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**Sex, Senses, and Disability: How sexual surrogacy is redefining the relationship between physical and personal gratification**

Amidst a culture that actively seeks to dehumanize disability through minimal, and when present, degrading sexual representation, a new practice is gaining attention for the controversies it raises regarding sexuality in disability culture: sexual surrogacy. Sexual surrogacy is a form of therapy designed to expand erotic self-knowledge and confidence. The purpose of the practice is not to replace offensive stigmas surrounding disability and sexuality but rather to remedy the emotional effect these stereotypes have on the self confidence of people with disabilities. While this practice is not designed to create a more inclusive cultural perception of disability sexuality, it is a necessary facet of that effort. Currently, sexual surrogacy is a disputed practice however much of that contention stems from an inaccurate societal perception of what sexual surrogacy is. Before sexual surrogacy can be debated as a legal or social entity for its assets, it has to be acknowledged as a sensual practice as opposed to a sexual one.

It is not just that people with disabilities aren’t included in conversations about sexuality, it is also that when they are represented, they’re typically presented as being as being “asexual, hyper sexual, perverse and contaminated” (1). In literature there is a phenomenon known as the “Chatterley Syndrome'', originating from D.H. Lawrence’s novel *Lady Chatterley’s Lover*, that refers to a situation where a disabled man’s sexual partner breaks the exclusivity of their relationship because the man has “lost sexual power because of his impairment” (1). This scenario has been used as a literary trope through the duration of western literature, even being found in Greek myths describing how the goddess Aphrodite was unfaithful to her husband Hephaestus because of his disabled leg (1). The continued use of this motif creates a stereotype around people with disabilities, that they have a smaller capacity, than an able-bodied counterpart, to be sexually fulfilling to their partner.

This stereotype escalates as it is brought into conjunction with the reproductive implications of sexual interactions. Not only are people with disabilities characterized as inferior sexual partners, but social philosophy movements, such as eugenics, have introduced the theory of contamination (1). This postulation essentially argues that a person with disabilities will pass their disability on to any offspring they might produce, polluting the purity of the population (1). This theory led to the passage of the Ugly Laws in the early 1900’s, which outlawed “unsightly” people from being in public, and to the systematic abuse of disabled people in institutions and during war-time (1). The philosophy not only conflates disability with unattractiveness, it implies that having relations with a disabled person is immoral because it could lead to the production of a child with disabilities.

Sexual disability depictions are inherently contradictory because while disable people are characterized as asexual or unfit for sexual activities, they are simultaneously depticted as being hyper-sexual. In the 19th century, people with disabilities, typically women with learning differences, were considered to be hyper-sexual, a stereotype that led to these people being systematically raped and abused in institutions (1). This hyper-sexual stigma has contributed to people being with disabilities, specifically intellectual ones, being denied any sexual exposure, by guardians and care-givers, on the premise that they are more prone to perverted behavior (2).

Although these stigmas surrounding disability and sexuality have existed for centuries, they didn’t begin to be challenged until the 1960’s when returning Vietnam War veterans and college students started pushing for sexual rights (1). The University of California at Berkeley, the first accessible university campus, began a sexuality and disability center in response to protests from it’s disabled student population (1). This center offered sex therapists who could not only advise students on sexual topics but who could put them in contact with sexual surrogates as a resources for a more kinesthetic form of education (1).

Sex therapists have the ability to recommend sexual surrogates because the practice occupies a legal grey zone; this ambiguity is largely dependent on the amorphous definition of sexual surrogacy. There is much debate within, and outside of, the disabled community on weather sexual surrogacy is an educational or exploitive practice. Regardless of these contentions, the most agreed on interpretation of sexual surrogacy is that it is a form of therapy that helps individuals “discover their inherent erotic natures and acquire the tools they need to manifest their erotic natures with themselves and their partners”(3). Essentially, sex surrogacy seeks to explore definitions and applications of intimacy on an individual and cultural level.

This emphasis on intimacy challenges the very title of sexual surrogacy by distinguishing it as a sensual activity as opposed to a sexual one. Most activities practiced by surrogates and clients are centered around self-confidence, as opposed to penetration and genital stimulation (3). Lawrence Shapiro, a certified sexual surrogate, describes surrogacy training as heavily focused around using touch as a means to stimulate “erotic self-knowledge” (3). Popular practices include ‘Body Mirror Mediation’, an activity that involves both the client and surrogate standing (or sitting) naked in front of a mirror, describing what they both like about their bodies and how their bodies give them and their partners pleasure (3). The exercise is designed to dis-entangle stereotypes surrounding disability and sexual attractiveness from the client’s perception of themselves and to validate their body as a desirable possession. Other practices include ‘Sensuous Showers’, where a surrogate and client will bathe together in a mutual, non-sexual manner (3). The action is less oriented towards pleasure and more so designed to establish trust between the surrogate and client by dissolving power-dynamics created in sexual situations (3). The practice also empowers the disabled party by allowing them to explore their able-bodied partner in a mutual capacity (3).

Unfortunately, sexual surrogacy is typically viewed as a solely sexual practice, a misconception that frames many of the controversies surrounding it. One of the largest debates surrounding sexual surrogacy relates to whether or not it can be classified as prostitution. Derrelle Janey, a Manhattan defense attorney, argues that the emotional explorative aspects of the practice don’t negate that surrogacy is fundamentally an exchange of money for sexual experiences (4). Fern Arden, a sex therapists who employs sex surrogates, counters that it is not prostitution but rather a “public service” (4). Arden’s case falls in line with a contemporary movement advocating for sexual citizenship, propagated not only within the disability-rights movement but also among all sexual minoritized groups (1). The movement maintains that people who have suffered from sexual stigmas should be allowed to access sexual services without facing prostitution penalties (5).

The heat with with which the classification of sexual surrogacy is disputed could be lessened if sex surrogacy was acknowledged as a sensual practice as opposed to a sexual one. Yes, sexual surrogacy practices can include sexual activities, however the emphasis is on creating intimacy. When we redefine to focus of sex surrogacy, it feels out of place to discuss the operation in the context of prostitution or even sexual citizenship. Prostitution operates around the premise that sex is genital stimulation and even though that definition should certainly be expanded to include the erotic sensual activities performed in the disability community, it is not at that place yet, making sexual surrogacy a non-sex centric practice. This is why massages or forms of physical therapy are not classified as prostitution, because sex-crime law does not view all forms of physical gratification as equal. Sex surrogacy should also be slightly separated from the sexual citizenship movement. Again, the movement focuses on allowing people with disabilities to access sex workers so as to have sexual experiences, raising questions about how sex should be defined . While that conversation certainly needs to be pushed to make the definition more inclusive, the term ‘sex work’ just does not have the scope to encompass the nuances and practices of sexual surrogacy.

Feeding into the debate on whether sex surrogacy should be classified as prostitution is a conversation on the legality of sex surrogacy. Advocates for the legalization of sex surrogacy argue that legalizing the practice would make it a safer and more beneficial job for sex surrogates (1). Additionally, the legalization of the practice would make intimacy and erotic experiences more accessible to minorities within the disabled community (1). In 2005, the magazine ‘Disability Now’ published a piece showing that while 37.6 percent of disabled men would pay money for a sexual experience, only 16 percent of disabled women would do the same (1). In sexual surrogacy’s current ambiguous legal state, it is more available to populations whose sexual needs are already prioritized by society- this meaning heterosexual males. It is already an obstacle for women and other sexual minorities to take ownership of their sexuality in a patriarchal, heteronormative society. To add on an additional challenge of potential legal persecution is to completely disincentive populations within the disabled community from perusing intimacy. If the practice were to become legal, not only would sexual minorities feel more comfortable utilizing sex surrogates, but organizations that employed sexual surrogates would have more incentive to tailor their practices towards non- heteronormative standards of eroticism.

Critics of sexual surrogacy legalization maintain that the effort would reinforce a stereotype that people with disabilities are so sexually undesirable that they must pay for their sexual experiences (1). This would not only shade depictions and conversations surrounding sexuality in disability culture, but would color all other efforts made by disability rights movements . There is also an argument that in making sexual surrogates accessible, lawmakers will be disincentivizing people with disabilities from pursuing monogamous, long-term sexual relationships (1).

Similar to the debates regarding prostitution, arguments surrounding the legality of sexual surrogacy drastically shift meaning when sexual surrogacy is viewed as a sensual practice. The case that sexual surrogacy needs to be legalized in-order for the industry to be incentivized to gratify a wider variety of sexual wants and preferences doesn’t completely make logical sense when we reevaluate sexual surrogacy as a practice of intimacy. While sexual stimulation is deeply rooted with sexual orientation, making it an attraction centric activity, sensual stimulation solely concerns the five senses (6). When a sexual act is performed, it is primarily used to deepen the person’s attraction for their partner, which means that the sex industry must account for the diverse array of attractions that can exist. When a sensual act is performed though, it’s used to deepen self-knowledge, making it not so much about the partner and more about the person being gratified (3). So sexual attraction isn’t necessarily something that needs to be accounted for.

Although sexual surrogacy isn’t about sex, it is still perceived by the general public to be, so legalizing it would potentially make it more accessible to populations that face sexual stigma. Additionally, regardless of the focus of sexual surrogacy, legalizing it would make it a safer practice for its workers.

As for the argument that legalizing sexual surrogacy would reinforce sexual stereotypes against people with disabilities and make it more difficult for these people to find longer term relationships, again, the argument loses weight when we acknowledge sexual surrogacy as a sensual practice. Similar to how sexual surrogacy doesn’t need to take the sexual orientation of its clients into account because the activities are not about attraction, people who pursue sexual surrogacy services don't need to fear being viewed as undesirable because the sex surrogate’s goal isn’t to validate their attractiveness. While positive body image is an effect of sexual surrogacy, the focus is mainly on sense stimulation. Intimacy and sensuality, although they are often conflated with sexuality, can exist with or without a sexual relationship. Therefore pursuing a sensual experience should not be considered a means by which to find sexual fulfillment.

Regardless of whether the activity is sexual or sensual, any physical relationship brings into questions about consent and exploitation. If a topic needs to be debated in regards to sexual surrogacy, it isn’t it’s legality or characterization but rather whether the clients of the practice are being properly treated. Non-verbal indications of consent are generally accepted however sex surrogates report routinely having to turn away clients with dementia and intellectual disabilities because they don’t know what degree of informed consent is being provided (1). Women with learning differences are specifically rejected, by sex surrogates, because of their history with sexual exploitation (1). The solution to this issue is not to deny these populations sensual stimulation, part of having equal rights means that these people are deserving of intimacy as much as any other human. Instead, our society needs to expand its understanding of communication so that people with intellectual disabilities can have equal access to erotic resources and feel safe pursuing those practices (1).

The field of sexuality, sensuality, and intimacy is complex and continuously developing new nuances. Practices such as sexual surrogacy should not complicate our understanding of these terms but rather, should push our society to better characterize their relationships to one another. Although sexual surrogacy cannot be categorized as a sexual practice, it’s focus on sensuality and intimacy supports larger efforts to redefine cultural perceptions of sexuality in disability culture.

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