

https://dspace.org/

Persons with disability negotiating their sexualities

Msekele, Sisanda

2015-08-19
http://hdl.handle.net/10539/18280

Downloaded from a DSpace repository. https://dspace.org/

PERSONS WITH DISABILITY NEGOTIATING THEIR SEXUALITIES

Sisanda Msekele
484178
MA Thesis: Anthropology
Supervisor: Dr Sharad Chari
February 2015

Persons with Disability Negotiating Their Sexualities

TABLE OF CONTENTS

	Page
Abstract	**2**
Introduction	**4**
Literature Review	**7**
Methodology	**27**
Ethics	**32**
Analysis	**34**
Conclusions	**68**
References	**71**

Introduction

Different bodies initiate certain bodily needs and desires in different manners. Therefore, disabled individuals, depending on their impairments, initiate bodily activities in accordance to their conditions. This applies also to engaging in sexual activities. It does not merely end there; intimate or sexual relationships require a lot of negotiating to lay the foundation for these interactions. Therefore this study focuses on how disabled people negotiate intimate/sexual relationships. It also explores how different disabilities and an individual's background impact on how they negotiate intimate relationships.

The focus on disabled people is oriented by individuals who are considered, and who consider themselves, as disabled. There are people who are bodily different, and yet do not classify themselves as disabled. For instance, some individuals with albinism or invisible scoliosis do not consider themselves as disabled. Consequently, this study mainly focuses on more visible or public forms of disability. Severe forms of disability are not the focus. Individuals with severe disabilities, in most cases, are less involved with social interaction as their conditions sometimes prevent them from being socially extroverted. Furthermore, in the context of this research, intimate relationships include participating in sexual activities and forming romantic relationships with long term goals such as marriage or life time partner. So, the aim is to study persons who perceive themselves as disabled and how they go about building these intimate relationships.

Intimacy, gender, and sexuality alters over time and differs across societies. This must be taken into consideration when engaging with this topic and thus the focus of this study is on disability and intimacy as an aspect of a more broader picture of bodies, their capabilities, desires and ways to meet these desires. I make reference to queer bodies in order to emphasise the role

played by different bodies when pursuing an intimate relationship. This helps to convey ways in which different bodies adapt, in a very normalised and ablest society, and go about pursuing intimacy.

The society's perceptions of a disabled person may contribute to how one sees their self-image, confidence and self-esteem, which in return impacts on their relationships with others or means to form such relationships. As with other day-to-day activities, those with physical disabilities have to adapt to ways of initiating sexual activities that are different from non-disabled individuals. This alone can influence one's sexual practices.

Perceptions of disabilities can differ on the basis of cultural beliefs and/or religious beliefs. On the other hand, sexual practices also differ and can depend on the nature of one's disability. While looking at these two aspects jointly, I cannot neglect the notion of exposure of an individual. One's exposure and surroundings do contribute to how they tend to form relationships, either sexual, intimate or marriage. I therefore evaluate disability and dynamics of sexuality on the basis of a disabled person's exposures and surroundings. By exposure I mean as opposed to isolation. This goes back to different forms of disabilities, the more severe the disability, the more one requires adaptation in order to fully part take in daily activities, therefore, the lack of adaptation method the more isolated the individual is likely to be . Even those with less severe disabilities can be isolated in some instances. These instances could include inability to access certain spaces and certain resources due to external factors which will be discussed later on in the paper. Each individual's exposure to different spaces or contexts can have a great influence on their ability to engage in particular kinds of intimacies. Furthermore, exposure also means access, with the leading aspect of access to resources. Therefore, to a certain extent this is a class issue. For instance, an individual with the background of low socioeconomic status cannot afford an electric wheelchair which promotes

independence. A blind person who is financially disadvantaged cannot afford the software that enables them to have access to a lot of information, and also interact with other people using computers or cell phones. These are major tools of communication which in turn plays a role in forming intimate relationships. When engaging or pursuing intimate relationships, people with disabilities do not only differ on the basis of different disabilities and bodies, but also different environment he/she has been exposed to. One's background determines the people they are more likely to interact with and this leads to the intimate relationships they form amongst the people they come across on a regular basis.

There are some common factors shared by all disabled persons. However, different disabilities bring about different sexual and relationship dynamics. It is therefore important to look at various disabilities, from physical, to sensory and mental disabilities. Furthermore, experiences of sexual practices and forming intimate relationships differ according to the gender-roles constructed by societies. These roles apply in every aspect of our lives. For instance, in a relationship, which gender initiates sex or which gender is expected to ask another party out might vary in different environments. All these elements add to the dynamics of disability and sexuality.

Disabled persons exist in societies where the majority lives without a disability. Therefore some relationships are formed between the disabled persons and those who are considered to live without a disability, or not a visible disability. It is inevitable to note the differences between the two, whether socially constructed or physically visible. It is crucial to acknowledge that formation of relationships between disabled and non-disabled persons has its own dynamics and complexities too. I cannot neglect that each individual has their own distinct preferences when seeking intimacy. Some people who are perceived or perceive themselves as disabled prefer forming such relationships with those who are perceived to have no disability.

Note on Terminology

Disability: in this study, this term includes individuals who consider themselves disabled, either physically or sensory.

Impairment groups the study focuses on: groups that are available and comfortable with taking part in the study. Cognitive disability is not included; mainly sensory and physical disabilities.

Aspects of sexuality the study focuses on: these include sexual attraction, sexual preferences, and sexual activities.

Public forms of disability: physical forms of disability that can be easily seen by others, i.e. – cerebral palsy, amputee, etc.

Severe disability: forms of disabilities that require intense adaptation in order for one to perform daily activities, i.e. quadriplegia.

Literature review

Embodiment

Mauss (1950) stated that individuals are differentiated and recognised by the manner in which they make use of their bodies. He included this compound of bodily technique under the idea of habitus. Furthermore, Douglas (1978) differentiated between the social and the natural body. She alleges that each body is a physical unit, yet at the same time it is a medium of expression and representation that is controlled and restricted by social system. These two bodies institute various realms of experience. They reflect the physical into the social, and lead the physical to be experienced in the social manner, thus the social body is said to be the symbolic representation. This in turn leads to how the physical body is perceived. The body becomes the natural symbol through which nature, society, and culture is thought (Scheper-Hughes & Lock, 1987).

Additionally, O'Neill (1985) states that as much as we think the society with our bodies, we also think our bodies with society. When Scheper-Hughes and Lock (1987) problematize the body in anthropology, they use three different bodies together with three anthropological approaches. The individual body is the field of phenomenological analysis. This is due to the fact that its focus is on studying what is referred to as lived or embodied experiences that individuals have of their bodies. In contrast, the social body recounts how the body works as a natural symbol and as an instrument that represent social affairs such as mode of production, gender, and kinship, and as a tool to think also. The third dimension is the body politic, which argues that power and control are also embodied. With these three bodies comes three stages of experience and analysis. Emotions serve as a mediator between the three bodies. Emotions have a great effect on experiences of the body hence they are perceived to bridge the mind and the body and therefore bring the three bodies together (Van Wolpulle, 2004). As it has been

alleged that the body is a social entity, it is therefore a big part of daily interaction. It impacts how one forms and initiates relationships around them. This includes intensely intimate and sexual relationships. Different bodies have different approaches when negotiating intimate relationships and linked interactions which will be elaborated later on in this paper.

Hughes and Patterson (1997) allege that the social model of disability needs to establish that the impaired body is part of the realm of history, culture and meaning; not as medicine would have it, as a purely natural object, pre-social, and ahistorical. Furthermore, they mention the disability movement and its notional expression in the social model of disability, which was developed to serve as a critique of medical/individualistic approach to disability. This movement argued that people with impairment were disabled by a social system which created barriers to their participation; in contrast to the medical view that argued that social restrictions were due to physical dysfunctions.

In connection to the claims made about the body being a social product, Hughes and Patterson (1997) continue to argue that disability was not a result of bodily pathology, but social organisation. It was socially produced by systematic patterns of exclusion that were literally built into the social fabric. The built environment, for instance, was built for the access of none-disabled people such that the norms of construction lead to disabled people excluded from a whole range of social spaces. This claim challenges the medical view that the biological body is the proximate cause of disability and ultimate cause of handicap. This leads to the distinction that was made between impairment and disability, whereby impairment is associated with biological dysfunction, whilst disability refers to processes of social exclusion.

With the meaning and analysis of what a body is above, one can draw what the society determines to be a normal body and body representation. This, in turn, has fuelled social notion that conveys that any form of body that deviates from the norm is perceived as abnormal and

therefore has to be treated differently. With that comes stereotyping and stigmatisation and therefore the desire to other those who are perceived to be physically different. Galvin (2006) additionally states that when disability and sexuality connect, the specific marginalization that results takes one or two different, yet linked forms; the disabled individual is categorised as either asexual or perverted. The links between these categories relies on their relationship to the norm. As disability is perceived to eliminate people's ability to engage in the 'normal' sexual practices and/or their ability to stimulate 'normal' sexual desires in others, then they stop being considered as sexual beings, or if they persist in behaving in a sexual manner, their needs and behaviour can only be taken in terms of deviance. These are all social products and are not necessarily linked to the disabled body and its abilities.

This is the root of ableism and homophobia in societies. In support of this, heteronomitivity has been said to reinforce the prevailing ideologies of gender and race. Conversely, regardless of the fact that homosexuality and disability were known to share pathologised past, not much attention has been paid to the association between heterosexuality and able-bodied identity. Able-bodiness, more than heterosexuality, is perceived as the nature of things. Heterosexuality and able-bodiness are intertwined and this plays on how cultures accommodate heterosexual and able-body norms (McRuer, 2003).

In the 1960s, in most communities, a person who was a homosexual was seen as a totally different person and the difference was seen as legible on the body. Sometimes in the strategy of making noticeable an embodied homosexual, the person could be fathomed as disabled in some way. Disability, again, was apparently legible on the body. Good health and ability in this era were associated with heterosexuality. Towards the end of the 20th century, there was a production and reproduction of more flexible bodies; gay bodies were no longer considered to mark complete deviance (McRuer, 2003). In many cultures today, queer figures and disabled

persons no longer represent total deviance as mentioned earlier, but are still narratively and visually subordinated and in some instances excluded completely

Foucault (1977), who is a post-structural theorist and postmodernist (even though he rejected these labels and preferred to present his thoughts as a critical history of modernity), alleges that a body is compliant, that it can be transformed, improved, subjected, and used. All these processes are made possible by modern era's disciplinary methods which are in control of the operations of the body, whilst ensuring the continuous subjection of its forces and enforced a relation of docility-utility. In other terms, for the past two to three centuries, bodies have been observed by disciplinary institutions and by compulsory self-policing to look out for symptoms of physical and behavioural differences that might impact the productivity of the bodies. If any differences have been noticed, they would be transformed and improved if there is a possibility to do so. This can have played a role in medicalizing disability with the purpose of finding cure or healing, whilst on the other hand it can have had a great contribution in finding ways to help physically disabled persons in ways of initiating sexual activities by adapting and using different devices that accommodate their body differences and abilities.

Queer theorist Judith Butler (1993) argues that the material body is discursively created and therefore it can be deconstructed at any given time. The meanings of the body are constructed through power relationships which in some sense work to stigmatize certain groups and practices, therefore they can be reconstructed by contesting the assumptions that are attached to the constructions and offer alternatives (Stocker, 2001).

Intimacy

As mentioned earlier, Mauss (1950) claims that people are visible and recognised in societies based on the way they make use of their bodies. In addition, O'Neill (1958) states how society is processed through our bodies and its use. In its most part, forming intimate relationships is

dictated by the use of our bodies and their differences thereof. This links bodies and forming intimate relationships as part of an individual's daily survival as relationships are an essential part of a human being. This directs the focus to intimate and sexual relationships which will be discussed in depth below.

An intimate relationship is defined as an interpersonal relationship that is characterised by emotional or physical intimacy, or both. Where physical intimacy is concern, attachment, romance, or sexual activity is present. The term 'intimate relationships' commonly entails the presence of a sexual relationship, it can also be used as a euphemism for a strictly sexual relationship with no involvement of emotions, passion, attachment or romance (Rowland & Perlman, 2008).

In human experience, intimate relationship is central. This is conveyed by the human desire to belong and be loved. This desire is satisfied through intimate relationships (Perlman, 2007). Even though this is not very obvious on the surface, however, one's daily functioning is hugely impacted by the intimate relationships they have, or the lack thereof. This does not differ on the basis of race, gender, location, sexuality or disability. It could be argued that disabled people long for intimate relationships more than a non-disabled individual. This could be due to history of exclusion of disabled people from society (Perlman, 2007).

In general, intimacy refers to a close personal association and the feeling of belonging together with another. The bond between parties who consider themselves to have an intimate relationship is formed through experiences and knowledge of people involved. Vulnerability, transparency, discourse, and reciprocity are essential for genuine human intimacy. Furthermore, the verb intimate means to state or make known the activity of intimating. This description was elucidated by Dalton (1959) who in his work argues how anthropologists and ethnographic researchers gain inside information within a particular culture of interest by

developing networks of intimates which allows them to obtain information that would not be possible to gather through using formal channels (Dalton, 1959).

The depth and meaning of human intimate relationship is different with each relationship and within each relationship. In anthropological research, intimacy is considered a product of a successful seduction rapport, which is a process of relationship structure that allows persons involved to confidently open up about thoughts and feelings that were kept hidden in the past. Intimate dialogues are a foundation of confidences that bind people together (Moore, 1985; Ridley-Duff, 2005).

It is intimate relationships that link families, friends and couples. It circles around reciprocity, self-disclosure and honesty. Lack of good skills in developing intimacy could result in getting too close to the other party too quickly in contrast to what is considered "the right" period of time. Difficulties in establishing boundaries could fail to sustain the relationship (Vitalio, 2005). Psychological results of intimacy problems have been found in adults that struggle in forming and sustaining intimate relationships. This can lead to fearing intimacy which in turn can result in extreme emotional closeness, extreme loneliness and anxiety (Khaleque, 2004). There are many contributing factors to intimacy problems, to mention just a few, being socially excluded (which is a dominating factor on disabled people), and being different from the majority in a noticeable manner that can lead to stigma or discrimination.

Lowndes (1996) differentiated between four various forms of intimacy. Cognitive intimacy where people share thoughts and ideas and acknowledge similarities and differences in their opinions. Experiential intimacy whereby people come together and actively involve themselves with each other without necessarily exchanging ideas and thoughts but being involved in a mutual activity with one another. Emotional intimacy, predominantly in sexual relationships which is possible after a certain degree of trust has been developed between

individuals involved. The emotional connection of falling in love has been accounted for by biochemical dimension, which is driven by reactions from the body activated by sexual attraction. Then the social dimension motivated by interaction that is a result of regular physical closeness or sexual activity (Giddens, 1990). Lastly, physical intimacy which involves bodily proximity or touching. For example, hugging, holding hands, kissing, or other sexual activities (Kakabadse, 2004).

In continuation with the two major elements associated with intimate relationships, in physical and emotional intimacy, love is an important aspect. Love is qualitatively and quantitatively different from liking. The difference between these two is not accounted for by absence or presence of sexual attraction, which takes us to three different types of love in an intimate relationship. There is passionate love, which is marked by infatuation, strong obsession with the partner, throws of delight, and feelings of excitement when with the partner (Hatfield & Rapson, 1993); then we have companionate love which is different to passionate love, it is characterised by reduced strong feelings of attachment, a genuine and long lasting bond, a sense of mutual commitment, , and the satisfaction of common goals and perspectives; lastly sacrificial love which mirrors the subsumation of the individual self will within a union and it is expressed within the Christian godhead and towards humanity (Hatfield & Rapson, 1993).

In his book, *Love In The Time Of AIDS*, Hunter (2010) defines intimacy as a broader term that does not merely involve sex, but encompasses analysis of love, marriage, fertility, and genitalia pleasure. He proceeds to argue that there is a connection between intimacy and political economy. He mentions exchanges of intimacy for things; he states that there is a materialist rationale for intimacy in that people use it to access various resources in the time of declining job opportunities (Hunter, 2010).

Intimacy is a very personal and bodily aspect of every individual's life. It is conceptualised together with its relation to making a living during an economically tough times. Hunter (2010) mentions that literature on social reproduction has now linked gender, economy, and issue concerning daily living, with intimacy. Amongst many themes in the realm of intimacy, how wives' domestic and sexual labour supports capitalist production are included. Furthermore, how sex workers offer not merely just sex to men, but what can be referred to as 'the comforts of home'. The notion of social reproduction assists to place South African's bodies within broader processes such as colonialism, state practices, and capitalism. Nonetheless, the clashing relationship between intimacy and political economy highlights continuous complex changes to bodily practices that a historical-ethnographic approach can best bring to light. Given all the economic struggles in South Africa, marriage has become a middle class institution (Hunter, 2010).

Freud wrote about child and parent relationship and how these relationships impact on a child's personality development (Perlman, 2007). His analysis suggested that an individual's childhood experiences are transported to adult relationships by means of feelings and expectations (Vangelisti & Perlman, 2006). On the other hand, Durkheim, who took interest in social organisation, looked at social isolation and alienation (Perlman, 2007). He alleged that being socially isolated can be the root of suicide. He contributed greatly to the understanding of intimate relationships. His focus on the darker side of relationships and the negative impacts of social isolation is known as anomie (Vangelisti & Perlman, 2006). Simmel looked at what he referred to as dyads, which is partnership between two people. In his work, he proposed that dyads necessitate agreement and commitment of both partners in order to sustain the partnership. However, he distinguished either one of the partners can end the relationship (Vangelisti & Perlman, 2006).

These three theorists mentioned above have looked deeper into the notion of intimate relationships. They all account for other factors, that are external to the individual, that play a significant role in impacting intimate relationships. Mainly Freud and Durkheim look at external factors and how these can predict an individual's intimate relationships and how they pursue them. It is through bodies that intimacy and sexual relationships are negotiated. Disabled people, mostly physically disabled persons adapt to various ways of initiating sexual activities and forming intimate relationships. This can be guided by one's bodily capabilities and means to satisfy bodily desires. Different disabilities mean different adaptations and abilities, which takes us to understanding disability in relation to sexuality and how disabled people engage in sexual activities and form intimate relationships. This will be discussed in depth later on in the paper.

Impairment

Disabled bodies have been looked at using lenses of medical anthropology, which perceives it as pathological, deficit and a personal tragedy. Most importantly, medicalization of disability casts human difference as a deviance from the norm. The society, in agreement with the medical approach supports this (McRuer, 2003).

The medicalization of disability has led to the reference of disability as an impairment of some sort. Solovay (2000, 135) defines impairment as "every physiological disorder, condition, cosmetic disfigurement, or anatomical loss affecting the function of neurological, musculoskeletal, sense organs, respiratory, cardiovascular, reproductive, digestive, gentro-urinary, hemic and lymphatic, skin, and endocrine". Many disability scholars have worked on removing disability from its origin as an impairment and medicalized physical condition, with the focus on how these physical differences feature in people's lives and tell cultural values about bodies and normativity. This is in agreement with Mauss's theoretical framework of body

and embodiment which has been discussed earlier. Disability is more of a socially constructed phenomenon than it is a medical condition (Herndon, 2002).

In medical anthropology, Shuttleworth and Kasnitz (2004) use the term impairment-disability when talking about persons with disability. In their interpretation, impairment is a cultural perception of a bodily, cognitive or behavioural irregularity in terms of function that are negatively construed. Then disability is interpreted as a social response that is negative to a perceived impairment. This brings us to the difference between the terms disabled people and people with disability. Due to the definition given by these anthropologists, preference of disabled people is taken instead of using people with disabilities. Disabled people reflects that disability is a social process that disables the individual. Disability is not seen as not part of the impaired person.

In anthropology, disability is a subject that has been mostly studied in medical anthropology as an issue of health and therefore seeking healing and cure. Ablon (cited in Shuttleworth & Kasnitz, 2004) focused her ethnography about disability studies on social exclusions that manifests as a result of bodily differences. Her main focus is on how people with bodily differences come to build their lives and start families despite the negative attitude from society members who are non-disabled.

Disability and sexuality

Shakespeare (2000) argues that sexuality for disabled people has been area of distress, exclusion, and self-doubt. This continued so long to an extent that it was, at times, easier not to consider it, than to engage with everything from which many people were excluded. Discussing issues related to sex and love relates to acceptance on a basic level, and; acceptance both on oneself and by significant others, in turn forcing people to confront things which are seen as defying and threatening, given the abusive and secluded lives of many disabled people.

Guided by Steven Seidman's argument on sexuality, Shakespeare (2000) states that sexuality is conceivably the last human dimension that most of us refuse to grant is socially constructed, historically flexible, and thus deeply political.

Sexuality and disability in its essence refers to sexual practices and behaviour of those perceived as impaired physically, sensory, and mentally. As these forms of disabilities differ, so can the sexual functioning of individuals with different disabilities. Where physical disability is involved, manual devices, medication, and experimentation is crucially important for sexual activities. Pleasure that is derived from beyond penetration and intercourse is also emphasized (Robinson, 2014). For example, for a person with paralysis from spinal cord injury, sensitivity to touch has the potential to escalate exceeding the lesion location (Cooper & Guillebaud, 1999). Where penetration is impossible or considered harmful, oral sex is an alternative (Cooper & Guillebaud, 1999). Use of different sex positions that will accommodate the capability of one's body is important when engaging in sexual activity as a physically disabled person. In addition, queer and crip sexual practices intensely challenge heterosexual norms seclusion, limit, position, independent, and production. Raising question such as; what if the third person is present as sexual facilitator? What if sexuality is not simply an activity of genitals, so that all kinds of contact matter greatly, and every surface of the body is available for polymorphous excitation? Instead of arguing for accommodating such new possibilities into existing laws, Shildrick articulates an ethics of avoiding the juridical propensity to domesticate the other, to normalize and universalize (Shildrick, 2011).

However, this is only the practical aspect that looks only at physical disability and sexuality. There are other aspects that are more social. Building intimate relationships is one of human needs. Nonetheless, history of isolation and seclusion has played a significant role in hindering the ability for disabled people to integrate with other people to form these intimate

relationships. Dangerous discourses analyse how visible disabilities produce anxiety for contemporary culture imaginary. Shildrick states that disabled body spectacularly centres the disordered interdependency, defencelessness, and autonomy–shuttering connectedness foreclosed by Western ideals of subjectivity and embodiment, with their persistence on a body/mind separation and their valorisation of individualization and control. Such repudiation result in a fragile fantasy of separateness in the face of what is perturbing "intercorporeality" (Shildrick, 2011).

Moreover, population of disabled people is quite small, which means the social network is also small. This then limits forming new relationships (Whyte, 2012). There has and still is a great deal of stereotype and stigma around disabled people and their ability to be in a sexual or intimate relationship/marriage; stereotypes which differ according to an individual's nature of their disability. These stereotypes include assumptions that disabled people are non-sexual, sexually unattractive, perpetual children; these stereotypes, in most cases, are associated with physical disabilities, or over sexed, and sometimes are seen as inappropriate adults, which is associated with mental disabilities (Shildrick, 2012). Mainstream able-bodied culture has a habit of assigning disability within two conflicting discourses. On one hand, disabled bodies are perceived as if they provide an apprehensible moral symbol. In irregular embodiment, anomalies are assumed to be made manifest, and perhaps to make a gesture. The stain of sexual unseemliness threatens contamination, resulting in physical and discursive control, the rejection of futurity, and the refutation of access to pleasure. This unsafe disabled body that requires controlling through discursive restriction, managed care, or institutionalization share common factors with queer body; which is also objected through its social coding as contagion and erotically deviant. On the other hand, nonetheless, the non-normative body might be desexualized to an extent where it is imagined as locked in everlasting prepubescence, as if

disabled people were to dwell eternal in the corporeality of a child, as if children are not distressingly perverse in their desire (Shildrick, 2011).

Some myths state that people with disabilities have more important issues to focus on than sex. Even young boys and girls with disabilities are said not to need to be taught about sex in schools as they don't need it. There is a contradictory coding of disabled bodies as either dangerously lascivious or exclusively asexual, with a contemporary result that parents tend to restrict their cognitively disabled offspring to non-reproductive practices of sexuality (Shuttleworth & Kasnitz 2004). There is still a great debate on the individuals with mental disabilities. Some argue that they shouldn't be allowed to have sex or at least be prevented from having children as they cannot take care of them. These stereotypes may sound a bit far-fetched for those who are open minded, however, they still prevail out there in most communities.

When pursuing intimate relationships, there are different preferences. Everyone has their own preferences. Disabled people have different preferences which are influenced by different factors. For instance, a person on a wheelchair might prefer a partner who has the ability to walk. Others prefer partners with a disability, either similar to theirs or different completely, whilst on the other hand others have no limitations at all as to what they prefer (Barrow, 2010). The society sometimes assumes and expects disabled people to all take interest and pursue relationships only with other disabled people, which is a total misconception.

Interestingly, everyone is vulnerable to problems that go with sexual relationships. By 'problems' we include assault, harassment and domestic violence. Disabled people are more vulnerable to sexual assaults in comparison to general population. They are targets due to their physical or mental deficiency. Results of a survey that was published by the American Journal of Preventive Medicine showed that disabled males are four times more probable to be sexually

abused. Whilst on the other hand, some study show that women, regardless of their age, race and ethnicity, are sexually abused at least two times greater than non-disabled women (Ablon, 1981). This is alarming given the myths mentioned above about disabled people and their lack of sexual attraction and non-sexual beings as their believed to be. One cannot believe that a certain individual, due to their bodily differences, does not need sex and yet sees them as sexual objects at the same time.

Apart from these misconceptions, myths, stigmas and stereotypes, which have a greatly negative impact on a disabled person's psychological being, living with a disability on its own may impact on emotional and psychological sphere of an individual. Disabled people may feel inadequate to pursue a relationship with the fear of being rejected because of their disability. One's self-image can suffer due to lack of confidence or one's condition, which makes it hard to pursue any intimate relationship with the other person. Some individuals with disabilities try with great effort to hide or minimize their disabilities. This act is said to add more burden to the person more than acknowledging that one has a disability and live around that (Kaufman, 2005; 2010). This becomes problematic mostly when someone's actions or the way they treat you, show you as a disabled person that you are bodily different. We live in a society where actions and beliefs about a certain condition influences how people treat you. Some people do not acknowledge their disabilities up until they are trying to pursue a relationship, then they are rejected on the basis of their disability. Then it starts to make sense that they are different. This is supported by Mauss (1950) and O'Neill's (1985) viewpoint that the body and its function is socially constructed more than it is a biological process. It is the society that decides what an ideal body is and what is not. What is considered different from the norm and how it is therefore perceived. With all the social constructions of embodiment, gender is part of the picture. Gender roles are not derived from biology, but society. With gender come expectations in every social interaction.

Shakespeare (1999) alleges that sex lives of paralysed men continue to be symbolic of a more generalised passivity and dependency that interferes with every aspect of their lives and is the contrast of male values of direction, activity, initiative and control. The constitution of masculinity through bodily performances means that gender is susceptible when performance has failed to be sustained, which could be due to a physical disability. He continues to state that one the issues that disabled men, and men in general deal with, is that male sexuality is regarded traditionally in a phallocentric and oppressive manner. Drawing from Robert Murphy's assumptions, he states that men are more affected by the effects of paraplegia or tetraplegia when it comes to sexual function than women are. He discusses impotence as similar to castration, and perceives the alternative means of sexual expressions as inferior to penetrative sex (Shakespeare, 1999).

Leornore Tiefer described the medicalization of male sexual dysfunction and reification of human sexuality. She alleges that most sexology has more to do with heterosexual and patriarchal ideology than any actual appropriate of effective sexual functioning (Shakespeare, 1999). This constricted idea of normal sexuality; which has its focus merely on male erection, is injurious to the sexual and psychological wellbeing of both women and men, which is predominantly oppressive and undermining of disabled men. Deconstructing sexuality would appear to be an imperative for positive approaches to the subject (Shakespeare, 1999).

The challenges that queer and crip embodiments pose are not immersed or accommodated but permitted to remain in place, triggers to innovative ways of thinking about becoming; new and open-ended practices, freedom, means of being that do not need social legibility to prosper. Shildrick continues to argue, in reference to queer pleasures, that the particular differences of its capacities, reconfiguring libidinal investments and re-creating erotic acts, the disabled body uncovers the queerness of all sexuality. She insists that disability is uncomfortably showing

that all bodies are always "dis/abled": groupings, non-integral, hybrid, mechanic. Being disabled is not automatically to live as a sexual radical. A disabled individual is completely capable of enthusiastically embracing the monotonous constraints of normative identity (Shildrick, 2011).

McRuer and Mollow (2011) allege that the physical environment and discursive systems affect how disability and sexuality are materialized. It has been articulated that when disability meets sexuality, the daily interdependence of bodies with other bodies is evident. Embodiment becomes what Shildrick refers to as "intercorporeality". This dispersive line of thought can be taken beyond; toward the environment materialism that Stacy Alaimo (2010) called "transcorporeality", in her book Bodily Nature. Her work combines ecological and disability studies to map the interpenetration of body and world. Human bodies are one part of a larger, enclosed, and non-totalized environmentality. The several objects that appear as actors and intermediaries throughout Sex And Disability are certainly part of such material ecology: canes, wheelchairs, hearing aids, medical devices, computers, money, and beds, (which will be discussed in depth below). This demonstrates the environmental understanding that embodiment is never solitary, never completed, never the work of human alone.

Technology

Power (2004), looked at the use of text messaging between deaf people and hearing people to communicate. She states that exchanging text messages using mobile phones serves as means to break down the barrier in communication within deaf people and between deaf people and hearing people. Exchanging text messages in the deaf community helps increase the bonds, and creates opportunities to form intimate relationships and connections with those who are not physically present. The question she raises is: Do these intimate relationships formed through this form of communication last between deaf and hearing people? Messaging via a mobile

phone is a mainstream technology. This means that communication is possible between deaf and hearing people. This makes forming relationships between any person possible despite their disability or lack thereof. This is the most affordable form of communication, which works at the advantage of those who are economically disadvantaged. Almost everyone owns a cell phone in our days. Through cell phones, or smartphones to be exact, people have access to the internet. Internet allows access to many social networks like Facebook, Twitter, YouTube and others. These platforms create spaces for people to meet and form relationships, friendships and even intimate relationships. Given the limited number of disabled people in general, one would believe that they make use of these spaces to meet and form relationships. In addition, a survey done in the US shows that about 50% of adult disabled people are not in any form of sexual or intimate relationship (Barrow, 2010). It is after this survey that many online dating sites have been created for disabled people to meet and form relationships (Barrow, 2010). The online dating allows everyone to have access to one another. However, it is easier for those who have less severe disabilities. This type of communication may be incredibly difficult, for example, for a person with full body paralysis. Online dating requires texting mostly. It can require more adaptation of technology for those who have difficulty using their fingers to type and those who are blind. There are programes designed to assist. Like talking softwares installed on the devices for the blind, or voice recognition software for those who cannot type. However, this software is extremely expensive leading to inaccessibility to those who have a low economic status. This in turn has the ability to deprive them of the chance to meet and form intimate relationships with the help of technology.

The issue of accessibility of these technologies due to economic statuses is very relevant in the South African context due to the history of apartheid which resulted in great inequality between different racial groups. People who are disadvantaged when it comes to the economy are deprived of access to most technologies that work as assistive devices, which in turn deprive

them of having access to pleasures that come with having access to such devices. These individual fall under the majority, and that being the black population due to the position they held during the apartheid era, and are still recovering from.

Different forms of disabilities require different forms of technologically assistive devices, as mentioned above, for the blind and muscle disability that affects the use of fingers. For those who have physical disabilities, technology can be useful when engaging in sexual activities. For example, individuals with spinal cord injury and other physical disabilities that lead to change in bodily function and therefore sexual functioning. Even with the most severe physical disability, an individual may still find pleasure in engaging in sexual activities, with the use of assistive devices like sex toys, physical aid, which can be bed modification to suit the ability of the person (Whyte, 2012).

Gender roles

In the anthropology of impairment-disability, there has not been much studies that focused or included the way gender expectation influence people's likelihoods in the sexual and/or marriage grounds. Ablon's (1996a, 1999a) research on gender response to NFI (Neurofibromatosis 1) in the United State depicts how different gender expectations for men with NFI result in less chances of being in an intimate relationships/marriages than it is for women who have this condition.

In their literature review, sociologists Asch and Fine (1988) conveyed women with disabilities in the United States stand in greater chances of being without partners than men with disabilities. Their work was aimed at including gender as a very important factor in impairment studies. They also raised how women with disabilities in the United State are subject to oppression. However, Albon's study conveys otherwise. It shows that more women are in intimate relationships in comparison to men. Then again we can go back to characteristics of

the stigmatized conditions and the role it plays together with the level of severity of the condition. This two can explain the difference found on Albon's study and Asch and Fine's findings. An analysis of the different gender role expectations for women and men in a society and the cultural knowledge, values, and practices that legitimize them is of great importance to reflect when looking at sexual and marital possibilities disabled people (Shuttleworth, & Kasnitz 2004).

According to Shakespeare (1999), disabled people's gender identity and role is complex and varied in many ways. Femininity and masculinity are in the process of transitional changes inn the western societies, which result in difficulties in generalizing about strategies of individual disabled women and man. Additionally, he argues that with disabled women's image, there is a synergy: corroboration between traditional idea of women and traditional idea of disability. Adjectives such as innocent; asexual or sexually passive; vulnerable; objectified; and dependent apply. This has led to a conclusion that in the case of disabled women, gender and disability reinforces second-class status, and potentially undermined independence and agency. Moreover, disabled women fail the traditional female stereotype because social limitations and body impairments may challenge the ability to fulfil the caring role as a housewife and mother. In addition, disabled women may not conform to expectations; as it has been suggested that physical appearance is a more important attribute for women than it is for men. Men survive with their enduring achievements, whilst for women it is their mortal bodies (Shakespeare, 1999).

Things have slightly changed since even male bodies have now been objectified.; they are expected to use body care products, well-groomed, and well-dressed, which now serves as equalizer between disabled men and disabled women's bodies. However, this is said not to be any surprise since men bodies have always been an issue when it comes to concepts such as

strength, potency and physical activity. A typical theme In films about disabled people is often about men coming to terms with loss of masculinity through impairment; this is often portrayed in the context of sexual incapacity or impotency (Shakespeare, 1999).

Whether men or women with a certain disability are seen as appropriate sexual or marriage choices by others can sometimes differ greatly on the grounds of cultural beliefs about that certain condition and to the level to which they are supposed as representing the society's gendered characters or curses.

Methodology

The key to my question is the relationship between bodies and intimacy. To unpack this broad phenomenon, I looked at different types of disabilities in order to think about how people with different or non-normative bodily capacities negotiated intimacy.

Data for the study was collected in various locations. Firstly, from a group of university students, whom some of them I accessed through the disability unit at Wits, some of them at a residence that accommodates almost all students with a disability due to its good infrastructure that is easy to access. Allocating these participants was not a challenge for me since I spend some of my time at the disability unit when using the computers and getting my study material converted to an accessible format for me. Furthermore, I spent all my undergraduate living in the same residence, so I was familiar with other disabled students at Wits. The second location for the wheelchair basketball players was in a disabled people's sports centre in Mandeville next to South Gate Mall. I gained access to these participants through an old friend I used to row with when I was part of the adaptive rowing national team.

In total, the number of participants was 1: 8 participants from university, five males and three females, and eight wheelchair basketball players, four females and four males. They all ranged between the ages of 19 and 29 years. Seven out of eight wheelchair basketball players had matric and were all working, and one had a diploma. Most of them were post-polio diagnosed at an early age in their lives, and there were two amputated below the knees. The university students were all doing their undergraduate degrees, with most in their final years of study. One was the university employee and had graduated at the university years ago. One participant was deaf, two were partially sighted, two had cerebral palsy, two had muscular dystrophy, and one had one leg amputated below the knee.

The choice of different locations with different disabilities aimed to ensure that not only a certain group of disabled individual was targeted. The target was persons with visible and public disability, not severe cases of disability. The shift from focusing on severe disabilities was due to accessibility issues, both from the participants' and my side. University and wheelchair basketball players all had less severe disabilities in terms of adaptation for their daily access.

The research was qualitative in its nature. Therefore, open ended questions were used when conducting interviews, all participants refused to part take in a focus group discussion as they claimed that it would be extremely uncomfortable for them to discuss sexual matters in front of many other people. Participants were located using snowball sampling technique. Sexuality is more of a private matter and is sensitive to a certain extent, so, pure participant observation was not convenient. Observation of interaction among other participants was also applied. Most part of data was gathered through conversational form more than interview form. This helped ease the tension and increased comfort of participants since sexuality is a very private and personal aspect of every individual. The conversations all started on a lighter mode whereby I asked my participants if they were currently romantically involved with anyone and from there, tension was eased and they managed to talk to me about their life stories that connect to their intimacy.

Data analysis

There are many approaches to analysing data in qualitative research. According to Padgett (2004) one should analyse texts or meanings behind the narratives which are told by the participants. Thematic content analysis is a method for "identifying, analysing and reporting themes" within the given data. It is a flexible and useful research tool which provides a detailed and rich account of data (Braun & Clark, 2006, p79). This method is appealing because it

offers a model for systematic qualitative analysis. Thematic content analysis allows the researcher to combine the quantification of the codes (as is done in content analysis) with the analysis of the meaning of the data (Marks & Yardley, 2004).

In terms of coding, the thematic content analysis takes chunks of text and labels them as falling into certain categories. A theme in this kind of analysis is something that appears important in the data in relation to the research. It is not merely a process of having a tally of the frequency or the prevalence of a certain construct and then deciding that it is a theme. What can be labelled as a theme depends on the core research question asked. Another important factor is the determination of whether the identified theme is the key theme or not. To decide on this, it is again necessary to go to the core research question and see if the proposed key theme relates to the particular/proposed key theme.

There are two types of content that qualitative research is focused on, these are semantic content and latent content. Semantic content of the data seeks to merely describe the surface meaning of the text. Latent content on the other hand focuses on unravelling the underlying meaning of the data. It is this analysis that thematic content analysis typically focuses on. The use of latent meaning seeks to identify or examine the underlying ideas, assumptions and conceptualizations which are laid out at the stage of semantic content data (Braun & Clarke, 2006).

This type of analysis is not rigid therefore there are no strict rules which apply universally which can be used to analyse the data. Analysis is often a laborious task as there are generally no standardized categories which assist in analysis (Marks & Yardley, 2004). The process typically begins when the researcher notices and looks for patterns of meaning within the data. The analysis includes constantly moving back and forth between the entire data set. Braun & Clarke, (2006) give phases to follow when doing a thematic content analysis and these are the six phases which will be used to analyse data in this study.

Phase 1: familiarize yourself with the data.

The reading and re-reading of the data is 'bedrock' of this analysis (pg 92). The process entails me reading and re-reading the data. I need to be immersed in the data to the extent that I am familiar with the depth and breadth of the data. Reading through the entire data set at least once before beginning the coding process is essential because identifying possible patterns will be shaped as I read.

Phase 2: Generate Initial codes

This phase begins after I have read and come up with initial ideas about the data. I will then code the initial ideas about the data and record what is interesting about the data. It is important at this stage to approach the data with specific questions in mind as this is useful for the organisation of the data into meaningful groups, code for as many potential themes as possible and retain all the accounts that depart from the dominant story in the analysis.

Phase 3: Searching for themes

By this stage, all the data has now being initially coded and combined. I need to now start to analyse codes and consider how different codes may combine to provide overarching themes. It is very useful at these stage visual representations to sort out different codes into themes. From this visual representation, I should be able to identify the main themes, sub-themes or themes that seemingly do not fit into the main themes or the overall research question.

Phase 4: Reviewing the themes

This phase is about refining the themes or the themes which are most likely to be the main-themes. At this stage, it should be evident whether themes are candidate themes are relevant or not. To find out whether the theme is relevant or not, it could possibly mean that the theme itself is problematic or some of the data extracts from the themes do not fit in there. If it does not fit, I will rework the particular theme or create a new theme. The key is to consider the validity of each theme in relation to the entire data set. The final step to do for this phase is to read the entire data set to ascertain whether themes 'work' in relation to the code any data within the codes which might have been missed in prior coding processes.

Phase 5: Defining and naming the themes

This phase entails identifying the essence of what each theme captures. Mere paraphrasing of the context of the data extracts is not sufficient. I need to identify what is of interest and say why that is the case, write a detailed analysis for each theme and identify the story that the particular theme tells. As part of the 'refinement' process, I need to identify whether each theme has a sub-theme. Sub-themes are important because they give structure to a particularly large and complex theme.

Phase 6: Producing the Report

This is the final analysis and the write up of the report. The analysis provides a concise, coherent and logical, non-repetitive and interesting account of the story that the data tells. The write-up must provide sufficient evidence of themes within the data. Therefore, it is vital to choose vivid extracts which capture the essence of the point I am trying to demonstrate. The extracts cannot be a mere description of the data; it needs to go beyond that. It needs to make an argument in relation to your research.

Ethics

Participants' comfort and security is very important when conducting a study. Therefore it is essential for the researcher to make sure that the study does not impact harmfully and disapprovingly on the participants' interests. The participant should not suffer any other way, socially, legally, physically, or psychologically. Thus the researcher needs to commit to non-maleficence, which is the major principle of research. The research together with its methods must not cause harm or discomfort to participants. Therefore, this research did see to it that this principle of research was met. There was no harm or discomfort to the participants. Participants were informed that they could withdraw from the study should they have felt the need to. Counselling services were made available, Love Life (0800 121900) or Emthonjeni Centre at Wits (Community Psychology Clinic, 011 717 4513) had there been that the interviews triggered memories of previous sexual traumas or abuse. Confidentiality and anonymity of participants was ensured where necessary. Informed consent form was handed to participants to ensure confidentiality. Participant's privacy needs were protected; this was ensured by the confidentiality code. The participants reply can be used, or even quoted in the study; however, this can only be done in the manner that will not publicize their privacy (Babbie & Mouton, 2001). Information that is necessary for the participants was given to them. This will help the participants to be fully aware of what they are doing. Information about the study was presented to them in form of a paper with all the details about the study. The ethics committee at Wits has given me approval to conduct this study

Due to my inability to hand write owing to my blindness, the use of a tape recorder was necessary. The use of the tape recorder also helps to collect and record accurate data without using means that can be destructive and inappropriate. Conversely, the participants comfort cannot be compromised, thus the audio-taping consent form has been handed out to my participants to sign in agreement to be tape-recorded. If any of them were not happy with being recorded, they had every right to refuse to sign the form, and then other means would have

been made to accommodate such participants. This was to ensure that participants exercise the right to do this at their own will and were not forced. This is referred to as non-coercion. Participants have been ensured that the recorded information will strictly be used for the study, and that nobody else, but the researcher, will have access to the recorded information. Participants have also been given the opportunity to read the transcript of the group discussions and give their consent on what content they are comfortable for the researcher to include for analysis and final reporting.

Reflexivity

Many factors contribute and affect one's data collection and analysis. These factors can have an impact on the results of the study. As a disabled person, I already have my own biases. This could lead to misinterpretation of my data due to my own personal experiences and take on the subject. Being part of the disabled population myself already puts me in the position where I am familiar with the challenges and most issues to which disabled individuals are exposed. This could lead to understanding and analysing the participants' responses according to my own beliefs and experiences. I therefore made sure I do not mix my own feelings, and experiences to change what the initial data implies. Gender can also play a role. Being a female could affect how much the male participants open up to me about their experiences when it comes to intimate relationships. I had to reassure my male participants that they are free to talk about anything they are comfortable with without the fear of being judged. Lastly, as a disabled person who also happened to be queer, I had to constantly make sure that I strike the balance to equally collecting and analysing data on queer experiences and disability and heterosexual experiences and disability.

Analysis

It is after 4pm and everybody is rushing on the corridor to get home after a long working day, Elle (pseudonym) guides me to their board room and she sits me on a fairly huge round table. The smell of coffee fills the room and she tells me, with her very soft voice that she needs to sustain her energy to get through the interview and excuses herself as she takes a few sips in between. Elle is a 25 year old white working class female, with complete hearing loss, which is a result of meningitis she had when she was 7 years old. She uses cochlea-implant to help her hear a little bit and she states that it has been working fairly well and she is grateful that she has good medical support as this device is expensive without medical aid.

When we begin talking about sexuality, Elle explains that she believes sexuality to be fluid, when she was 13 years old, she identified herself as a lesbian and has been involved with three women. After a while she believed she was bisexual, and she spent a lot of time identifying herself as such. Currently she identifies as demi-sexual. She enthusiastically explains demi-sexual as being in between asexual and sexual, depending on the person one is currently with. She goes on to say that one can be romantically attracted to another but have no sexual attraction towards them, and it can be the other way around. For her she has to intensely form a strong emotional attraction first. It was clear from her passion in explaining her sexuality that she is well informed and is a queer activist. She got more excited as she was telling me about her sexuality. She continues to state that she is pan romantic, which means she is attracted to people beyond gender. She falls in love with people across all genders. She falls for those who are gender non-conforming and those who conform to certain genders. So she identifies as pan romantic demi-sexual.

This indicates how broadly Elle thinks about sexuality, romance and gender, which she does not view in binary terms. This can be due to the point that being an individual with a disability

already excludes one from being perceived as 'normal' by the society, which in turn can expand one's views on many things a person from the general population would overlook. Adding being queer to the equation, which is also viewed by the society to deviate from the norm can greatly intensify one's view of intimacy. It moves from viewing things as 'normal' but a real sense of possibility that differs from individuals who looks at things as normal and abnormal. This can be seen as how not being part of the general population can help one look at things in a deeper sense.

O'Neill (1985) explains this with his argument that we think the society with our bodies, and we also think our bodies with society. You can see how one's disabled body or one's queerness can shape and influence ways of thinking and viewing society and therefore have different views from another individual who is bodily different or do not fall under the population of disabled individuals. The social body is therefore not just a natural symbol, it serves as an tool to think and the thinking capacity is hugely influenced by the type of body one has, which goes from different types of disabilities, to the lack thereof.

Onset stage of forming intimate relationships

Different individuals start experiencing sexual encounters, any form, at very different stages in their lives. For persons with disabilities, the stage varies intensely and this can be due to many factors, which will be elaborated shortly. For some individuals, the nature of one's disability, their background and the level of exposure come to play. My research observations indicate the difference between males and females, with males starting to pursue relationships later than females. This has been accounted for by the belief that men have to be the ones who are initiating the relationship, whilst females wait to be approached, so men have to put themselves out there as they seek to find partners, whilst women wait to be found and noticed. Somehow this should work the other way around, I would believe that women would start later since they

are the ones waiting. Some male participants, depending on their type of disability, say they find it hard to approach women. This is more dominant at the first encounter, around the ages of 13 to 16 years. At this stage, fear of rejection is at its peak and peer pressure is also competing. Ablon (1996a) argues how gender expectations influence disabled individual's likelihood of being or not being in an intimate relationship. This has been neglected in most disability studies in anthropology even though it is relevant in most cases. The concept of exposure, which will be discussed in depth later on in the paper, interplays also. The individuals who attended mainstream schools started being intimate at a much later stage in their lives in comparison to those who attended special schools. Being the only disabled person in the entire school somehow increases more consciousness of one's disability and leads to increased feelings of being different from the general population. In my ethnography, most of my participants, apart from Elle, have a binary view of gender, hence I am using male and female to analyse their views.

The late start in pursuing intimacy is rather embarrassing for some male participants to talk about. As I was discussing this matter with Sipho, who is a 24 year old university male student with muscular dystrophy and has attended mainstream school throughout, who instructed me not to laugh when he told me that he gives thanks to the woman who gave him lessons on how to be with a girl and be a good lover. He says this lady was in his school and was five years older than him and was the one who initiated that they must become partners so she can teach him everything he needs to know; starting from kissing and having sex. This is closely connected to what McRuer and Mollow (2011) considered a possibility to challenge heterosexual norms and limits, whereby a third person can be present as a sexual facilitator, but in this case, an arrangement was made between two parties whereby the other availed herself to be a teacher using the insider and participatory method. This arrangement was made after the lady has seen Sipho on numerous occasions sitting or going home alone while his

friends are spending time with their girlfriends. He reported, “Every Friday after school, my friends went to chill with their girlfriends and some would go on a hunt if they are single, this is when I would be left alone, and sometimes push myself home alone. I did not know how to approach girls because they were all tall and sitting on the wheelchair made me shorter. Whenever I thought of approaching a girl, the thoughts of not being able to hold hands with her and walk her home were debilitating and they took away all the courage to approach them”.

On the other hand, being surrounded by those who are physically similar to you appears to create a sense of belonging and eliminates the feeling of not being part of the general population, or “not fitting in”, as some participants say it. In this case, both genders start pursuing relationships as early as 10 years of age. However, when one is out of these spaces and is integrated with the rest of the general population, it then becomes harder to adapt and be confident enough to approach a potential partner who has no visible disability. This has been reported by many university students who attended special schools from the first grade up until they matriculate. Sam, who is a final year student at university with cerebral palsy, explains this to be the result of the lack of oxygen supply to the brain during or after pregnancy. He was diagnosed when he was 2 years old and attended special schools from when he was very young. He is completely immobile. He alleged: “Everything becomes so different and it almost feels as if you have been thrown in the world of other species where everyone is just so different and they look at you very funny, which makes it challenging to say hello to a pretty lady”. Some individuals see this as a positive challenge, mostly males. With a very confident tone of voice Sam stated, “I felt like a real man when I rolled my wheelchair towards this beautiful woman and threw my charm all over her, I managed to get her number even though it did not work out. But who cares, pursuing a girl is a trial and error situation. Expect to win or lose”.

Both the settings of special and mainstream schooling and university exposure combine to have a noticeable impact on how the individuals develop and pursue their intimacy. It appears that these spaces help the individuals to handle rejection and appreciate the best that comes out of the good experiences and this is mostly noticeable with the male participants. However, the individuals who attended special schools become exposed to the general population and their views about people with disabilities later than those who attended mainstream schools, which makes it more challenging and takes longer to integrate and be able to understand how to form intimate relationships with the non-disabled people. Nonetheless, these participants overcame this eventually, and got more of an understanding of how and what to expect when one is integrated with the general population.

The transition from high school to university is not only an intense issue academically. For individuals from special schools, who make up 50% of my university participants, it is a huge transition when it comes to their intimate side of life and it requires intense adaptation. Jumping from a space where most individuals have been involved with numerous partners, specifically males, who have reported that they have never had to struggle or consider many things when in pursuit of an intimate relationship since everyone was just the same. Things at university take a different turn, where people who jumped from one relationship to the next in high school spend a minimum of two years before they can manage to find a partner they find suitable, who does not reject their relationship proposal. "Between grade 10 and grade 12, I had six relationships, but only one was a serious one. I thought I had game up until I spent two years single at university. It's not that I was not trying, but hell these women gave me a hard time and I finally scored during my third year and I had to catch up, if you know what I mean."

When I asked why they do not continue with the relationships they had in high school, I got responses that are all related to change of environment as a spoiler for relationships, mostly if

the other party is left behind in high school. Levels of trust between both parties decrease to appoint whereby a relationship collapses within the first month of separation. For the parties that are left behind in high school, knowing that their significant others are amongst non-disabled individuals apparently makes them feel shaken, with the belief that the partner at university will be sucked in into the university life and meet another partner who will be prettier, and without a disability, and that makes them withdraw from the relationship. This has been reported by male participants who had experienced this, with their high school sweethearts feeling insecure and ending the relationship. However, it is not the case with everyone. Some males get into university spaces and the environment influences and changes their preferences and interests to an extent whereby they do not find their partners from high school attractive anymore. They believe that when change happens, it should happen in every aspect of their lives, including their preference. Preference then shifts to being attracted to females who have no disability and they mark this as growth. "One has to grow, as if you were eating pap in high school, now you eat pudding at university," Sam stated. Interestingly pursuing a relationship at university when one is from a special school, being with a non-disabled partner is considered as an upgrade by some males, and there were no females who mentioned anything close to this idea. None of my participants had managed to sustain a relationship they had in high school after they got into a university environment.

Investigating the idea of dating a non-disabled partner as some aspect of growth for some individuals bring about the idea of self-stigmatisation and what one perceives as normal. Having noticed that majority of my participants refer to persons without a disability as 'normal', this could explain the possible belief that they, as disabled persons, are not 'normal' and therefore being with a person they perceive as 'normal' makes them feel like they too fit this description. Looking into this statement alone, there is an increased level of self-stigmatisation for those who have this notion, whereby growth is linked with developing

intimate relationship with a non-disabled person. It is possible that some of the individuals who hold on to this notion of growth have been intensely exposed to stigmas that are associated with disabilities, thus being with a non-disabled partner is associated with growth and positivity.

Remaining a virgin until one reaches a certain stage or age is something some people still hold on to dearly. Female participants, mainly the wheelchair basketball players, had a very strong hold to this belief. The majority of them, who went to special schools, reported that they started dating late because they wanted to hold on to their virginity. They started dating around the ages of 18 upwards. They say this is important for them as they did not want to be victims of boys who were just fooling around. "In special schools, these boys will do anything to see if they can get their things up, and they will use you as the platform if you are stupid" said Pamela, a very passionate wheelchair basketball player who is now 29 years old with post-polio. She only lost her virginity last year when she was 28 years old and fell pregnant the same day. She believes she was not missing out on anything in the dating world. She does not believe there is genuine love when it comes to sexual and intimate relationships. She believes love does not exist, apart from family love. "For boys, it is just about how many girls they can score, and how many panties they can manage to take off from a woman." Most of these women had little faith when it comes to intimacy and forming long lasting intimate relationships. The majority had been with one or two partners and it did not work out to their liking. For Elle, the main issue was her sexuality. "When I came out to my Mom, the first thing she said was that at least I cannot fall pregnant, and that was followed by the claims that I was sick because of my sexuality". This delayed Elle from pursuing any relationship up until she was 15 years old. This was not a delayed start for one pursuing intimate relationships; it is quite the usual stage for most teenagers. However, it was harder for Elle to tell her mother about her relationship with another woman as she has always told her that she was sick for being a lesbian. "Being

called sick by your mom for being a lesbian is very hurtful, but I continued being who I am and dating whoever I wanted."

The male and female informants have different reasons that influenced the times and ages they started being intimate and forming intimate relationships. Males who attended special schools started forming and pursuing relationships early, compared to males who went to mainstream schools. It appears the fear of rejection was heightened for those who went to mainstream schools. This, again, is influenced by the nature of one's disability, as males in wheelchairs state that it was too scary to approach a girl while you are in a wheelchair and everyone around them is walking on their two feet. This was different for partially sighted Mpho who uses magnifying glasses to read and has a special pair of glasses for driving, which helps him by making objects to appear closer and more visible than his eye sight allows him to see. He claims that his main reason for not dating in high school was merely because he was more goal-driven academically and he did not want any distractions that would interfere with his school performance. However, peer pressure got into him when he was in matric, "The other guys I used to hang out with would call a girl for me and put me on the spot. Because this always happened when I least expected it, I always struggled putting my charm together, so these girls rejected me, but I could not care less".

The males in mainstream schools experienced more rejections during their high school lives and they allege that this had a huge effect on their confidence. Some individuals believe they would have gone throughout their high school lives without having asked a girl out if it was not for the peer pressure from their male friends. However, once the barrier has been crossed, and one manages to be in a relationship, then it becomes easier to approach the next girl after the first relationship has ended. "You know us boys do not want to appear in front of our friends weak, so you just go for a girl even if you are really scared, just to prove a silly point that you

can do this. My friends would tease me of being a coward and would push my wheelchair to a direction a pretty girl was coming from and I had to say hi to the lady and ask something stupid like, 'do you have a red pen I can use?'", Sipho told me as he was counting times he has been rejected by women. He lost count on somewhere around 11 and 15, including rejections he got from university. He says these girls looked so tall and intimidating, so he had to make sure he targeted the short ones so he does not look too short next to them. However, all these rejections have prepared Sipho for the real world, he says. He said it made it easy to accept rejections in life because as a disabled person one is prone to a lot of them in life. He says when he got to university, it was not so hard when a girl said no to him because he was used to it already. "You will be surprised how poetic these girls get when they are about to reject a guy in a wheelchair. They will tell you that you deserve someone who will love you and that they are not what you are looking for and stuff", Sipho giggled as he was making this statement.

These rejections, to some individuals, were rooted and influenced by misconceptions the non-disabled society has about disabled individuals. Lack of understanding of different disabilities and their causes has led to many misunderstandings between the disabled individual in pursuit of a relationship with a non-disabled individual. If there were no misconceptions and myths about disabilities, a lot of rejections would not materialize, some participants strongly believe. "I remember this girl I once wanted to be with so badly told me that I was a great guy and she had feelings for me, however, she does not want to give birth to disabled children because she believed that all forms of disabilities were genetic. She did not believe me when I tried explaining that with my condition it is unlikely to pass it to my offspring, she thought I was lying and trying to trick her into getting into a relationship with me." Sam alleged. According to McRuer and Mollow (2011; 2012) these misconceptions go as far as perceiving disabled individuals as inappropriate adults who are sometimes seen as non-sexual beings who eternally

dwell in a corporeality of a child. It is therefore easy for those who have a strong grip on these stereotypes to reject any proposal from a disabled individual.

It then remains the responsibility of the disabled party to educate and inform their partner, or the party they are trying to get into a relationship with. The concept of exposure is not only relevant to the disabled individual, the other party also plays a major role (the non-disabled party). For instance, an individual who has never been exposed to persons with disability their entire lives will have a different take or response when it comes to being in a relationship with a disabled partner or being approached by a disabled person, in comparison to a non-disabled person who has been exposed to persons with disability. The exposure can vary from having a sibling with a disability, a parent, a friend, or a neighbour who has a disability. Being rejected by someone, or failing in a relationship, can be influenced intensely by this factor. Sam's first relationship with a non-disabled person failed due to the lack of exposure to persons with disabilities from his girlfriend's side. His girlfriend had never even spoken to, or interacted with, a disabled person before she met Sam, who she met through a mutual friend. This lack of exposure put a lot of strain in their relationship and eventually it had to end. Sam felt that his girlfriend was too ignorant and he had to teach her everything, which he found exhausting since his girlfriend was not showing much interest in learning things that are essential when one is in a relationship with a disabled person. Such as checking accessibility of a place before they can go to the place, and other measures one has to check before embarking on any journey.

On the other hand, the non-disabled partner can be overly informed, to a point whereby they try too much to accommodate their disabled partner to an extent where they become overly protective of the partner, which in most cases leads to limiting or taking away the disabled party's independence. Sam believes that this is very troubling; mostly for independent people like him as it takes away one's will to do and be wherever they want to be. "It is really cute

when my girlfriend tries to accommodate me, but it annoys me when she tries and take over my life and things I can and cannot do". This ethnography unfolds many challenges and dynamics that interfere and hugely influence how many intimate relationships of disabled individuals turn out. A relationship where a disabled and non-disabled individual are involved, the challenges and dynamics are intensified by so many forces, which are sometimes extremely difficult to overcome.

In queer relationships, things are slightly different, mainly in terms of who is approaching who. In relationships where two women are involved, for instance, either party can approach, but some prefer being approached while some prefer being the ones approaching. This is applicable to some heterosexual relationships too, however, in most black cultures it is frowned upon when a woman is the one approaching a man. It certainly has to be the man approaching and some individuals have a strong grip on this. In Elle's case, her heightened fear of rejection has taken away her desire to approach whoever she is interested in pursuing a relationship with. She has never, and will never approach anyone. It does not matter how strongly she is attracted to that particular individual. She says she would rather wait for that person to show interest first, so that she knows she has their approval and she does not have to explain her disability. When a person shows interest, they probably first enquire about the person they are interested in. So Elle believes that whoever has interest in her, will not just jump in and ask her out, that person will first have known that Elle is deaf. That alone will save Elle the energy to explain herself, she says. She believes that this has saved her from many rejections she could have encountered, and most of these rejections would be due to her disability as quite a significant number of people do not know how to act around a disabled person.

As Ablon (1981) drawing from Results of a survey that was published by the American journal of Preventive Medicine, stated that the journal presented that disabled males are four times

more likely to be sexually abused. Whilst another study in the US shows that women, regardless their age, race and ethnicity, are sexually abused at least two times greater than non-disabled women. This shows that both disabled males and females are equally vulnerable to sexual violence. This is due to many different beliefs, myths and stereotypes about disabled individuals and their sexuality. It is unfortunate that Elle was sexually assaulted when she was 14 years old. She claims that this had a huge contributing factor on her struggling to be intimate with her first partner. Her first sexual and better intimate encounter was with her second partner when she was 18 years old. "I had issues hugging, touching and being held by other people, which made my first sexual encounter very hard and uncomfortable. I had flashbacks whenever we had sex". This is a struggle most women who have been sexually assaulted go through. Elle continues to state how she does not think she will ever accept and get used to the fact that she was molested. The only thing that she holds on to in all her relationships is negotiating with her partners by telling them what works and what does not work for her. This was certainly very sensitive for Elle to talk about; I could hear her voice shaking, which indicated that she was shedding a tear. However, when I told her she does not have to talk about it if she does not want to, she said it was actually good for her to talk about it because she never talked about it with anyone apart from her Mom who did not believe her when she told her. She says that this is an aspect in her life that she believes will always interfere with her pursuit and her experience of sexual and intimate relationships.

Personal Preference and its dynamics

In continuation of one's preference as briefly mentioned earlier, this is another essential dynamic when one pursues an intimate relationship. This became a very interesting theme in my study as I heard what actually influences some individual's preferences, mainly the physically disabled individuals. Inasmuch as some people's preferences are intensely

influenced by feelings and personality, it has been numerously communicated that it is important to look for practicality when looking for a partner. Firstly, the leading aspect is the understanding of the partner's disability and how much support the other party can give to the disabled individual. These aspects are essential in any relationship, however, I came to realise that for persons with disabilities, this is of top priority, which is understandable, mostly in relationships whereby one party has a disability and the other does not have a disability. Dalton (1959) explains this with his claim that the bond between two individuals who consider they have an intimate relationship, is formed and strengthened by experience, knowledge and understanding of the individuals involved.

For the university participants, connecting on an intellectual level with the other party is one of the most important things they look for in a partner. Elle states "If you are not intellectually critical and political, what the hell are we going to talk about, it cannot just be sex. But certainly they have to be attractive also". This is the form of intimacy Lowndes (1996) refers to as cognitive intimacy where thoughts, ideas and knowledge are an essential foundation of the intimate relationship formed. This is understandable given the fact that university space is mainly for those who are intellectually inspired.

Some people prefer pursuing a relationship with those with a disability as well, the main reason for this is that it has been said that it is way easier than dating a non-disabled individual. The level of understanding of each other's disability is high, and one does not have to explain oneself too much. The support is also good which makes life a lot easier. Explaining one's condition to another when in pursuit of a relationship seems to be a big aspect that many participants do not find pleasure doing. Others strictly prefer partners without any form of disability, mostly the wheelchair users, males are mainly the ones who believe that the relationship will take a lot of strain when both parties are on a wheelchair. Others do not really

mind if the other party has a disability or not. Interestingly, the people whose preference is not guided by one's disability or the absence of it, are the ones with sensory disabilities, the blind and deaf participants stated not to consider the presence or absence of disability from the other party. They say that if there is great understanding and support between the two parties, with common interests, there is no problem at all.

Another interesting aspect is that, for those who have dated both disabled and non-disabled partners, the duration of relationships differed intensely when compared. Relationships with another disabled person lasted longer than the one with the person without a disability. Elle stated "My longest relationship lasted for 9 months and it was with a bipolar woman". She alleged that the understanding and support was amazing. The only thing that got in the way of the growth of their relationship was her mother who did not approve of the relationship, since Elle was with another woman. She has been involved in five relationships up to date, and she believes that being with a non-disabled partner is more like being with a person with a different disability from yours. She feels like there is no sense of partnership. Nonetheless, she still does not see that as an obstacle as she believes she can date whoever she likes and likes her back. "Luckily, all my partners have learned basic sign language, which I find very attractive". However, Sam believes that even if one is dating a person with a different disability from yours, the fact that that person has a disability serves as a point where two parties are meeting each other halfway. Both parties at least share a common ground of both having a disability. It is only the matter of understanding how the parties can work together in terms of understanding and accommodating another's disability, which is less challenging compared to being with a person who has no disability at all.

The majority of my informants believe that if one has to pursue a relationship with a person without any visible disability, it is important to first evaluate what that individual values or

looks for in a partner. In most cases, claims have been made that it is highly unlikely for a non-disabled person who values appearance to date a person with a disability. Seemingly, those who prefer good looking partners care more about what others in the street think, therefore dating a person with a disability will be uncomfortable for them. It is important to look, as a disabled person, for a partner who values other things like personality and intellectual capabilities. These and other measures can save one from rejection, and this has been said to be of crucial importance. For disabled individuals, so much has to be considered before one can decide whether they want to form an intimate relationship with another. It is not merely about attraction but other forces that will make the process possible and forces circle around one's disability and the possibilities around it.

Barrow (2010) gives a very brief summary of personal preferences of disabled individuals. He talks mainly about how some individuals prefer partners with a similar disability, some prefer partners without any form of disability, whilst others do not really mind whether the other party has a disability or not. However, given what has been explored above, there is more to it than that. There are so many factors that shape one's preference, forces that are external to the individual, yet are so intertwined with what type of person they would like to pursue an intimate relationship with. More literature on exposure and how this notion influences one's preference needs to be further explored as it is clear that an individual's environmental exposure hugely influences their personal preference when it comes to pursuing an intimate relationship.

The notion of exposure

It has been intriguing to find how exposure has a great influence in every level of intimacy, or the pursuit thereof. Individuals who attended mainstream schooling often told me how they would never date another disabled person. They say this is rather "low". "My first boyfriend and I never went out in public together. I made sure we stayed indoors every time we were

together. I could not stand the stares we would get in the street. I bet people would be like 'yoh bajongeni iziqhwala zabantu ziyathandana (which translates; look at the poor cripples, they are in love), they would probably think we are together because we could not find a normal person". Andiswa explained, just after her wheelchair basketball game. The mood was certainly heightened as her team had just won the match against a team from Bloemfontein, and she was playing for the Johannesburg team. From all the participants I interviewed, Andiswa was the only one who attended mainstream school and once dated another disabled person. It is also important to note that she is the only participant who became disabled only in her teenage stage, when she was 16 years old. She does not know the name for her condition, but she explains it as the failure of some nerves to connect on her left leg and she cannot feel anything when she is being tickled on the leg. The condition worsens in winter season. All the other participants were either born with the disability or became disabled at their very early stages of their lives.

For most males who prefer dating non-disabled partners, being with a non-disabled girlfriend was an issue of manhood and ego boost. They felt that being with a person without a disability proved that one is man enough, even though seated in a wheelchair. "I sometimes see how other guys look at me when I am walking with a pretty girl who does not have a disability, they go WOW this dude is on top of his game and he is a real nigger. And my head swells up instantly. It is the greatest feeling scoring a pretty girl knowing that some other dude, who can walk, was probably rejected but i was not", Sipho stated with great satisfaction which I could not have failed to notice from his tone of voice. Apart from one's personal preference, the preference of a non-disabled partner for the individuals who only attended mainstream schools can be intensely influenced by the mere fact that the only people they have been exposed to had no disabilities. Interestingly, they appeared to believe that a non-disabled individual was a much better person than a disabled one. They found it hard to imagine themselves with another disabled person and their main reasons circled around the notion of how it appears so wrong to

date another disabled person. " Hai no, there is no way a relationship where I am with another cripple can work, it just cannot, just imagine me and my girlfriend pushing wheelchairs together, or my girlfriend walking next to me holding on to my wheelchair because she cannot see. That is just wrong and would make me look so weak as a man". Sipho carelessly stated as he pushed his wheelchair away from me to go get himself something to drink. He sounded very comfortable throughout the interview and appeared to be having a good time discussing this matter. This, again, can be linked to the ideas of 'normal' and self-stigmatisation which has been discussed earlier. It is clear that it is hugely influenced by one's exposure - either current or past exposures.

Better explanation is given by McRuer and Mollow (2011) who allege that the physical environment and discursive systems influence how disability and sexuality are materialized. It is not merely disability and sexuality, forces from physical environment, which is exposure to mainstream or special schooling in this ethnography. When disability meets sexuality, the daily interdependence of bodies with other bodies is proof and cannot be separated from disability and sexuality.

Individuals who attended special schools, mostly males, have managed to experience dating both disabled and non-disabled partners. The majority of them dated non-disabled partners after they came to university, and for wheelchair basketball players, after high school as most of them did not further their studies. So they went to work and travelled as wheelchair basketball players. They are traveling into many different places, from national to international level and this is how they get to meet and interact with many other people, mostly other disabled persons when they go on sports-related trips. As persons who have been exposed to dating both sides, it has been communicated that is extremely challenging dating a non-disabled person as a disabled individual and proof to this is conveyed by the duration of relationships pursued

with non-disabled partners which was mentioned earlier. The challenges experienced include the other party failing to understand the 'do's and 'don't's when one has a disabled partner, that of course influenced by the nature of the disability. For instance, taking your partner who is using a wheelchair into inaccessible spaces where there is no availability of ramps and lifts. Or taking your partner to movies in a foreign language with subtitles in English, which a partially sighted person cannot read. Or taking your deaf partner to spaces that have no sign language interpreter. The leading and common challenge that has been mentioned numerous times is the one whereby the non-disabled partner is ashamed to be seen in public spaces with their disabled partner. They perceive this as the issue of being hidden from the rest of the partner's world and they feel that they are only good enough for their non-disabled partners in secret. Some say it even goes to the extent of not being introduced even to the closest friends of their partner. "I went out with her for almost three months and I only know her friends from the stories she told me about them. Every time I ask when I will be introduced, the fight emerges out of the blue", Sipho said. Going out on dates and doing other fun activities outdoors are only a wish in some relationships. "I would love to go out with my partner and maybe party really hard in a club or something, but in my two relationships that never happened and the other one always brought McDonald's when she visited instead of us going to get McDonald's together. When I asked why this is happening she told me she is trying to be considerate and not make me go to places that are crowded, which was of course a lie", Sam said. Interestingly, the individuals who said they cannot date another disabled person because it would look wrong and other people would look at them funny, seemed to not understand why their non-disabled partners did not want to be seen in public with them, which could be similar to the reasons they have for not wanting to be seen dating another disabled individual.

A few individuals were exceptional cases, as they claimed that they have been very lucky to date very understanding and open minded non-disabled partners who were not ashamed of

being seen with them in public. Andiswa is more exceptional because, inasmuch as she was ashamed to be seen in public with her former boyfriend as they were both limping, she reported that she was very happy with her current boyfriend, who is non-disabled, and they did a lot of outdoor and fun activities. However, she admits that the transition from being with a disabled man to being with a non-disabled one was rather hard. She started being more conscious about her disability and she was scared that maybe her boyfriend's friends will not approve of their relationship, leading to her being discriminated. After a while, she got comfortable but occasionally she still feels out of place when she is out with all her boyfriend's friends who are all not disabled. Also, she has had the longest lasting relationship (with her non-disabled boyfriend) out of all the physically disabled participants. They have been together for 6 years now, with a child of 4 years old. (Five out of seven females that I interviewed have children with partners they are not with anymore). From the wheelchair basketball players participants, she is the only one who appeared to be very confident and certainly wants nothing to do with any disabled man. Again, this could be due to the fact that she spent some of her life without a disability and has never attended a special school. These are the main factors I assumed has shaped her interests and dislikes when it comes to intimacy and forming relationships.

Most of wheelchair basketball players who are females communicated a high level of distrust when it comes to dating or considering a relationship with a non-disabled partner. Some believe that men without any disability are dangerous and have bad intentions when they try pursuing a relationship with a disabled woman. "these men think they are clever, they will come to you because you have a job and act like they love you when they know they are in it to chow your money with their real girlfriend while they make you their side chick who will be financially useful", Phiwe, a working class 28 year old wheelchair basketball player, who has polio stated. Some believe that even if one is not working, non-disabled men know that disabled people have the disability grant money which they receive from the government monthly. So they only

come to them just to have access to the money. If it is not the money , then it is sex. They claim that most non-disabled men think that women with a disability are desperate for sex, so they would approach them only to make them their sexual objects. Many non-disabled women hold beliefs about relationships with disabled people as the result of myths and stereotypes. These myths include those such as the belief that disabled people are non-sexual, are not attractive or they are over sexed, which McRuer and Mollow, (2011; 2012) have talked about many times. This can be one amongst many reasons why these women I interviewed believe non-disabled men only have negative intentions when they want to pursue a relationship with a disabled woman. "Some stupid men come to you just to prove a stupid point, to see that you can actually have real sex and stuff. They are just curious and want to experiment with us". Phiwe sounded really upset and worked up when she made this remark. The low level of self-worth and low self-esteem could be traced from other remarks these women made. Some do not believe that they are worth having or being with a non-disabled partner. "Just know, if he is good looking and asks you out, he wants to experiment. If he is ugly, you must know he could not find a normal girl who would go out with him, now he wants to try his luck with you and he thinks you are desperate so you won't even mind his ugly face". I also found it interesting that most people I interviewed used the term "normal" when referring to a person without a disability

These misconceptions go further than one can imagine. During the pregnancy phase for most females I interviewed, it was reported that people would stop them on the streets when they see that they are pregnant and ask if they were raped. When the answer is no, the people would judge them, sometimes not say anything but displaying obviously disapproving facial expressions. When they vocalize their judgemental thoughts, they would say things like, "How could you fall pregnant when you are already in this condition? Why would you make your life much harder than it already is?" Even after pregnancy some people would still ask if the child is a result of rape. The remark by Elle's mother, which was mentioned earlier, stating her

joyfulness over the belief that her daughter will at least not be able to fall pregnant emphasises the belief by some of the general population that disabled persons should not fall pregnant or engage in sexual activities. This is explained by McRuer and Mollow, (2012) when they speak of misconceptions toward disabled individuals sexualities. These misconceptions include disabled persons being perceived as asexual, sexually unattractive, or perpetual children. They further argue that the stains of sexual unseemliness threaten contamination, leading to physical and discursive control; the rejection of futurity, and refutation of access to sexual pleasure (Shildrick, 2011). All these beliefs and misconceptions certainly influence how one views themselves, and it can damagingly impact one's self-worth. It is obvious that if one is constantly exposed to such remarks and beliefs, their self-image might change. Consequently, this can explain the lack of faith most of these females have when it comes to pursuing relationships, mainly with non-disabled men. Some do believe that it would be a nice experience to be in a relationship with a partner without a disability, but they are too scared to risk it. It appears things were not smooth even with their partners who lived with a disability, as these relationships ended and most of the women are currently single and have no interest whatsoever in pursuing. The relationships ended due to infidelity from their male partners, who always chased after other women without disabilities.

The majority of the females I interviewed grew up in the absence of their fathers, due to divorce, and others did not even know who their fathers were because they disappeared in their lives before they were born. This can be another huge contributing factor to the lack of faith these women have when it comes to male counterparts. It was saddening to listen to stories of how some fathers disappeared soon after learning that their child had a disability, some divorces happened after the realisation of the child being disabled. Some fathers claimed that the children were not their own, accusing the mothers of being unfaithful. One can imagine what this does to an individual once they find out that being disabled fuelled the divorce of

their parents. It is important to note that none of these women attended counselling therapy or had strong emotional support. Majority grew up away from families as they had to attend special schools early so they can at least have access to resources such as physiotherapy and be able to receive wheelchairs. All the females playing basketball who I interviewed come from a background of very low economic status,. Access to resources was a huge challenge for them. This certainly impacts their intimacy and pursuit of intimate relationships in their adult lives. One participant claimed that the only reason she is still in the relationship that she is in is only because of the child. She does not want her child growing up not knowing who his father is. She does not want her little boy to experience what she experienced growing up without a father. She reports that if there was no child involved, she would have left her boyfriend who cheats a long time ago. Other women are focused on raising their children well and they believe that they can only do so when there is no boyfriend in the picture. So they channel their energy into working hard, so they can provide for their children by playing wheelchair basketball.

Khaleque (2004) articulates the possible results of intimacy problems which have been found in adults. These problems include having troubles forming or sustaining intimate relationships, which can lead to fearing intimacy, which in turn can fuel one of two possibilities; intense emotional closeness, or extreme loneliness and anxiety. These females have strongly dissociated with intimacy, and seek other means to fulfil their lives. This shows a certain level of fear of intimacy. There are many contributing factors to intimacy problems. One of these factors includes parent-child relationships that Freud wrote about. His analysis suggests that an individual's childhood experiences are carried through to adult relationships by means of feelings and expectations (Vangelisti & Perlman, 2006). These claims can account for some of the struggles these women have when it comes to the way they view males and the lack of trust they have towards them. This can have been the result of growing up without their fathers.

In addition to the concept of exposure, almost every individual is exposed to social networks and there is online dating, or meeting people on social networks. A survey was mentioned earlier that showed that about 50% of disabled individuals were not in any form of intimate relationship. After this survey, there were websites created for persons with disabilities to interact and meet people with whom they could form relationships (Barrow, 2010). Interestingly, in my study, about 95% of people I interviewed are strongly against online dating or meeting potential partners on social networks. Some state that it is useful when one wants to flirt and not looking to form any serious relationship. The reason said for this is that people online tell a lot of lies and they cannot be trusted. In terms of the dating websites, it was raised that if the website is specially designed for persons with disabilities to meet each other, there is a high chance that non-disabled individuals who target disabled persons to play them and use them to satisfy their sexual desires, might misuse that platform to victimise those who are searching for real partners. Most believe that it is better to meet a potential partner in person. This makes it easy because one's disability is visible and the other party knows about it instantly, unlike online, where one can hide behind one's profile picture, showing only the face and hiding the disability. Sipho jokingly said "you chat with a girl online, she falls for your face and ability to hold a conversation, then you tell her you are in a wheelchair, BAM! She is gone, or she thinks you are just testing her. It is just too much hard work". Elle on the other hand, who met her second partner on Facebook, thinks online dating facilitates good connection. However, she believes that the dating websites are not accommodating of disabled people. For instance, the content is not accessible for an individual who uses a screen reader because there are a lot of pictures. The other issue that was raised is that in these dating sites there is no way to disclose one's disability. "Now the disclosure is left to the first meeting, which puts a lot of pressure. And for me there is that double-disclosure, being disabled and demi-sexual." Elle stated. She continues to explain how hard it is to get out there when you are

disabled and queer. A lot of queer spaces are not accessible for disabled people, for the most part. Places are not wheelchair accessible, there are no sign language interpreters. This makes it harder to find some people who are queer and disabled since they struggle accessing these spaces and therefore remain left out, leading to a struggle to find potential partners. "I'm very lucky I went to a very queer school, an all-girls school. I had the privilege to meet my three partners there, the fourth one at a conference, and the fifth one on Facebook.

Disability and its challenges

Sensory disability appears to have less technical considerations in connection to intimacy. Being physically fully abled does not involve complicated technologies to enable one to be bodily capable of pursuing intimacy. Those with sensory disability amongst my participants stated that their disability does not interfere with their love life. However, the only people I managed to interview were partially blind and partially deaf. I think that makes a difference. It would have been interesting to have completely deaf, with no hearing aid, and completely blind participants' experiences. I believe there is better communication and interaction with the rest of the society when one has a bit of vision or hearing in comparison to being completely blind or deaf. This is perhaps due to the fact that I can relate. Even though there are less adaptation challenges in terms of intimacy, it has been raised that being partially deaf or blind can be problematic as people sometimes assume or treat you as a non-disabled individual, which leads to lack of understanding of the disability and support thereafter. This leads to question of how much these individuals are accommodated in relationships they get into. For some people, this is okay, as they feel that it does not require their partners giving them special treatment. However, it, somehow, leads to the disabled partner, if in a relationship with a non-disabled individual, to over compensate somehow. "A lot of people say and think that I don't have a disability. They say things like, you speak so well. People do not believe me when I say I

cannot hear without my cochlea-implant, which is not good because they go to an extent of saying I should show them. It is kinda sick that people position themselves like that around disability; they think they are powerful and that kind of power is messed up." Elle alleged. This is what Scheper-Hughes and Lock (1987) refer to as body politic, theorising that power and control are also embodied. Certain bodies feel that they have power and control over others, whilst the other bodies, which are perceived as non-normative, have to be controlled and submit to powers from others.

As mentioned earlier, this does lead to certain level of overcompensating so to accommodate the other party. "I have to sleep with my implants on so that my partner and I can communicate in the middle of the night, until she falls asleep. When I am sleeping alone I do not have to go through all of that. I remove my implants. Apart from being an introverted person, social spaces are hard when you are deaf. Now when I have to push myself and go to social spaces with my partner and support them. That is overcompensation for me, especially when they do not try and include me". The overcompensation can be linked to feelings of inadequacy in a relationship due to one's disability. Some people feel like they have low self-esteem due to their disabilities and they therefore find means to make up for such. With male participants, mainly the wheelchair users, they feel inadequate, mostly when being sexually active, and when it comes to doing things that require men power. They say this challenges their manhood "I don't like the fact that I cannot lift my girlfriend up and spin her around and I sometimes fear that she will think I am not man enough and leave me for another guy who is not in a wheelchair. Who knows, maybe that is why she keeps saying she is not ready to have sex with me. She might be having it with someone else, who is manly enough." Liso, who is a 20 year old university male student with cerebral palsy, and is still a virgin stated. Buying gifts constantly and taking the other party out on dates appears to be the popular means of compensating for most males who feel that their disability makes them inadequate in a

relationship. This, again, brings the relevance of gender expectations when it comes to intimacy, which Ablon (1966) highlights in her research as mentioned earlier. In most societies, it is expected of men to be the strong ones physically and they are expected to take care of the woman they are in a relationship with. One's ability to meet these expectations can influence their likelihood of being in an intimate relationship.

Sexual activity experiences linked with manhood

As it was mentioned in the beginning of this paper that the targeted participants are those with a more public disabilities, however with attention paid to less severe cases of disability, all my participants, regardless of their disability, reported that their reproductive organs were intact and they could, with some understanding and negotiation with their partner, have good and enjoyable sex. This applies mostly to the individuals with physical disability, since engaging in sexual activity involves physical movements. However, Robinson (2014) emphasizes the importance and benefits of deriving pleasure beyond penetration and intercourse for persons with physical disabilities who struggle with penetration and making use of their sexual organs or having limited abilities to be more effective. It is essential for physically disabled individuals to communicate their abilities and limits when it comes to being sexually active. Males claim this to be a serious challenge as it threatens their manhood in many levels. They believe if you cannot be an adequate man in bed, then you are pretty much useless as a lover.

Those with muscular dystrophy, cerebral palsy, with their lower body affected, and other related conditions experience fatigue often quicker than an average male without a physical disability when engaging in sexual activity. This needs to be communicated with the partner so that a plan can be made to adapt and perform the activity in the manner that will not make the disabled party feel uncomfortable. "the first time I had sex I got tired after two minutes and I was so embarrassed because I could not continue. Luckily the girl I was having sex with was

older and more experienced. She was understanding too. We discussed this, even though I was so embarrassed and felt weak and humiliated, we agreed that she will always be the one on top when we are having sex. With more communication it got better but still I had to prove that I was a man so I had to keep going even when I am feeling really tired". This issue leads to most males to engage in sexual activity less frequently than an average male. They say sex is a very pleasurable activity, however, one has to consider the fact that their condition sometimes does not allow them to have as much sex as they want to. The option of having the non-disabled female partner taking on the role of being more flexible is applied, but not very often since most men feel that it is their duty to be the most active and flexible party when being active. The thought of having a female party being more active seems to be a big threat to most males. This could be hugely influenced by the gender roles assigned by the society, which include men being more dominant in bed than women. In support of this, most females I interviewed were not comfortable discussing issues related to sexual activities and their experiences. I could hear them shy away every time this subject was brought on the table. It can be noted that males talked more about sex and all the dynamics around it, while on the other hand females talked more about sexuality in general, with less detail on sex as an activity, as mentioned above.

It is then important for these males to improvise and work around what they can do, so to keep the bedroom activity exciting. "my disability involves struggling with muscle coordination and certain movements, so I cannot do some sexual positions, like doggy style. It looks really fascinating and I wish I was able to do it but I can't. It sometimes frustrates me that I can't do more than I can, so I have to make up for it somehow", Sam remarked with a very naughty traceable smirk. With time and more experience some males develop means to compensate for what they cannot do. This is where mastering foreplay comes handy. They say foreplay is very important for women so they use it to make up for getting tired quickly and for not being able to make use of other sexual positions. One has to excel in performing foreplay so they can at

least please their partners. “if you cannot drive it all the way to town, make other means and make sure these means please her, then you will spare your manhood”

Academics such as Cooper and Guillebaud (1999); Robinson (2014); and McRuer and Mollow, (2011) have intensely articulated other possible means of being sexually intimate and active. There are numerous options they mention that help disabled individuals to enjoy sexual intercourse. These options include oral sex where penetration is considered harmful or impossible, different sexual positions that will accommodate the bodily abilities of the active individual. In queer and Crip study, more alternatives have been articulated with the aim of challenging heterosexual norms seclusion and limits. These possibilities involve the inclusion of the third person as a sexual facilitator, and the possibility that sex might not merely an activity of genitals leaving space for all sorts of contact to matter intensely and lead to the same level of excitation. McRuer and Mollow, (2011) mention the possibility of these other pleasure derived means to be universalized and normalized. These means are not foreign to most of my informants as they have exploited some of the possibilities and have found pleasure in them. This proves the effectiveness of other means of having sex to be as effective and pleasurable as penetration and other means that have been normalized and universalized.

Making use of other adaptable devices is not something some males have not considered in order to spice up their sexual experiences. Sam mentioned a wheelchair he saw on a magazine called Rolling Inspiration, a publication for devices for persons using wheelchairs. Apparently this wheelchair is especially designed for sex and it helps with flexibility and changing positions when having ssex with all its adjustments. He says he would not hesitate to buy this wheelchair if he had the money. However, he is still hoping to buy it one day when he has a job and in a long term relationship like marriage. He believes this is a great investment and it certainly makes things more interesting in bed. A few males mentioned penis enlargement as a

good investment and a better tool a disabled guy can have in order to keep his lover interested. "You can have one leg or arm, or no legs at all, but if your penis is the right size, then you are going to stay winning." Sipho laughed so hard as he made this statement. A few male participants are still considering this penis enlargement procedure, but for most it is just the issue of not having money to perform the procedure. Economic stability comes to play, yet again. It then does not become an issue of living with a disability only, but also the economic burden which stands in the way of having sexual pleasures.

Earlier on in the paper, an issue of being single for a long time for most males was mentioned. During this process of trying to find a partner, some males have made use of sex worker services just for sexual pleasure. "Sometimes a man has to release and sometimes masturbation is just plain boring and all you want is human contact, then prostitutes come handy even though it is just a meaningless sexual encounter, it helps somehow". These males have admitted that they feel ashamed that they make use of these services, but they are aware that other men without a disability use them too. However, they claim that for them it is more embarrassing because it is the last resort when they cannot find women they do not have to pay to have sex with. Some admitted to have had the thought, but the fear of the sexually transmitted diseases have stopped them from going on with it. One participant said he has given up on finding a woman, all he does now is have sex with this one particular sex worker and they even have a deal whereby the lady goes to his house twice a month and they have established a good business relationship together. Hunter (2010) argues that sex workers do not just offer sex to men, the service extends to what he refers to as comforts of home. This means it is not merely a meaningless encounter as some of my informants say it is, it does provide one with some sense of comfort even though the emotional bond appears to be absent. In cases where it is a repeated activity with one particular individual, like one of my participants does, there is a traceable sense of home comfort even though he calls it a business deal.

Access to technology or assistive devices

The issue of class always comes to play in many aspects of life, mainly on the daily survival of a disabled individual. Most disabilities require assistive devices, which make them interact and be part of the general population. As mentioned earlier, those with low economic status are often deprived of access to these assistive devices, which play a huge role when it comes to forming intimate relationships. For one to have access to certain devices, they require a lot of money or medical aid. Taking cochlea-implant for instance, one has to have a medical aid, or be lucky enough to be part of the trials which are taking place in Baragwaneth hospital, or be part of the plan that radio stations like 94.7 have that tries and sponsor people. However, how many people actually benefit in the deaf community. "The majority of deaf community in South Africa live under extreme inequality. I think as a white person who is middle class with medical aid, I am very privileged" Elle exclaimed. Wheelchair users also encounter the similar problem. For most university students, they only got their electric wheelchairs at university. When they are done with their studies, the university repossess the wheelchairs and their left with the option to go back to the manual wheelchair, which is said to be inconvenient at most times. Only a few like Sipho are fortunate enough to have had the electric wheelchair before they came to university. Sipho had his wheelchair sponsored when he was in high school

These devices are not only useful to assist one to cope with their disability, for the most part, they assist with being part of the general population and to make interaction with the rest of the world easier. This includes forming intimate relationships and maintaining them. For instance, Elle believes that she would not have established all the relationships she has, from family, friends, to intimate partners. The implant made her ability to connect and interact with the rest of the world easy. Sipho felt like he could finally walk when he received his electric wheelchair. Apparently the electric wheelchair is more convenient than the manual one in many

possible ways, and it is a bonus when it comes to forming relationships with those who have no mobile disabilities. Sipho felt so liberated and it boosted his self-esteem to a point whereby he cheated for the very first time in his life. He says "This machine was like chick magnet when I first got it. All the girls wanted to touch it and I took advantage of that and I made sure they touch me in the process". He did not need his friends pushing him anymore, so he could go check on his girlfriend without inviting crowds to accompany him. The use of the electric wheelchair allows hand holding since there is no need for the other party to be behind the other pushing the wheelchair as they take a romantic walk. They can walk side by side, holding hands if they want to, which is liberating for the men I interviewed. This is applicable to the university participants since they are the only ones using electric wheelchairs amongst all my participants. On the other hand, the wheelchair basketball men claim that the electric wheelchair is good to a certain extent, but since they are athletes, they need to keep fit and the electric wheelchair makes one lazy. They prefer their manual wheelchairs as they claim that these chairs make them fit and not appear lazy; hence it does not bother them that they do not own an electric wheelchair. Some say they might consider it when they are old and not playing anymore.

Alaimo (2010) summed this up when she combined ecological and disability studies to map the interpenetration of body and world. She argues that human bodies are one part of the larger, enclosed, and non-totalized environmentality. Numerous objects that appear as actors and intermediaries throughout Sex and Disability are surely part of such material ecology; wheelchairs, canes, beds, hearing aids, money, computers, and medical devices. She further argues that this shows the environmental understanding that the embodiment is never unsociable, never finished, and never the works of humans alone.

Achievements and how they compensate

"We live in the world with the notion that disabled people cannot do anything, one of the biggest stereotypes. A notion that disabled persons is a burden; they are the disease of the society. When someone breaks through that, gets a degree, gets a job, and starts a family, then you create this idea that you are 'normal'". Mpho alleged, as we were sitting in the disability unit's computer lab after he took his final exam of his final year in engineering. He was in a very pleasant mood as he claimed that his long and excruciating journey of studying is finally coming to an end. He states that even though being at university and being a disabled person is a good exposure, it comes with intense pressure because people are already expecting you to fail and now you have this pressure of wanting to do well so you can prove a point. This extends to spectrum of intimacy and dating. Participants believe that being educated puts them in a better chance to be acknowledged and taken seriously by the people they are pursuing or trying to form intimate relationships with. Male participants, in particular, believe that this is one big important factor in their lives that gives them a huge confidence boost and power to approach pretty girls, as they say it. Some believe that it serves as an invisibility cloak that covers or makes up for their disabilities. "I speak very well, my English is on point, and I am a very smart guy. Most girls fall for that about me and they end up overlooking the fact that I am sitting in a wheelchair." Sipho says with a smirk. They explain this as hitting two birds with one stone, getting a degree and getting attractive partners. Mpho says he could not stand township girls because they did not use their brains, hence he only started dating when he was doing his second year at university. He says, "I am not the most good looking guy in the world, so the only way I could attract pretty girls was through using my brains, and being a Wits student has a very powerful influence on how women perceive you."

The traveling and being part of the world's greatest wheelchair basketball players is certainly one major confidence boost for all wheelchair basketball players. They believe there is great power wave that comes with being a great player and it definitely works as a good charm for

others. “Nothing beats the feeling after a good game where people want your autograph, ask for your numbers or your Facebook names. It is great because now people have something amazing to look at other than your disability. But I don’t entertain them, if I did; I would be a slut by now”. Traveling helps increase one’s networking limits. Wheelchair basketball players claim that this is one exciting thing about their lives. They get to meet people from different countries and continents and they form relationships with them. They also report that it makes some people interested in them as individuals and this is how some intimate relationships are formed.

Conclusions

Social activities, either personal or public, are experienced through bodies, which makes bodies and embodiment very relevant in every aspect of life. Intimacy is one of personal and private matters which we experience using our bodies. This can be overlooked in some instances, however, for persons with disabilities, it is a constant reminder that all activities are mostly oriented by our bodies, majorly when we are talking about intimacy and forming relationships. Taking physical disability in particular, it has been shown that one cannot pursue an intimate relationship without the body interfering or hindering the process. From the onset stage of pursuing intimate relationships, the body is intertwined with the process. It has been conveyed that intimacy is not just about attraction and two average persons trying to form this relationship. There are other forces which entwine with the process, forces which one has to look into or deal with while in pursuit of intimate relationships. The nature of one's disability can hugely impact how an individual forms intimate relationship together with all the experiences, which are hugely shaped by one's disability.

This ethnography has shown how environmental settings which an individual has been exposed to contribute to how that individual form relationships with people around them, mostly intimate relationships. It has been made clear that where one has been raised and has spent most of their lives is one big contributing factor to ones preference of potential partner and their take on certain issues regarding intimacy. This has been shown by the difference people who went to special schools and those who went to mainstream schools have in regards to their preference. It does not only end there: one's beliefs can be traced on what they have been exposed to, how one views themselves and their disabilities, and therefore people they believe they can be in an intimate relationship with. This extends to issue of class and access to resources. All these are external forces and are supposedly far from intimacy, however, they

are very much entwined and cannot be ignored as they play a crucial role on how a disabled individual tends to form and negotiate intimate relationships. Access or lack of, to assistive devices certainly shapes how one can form relationships. This ends up making an issue of intimacy more of a social phenomenon more than it is a personal and private matter as most people would believe.

Different genders have different takes and views when it comes to sexuality. From my sample, I have learnt that the majority of females with a disability prefer being single due to lack of faith they have in men, which is influenced by their past experiences of infidelity and the fear of 'being played.' However, for few individuals, there is great desire for a healthy intimacy and heightened hope for good partners in the future. Furthermore, different disabilities have fuelled and shape different preferences when it comes to choosing partners, with physically disabled individuals looking for practicality before anything else, whilst sensory disabled persons look for personality connection. Nonetheless, understanding of the other's disability is of great importance for all forms of disabilities. Contrary to the popular belief that online dating helps disabled individuals to meet and form intimate relationship, this ethnography has shown otherwise. The majority of disabled informants were highly against meeting and forming intimate relationships with people they meet online, and only a very few use this platform. The main reason given was lack of trust, the burden of having to disclose one's disability, and inaccessibility of the websites due to their designs which do not accommodate individuals who use screen readers. Being disabled and queer has been communicated to be the greatest challenge, but once one has learnt of different possibilities to make things work, it becomes less challenging. Lastly, in general, males are more interested in and spoke mostly about sex, while on the other hand females spoke mainly about sexuality, with less attention to sex.

As mentioned before, this study's findings are based on the sample of individuals with less severe disabilities in terms of adaptation. This can count as a limitation of the study since only certain groups of disabilities was studied, leaving out other forms of disabilities, which I referred to as 'severe' disabilities unrepresented. Therefore, these findings cannot be applied to the general disabled population. Additionally, given the limited number of disabled people in general, locating many participants became a challenge, leading to having access to only sixteen informants, which counts as another limitation since other disabled people who are exposed to other environmental settings other than university and sports are not represented.

The findings of the study clearly show that 'exposure' plays a critical role when it comes to disability and sexuality. Therefore, it would be a recommended idea to research this notion in depth in the future. It would be interesting to find out how much does exposure interplays with issues of intimacy amongst disabled people. This is important in the South African context since this is a very diverse country with rich history of inequality and exclusion on the basis of race, disability, and economy.

References

Ablon, J. (1996a). Gender Response to Neurofibromatosis 1. Social Science and Medicine 42:99- 109.

Ablon, J. (1981) Stigmatized Health Conditions. Social Science and Medicine 15b:5-9.

Ablon, J. (1999a). Living with Genetic Disorder: The Impact of Neurofibromatosis 1. Westport, CT: Auburn House, Greenwood Press.

Alaimo, S. (2010). Bodily Natures: Science, Environment, and the Material Self (Bloomington:University of Indiana Press,

Aronson, E. (2003) The Social Animal, Ninth Edition, New York: Worth Publishers.

Asch, A. & Fine, M. (1988). Introduction: Beyond Pedestals. In Women with Disabilities: Essays in Psychology, Culture, and Politics. Pp. 1-37. Philadelphia: Temple University Press. Barnes.

Barrow, K. (2010). Difference Is the Norm on These Dating Sites. New York Times. Accessed 2 March 2014. www.nytimes.com/2010/12/28/health/28dating.html

Butler, J. (1993). Bodies that matter: On the discursive limits of "sex." New York: Rout-ledge.

Cooper, E. & Guillebaud, J. (1999). Sexuality and Disability: A Guide for Everyday Practice. Radcliffe Publishing. p. 16.

Dalton, M. (1959) Men Who Manage, New York: Wiley.

Douglas M. 1978 [1970]. Natural Symbols. New York: Praeger

Foucault, M. (1977). Discipline and punish: The birth of the prison. New York: Pan-theon.

Galvin, R. (2006). A genealogy of the disabled identity in relation to work and sexuality. *Disability and Society*. 21(5), 499-512.

Giddens, A. (1990). The Consequences of Modernity, Blackwell Publishers Ltd.

Goffman, E. (1963). Stigma: Notes on Management of Spoiled Identity. Englewood Cliffs, NJ: Prentice Hall

Hatfield, E., & Rapson, R.L. (1993). Historical and cross-cultural perspectives on passionate love and sexual desire.

Hughes, B. and Patterson K. (19970. The social model of disability and the disappearing body: towards a sociology of impairment. *Disability and Society*, 12 (3), 325-340.

Hunter, M. (2010). Love In The Time Of AIDS. Inequality, gender, and rights in South Africa. Indiana University Press.

Kakabadse, A., Kakabadse, N. (2004). Intimacy: International Survey of the Sex Lives of People at Work, Basingstoke: Palgrave

Kaufman, M. (2005; 2010). The Ultimate Guide to Sex and Disability: For All of Us Who Live with Disabilities, Chronic Pain, and Illness. Readhowyouwant.com. p. 32. ISBN 9781458767912.

Khaleque, A. (2004). Intimate Adult Relationships, Quality of Life and Psychological Adjustment. Social Indicators Research, 69, 351-360.

Lowndes, L. (1996). How to Make Anyone Fall in Love with You, London: Element.

Miller, R. & Perlman, D. (2008). Intimate Relationships (5th ed.). McGraw-Hill. ISBN 978-0-07-337018-7

Monroe, W.S. (1898). Discussion and reports. Social consciousness in children. Psychological Review, 15, 68–70.

Moore, M. (1985) Nonverbal Courtship Patterns in Women: Contact and Consequences", Ethnology and Sociobiology, 6: 237–247.

O'Neill J. (1985). Five Bodies: The Human Shape of Modern Society. Ithaca/New York: Cornell Univ. Press Ochs

Perlman, D. (2007). The best of times, the worst of times: The place of close relationships in psychology and our daily lives. Canadian Psychology, 48, 7–18.

Power, M. R. (2004). Everyone Here Speaks TXT; Deaf people using SMS in Australia and the rest of the world. Journal of deaf studies and deaf education. Vol 9, No. 3. Oxford University Press.

Ridley-Duff, R.J. (2010). Emotion, Seduction and Intimacy: Alternative Perspectives on Human Behaviour (Third Edition), Seattle: Libertary Editions, ISBN 978-1-935961-00-0

Ridley-Duff, R.J. (2005). Interpersonal Dynamics: A Communitarian Perspective", paper to the 1st ENROAC-MCA Conference 7th–9th April, Antwerp.

Robinson, T. (2014). Sex and disability: it's about communication and experimentation". Disability Horizons. Disability Horizons. Accessed 7 March 2014. http://disabilityhorizons.com/2014/02/sex-and-disability-its-about-communication-and-experimentation/

Shakespeare, T. (1999). The Sexual Politics of disabled masculinity. *Sexuality and Disability*, 17(1), 53-64.

Shakespeare, T. (2000), Disabled Sexuality: towards rights and recognition. *Sexuality and Disability*, 18(3), 159-166.

Shildrick, M. (2011). Sex and Disability. eds. Durham, NC: Duke University Press.

Shildrick, M. (2012). Sex and Disability. Vol. 38, No. 3 (Spring 2013), pp. 767-769. The University of Chicago Press.

Shuttleworth, R. P. & Kasnitz, D. (2004). Stigma, Community Ethnography. Medical Anthropology Quarterly, New Series, Vol. 18, No. 2, pp. 139-161. Wiley; American Anthropological AssociationStable: http://www.jstor.org/stable/3655473 .Accessed: 10/04/2014 13:43

Scheper-Hughes N. & Lock M.M. (1987). The mindful body: a prolegomenon to future work in medical anthropology. Med. Anthro pol. Q. 1(1):6-41

Stocker, S. S. (2001). Problems Of Embodiment And Problematic Of Embodiment. Hypatia. Vol, 16. No. 3. Pp 30-55.

Vangelisti, A.L., & Perlman, D. (2006). The Cambridge Handbook of Personal Relationships. Cambridge, Cambridge University Press.

Vitalio, D. (2005). Be Your Woman's Hero, not Wuss: Part 1, internet newsletter 21st

Whyte, S. (2012). A touch of kindness". *Sydney Morning Herald*. Accessed 7 March 2014. http://www.smh.com.au/national/a-touch-of-kindness-20121110-294vz.html