface of the experiences of those who straddle queerness and disability as identity categories. More research can and should be done to unearth the historical roots of our contemporary social world for queer and disabled people, as well as the psychological and social realities of inhabiting this world. Centering our experiences, trusting our stories, and committing to the advancement of queer and disability rights are the vital first steps to building a world in which constructing oneself as queer and disabled is not such a complex queer identity project.

In 2014, disability rights advocate and comedian Stella Young unexpectedly passed away at her home in Melbourne, Australia. Her death rocked the disability community, and in light of this loss, *The Sydney Morning Herald* republished the letter Stella wrote to her 80-year-old self. It feels fitting to close with her words:

*By the time I get to you, I'll be so proud. The late Laura Hershey once wrote about disability pride, and how hard it is to achieve in a world that teaches us shame. She said, 'You get proud by practising'. Thanks to my family, my friends, my crip comrades and my community, I'm already really proud. But I promise to keep practising, every day...But on my path to reach you, I promise to grab every opportunity with both hands, to say yes as often as I can, to take risks, to scare myself stupid, and to have a shitload of fun (Young, 2014).*

My interlocutors and I practice being proud every day. We do not always get it right, but sharing our stories is one more way to grab every opportunity with both hands, and to take one more step in our radical efforts to build a world that loves our queer crippled bodies. We must listen to each other, listen to ourselves, and practice our pride even on the hard days. If you are queer and disabled: hold these stories close to your heart, and know you are not alone in your journey to constructing and living your truth. If you are queer and nondisabled: make those hand-drawn accessible signs, invite queer crips into your spaces, and stop taking the ability of queer bodies for granted. If you are an academic: ask questions. Complicate what you think you know about bodies and abilities. Amplify our voices, and then ask some more questions. And to everyone else: listen to queer and disabled people. Trust queer and disabled people. We have a lot to share, a lot to teach, and a lot to learn. Spread our stories, know us, include us, and fight for the kind of world in which we can all radically, wholly, and authentically be ourselves. You may just have your mind blown.

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*POSTLUDE: FINDING PEACE*

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Maybe there was selfish motivation in completing this project too. A selfishness exists in the desire to process my own experience as a queer, sexual disabled person who is still trying to figure out what that means in this world. I completed this thesis for myself, but mostly for my community, and for my belief that academia suffers when it loses sight of the voices and lived experiences it seeks to understand. I finished this thesis to break the taboo of disabled sexuality, share the stories and experiences of my queer and disabled siblings, and embark on a journey of intellectual activism that has never been done before.

In my queer and disabled identities, I have found peace. I have found hope, love, solidarity, and clarity that I never imagined possible. Someone once asked me if I would ever undergo a “cure” for Cerebral Palsy should one come around. The thought of having this central part of myself erased—the thing that has pushed me, challenged me, tested me, and forced me to grow more than anything else—brings tears to my eyes. Who would I be without my skinny calves and the off-beat pitter patter of my feet against pavement? Who would I be without the queer and disabled communities that have showed me what it means to be unconditionally loved, accepted, and validated? How would I occupy the world without this core identity that has allowed me to radically rethink what it means to exist in a body? My queer and disabled identities have enabled me to find and be myself without qualifiers, footnotes, or conditionals. The pain and struggle that ableism and homophobia have inflicted upon my life are very real—but I would never take those struggles back if it meant not being the person I am today.

I wish I could reach back to my seven-year-old self, post-surgery and coming to the devastating realization that some people would never see her as the beautiful little girl she wanted to be. I wish I could give her a hug and tell her there is so much joy and love ahead. I want to tell her that there is no one way to exist in a body, no one way to be a girl or woman or human, and that the years of darkness and confusion to come are only temporary. I want to tell her that one day, she would grow into a non-binary, queer, disabled person who loves and is loved and is proud and unafraid. We all deserve to know that our existence in this world matters and is valid, regardless of what your body looks like or how it moves through space. To my queer and disabled family: this project is for you—thank you for existing in this world with me, and never forget that you are loved and you matter.

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