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SLSP 3041/51 Sociology Dissertation

SEX: SHOULD WE ALL BE AT IT?

**A Study into the Struggles of Disabled People's Fight
for Sexual Expression, and the Implications of Using
Prostitutes and Surrogates to Facilitate this Sexual
Expression.**

Abstract

Is sexual expression a human right? Is the act of having sex part of this right? Can disabled people's gendered and sexual identities be incorporated into the Socially Constructed norm? Should this be achieved through employing prostitutes and surrogates?

This dissertation looks at the current debates surrounding disabled people's sexuality to explore the implications of disabled people using sex surrogates and prostitutes to express their sexuality. It explores the debates surrounding disabled people's sexuality and the campaign for Sexual Citizenship. As well as discussing the importance of sexuality in society, and the Social Construction of sexuality and gender, in relation to disabled people's sexual identity. A number of schemes are promoting the use of prostitutes and surrogates to deliver sexual services; however, this is mainly to disabled men. These policies tend to reflect and reproduce gendered discourses about sexuality, and raise the question whether sex workers should be used when prostitution is still illegal in many countries, and some feminists see it as a form of slavery. The dissertation finally concludes that the projects involving prostitutes and surrogates do not overcome the social factors hindering disabled people's sexual expression, and therefore must be implemented with the knowledge of their limitations alongside other strategies.

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1. INTRODUCTION

The current literature on sex and disability shows that historically the issues of disabled people's sexuality have generally been overlooked. For many disabled people access to the areas where non-disabled people learn to express their sexuality and meet new partners such as bars, pubs, and even brothels, is very difficult, (Shakespeare et al, 1996; Milligan and Neufeldt, 2001; Thomas et al, 1989; Shuttleworth, 2000). This organisation of society that assumes disabled people are asexual, yet promotes the belief that sex and relationships are beneficial to an individual's psychological health, has led to the belief that Sexual Citizenship is a human right. This right has been taken up by disability activists, and become part of some disability policies, (United Nations, 1993; The Ministry of Social Affairs, 2001). In fact some governments and disability organisations have developed new targets and strategies, which aim to improve disabled people's rights to express their sexuality, and some of these go as far as including the use of prostitutes, and sex surrogates, (Ledsom, *Swiss Info*, 08/04/03; Owens, 2002; Earle, 1999; Royal College of Nursing (RCN), 2001; The Sexual Freedom Coalition (SFC), 2004; The Ministry of Social Affairs, 2001).

I also want to analyse the conflict between the right for disabled people to express their sexuality by using prostitutes and surrogates, against the right of individuals not to be sexually exploited, which some feminists believe prostitution entails.

I will look at how the sexuality of disabled people is treated by society, and what can be done to change the situation, before concluding whether the use of prostitution and surrogacy is the right way of enhancing disabled people's sexual expression.

1.1 Why this topic?

There has recently been a proliferation of literature surrounding the issues of disability and sexuality, in fact the journal *Sexuality and Disability* has been going since 1978. The idea of sex surrogacy is not a new concept, nor is disabled people visiting prostitutes for sexual relief, (Earle, 1999; Noonan, 1984/1995; Fox and Szego, *The Age*, 05/06/03; Blanchard, 1999). However, it is only recently that projects aiming to aid disabled people's sexual expression, using such means as prostitution and surrogacy, have officially been set up, (Ledsom, *Swiss Info*, 08/04/03; Owens, 2002; Earle, 1999; RCN, 2001;

The Sexual Freedom Coalition, 2004; The Ministry of Social Affairs, 2001; Kelly, 2001-2002). These projects have arisen from the assumption that sex can be seen as a human right. But I have found very little literature that has questioned this 'right' or discussed whether these projects are actually addressing disabled people's sexual expression as a whole group or only certain sections, such as young heterosexual men.

The rights of prostitutes to work and be free from abuse have also been greatly discussed in the feminist literature, (Bell, 1994; Raymond, 2003; Dun, *The Portland Mercury*, 9-15/05/02; O'Connell Davidson, 1995 and 1998; Bindman, 1997; Kesler, 2002; Barry, 1995; Nagle, 1997; Hoigard and Finstad, 1992); however, the rights of prostitutes have rarely been compared and contrasted to the rights of disabled people to full sexual expression, to discover if together they can overcome the prejudice and oppression both groups face.

1.2 Methodology

This dissertation uses secondary research, as the subjects, of disabled people's sexuality; prostitution and surrogacy are very sensitive and controversial issues, and

access to primary data would be very difficult to obtain. Instead I have concentrated on collecting my data from journals and publications that focus on disability, sexuality and prostitution, as well as searching the Internet and newspaper articles for relevant information on disability groups and prostitute collectives that have joined together to fight discrimination. I am relying on first hand accounts of prostitutes and disabled people taken from these resources.

1.3 Structure

This dissertation is made up of five chapters.

Chapter one is the introduction.

Chapter two outlines how sexual expression can be seen as a human right within the context of wider debates on disabled people's sexuality.

Chapter three reviews disabled people's sexuality within the wider debates surrounding the Social Construction of gender and sexuality.

Chapter four outlines various projects utilising the skills of prostitutes and surrogates to aid some disabled people's sexual expression, then discusses the feminist debates surrounding prostitution and their relationship with the debates surrounding disabled people's sexuality.

Chapter five is the conclusion.

1.4 Definitions

This dissertation will explore the social theory of disability which separates having an impairment from being disabled, since those who are impaired do not necessarily experience disability, because it is society that is the disabling factor, (Oliver, 1990; Barton, 1996; Burchardt, 2004; Race et al, 2005). Disability is a Social Construction and is not experienced in the same way by different people in different times and location. Through this dissertation I hope to show that we need to challenge the Social Construction of disabled people's sexuality in order to extend equality. This social theory's definition of disability is:

'Impairment, lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body;

Disability, the disadvantage or restriction of activity caused by a contemporary social organisation, which takes no or little account of people who have physical impairments, and thus excludes them from the mainstream of social activities', (UPIAS, 1976:3-4, cited in Oliver, 1990, emphasis in original).

However this definition has been greatly criticised for only including 'people who have physical impairments'; therefore, the Disability Awareness in Action (DAA) defines *disability* as 'the social consequence of having an impairment', (DAA, no date), and Race et al discuss how the social model of disability can be used as a 'framework for support within the lives of individual people with learning difficulties', (2005:514).

This dissertation also explores whether sexual expression is a human right, and whether the act of having sex is also part of this right? For this Evans's (1993) concept of *Sexual Citizenship* is useful to distinguish between the struggles to define sex as a right, as opposed to sexuality.

According to Plummer Sexual Citizenship includes three main aspects:

‘the *control (or not)* over one’s body, feelings, relationships: *access (or not)* to representations, relationships, public spaces, etc; and *socially grounded choices (or not)* about identities, gender experiences’, (1995:151, emphasis in original).

Throughout this dissertation any reference to ‘sexual expression’ and ‘sexuality’ is referring to the right to experience this Sexual Citizenship. I will explore whether, within this concept of Sexual Citizenship you can define the act of having sex as such a fundamental right, and that in those cases where people cannot access this, such as some disabled people, it should be provided.

This dissertation focuses on projects involving prostitutes, which I feel do not need to be defined, and sex *surrogacy*, which I will now define.

‘A *surrogate partner* is a member of a three-way therapeutic team consisting of therapist, client and surrogate partner... This partnerwork includes exercises in communication, relaxation, sensual and sexual touching, and social skills training’, (The International Professional Surrogates Association).

2. WHY IS THERE A NEED TO FIGHT FOR DISABLED PEOPLE'S SEXUAL RIGHTS?

During this chapter I aim to demonstrate the wider theoretical research, which focuses on the topic of disability and sexuality, focusing on sexual rights, and how you can provide full access to these rights.

2.1 Sex: A Human Right?

Access to sexual expression is increasingly regarded as a human right, even though it is not part of the original Universal Declaration of Human Rights set out in 1948, (General Assembly Resolution, 1948; Freeman, 2005; Weissbrodt, 2005). Despite sexual expression not being a specific human right, (Smith and Vanden Anker, 2005) explains how rights allow humans to fulfil their needs. These needs consist of 'whatever people require to be able to achieve a level of functioning that satisfies a given ethical conception of the acceptable minimum' and include 'basic levels of physical and mental health', (Smith and Vanden Anker, 2005:269). As this dissertation goes on to show, unsatisfactory levels of sexual expression can lead

to low esteem and depression, especially within a society where sexuality is seen as having an important role in people's identity and lifestyle. Therefore, within this context sexual expression does fit into the concept of needs and thus potentially human rights.

This focus on sexuality within human rights has led to extensive definitions of sexual health and also emphasises the importance of sexual self-esteem, including involvement in the wider sexual culture, because sexuality is an integral part of people's identity, (Coleman, 2002; Edwards and Coleman, 2004). The Universal Declaration of Human Rights states that 'everyone has the right to a standard of living adequate for the health and well-being of himself and of his family', (General Assembly Resolution, Article 25, 1948). If adequate health is a human right, and the WHO defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity', as well as stating that 'the sexual rights of all persons must be respected, protected and fulfilled', it is clear how sexual expression has come to be seen by many as a human right, (WHO, 1946; WHO, 2002). In fact the WHO does outline its definition of sexual rights, which includes the

right to 'pursue a satisfying, safe and pleasurable sexual life', (2005:3).

However, The WHO's definition of health has been criticised, Saracci (1997) explains it does not distinguish between health and happiness, since not all healthy people are happy, and not all unhealthy people are unhappy. If we take this definition in which people are not healthy unless they are content with their physical, mental and social state, it would be impossible for governments to satisfy everyone's ideal of happiness, (Saracci, 1997).

2.2 Sex is good for you

Sexuality and sexual expression have become increasingly central to people's identity and personality. The link between sexuality and identity, as well as the acknowledgement that sexual expression can provide emotional and physical benefits, provide some of the key arguments to why disability activists are campaigning for the rights of disabled people to express their sexuality in an equal way to the non-disabled population, (Tepper, 2000; Atwood, 2006).

Sexual expression and intimate relationships can aid self-esteem, emotional well being, and therefore the overall quality of life, as well as helping to rebuke societies message that disabled people are not sexually attractive, (Tepper, 2000; Felce and Perry, 1997). This link between disability and a lack of sexual well-being is shown by McCabe and Taleporos, who's 'study found that people with more severe physical impairments had lower levels of sexual esteem and sexual satisfaction and higher levels of sexual depression than either people who experienced mild impairments or the able-bodied population', (2003:366-367).

I suggest that this lack of sexual satisfaction amongst people with more severe disabilities is less to do with the actual disability and more to do with their awareness that they cannot fit into what Gagnon (1977, cited in Weeks, 1986) refers to as 'scripts', which provide the guidelines for what is the current 'norm' and constitutes acceptable sexual behaviour. As my review of the literature concerning disability and sexuality shows, disabled people have never been included inside this 'norm'. Once disabled people displace themselves from these 'scripts' and do not mind creating their own standards of acceptable sexual behaviour they could regain their

sexual self-esteem. Many disabled people found that they had to develop a more varied sex life and that this had greatly improved their sexual experiences and esteem, because they didn't feel so pressured to 'perform' and had more fun, (Shakespeare et al, 1996:105).

Despite the popular belief that disabled people are not sexual beings, and therefore need to be protected from any sexual knowledge in case it leads them into harms way, it is quite clear that disabled people are very sexually aware and are just as capable of participating in and wanting sexual relationships as the non-disabled population, (Browne and Russell, 2005; Potgieter and Khan, 2005; Timmers et al, 1981).

It is these physical, (see Whipple and Komisaruk, 1985), and psychological benefits of sexual activity that support the proposition that sex is a human right, because it is more than just having an orgasm, it is highly beneficial to your quality of life in many ways, and consequently should not be exclusive to the non-disabled population.

2.3 Sexually segregated

Disability activists are campaigning to provide the opportunity for disabled people to express their sexuality,

in a society that segregates and desexualises disabled people.

Firstly, the issue of disabled people's sexuality has been completely ignored by society until recently. According to Milligan and Neufeldt, 'clinical and empirical literatures were virtually silent on the issue of sexuality and disability' until the 1970's, (2001:95). Not only has there been a lack of interest from the academic field, the institutions caring for disabled people have also skirted the issues of sex and relationships. Shakespeare et al (1996) provide personal accounts of people in institutional settings that were banned from having sex, by policies which kept men and women separate at all times; they were also prohibited from getting married.

As stated by Stewart (1979) the presumption that disabled people are different and asexual is a Social Construction, since society has created the barriers leading to disabled people's sexual segregation. Shakespeare et al (1996) reveal some of these socially induced barriers, such as the separation of disabled people into specially constructed schools and institutions, the lack of sex education aimed at disabled people, and the physical barriers preventing many disabled people accessing public places where people socialise. Other socially

induced barriers are the general attitudes of the public, which can have a dramatic effect on a disabled persons sense of self worth, and notions of what it is and is not acceptable for them to do, (Stewart, 1979; Brown, 1994). For example, Stewart outlines one man saying 'It's simple – they can't, can they?', (1979:19), in reference to disabled people's ability to have sex.

Disabled people are often segregated from the rest of society as a means of protecting them from their vulnerability to sexual abuse, which has been well documented and is often believed to be as a result of their relative disempowerment, (Shakespeare et al, 1996; Nosek et al, 2001; The London Rape Crisis Centre (LRCC), 1999; Sobsey and Doe, 1991; McCarthy, 1996). However, the confined and often un-acknowledging nature of institutional settings can also exacerbate this abuse (Crossmaker, 1991; Zvirsek, 2002).

2.4 Socially Segregated

Secondly, this ignorance within society has led to a situation where many disabled people have found it difficult to fulfil their social potential in a way that the non-disabled population has not. For example, Thomas et al's

(1989) study comparing the friendships, relationship and social skills of disabled and non-disabled youth, found that 93% of the sample of 150 disabled youths had at least some difficulty in social situations, and that 56% had such huge problems that they tried to avoid such situations. The study suggests that being a disabled person does not necessarily lead to the lack of opportunity to develop relationships and a sexual identity, it is the manner in which some disabled people are brought up which precludes them from interacting fully with people their own age, (Thomas et al, 1989).

Similarly, Shuttleworth, in his study of men with cerebral palsy, found that most of these men were isolated from the context in which 'sexual identities are being formed and when the learning behaviour of flirting etiquette is taking place', even if they did have good friendships, (2000:265). Shuttleworth (2000) explains how the cultural ideals of attractiveness, body image, and masculinity severely affected these men's self-esteem and other people's perceptions of them. Most of the men interviewed found that their restricted mobility and communication abilities affected their capability to socialise.

2.5 Constructed as Asexual and Unattractive

Thirdly, this structuring of society, which has led to disabled people's relative concealment, has caused the pervasive belief that disabled people are inherently asexual and un-attractive, (Milligan and Neufeldt, 2001; Brown, 1994). For example, sexuality was quelled by parents and professionals in order to save some disabled people the embarrassment of rejection, in fact patients with spinal cord injuries were regularly told that they would never have a relationship, so they should stop thinking about it, (Milligan and Neufeldt, 2001). The idea that disabled people are undesirable is so entrenched in our society, that Neumann (1979, cited in Milligan and Neufeldt, 2001) believed that those non-disabled women who found their disabled partners attractive must have had little previous relationship experience. Another example of this automatic assumption that disabled people are not viable candidates for relationships is the account of a blind girl taken from Henrich and Kriegel, who when assumed to be asleep heard one of her friends state ' I like Domenica very much, but I would never go out with a blind girl', (1961, cited in Goffman, 1963:47).

2.6 Diversity of Disability?

The definition of 'disability' incorporates such a wide range of different 'impairments', (Disability Rights Commission, 2006), that when discussing disabled people's sexual experiences, you cannot assume that all disabled people have difficulty establishing sexual relationships; and therefore, that the fight for the right for disabled people to express their sexuality is a universal one. You also cannot assume that all disabled people are unable to express their sexuality and that all disabled people who are celibate are unhappy. People, who have depression, learning difficulties, or hearing impairments, can all be seen as disabled people, (Disability Rights Commission, 2006), however they are all going to encounter different reactions to their impairment, which will in turn effect the way they experience their sexuality.

One of the most notable differences in people's perceptions and reactions to disabled people's sexuality is between people with learning disabilities and those with physical disabilities, (Katz et al, 2000; Yool et al, 2003; Karellou, 2003). For example, people with learning difficulties, are more likely to be seen as incapable of controlling their sexuality and making their own decisions,

(Katz et al, 2000). There are even hierarchies determining who is more sexually attractive, among those with physical disabilities, (Shakespeare et al, 1996). Those with the least visible impairments were seen as having the most sexual appeal, as one boy explains, haemophiliacs were at the top of the hierarchy 'because they were closest to being non-disabled, almost god-like', and 'those with muscular dystrophy' were at the bottom, (Shakespeare et al, 1996:22).

The fight for the rights of disabled people to express their sexuality needs to be aware of these differing experiences within the definition of disability, so as not to assume that all disabled people are constructed as asexual, and have difficulty in conducting the type of sexual relationships that they want. As Shakespeare et al (1996) show many disabled people do in fact have meaningful sexual relationships.

2.7 Other fights for sexual expression

It is the belief that disabled people are sexual beings just like everyone else, which has led to the rise in activists fighting for the right for disabled people to express their sexuality. Sexuality has become seen as a

human right, and as Tepper states 'full inclusion means access to pleasure', (2000:289). It is not just activists that are fighting for the rights of disabled people to express their sexuality, local and international government policy has also changed. For example, the United Nations 'Standard Rules on the Equalisation of Opportunities for Persons with Disabilities' explicitly states that 'persons with disabilities must not be denied the opportunity to experience their sexuality, have sexual relationships and experienced parenthood', (1993: rule 9).

The struggle of disabled people to gain full sexual expression has come out of wider debates in which feminists, black, and gay rights activists have also fought for autonomy over their sexuality, (Millet, 1969; Stanko, 1985; Kelly and Radford, 1996; Brownmiller, 1975; MacKinnon, 1993; Lees, 1996; Sandy, 1981; Wensdale and Chesney-Lind, 1998; Kelly, 1996; Gavey, 2005; LRCC, 1999; White, 1999 and Berger, 1977, cited in Gavey, 2005; Stanley, 2002; West and Zimmerman, 2002; Delphy, 2002; Beasley, 2005; Sherry, 2004). Feminist 'identity politics' has also been taken up by Queer Theory and Disability Studies, who also share a Social Constructionist approach by 'challenging universalising norms that marginalize those who do not conform to

hegemonic normalcy', (Sherry, 2004:1; Beasley, 2005). The similarities between Feminist Theory, Queer Theory, and Disability Studies are clear, and the problems surrounding the denial of Sexual Citizenship to both homosexual and disabled people, (Sherry, 2004), can become a double barrier in the case of disabled homosexuals, (Wood, *The Leeds Student*, 17/02/06).

2.8 Conclusion

This chapter has identified that the idea of sexuality as a human right has grown out of a history of disabled people's relative isolation from the social arenas where prospective partners are met and social skills are learnt, which has led to the label of many disabled people as asexual. This undermining of many disabled people's autonomy and capability of expressing their sexuality, as well as the belief that sexual expression can have beneficial effects, has caused many disability activists to challenge this view.

3. HOW THE SOCIAL CONSTRUCTION OF SEXUALITY AND GENDER UNDERMINES DISABLED PEOPLE'S SEXUALITY

During this chapter, I will outline some of the debates surrounding the Social Construction of sexuality and gender, and discuss the important place that sexuality has come to have in western society, in order to discover how disabled people's sexuality would fit into the current norms and values surrounding sexuality.

3.1 Sexuality: Nature of Nurture?

The problem with seeing sex as a human right, is that it becomes seen as natural and then the Evolutionary Theories that see sex as something that is pre-social take precedence. Sexual functioning is often measured against a universal norm, in order to establish whether a disorder is present. An example of this is the fact that Masters and Johnson's (1966) Human Sexual Response Cycle (HSRC) is still at the centre of the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM IV), (Katz and Marshall, 2004).

The HSRC model has been severely criticised for being based on a select and biased sample (see Tiefer, 1995), and therefore this model cannot be used as a basis for defining whether someone has a sexual dysfunction or not. Another problem with the DSM revolving around the

HSRC is that it only focuses on genital sexual acts, and excludes any other forms of sexual expression. The American Psychiatric Association, regards any sexual functioning that is at odds with the DSM's definitions, and therefore the HSRC model, as a dysfunction regardless of that particular persons happiness with their sexual ability, (Tiefer, 1995).

Disabled people do not easily fit in with these Evolutionary Theories surrounding sex and wider constructions of acceptable sexuality, since they will more often than not, be labelled as having a disorder and seen as not being an advantageous sexual specimen. The Evolutionary Theories of mate selection believe that humans universally choose mates on the basis of healthy genes and characteristics, (Alvarez, 2005; Miller and Todd, 1998). Men also look for fertile women, as portrayed by their physical characteristics, (Miller and Todd, 1998; Todosijevic et al, 2003). Women look for men who have greater control over social and economic resources; physical characteristics can also signify this because stronger, larger men, appear to be more dominant, (Todosijevic et al, 2003). If this Evolutionary Theory were taken as fact, it would be easy to explain how some disabled people are isolated from sexual relationships and

sexual expression on the basis that those with a genetic disability would be constructed as undesirable mating partners. The majority of the Evolutionary Theories also focus on heterosexual and long term couples who will have children; a fact that is questioned by Social Constructionism, which deconstructs the ideals surrounding 'heteronormativity', (Warner, 1991), and also redefines disabled people as equal sexual partners.

If you take Masters and Johnson's (1966) cycle and therefore the biological construction that sex is innate in us, then sex could be seen as a human right, because if we all have the same basic sexual functioning, and the same basic needs, then someone who can't access this level of functioning is not living up to their full human potential. However, because as Weeks (1986) highlights, sexuality is a Social Construction and not everyone fulfils their sexuality in the same way, we should not have a baseline which denotes what is and isn't a successful sexual act. Other Social Constructionist theorists such as Gagnon and Simon (1973), also reject the essentialist view that sexuality is a universal trait, by suggesting that it is cultural and that a certain act is only seen as sexual depending on the society in which it has taken place. However, Delamater and Hyde (1998) reveal the Social Constructionist theory also has its flaws, as it undermines

the agency of the individual, and presents members of society as being incapable of questioning and evaluating how they are socialised, and assumes people are passive recipients of information, not analytical beings.

Even though the basis of human rights is to make sure that everybody has equal access to and opportunity to participate in the norms of the society in which they live, if Masters and Johnson's (1966) HSRC is the medically accepted norm for America, then does it makes sense to aim to integrate the disabled population within this recognised norm? The use of methods such as penile prosthesis and drugs like Viagra, to overcome medically defined and constructed sexual dysfunctions, (Katz and Marshall, 2004), could be seen as narrowing the expectable means of sexual functioning. Instead, the protest of some disability activists against their exclusion from sexual expression could be used as an opportunity to widen the norms of sexuality rather than trying to encompass disabled people into a narrow definition of sexual functioning through the use of medical enhancement, and drugs.

3.2 All Consuming Sexuality

Socially constructing sex as natural and important in western popular culture is increasingly fuelling demands

on the individual to conform to a sexual and often heterosexual ideal, (Ingraham, 2002). The never ending number of magazines with sex tips and advice on how to 'pull', as well as the commercialisation of Valentines Day, the growth in sex shops, and advertising that uses sex to sell, has created immense pressure on everyone to perform. Attwood points out we are the 'consumers of our own sexual experiences', (2006:88), and for those who cannot keep up with this sexual satisfaction, well, they just get left behind, and seen as undesirable. However, as Quinn, reveals, disabled people are placed outside of the 'Socially Constructed norm of personhood' and are therefore unlikely to be taken up by others as a sexual commodity, (1999, cited in Brennan, 2005:93). People, as Bauman (1999) points out are caught in an endless cycle, pursuing an unreachable goal of sexual pleasure, and so we try out endless methods to reach this ideal. The opportunities for making money from exploiting people's sexuality and desires are endless; ranging from pornography and sex toys, to drinks in bars and fashionable clothing. This ties in with Bernstein's belief in the shift of sexuality 'from a relational to a recreational model', which is now located in the market place, (2001:397). It is more difficult for disabled people to engage in this commercialisation of sexuality, since as I

have previously shown many of the areas where sexuality is consumed such as bars and escort agencies are not easily accessible to all disabled people.

As Tiefer explains, having sex has come to symbolise being an adult in our society, and it serves as proof of your 'normalcy, worthiness and competence', (1979:82).

Sexuality can be seen as having a central role in the way that we portray our bodies, our individuality and 'our status in the world', (Attwood, 2006:89). The important position that sexuality has come to have in the economy, in people's relationships with others, and their own identities (Atwood, 2006), makes it apparent why disability activists are fighting for the right to full sexual expression.

3.3 Not Man Enough: Challenging Traditional Male Identities

Because sexuality is Socially Constructed to play a major role in gender identities, it has been argued that it is more difficult for disabled men to retain their gendered identity, alongside a disabled identity, than women, because they are emasculated by their impairment. In our society masculinity is equated with being strong, powerful, dominant, and sexually assertive, (Rapala and Manderson, 2005; Zilbergeld, 1992; Frosh et al, 2002;

Tepper, 1999). Men's identity and power is thought to be linked with their ability to embody 'hegemonic masculinity' through controlling space, and conquering endless women with their ferocious sexuality, (Segal, 1990; Brittan, 1989; Whitehead, 2002). Disabled men may not be able to act out this embodied masculinity and may feel 'desexualised', and isolated from the ideology of traditional masculinity, as exemplified by one man's despair when he explains 'it is like I do not have any maleness', (Shuttleworth, 2000:272).

Zilbergeld (1992) reveals how society provides an idealistic notion of sex, sexuality and restricted notions of masculinity that make it impossible for the majority of the population to emulate, let alone disabled men. Some of these 'myths' surrounding sex and the way it should be conducted are the beliefs that sex is centred around an erection, involves penetration, has to be spontaneous and end in orgasm. The most ostracising of these 'myths', is the notion that 'real men do not have sex problems', and thus disabled men can be emasculated, (Zilbergeld, 1992:60). These cultural myths about sex that Zilbergeld (1992) identifies show how pervasive Masters and Johnson's (1966) beliefs surrounding the HSRC have become.

This dubious link that has grown between sexuality and masculinity needs to be broken, to realise that the ability to gain and maintain an erection has nothing to do with a man's gendered identity. If this is not done, it could be allowing the continual undermining of all men's worth, because they can never live up to the unrealistic standards that only exist in porn films. Some critics of the Social Construction of gender and sexuality, have tried to assert the notion that sex doesn't have to be spontaneous, or solely involve genital contact, (Tiefer, 1995; Tepper, 1999), in fact through this questioning of the norms of sexuality and sexual behaviour, definitions of sexuality can be created that include disabled people's varied experiences of their sexuality.

3.4 Can Disabled Women be Feminine and Beautiful?

However, many feminist writers argue that conventional standards of beauty and femininity are extremely harmful to women because they constantly have to strive to achieve the unattainable ideal of perfection before they can feel acceptable, (Wolf, 1991; Davis, 1995; Bordo, 1993). Since femininity has been constructed within such a narrow framework, focusing on external beauty, disabled women can be doubly disadvantaged since they 'are more likely to be judged on

their physical appearance than men', (Shakespeare et al, 1996:70). According to Wolf, the 'beauty myth' gives women the 'false choice' of being either 'sexual or serious', (1991:273). Once women realise that they can be both sexual and serious simultaneously, and it is more important that you feel beautiful, then the 'beauty myth' will collapse, (Wolf, 1991). Since the image of a 'normal' female body is constructed in a very different way to the 'natural' female body, women are put under extreme pressure to appear perfect. This limited construction of acceptable notions of female beauty has caused a situation where many disabled women find it difficult to fit the culturally endorsed standards of sexual appeal.

In analysing what sexuality has become in our society and revealing the elevated position it has been given, is it productive to incorporate disabled people's sexuality into such a situation? Disabled people should be truly equal in all aspects of life, and this includes the right to be able to express their sexuality and engage in a consensual sexual relationship. Currently, the expression of 'normal' sexuality in our society is believed to be an un-rational and un-healthy experience, as I have just discussed. Society's concept of sexuality needs to change; what constitutes as good and meaningful sex and relationships needs to be

questioned, before it is desirable to fully assimilate disabled people into this facet of life. In line with this idea, Brown believes that disabled people are in a position to undermine the common notion that you have to spend money in order to have sex, they 'challenge the notion that you have to be rich, beautiful and successful to have sex', and maybe they can teach the non-disabled population to defy this myth as well, (1994:14).

3.5 Is it Only Disabled People Who are Sexually Excluded?

If the Social Construction of 'normal' sexuality excludes disabled people, do we also try and compensate for other groups or members of society who are also isolated from full sexual expression, by providing services, which assist people in expressing their sexuality?

Celibacy in America is more prevalent than expected, (Donnelly, 1993 and Laumann et al, 1994, cited in Donnelly et al, 2001), so Donnelly et al (2001) set out to establish the consequences and causes of involuntary celibacy. Many of the participants experienced the same problems and feelings as some disabled people, for example shyness, lack of self-confidence and social skills,

which caused barriers to meeting new people, (Donnelly et al, 2001). Negative body image was an issue for many participants, since their physical characteristics did not match the Socially Constructed ideal of a sexually attractive person, (Donnelly et al, 2001). This is similar to the 'norm' that disabled people are not attractive people. Other Socially Constructed norms of gendered behaviour also had a negative impact on Donnelly et al's (2001) participants because the women felt restricted by traditional feminine passive roles, and the men were worried that they had to be more dominant and take initiative.

One important outcome of Donnelly et al's (2001) research is in revealing that the involuntary celibacy that some non-disabled people face, has the same debilitating effect that many disabled people experience. For example, many people felt depressed, worthless, and not fully functioning adults because they were not seen as sexual beings, (Donnelly et al, 2001). One man expressed that it was not the lack of sex that was so upsetting, because he could visit a prostitute if he wanted to, it was the lack of love, care, and the feeling that he wasn't worth this kind of attention, that was most damaging, (Donnelly et al, 2001).

3.6 Conclusion

In this chapter I have outlined the important place which sexuality has in our society, in terms of people's identity and pastimes, and that the 'norms' and 'values' surrounding sexuality and gender which have been narrowly Socially Constructed in western society, preclude the incorporation of a diverse range of disabled people's sexual experiences and identities. This suggests a need to question traditional constructions of gender and sexuality, rather than trying to fight for the right of disabled people to experience their sexuality in the same way as the non-disabled population. However, as Donnelly et al's (2001) research illustrates if a relatively large number of the non-disabled population also experience the same sexual isolation and associated emotional problems, do we also fight for the right of these people to express their sexuality? Does this research not show that compensating for some disabled people's sexual isolation with the help of prostitutes and surrogates, which I will outline in the next chapter, takes the notion of rights and compensation too far? Or do we compensate non-disabled people as well? Raising the question, how far do you take this compensation, and who do you define as sexually isolated

and involuntarily celibate? Those who are shy, feel ugly or have never dated and feel it's too late to start? It could end up in a situation with almost everyone believing that they need help expressing their sexuality, and relying on the government and institutions to provide this help, because sex has become seen as a 'human right'.

4. DISABLED PEOPLE'S ASSISTED SEXUAL EXPRESSION: IN OPPOSITION TO PROSTITUTE RIGHTS?

In this chapter I look at certain case studies to show how the issues of disability and sexuality are being dealt with in certain countries, and how far governments and activists are willing to stretch Sexual Citizenship. I will concentrate on practices in Australia, Switzerland, England and Denmark, before going on to discuss whether the wishes of disabled people are compatible with those of prostitutes and sex surrogates.

The concept of Sexual Citizenship has been taken up by disability activists in order to increase the rights of disabled people to express their sexuality. This concept of Sexual Citizenship caused the questioning of traditional constructions of gender and sexuality and promotes

people's right to express their sexuality publicly and define their own sexual identities, rather than being forced to conduct themselves within the confines of restrictive traditional gender and sexual constructions. However, these projects and organisations, not only believe that Sexual Citizenship is a human right, but that the actual act of having sex is also a right, and so they aim to provide this experience by involving prostitutes and surrogates.

4.1 Desire: Requests to Legitimately Access Sexual Services

Disability Now (DN), recently conducted a sex survey in the UK, and it revealed that 75% of its respondents believed that prostitution should be legalised; even though only 11.7% had actually been to see a prostitutes, 37.6% of men and 16.2% of disabled women had considered visiting a prostitute, (DN, May 2005). Many disabled people want to be able to visit a prostitute because they find it difficult to meet people and hold down relationships, and desire human comfort and sexual relief, (DN, Dec 2004). Touching Base (2006), and other organisations, (DN, Feb 2005; PWA, 2002), provide accounts of disabled people, who have had positive experiences when visiting specially trained prostitutes. Through agencies such as Touching Base or the Sex Workers Outreach Programme

(SWOP), the process of seeing a prostitute can be done very slowly and professionally so that it matches what the client needs and expects.

Jim Shepard explains that he visits prostitutes for sexual gratification, but his impairment even makes this difficult; because his speech impediment has caused some sex workers to put the phone down on him and disbelieve that he could even have sex, (DN, May 2001b). These experiences have led Jim to believe surrogacy is the answer, so that disabled people can go to specially trained sex workers, and reduce the potential of rejection and confusion, (DN, May 2001b). The director of SPOD (The Association to Aid the Personal and Sexual Relationships of People with a Disability), Simon Parritt believes that 'there is a place for a traditional surrogacy service in this country; the number of people who would use it would be quite small but it's a significant need for people who are distressed and need help', (DN, Dec 2004).

The structured boundaries and specially trained sex workers involved in surrogacy may help overcome the problem of clients becoming emotionally attached to sex workers. Surrogates would be aware of the clients

emotional needs and keep clear guidelines at all times, making the whole experience more beneficial to both client and sex worker, (DN, Oct 2005). This positive feedback, and interest of many disabled people in visiting prostitutes and sex surrogates, has impacted on the growing number of schemes being set up to aid disabled people's sexual expression.

4.2 Specialised Brothels: In Australia

Australia has one of the most progressive disability agendas that sets out to directly provide disabled people with access to sexual experiences. In New South Wales 'people with disabilities, sex workers and representatives from service providers and advocacy groups' have joined together to form the 'Touching Base Committee', whose aim is to increase the accessibility and legitimacy of disabled people's access to sex workers, (Robinson, 2002; Kelly, Feb 2001- April 2002).

The Private Worker Alliance (PWA), which is part of the Touching Base Committee, looks forward to promoting 'the legal rights of people with disabilities to have

equitable and viable access to sex industry premises' and are seeking legal advice in order to help enforce the introduction of suitable access to all brothels in New South Wales, (PWA, 2002).

Australia is so far ahead in its attitude towards disabled people's sexuality that one brothel in Melbourne has created a room which is fully accessible and has all the amenities and equipment needed for disabled customers, (DN, May 2001a).

The 'Department of Health and Human Services' in Hobart, Australia, produced an act in 2001, making it legal for 'health workers' to aid disabled people in accessing sex workers, and this has led to groups of men with learning difficulties being taken on trips to visit sex workers, (Low Choy, *Hobart Mercury*, 28/09/05:1). One proprietor of a Hobart brothel, spoke positively about the beneficial effect visiting a sex worker had on many disabled clients; the 'Disability Services' are also trying to implement a system where if a disabled client wishes to visit a sex worker, the funds for such a visit are readily available, (Low Choy, *Hobart Mercury*, 28/09/05:1).

4.3 Trained Touchers: In Switzerland

In Europe, Switzerland's liberal attitude has led to a number of developments in the area of disabled people's sexuality. An organisation called 'Pro Infirmis' is aiming to train ten 'touchers' who will then aid the disabled population in Zurich with 'sexual and emotional relief', which will be paid for through public donations, (Ledsom, *Swiss Info*, 08/04/03). The plan is then to extend the sexual relief to include oral and penetrative sex, by employing fully trained prostitutes, since Pro Infirmis believes 'the sexual rights of disabled people are currently being overlooked', (Ledsom, *Swiss Info*, 08/04/03). However, as Ledsom (*Swiss Info*, 11/09/03) goes on to show, Pro Infirmis, had to back out of its scheme to provide sexual relief to disabled people, due to a significant drop in funding from independent donors, however they are hoping that a separate company can pick up where they left off, so that Pro Infirmis can support the scheme from afar.

One of the pioneer's of the Pro Infirmis scheme, Nina de Vries, also works in Germany, providing naked massage, and masturbation to men with learning disabilities, this service is sometimes paid for by the welfare agency if the men involved are particularly poor, (Wikipedia, 2006b). Prostitution is legal in Germany, but

even though the German company Sensis, in Wiesbaden helps to connect physically disabled people with appropriate sex workers, Nina's work is still seen as controversial since it involves men with learning difficulties, where the issue of informed consent is not so clear cut, (Wikipedia, 2006b).

4.4 Emotional and sexual support: In England.

In England prostitution is legal as long as it involves a self-employed person, working alone, from a property that they own, who doesn't advertise, (O'Connell Davidson, 1995). These strict regulations, along with the fact that it is illegal for someone to procure a prostitute for someone else's benefit, makes it very difficult in England for disabled people to access sex workers, (DN, Feb 1999). However despite this, two major disability charities Leonard Cheshire and Scope, have revealed that they support their clients' wishes and help to make all the necessary arrangements if someone desires to visit a sex worker, (DN, Feb 2002).

The legal restrictions on the procurement of prostitutes to aid disabled people's sexual expression has led to other ways of overcoming this sexual isolation, involving surrogates, which do not warrant such legal sanctions.

There have been efforts to change the situation in England and most notably the TLC Trust, 'aim to have a network of trained sexual surrogates all over the country, funded by the Department of Health', (Owens, 2002). These surrogates would be trained specifically in dealing with both physical and emotional needs so that eventually the disabled clients involved will learn some of the skills necessary for initiating and maintaining a relationship, (Owens, 2002). Such measures would go a long way in aiding disabled people who have experienced some of the emotional and sexual isolation that I outlined in chapter one, (Shuttleworth, 2000; Milligan and Neufeldt, 2001; McCabe and Taleporos, 2003).

The RCN (2001) have produced a booklet for nursing staff explaining how they should deal with issues of sexual health, because ignoring the fact that people are sexual beings can have serious psychological consequences; and that this care can sometimes included the arrangement of prostitutes, (Earle, 1999). The RCN explained that 'they will support carers who arrange sexual liaisons for disabled people, providing it is legal and does not undermine their patients health', (Follain, *The Sunday Times*, 30/05/99).

The Outsiders Trust has been specifically set up for the benefit of disabled people's relationships and sexuality, it was formed in 1979 and has over 600 hundred members, (Outsiders Trust). Outsiders provide the contacts of 'sex angels', people who will have sex with those who need it for free, and surrogates who are professionals that charge for their services. The website provides guidelines on how to go about contacting a prostitute, and how to make the best of the experience. Nonetheless, Outsiders has been shown to exacerbate the situation for disabled people since it too reinforces the belief that disabled people have to be separated from the rest of society, (Shakespeare et al, 1996). The Outsiders group is not open to people with learning disabilities, it adheres to the medical model of disability so that disabled people themselves have to change rather than the rest of society, and as one women explains it also provided an environment for 'perverts' to harass and sexually abuse vulnerable women, (Shakespeare et al, 1996).

The SFC (2004) fighting for the decriminalisation of prostitution in Britain has been in contact with the Outsiders Trust in order to improve the position of disabled people in relation to prostitution. The Coalition

believes that prostitution is the answer to many problems such as disabled people's relative inability to be able to express their sexuality and form relationships, rather than a problem in itself, (SFC, 2004).

4.5 Compensation: In Denmark

In Denmark, the Danish handicap policy focuses on the principle of compensation, this 'compensation is to make good the consequences of the disability for the purpose of giving disabled persons as equal a basis as at all possible', (Danish Disability Council). 'In Denmark, prostitution and other forms of sex work are not illegal so long as it is not a woman's sole means of income', (BBC News, 05/10/05). The Ministry of Social Affairs (2001) document regarding the rights of disabled people to express their sexuality, states that practical guidance in masturbation and assistance in intercourse with a partner, as well contacting and helping a disabled person to visit a prostitute, can all be part of a carers duties in relation to a clients sexual needs.

4.6 The Principle of Normalisation: Enhancing Sexual Citizenship?

The aims of these projects and organisations to enhance disabled people's access to Sexual Citizenship are based around Wolfensberger's principle of Normalisation. The idea is that cultural norms and values surrounding the average lifestyle in a specific country will be used as a guideline by which agencies can aim to assimilate disabled people, in order to 'enable people to lead culturally valued lives', (adapted from Wolfensberger, 1980, p.8, cited in Chappell, 1992).

However, as Novak Amado (1988, cited in Brown, 1994) explains, the principle of Normalisation does not question why disabled people are de-valued in society, instead of changing the structure of society that does not accept disabled people, it tries to change disabled people's lives to make them more 'normal' and valued. When the Normalisation principle is used in the context of enhancing disabled people's Sexual Citizenship, the notion of a 'natural' and 'normal' sexuality, in which disabled people are encouraged to partake, is not questioned, (Brown, 1994). Disabled people are encouraged to participate in over romanticised 'heteronormativity'. This never questions the Social Construction of heterosexuality, its ignorance of other sexualities, (Weeks, 1986) and the potential for abuse

within this narrow construction of male and female sexual norms, (McCarthy, 1991, cited in Brown, 1994). As Brown (1994) points out the Normalisation principle does not question who creates the notion of 'normal' sexuality and what purpose this notion serves, and therefore doesn't allow for a plurality of sexual identities and the deconstruction of oppressive gender and sexual constructions.

4.7 Prostitutes also Constructed as Different

The construction of the term 'prostitute', automatically presumes two separate categories of women; the 'good' and the 'bad', (Gibson, 2003). 'Bad' girls that either look like, act like, or in fact are prostitutes, are constructed as different from 'normal' women, and are often seen as deserving of any harm or mistreatment, (Hoigard and Finstad, 1992; Bland, 1984; Harrison, 28/01/04; Fisher, 1997; Day, 1994), since they have a 'throwaway status', (O'Neill, 1996:142).

It is the illegal status of prostitution in many countries that can be seen as causing the most harm to prostitutes, by creating a stigma that legitimises prostitutes unequal treatment; subjecting them to discriminatory practices,

which do not allow them access to work, benefits or protection, (Alexander, 1997; Gibson, 2003).

In this light some prostitutes have been struggling for the same autonomy and sexual freedom as many disabled people. Prostitutes and disabled people are both fighting for the freedom, not to be sexually vulnerable, and to define their own sexual identity, for disabled people this means not be constructed as asexual. For prostitutes this means not to be constructed as 'dirty', 'dangerous' and 'unnatural'. Both groups want to contest their isolated position in society, without being labelled as vulnerable.

4.8 Slavery and Abuse: Ethical Problem of Involving Prostitutes

Some feminist theorists believe that prostitution is another form of slavery, and that women's relative inequality in the world coupled with gendered and sexualised discourses has created a supply of women for the male sex industry. They argue that there is little alternative but for women to prostitute themselves and that this serves men's needs, and causes serious psychological and physical harm, (Barry, 1995; Raymond, no date; Hoigard and Finstad, 1992; Coalition Against

Trafficking in Women (CATW), no date). The groups CATW, and WHISPER that campaign against trafficking and prostitution, state that prostitution legitimates the Social Construction that men need sex, whilst extending the control men have over female sexuality, (Bell, 1994; CATW). CATW, argue that prostitution is a violation of women's basic rights since women are 'denied equal humanity' because they have to perform horrific and often violent acts, against their will, (p.4).

Similarly, Barry (1995) believes that women would leave prostitution if they had any real opportunities, and argues that the pro-prostitution groups in the Netherlands who fought for the right to solicit, blur the reality of prostitution by promoting a minority privileged view. These groups may acknowledge the questionable status of 'voluntary' prostitution in the Third World, due to positions of extreme poverty that leads to desperation and lack of opportunity, however, they fail to reveal the desperate plight of the poor and homeless in the West, which also questions this distinction between 'free and forced prostitution', (Barry, 1995:306). This radical feminist perspective is famously outlined by Dworkin, who stated that 'rape and prostitution negate self-determination and

choice for women; and anyone who wants freedom had better find a way to get rid of them', (1987:170).

4.9 The Rights of Disabled People or the Rights of Men?

Some disabled men argue that they wish to have the opportunity to visit prostitutes and surrogates so that they can express their sexuality in the same way as other people. However this 'right' could conflict with the right of women to be free from the inequalities that leads to many women being in prostitution. The UN human Settlements Programme (UN-HABITAT, 2004) produced a report documenting the feminisation of poverty, which has led to the increase in women being sold as commodities throughout the world as prostitutes in order to earn money.

The majority of prostitute's clients are men, (Davis, 1993), and so it is not the rights of disabled people being contrasted with the rights of prostitutes, it is the rights of disabled men. There is the assumption that men procuring prostitutes is natural behaviour, due to the legitimisation of male gender constructions that surround masculine sexuality, (Monto, 2000; Monto, 2001; Gordon and Gelsthorpe, 2003), which I have previously discussed.

In some respects there need not be an opposition between these rights because many women are fighting for prostitution to be decriminalised and given the same basic rights as workers in legalised professions, (Bindman and Doezema, 1997; Rajan, 1999; International Committee for Prostitutes Rights, 1997).

However, Sullivan and Jeffreys (no date) disagree with the fact that 'the sex industry markets itself as promoting the "rights" of people with disabilities by specifically catering to disabled men and disability charities', because disability isn't the real issue behind this new campaign for disabled people's sexual rights 'it is the "rights" of men that are being catered to here. Disabled women are not mentioned'.

However, as I have already shown, men's sexual desires and urges are Socially Constructed; men do not need sex more than women do. Thus, by compensating for the relative lack of sexual access that disabled men have, this could be buying into a construction of male sexuality that has been formulated by men for their own gain, (Brittan, 1989). Surrogacy also seems to be male centred, because as Noonan (1984/1995) discovered from his research, most clients are men, and male heterosexual surrogates are hard to be found.

4.10 Positive Roles of Sex Workers: Overcoming the Ethical Problems of Involving Prostitutes

Schemes set up in order to aid disabled people's sexual expression, actually draw on many of the roles and images that some sex workers have taken up to define themselves. Many sex workers see themselves from the perspective of the post-modern discourse of prostitution, which aims to empower women by defining prostitution in terms of 'worker, healer, sexual surrogate, teacher, therapist, [and] educator', not just as someone who provides sexual relief, (Bell, 1994:103). In fact many of these women say that sex is a very minor part of their jobs, since they spend most of their time talking to and consoling their clients, (Sanders, 2005). These women believed that their work should be placed within the role of 'care in the community' and thus 'argued for the legalisation of prostitution as a legitimate service sector', (Sanders, 2005:5). The use of prostitutes by disabled people is not such a controversial issue when the prostitutes themselves show that they are just extending the skills they already have, and that the psychological costs are no greater than in any other 'emotional labour', (Chapkis, 1997). Many prostitutes and activists think that

prostitution is a valuable and necessary form of work, and believe that once it is decriminalised the situation for many women will improve, and a reduction in stigma will mean that they can provide services more effectively to a greater number of people who need them, such as disabled men, (Kesler, 2002; Bindman and Doezema, 1997; Dunn, *The Portland Mercury*, 9-15/05/02; Alexander, 1997). If disabled people are fighting for their rights to express their sexuality, and prostitutes are fighting for their right to be seen as legitimate workers, then it makes sense if they have teamed up in order to mutually benefit each other.

There is also evidence to show that not all prostitutes are abused and forced, for example O'Connell Davidson (1995) studies the details of one prostitute's work showing that it is possible for prostitutes to take control of their lives and therefore voluntarily choose prostitution as a valid form of employment. It is clear that prostitutes like Desiree, an independent sex worker from England, cannot be seen as being forced into prostitution, since she is doing what she wants and when, and has chosen prostitution for the financial benefits, despite having other job opportunities, in fact Desiree probably has more control and choice in her life than many other wage labourer's (O'Connell Davidson, 1998).

In this respect there may not be such an opposition between the rights of disabled people and the rights of prostitutes, since the agencies who are willing to incorporate access to prostitutes within a holistic health care setting do so in a very professional way, reducing the chances of a disabled person visiting a sex worker who has been trafficked and held against their will. The work that Touching Base is conducting through the education of prostitutes in the needs and issues surrounding disability, will help to eradicate any problems surrounding the right of the prostitute to refuse a client at any time, conflicting with the right of a disabled person not to be discriminated against because of their impairment, (Taleporos, no date).

Surrogacy could be seen as preferable to prostitution because it provides an environment, which requires more training and legitimacy so the potential for the inclusion of abused and unwilling women is reduced. Through his study of surrogates Noonan (1984/1995) built up a profile of the average surrogate who was a white female, in her 30's or 40's, was college educated and had been practicing for around four years. This suggests that women involved in surrogacy have greater autonomy and independence than many prostitutes and are clearly

making an informed choice to enter into prostitution. They are also seen as skilled professional workers who are not exploited, and this perhaps makes it less like prostitution and more like sex work?

Relying on the skills of professionally trained surrogates and prostitutes, who have constructed methods through which they can maintain their personal boundaries, such as using condoms, not kissing or having anal sex, and having a false identity could overcome the ethical problems within helping some disabled people express their sexuality (Day, 1994). However, even if there is a solution where women who are quite content to aid disabled people in expressing their sexuality, and that male prostitutes and surrogates were more common so that disabled women could have as much access to experiencing sex as men, there are still many problems, as I will discuss next.

4.11 Increasing Disabled people's Isolation?

Will projects involving prostitutes and sex surrogates solve the problem of allowing disabled people to express themselves sexually? Compensating for the isolation of disabled people's access to sex and relationships in our society by involving prostitutes and surrogates could be simply increasing their difference and isolation.

One disabled man decided to visit a trained surrogate because of his fears and embarrassment about expressing his sexuality, (O'Brien, 1990). O'Brien (1990) found it a very positive experience, he felt more confident with his body, and his sexual appeal, and even brought a futon so that in the future if he met someone he would be able to have sex in his apartment. However, since then O'Brien (1990) explains how his time with a surrogate didn't change anything in his life, he is still isolated and withdrawn; and feels let down by having his 'hopes raised and never fulfilled'. Even if efforts are made to make the experience less about sexual gratification and more about building up self-esteem and social skills, like many surrogates do, the basic structuring of society with its inaccessible venues and assumptions of disabled people's asexuality will not have changed when they finish their sessions with the surrogates and trained prostitutes, so the potential for an unfulfilling and disillusioning experience like O'Brien's (1990) is extremely high.

One surrogate therapy centre being set up in Australia has centred itself around the premise that if the patients do not fall in love with the surrogates then the treatment process isn't working. This is 'counterproductive' explains 'Chloe Lovelidge, who heads the sexual counselling clinic at the Royal Women's Hospital', (Fox and Szego, *The*

Age, 05/06/03). It is clear that letting clients get emotionally attached to their therapist, is going to be extremely damaging when the sessions come to an end, and they begin to realise that they are not special to this person, they were just paying for a service. In this way sex surrogacy is no more beneficial to disabled people's self-esteem than prostitution, especially considering many of the more independent prostitutes conduct themselves in very similar ways to surrogates. They are just as professional, and in control, and often concentrate on therapy and non-sexual contact to the same extent as surrogates. In order to develop a sexual self, one has to explore sexuality within relationships that are real and not controlled and the only way that this can be achieved is if disabled people are not treated as different and excluded from society.

4.12 Conclusion

In discussing how the projects and organisation aiming to incorporate prostitution and sex surrogacy into the policies and methods aimed at aiding disabled people's sexual expression, I have discovered there are a wide range of responses as to whether this is acceptable and productive or not. Some feminists could see that because

both prostitutes and disabled people have been constructed as different and isolated from mainstream society, they could join together in order to transform the way that sexuality is constructed, and overcome the way that they have been devalued and overlooked. Through the construction of prostitution as sex work, many prostitutes could regain their value and status in society, and disabled people could express their sexuality by using the services of these empowered women. However on the other hand, prostitution can be seen as slavery, and it is believed that women will only freely choose to take part in sex work when they have gained the same earning power and recognition within the labour market as men. Sex work can also be seen as reproducing the gender and sexual Social Constructions that have excluded some disabled people from full sexual expression in the first place, and may even be furthering some disabled people's isolation and insecurities.

5. CONCLUSION

Throughout this dissertation I have firstly discussed how many disabled people experience their sexuality. The fact that disabled people are often perceived as asexual and may find it difficult to start a sexual relationship, is

undisputed. The idea that Sexual Citizenship is a right has been taken up within the disability movement. Sexual Citizenship should certainly become a right for all disabled citizens, since it has been fought for and granted to varying degrees to many other groups, such as feminists and homosexuals. However, Sexual Citizenship is still extremely restricted for many groups, for example homosexuals still cannot get married in many countries, and abortions are often illegal in Catholic countries, (Richardson, 2000). The right to Sexual Citizenship is very different from the right to have sex, even though Sexual Citizenship includes the right to 'enjoy sexual acts', (Richardson, 2000:108). This does not mean if you have difficulty experiencing this right that it should be provided for you, which is what the projects and organisations I outlined in chapter four have taken it to mean. If you did take the right to experience and enjoy sex literally, then a situation could arise where many different sections of society will start to realise that they don't experience this right to the same extent as the majority of the population. A large number of people may start expecting help in experiencing this right, because they have similar problems to disabled people in expressing their sexuality. As Mayers et al discussed, damaged sexual self-esteem in non-disabled people, can in their opinion result in

‘depression and changes in the individuals functioning’, to such an extent that it could constitute a disability, (2003:280). The detrimental effects, this damaged sexual self-esteem can have on the non-disabled, as well as, the disabled population, along with Donnelly et al’s (2001) study, could be seen as evidence that the experience of unsatisfactory and harmful sexual experiences are more common than previously thought; the non-disabled population are not all in happy and satisfying sexual relationships of their choosing. This could mean that the majority of the population don’t experience their sexuality within the Socially Constructed norm, so instead of trying to change some disabled and non-disabled people’s sexual experiences to fit into this Socially Constructed norm, maybe this norm should be changed instead.

Secondly, I discussed how sexuality and gender have been constructed in our society and how this has impacted on the disabled population. This is important because through researching these gender and sexual ‘norms’, I have found they have been greatly contested, because they provide very constricting, narrow gender roles, surrounding who exhibits a ‘normal’ sexuality. These constructions isolate many disabled people from being seen as having a gendered and sexual identity, and this

can be extremely psychologically harmful. The question is, should disabled people be brought into these Socially Constructed norms of gender and sexuality, or should they construct their own norms? There have been many attempts to 'normalise' disabled people's sexuality, in order to provide them with a culturally valued lifestyle, however this unquestioning nature of the Social Constructions of gender and sexuality that are restrictive and maybe even harmful, has been criticised. The projects and organisations aiming to provide sexual experiences to disabled people, involving prostitutes and surrogates can be seen as working within this Normalisation principle, by helping some disabled people to experience sexual relationships like the non-disabled population does. However, these projects could be seen as challenging these norms, and changing the way, in which sexuality is viewed, because they treat sexual acts like any other form of care, provided to disabled people. This questions the construction of sex as being extremely important and central to people's identities. The taboos around sex can start to be broken down, and the constructions of sexuality may start to loose there ideals of perfection. Yet, these projects don't deconstruct gender and sexual norms, because they are mostly likely to involve disabled men, therefore reinforcing the stereotypes that men need sex,

and that women, because most prostitutes and surrogates are women, should provide it.

These projects aiming to enhance disabled people's sexual experiences that I discussed in chapter four don't actually address the problems that many disabled people experience, (Swiss Info, 08/04/03), such as a lack of access to arenas where people discover and learn to express their sexual identities, as well as the assumption that disabled people are asexual, and can't fit into the perfect body and sexual ideal, which I discussed in chapters two and three. These social barriers will still be there when the disabled people leave their sessions with a surrogate or prostitute, and as O'Brien (1990) revealed the structure of society that isolates and devalues disabled people to such an extent becomes more obvious once you are led to believe that you could conduct a consensual and meaningful relationship, only to have your hopes dashed. As Esmail et al (2001) reveal the most meaningful sexual expression and experience comes from intimate relationships, not from the act of having sex, therefore these projects do not address this issue, and may even increase some disabled people's insecurities and depression by making them believe that they can only have a relationship if they pay for it. The involvement of prostitutes and surrogates, marks these disabled people

out as being different, and thus makes them more visible. These projects could even be seen as buying into the construction that disabled people can't have consensual and satisfactory relationships, so they have to be provided with some sort of sexual relief. A quick fix option is not what is needed, the way that sexuality and gender are viewed in society needs to be questioned and changed for everybody's benefit.

The disabled population are not the only people to suffer from low sexual self-esteem. Therefore the projects and organisations working with the disabled, involving prostitutes and surrogates, need to explore and question the gender and sexual constructions that have caused some of this low sexual-self esteem, along with other methods of aiding the disabled as well as the non-disabled population.

Since the dramatic changes needed in the way that disabled people are constructed in society, will take a long time, the involvement of prostitutes and surrogates to boost some disabled people's self confidence and relationship skills should only be used with full awareness of there limitations and potential to cause harm, and should not be relied upon. Instead there should be a greater emphasis on educating disabled people and the public in more diverse ways of expressing sexuality, and

promoting realistic representations of disabled people with sexual identities.

The image of sexual beings portrayed in our society needs to include representations of disabled people. There is a great deal of information about, and images of sexually active disabled people, yet they are not part of mainstream media. For example, Tarricone (2004) highlights the sexually provocative images of a quadriplegic woman used on the front of *New Mobility* magazine. The BBC also ran a series of programmes revealing disabled people working within the sex industry, (BBC, 2003). There are also films broaching the topic of disabled people's sexuality, such as *Nationale 7 (Uneasy Riders)*, a French film about the quest of one man to have sex, (DN March 2001), and the film *Looking for Mr. Goodbar*, about the out of control sexual relationships of a young woman with scoliosis, (Buckwalter et al, 1982). More widely available images of sexually active disabled people, will help dispel the myth that disabled people are asexual.

The concept that only penetrative intercourse constitutes full sexual expression also needs to be questioned, (Buckwalter et al, 1982). Staff training has often been suggested to help disabled people become

more aware of different ways and means of expressing their sexuality. This staff training has been shown to be very important in changing the attitudes of the staff towards disabled people's sexuality, and their willingness and capability to help, since if the staff also hold the view that disabled people are asexual, this can be very problematic, (Fronek et al, 2005). As Esmail et al state 'the clinician can assist the couple to redefine sexuality in broader terms as any activity that is mutually stimulating and pleasurable for them', (2001:278). Different sexual positions and information tailored to helping those with a particular disability, is also available from various Internet sites, (Tarricone, 2004; Esmail et al, 2001; The Sexual Health Network, online; Goldsmith, 1979).

The redefinition and broadening boundaries of what constitutes sexual expression, as well as the challenge of traditional gender roles that this would bring, could be beneficial to the whole of the population not just disabled people. Many members of society are excluded from the gender roles, which emphasise strength and dominance in men, and passivity and strict constructions of beauty in women. Similarly, societies ideals of sexuality based on heterosexuality, where men lead women into a spontaneous experience focusing on vaginal penetration,

resulting in orgasm, also isolates and ignores many disabled and non-disabled people's sexual experiences.

This dissertation has aimed to outline the complications within granting disabled people full Sexual Citizenship, especially within the context that not many people actually have full access to these sexual rights. It also reveals how the Socially Constructed norms surrounding gender and sexuality exclude many disabled people, and that the projects involving prostitutes and surrogates do not actually overcome these issues. In this case these projects need to be made fully aware of their limitations and work along side other schemes working on changing society rather than disabled people. Prostitutes and disabled people can join together to overcome their sexual isolation and devaluation, but this has to be done through revealing the Social Constructions of sexuality in society; not by involving prostitutes and surrogates in providing disabled people's sexual relief. More research needs to be undertaken to discover the affect sessions with surrogates and prostitutes has on disabled people's emotional welfare, before they are used on a more widespread basis.

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