Dating While Impaired:

Visually impaired individuals and the impact of disability on their dating and sex lives

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Abstract

How are the ways in which one navigates personal relationships and sexual partners affected by the onset of, or the existence of, an impairment?

How does having a visual impairment impact one's dating and sex life?

Using historical and theoretical analysis, this thesis contextualizes the disabled experience and shows how Western society affects visually impaired and blind people. With semi-structured, in-depth interviews framing individual's responses and stories, this project connects lived experiences to theory and engages with insights of "dating while disabled." Using Feminist Theory, Queer Theory, and Disability Theory, in conjunction with this project's research questions and interviews, the dialogue of disabled embodiment is further advanced.

This thesis discusses disabled sex narratives in Western media, disabled activist historical perspectives, and the historical and more modern meanings of impairment and disability. Using intersectionality and concepts of passing, coming out, and crip time to investigate the disabled context within an interdisciplinary Gender Studies approach.

This project's research about physical visible and invisible disabled identities shows the impact impairment has on oneself and one's self-esteem; particularly when discussing their identities and personal relationships, including their dating and sex lives. This project investigates how "becoming disabled," rather than born with a disability, may affect individuals differently. Analyzed interviews include topics of sexuality, gender identity, disabled identity, sexual experiences, dating experiences, and personal relationships.

Keywords: ability, blind, dating, disability, feminism, gender, identity, LGBTQIA+, queer, sexuality, visually impaired

Foreword

Cancer led me to the queer community I love and to other visually impaired folks. Cancer (its ripple effects and consequences) has led me to this project. Thanks to cancer, I have lived the life of someone who was not sure they would make it past thirty. This thought process, born out of fear and trauma, led to making some interesting choices; taking part in and leaving certain relationships, leaving a comfortable culture and religion behind, learning how to ski at eighteen (with no instruction or depth perception), moving abroad, and choosing Gender Studies for my academic path, to name a few.

Diagnosed, at thirteen, with a tumor so rare it had (has) no name, and about sixteen years old when this cancer journey would end, I was not prepared for the journey of vulnerability, impairment, and disability that would follow me the rest of my life. Because of this tumor and a three-year-long cancer situation (and a few close calls with my remaining eye), I now have about forty percent visual acuity and live life with a prosthesis.

My visual impairment (and prosthetic) goes where I go- yes, even to my tiny apartment in Oslo, even everywhere I have traveled, and everywhere I have worked, lived, and dated (and had sex!). My impairment has been ever-present as I draft this thesis about the experiences of visually impaired and/or blind individuals and their dating and sex lives.

My thirtieth birthday has now come and gone. A birthday milestone I spent my teenage years and twenties believing I would never see. I am typing my thesis on a keyboard with an unfamiliar alphabet and key pattern. I have open and honest conversations with people about feminism, gender, sex, sexuality, and disability. I am impressed and honored to bring my interviewee's words to the printed page through my days of tired eyes, prosthetic goop, blurred vision, and computer-induced migraines. Through finishing a long weekend of night shifts at a restaurant full of thankless, beef-hoarding, anti-American (yet weirdly pro-American barbeque food?), individuals, through permittering ("temporary layoff" due to COVID-19), and more. Here it is.

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1 Introduction

The idea for this thesis started in a classroom at the University of Utah back in 2013. During a class entitled “Gender and Disability,” the idea and concept of “passing” (Brune & Wilson, 2013) was presented as a topic for our first lecture and discussion. This class was the first time I realized: I have been passing as able-bodied[1] (the opposite of disabled). Although I am a visually impaired cancer survivor, I can *pass* as able-bodied or “sighted.” I never have to disclose information about my prosthetic, impairments, or disabilities- unless I want to (for the most part). These impairments often go unchecked by those I meet. Not all who are disabled or visually impaired have this privilege.

Through the 2013 semester, alongside the curriculum presented in Gender and Disability, I began to unpack my “knapsack of privilege” (McIntosh, 1989), and it is through the learning and unlearning of the Western, ableist society around me that I began to put many of my identities and choices into the context of my body. I noticed how I hid my VI and my prosthetic; I noticed what this meant for me and my relationships. I notice the positive impacts and scenarios of passing and negative outcomes of the constant pressure to blend in and minimize impairments.

Impairment is a term often used within this thesis and a term that differs from disability. Using the social model of disability, meaning how the category of disabled is understood within social interactions, is essential to this project’s contexts. Furthermore, impairment is a sub-category within disability, where disability is a label without a single physical characteristic but may speak for many different impairments (Grue, 2016). Impairment is the mechanism by which one may become disabled by society. For example, a person with a visual impairment (VI) may appear, play, or act able-bodied (or non-disabled), but if the impairment is severe, one may be found by onlookers as impaired, thus disabling them. I further turn to Jenny Morris’s terminology of the word

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[1] “Abled” and “able-bodied” refer to the non-disabled body, often the idealized body.

"disability" to mean not impairment but refer to the disabling barriers of prejudice, discrimination, and social exclusion (Morris, 2001).

According to Critical Disability theorist David Hosking, disability is broadly stated as "personal misfortune preferably to be prevented and definitely to be cured, privileges 'normalcy' over 'abnormal,' presumes able-bodied norms are inevitable, and values economic productivity as an essential aspect of personhood" (Hosking, 2008, p. 6). The social model for understanding impairment and disability stands in opposition to that of the medical model. The medical model assumes that pathological physiological conditions are the primary obstacle to disabled people's social integration and interaction (Longmore, 2003, p. 4), where the social model understands disability as a social construction, like gender, where social constructs have pre-determined the treatment and position of disabled people (Linton, 1998). This project discusses "normalcy" and non-disabled norms related to dating and sex lives for women with VI.

How then (I have spent years wondering and unpacking) does having VI impact where I work, what I do for work, what I choose to study, how I learn, or the hobbies I enjoy in my spare time? How has the process of becoming disabled through cancer affected how I dress or present myself, how I navigate my gender[2] identity and my sexuality, and does my status as "impaired" affect my dating life, my partners, my relationships, and sex life? Until now, I had no reason, no network, no project with which to discuss these questions with anyone else who may understand this disabled embodiment or understand how disabled embodiment[3] works "as a disruptive force" (Inckle, 2013, p. 389).

Until this project, I had only met two other people "with one eye." Two white, cisgender, upper-middle-class men. Men who felt comfortable not wearing their prosthetics in public and saw no issue in presenting their impairment openly and daily. These were the only people I had met who "looked like me." However, the delight I felt

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[2] Gender is a social construct and social identity or category. Gender refers to the attitudes, feelings, and behaviors that a given culture associates with a person's assigned and/or biological sex (Haslanger, 1995).

[3] Disabled embodiment "is a dynamic, lived position that intersects mind, body, emotion, social, self and other, and operationalizes new and challenging forms of representation and articulation" (Inckle, 2013, p. 389).

when finding someone to connect with over having one eye quickly faded when I discovered we are treated differently because of our bodies, because of our gender. As such, we look at our impairments and disability differently. When I asked how they dared to not only not wear their prosthetics, but how could they also not wear an eyepatch, they responded, “It’s no big deal [to take your eye out].” “No one treats me any differently.” “No one really says anything or bothers me about it.”

I was confused. Why is it that when I wear my eyepatch, I received lectures from my boss about how to take care of myself better and given tips on how to wash and care for my prosthetic? Alternatively, when I wore my eyepatch, several people commented different on tropes related to eyepatches (“You’re like a pirate,” “You need a parrot, too!” or “Hey, Escape From New York!”, to name a few), or strangers ask questions about “why” I look a certain way or “what” is wrong with me. “Oh,” I realize(d). “I am a woman. I *owe* people an explanation, in a way that *they* do not.”

I am not alone in these experiences. The disabled community is the largest minority group in the United States, accounting for twenty percent of the United States population, according to the National Organization on Disability. According to the American Medical Association, the projected number of people with blindness or visual impairment is projected to double by 2050 (Varma et al., 2016). It is an American context, and with a United States (U.S.)-centric focus, this thesis operates within. As I highlight in the Methods and Methodology chapter, this thesis uses Western-focused theory and American respondents based in the U.S. I chose to use an American context as it is the cultural background with which I am most familiar.

Within Gender Studies topics, I developed the following research questions first by analyzing how they affect me and what the answers may be (and, like Gender Studies and Feminist Theory, I remain open to these answers’ fluidity). I now want to know how other individuals, who are visually impaired, affected?

This research examines the following questions:

1. How are the ways in which one navigates sexual partners and personal relationships affected by the onset of, or existence of, a visual impairment?

2. How does visual impairment, or blindness, impact one’s dating and sex lives?

These topics were chosen as they are relatable and familiar, and because I am an American researcher who is familiar with the Western discourses encompassing sexuality, intimacy, and love, which surrounds my respondents. The cultural contexts and interpretations concerning American perspectives of disability and sexuality are exciting and need further research. Lived experience is a strength within research, and I defend such a decision to write based on lived experience throughout this project. I started this academic argument with questions of “how” and many assumptions about where this trajectory would lead me. To address these assumptions, I have placed boundaries for this research, and I have made space for the directions VI and/or blindness has taken other individuals.

1.1 Historical Perspectives

Historical perspectives are integral to this thesis as I see a need for research concerning Americans with disabilities to be rooted in the long and essential disabled activist history. Civil Rights Movements have helped bring disability, legal rights for the disabled community, and disabled narratives to the center of such movements. Discussing historical perspectives and recent histories of disabled communities is crucial as I wish to situate the American disabled experience within these histories and in conjunction with my interviews. The rich activism of the American disability community affects societal views towards disabled individuals and affects the discussions (or lack thereof) of disabled dating and sex lives today.

Considering the disability rights slogan “Nothing About Us, Without Us” (Charlton, 1998), I use the following sections to contextualize the important relevance of the disabled activists that came before us. Those activists who deconstructed sidewalks, erected ramps, signed legislation, and opened minds and spaces for which VI young people may more fully participate as active, working, participatory, sexy, and desired individuals. Activists before us have created spaces where social barriers do not impede the disabled community, but these spaces are still scarce.

1.2 “I guess I’m an activist… I think it’s just caring.”

Emerging from the historical perspectives of disabled[4] activists in 1960s and 1970s America, the academic field of Disabilities Studies more formally began during the 1980s, with Critical Disabilities Studies emerging in the 1990s (Longmore, 2003). Historically, women have been left out of discussions of disability, and theories of sexuality and disability often revolved around men as discussions surrounding disability were focused on the disabled man losing his sexual prowess, which dominated Disabilities Studies for many years (Rainey, 2017). One standard narrative where disabled men’s sex lives are centered includes, more recently, is one in which abled women in heterosexual relationships have found disabled men to make better lovers (Rainey, 2017, p. 213). Heterosexual relationships of the disabled man partnered with the able woman are also ideas that have dominated Disabilities Studies (Rainey, 2017). This thesis examines dating and sex lives outside these leading interpretations with historical discussions working along gendered lines.

For years, disabled people have fought to shape their own lives (Nielsen, 2013, p. 283). This shaping developed alongside the language of oppression. Theorist Iris Marion Young presents the concept of a language of oppression as having five faces or categories (Young, 1990): exploitation, marginalization, powerlessness, cultural domination, and violence. Within these categories, marginalized social groups began to form and become more organized. Those who become marginalized “ultimately wield more power to disturb the status quo than those who more closely approximate the norm, because, by having been forced to live at the edges of society, the oppressed occupy a location which lends itself to the disturbing of these boundaries” (Galvin, 2005, p. 410). As such, American Civil Rights Movements reached across social categories and found

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[4] Throughout this thesis, I use identity-first language (i.e., disabled person) rather than person-first language (i.e., a person with a disability). This choice signals allegiance to disability rights activists who argue that disability shapes identity (Dunn & Andrews 2015; Rainey, 2017).

power in numbers by organizing those experiencing the faces of oppression (Longmore, 2007).

This organizing led to the Civil Rights Movements of the 1960s and 70s, where this thesis builds its historical and rights-based framework. These movements developed the heightened awareness, organizational strength, and identity exploration of feminist and disability activist groups (Nielsen, 2013, p. 281). The Disability Rights Movement was running parallel and intersecting with other Civil Rights Movements across the United States during this time (Longmore, 2007).

Further in this thesis, I discuss the informant's dating and sex lives, of which many were not yet born during the Civil Rights Movements. Because Civil Rights and Disability Rights Movements sought to end employment discrimination and other forms of discrimination in the public sphere, those involved with this thesis have benefited from the work of the activists who came before us (Nielsen, 2013, p. 291). Nielsen quotes activist Clara Cow, "I guess I'm an activist, I think it's just caring" (Nielsen, 2013, p. 283). Whether "just caring" or self-identifying as activists, these movements led to intuitional changes, changes where studies such as Disabilities Studies and Critical Disabilities Studies exist.

Disabilities Studies and Critical Disabilities Studies continue to provide context, evidence, scholarship, and language for those living with many visual disabilities and impairments. This framework is evident as the Disability Studies field challenges the Gender Studies field to include disabled voices and bring disabled academics, disabled theorists, and disabled activists into Feminist Theory more regularly. The Disabilities Studies and Critical Disabilities Studies fields are interdisciplinary (Garland-Thomson, 2005) and ultimately seek to include narratives by disabled people, not just about them, as do I. Through such narratives, we see that Disabilities Studies discusses "the set of social, historical, economic, and cultural processes that regulate and control how we think about and think through the body" (Davis, 1995, p. 37). Thinking about the body as sites for social, historical, economic, and cultural practices and theory is necessary when discussing disabled narratives related to Gender Studies and disability culture.

In this section, I have laid out a historical, rights-based framework. As we will see, this is a framework from which my respondents could extend by further examining and explaining situations where VI has affected their dating and sex lives. This thesis does not focus on rights-based histories but focuses on the more recent accounts and narratives about the interviewed respondents' dating and sex lives and how they interact with the theoretical frameworks laid out in the Theory and Concepts chapter. These more recent histories include disabled sex lives and disabled sex portrayals within Western media as they were brought to my attention during interviews as influences on self-esteem and confidence.

1.3 Disabled Sex Narratives in Western Media

Similar to the feminist "waves" entering the public sphere, disability theorist Paul K. Longmore proposed that the Disability Rights Movement also has "waves," or, as he specifies, "phases." Since the late 1980s, "The movement of disabled Americans has entered its second phase. The first phase has been a quest for civil rights, equal access and equal opportunity for inclusion. The second phase is a quest for collective identity" (Longmore, 2003, p. 215). This thesis creates a framework through which we can explore the second phase of collective identity. That is, my larger aim is to explore and create a disability culture (Longmore, 2003, p. 215). Through more recent media examples, we further this dialogue of what disabled representation is or is not.

There are several extremes in thoughts about disabled sex lives and bodies: "inspiration porn" narratives, meaning the audience applauds the disabled person for simply existing while disabled, or a person's impairment as fetishized (Kafer, 2013; Sherry, 2010). This fetishization means the onlooker has fetishized the disabled body, the disability, or the prosthesis. At the other end of the spectrum, ableist norms promote disabled bodies as asexual and devoid of sexual meaning, desires, and fulfilling sex lives (Shakespeare et al., 1996). With so many "inspiration porn" narratives, for example, Paralympic athletes propositioning stories of "overcoming" and "inspiration" for able-bodied viewers (Grue, 2016), I wanted to represent the antithesis of such thought. I began to ask how this thesis might be connected to society's view of disability, the visually impaired, and how those shortcomings from societal views may look.

If disabled people are not viewed as complete and participatory humans (Pelka, 2012), how can those in the disabled community enjoy dating and sex, including, but not limited to, romance and/or intimacy? Only recently have theorists discussed the question of re-claiming disabled sex lives and if disabled sexuality "can" be envisioned? The answer is emphatic, "Yes, they (or we) can!" (Rainey, 2017; DeMirjyn, 2017). Diamond writes, "Sexual desire typically denotes a need or drive to seek out sexual objects or to engage in sexual activities, whereas romantic love typically denotes the powerful feelings of emotional infatuation and attachment between intimate partners" (Diamond, 2004, p. 116). With this definition and the differences shown between sexual desire and romantic love, this project furthers dialogue towards the nuances of emotional infatuation, attachment, and engagement in sexualities.

Discussions of disabled sexuality and disabled sex lives show the intersections (Crenshaw, 1989 & 1991) between Civil Rights, politics, accessibility, and sex, both at individual and societal levels (Pelka, 2012). This thesis examines disabled sex and disabled sexual and romantic partners as not only consensual and willing partners but as people engaged and empowered by sexual pleasure (Tepper, 2000). The following vignettes portray the opposite of the metaphor for the disabled body displayed as tragic (Hughes, 2007) and situate developments that confirm rather than invalidate disabled lives.

In July 1988, Ellen Stohl, a white, cisgender female paraplegic, became *Playboy's* first disabled playmate. Ms. Stohl is quoted, in a letter to *Playboy* editorial staff, in which she directly asks to be represented in the publication, as saying, "sexuality is the hardest thing to hold onto after becoming disabled" (Smith, 1988). Flash forward to April 2020, when *Playboy* featured Marsha Elle, *Playboy*'s first-ever black disabled playmate (Uwumarogie, 2020). With these *Playboy* features, the disabled body and the disabled women were visually represented as sexy in a mainstream pornographic publication. Stohl has posed in a way that her disability is separate from her sexuality, in various stages of undress, through a sexualized lens, without her wheelchair, while on the opposite page, fully clothed, serving her community, stripped of her sexuality, in a wheelchair. Marsha Elle, however, was posed nude with her prosthetic leg, unmistakably on display in every photo. Perhaps this is what progress in representation looks like. With these differences in features, possibly the sexualized body, represented more recently in 2020, could be attributed to the two decades between each feature, but it is central to note the black body as more sexualized between the two. Neither Elle nor Stohl were cover features, which is worth mentioning, as disabled representations in media are often applauded but still not considered equal to their disabled counterparts.

We see from the rhetoric surrounding Stohl's feature in 1988, and still today, the debate of using bodies as sex objects. However, like Alexa Schriempf, I argue Stohl (and subsequently, Elle) exercise agency (Schriempf, 2001) when performing sexuality on the pages of *Playboy*. I also acknowledge the extreme lengths disabled women must often go to in order not to be seen as "different," "unsexy," or "asexual." While I acknowledge that some disabled people are asexual, just like some who are non-disabled are asexual, this trope automatically placed on disabled bodies is unfair and problematic. With these examples of sexual, positive, and powerful disabled women as active agents in widely circulated pornographic, hyper-sexualized content come narratives of disabilities long route to access the public sphere.

Historically, the physically disabled body was regarded as limit without possibility (Titchkosky, 2005). Through positive disabled sex narratives and "body positive" movements, we see the body as both limit and potential (Turner, 1992). As Nielsen argues, "Like feminists, African Americans, and gay and lesbian activists, people with disabilities insisted that their bodies did not render them defective. Indeed, their bodies could even be sources of political, sexual, and artistic strength" (Nielsen, 2013, p. 281). Titchkosky, Turner, and Nielsen see the body as fluid and explore sexual strength through such a vessel.

Through Longmore's proposed second phase, the quest for collective identity (Longmore, 2003, p. 215), this thesis engages disabled narratives within dating and sexual "norms" as part of this collective quest. Without discussions of intimacy, personal relationships, and sexuality, research fields such as Gender Studies and Disability Studies may go no further. Furthermore, Disability theorist Tobin Siebers proposes "sexual culture" for people with disabilities: "This phrase ["sexual culture of people with disabilities"] is meant to set in motion a process of defamiliarization directed at experiences so intimate and unspoken, so familiar, and yet mysterious, that few people will discuss them" (Siebers, 2008, p. 137). He further elaborates,

> On the one hand, the stigma of disability may interfere with having sex. On the other hand, the sexual activities of disabled people do not necessarily follow normative assumptions about what a sex life is. Neither fact means that people with disabilities do not exist as sexual beings. One of the chief stereotypes oppressing disabled people is the myth that they do not experience sexual feelings or that they do not have or want to have sex-in short, that they do not have a sexual culture (Siebers, 2008, p. 138).

Building narratives toward disabled sexual culture and disabled embodiment[5], I include *Playboy*. Other recent examples are the annual ESPN *Body Issue* and the yearly *Sport's Illustrated: Swimsuit Edition*. Weaving and Samson (2018) examine the gap in research analyzing sexual objectification and female athletes with physical disabilities. ESPN's *Body Issue* featured its first athletes with physical disabilities in 2009. Because of the success of *Sports Illustrated: Swimsuit Edition*, ESPN created their *Body Issue*, with one difference: they feature both male and female models. While it may seem more progressive for popular U.S. magazines to feature more bodies than that of cis women, the status quo is supported, and the models (athletes) are represented in the *Body Issue* as passive, with little or no association with their sport (Weaving & Samson, 2018, p. 2). While appearing progressive, gendered tropes are still present.

Weaving maintains that their talent and skill remain trivialized regarding the women posing nude because they are objectified (Weaving & Samson, 2018, p. 2). Further discussing the Paralympians' make-up, hair, body positioning, and how their disabilities are de-emphasized, we see symbolic physical and social capital gained by these models (athletes), which is usually reserved for elite non-disabled athletes (Weaving & Samson, 2018, p. 4; Purdue & Howe, 2013). Which disabilities are promoted or allowed to be sexy and sexual is a point I would like to highlight. It is worth noting that "amputation is ranked at the top of the 'esthetically pleasing' athlete

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[5] Feminist philosopher Susan Wendell grapples with embodiment conceptualized through disablement. Wendell proposes a "positionality characteristic of people with disabilities… is the unusual way of relating to their own bodies" (Silvers, 1998). This definition is similar to feminist analyses of embodiment: women's bodies as sources of power and pleasure (Silvers, 1998).

disability hierarchy" (Purdue & Howe, 2013). While I have presented ideas of objectification as unfavorable, I also see how these images may defy the "stereotypical views of disabled people as marginal or dependent" (Tsiokou, 2017).

McRuer (2006) and Garland-Thomson (1997; 2016) agree that disability is a part of being human, but to understand disabled bodies and discourses, we must also acknowledge that those in the disabled category are often treated as either not human or less than human (Grue, 2016; Tepper, 2000; Garland-Thomson, 2016). Therefore, if existing while disabled exists as sub-human, it is easy to understand how engaging in sex, sexual intimacy, sexual relationships, or feeling sexy would be difficult and, perhaps, revolutionary. I suggest the ability to engage with revolutionary and sexual acts while disabled may be easier if the media, including television and film industries, would encourage and supply more examples of such relationships and instances. Longmore discusses romantic relationships and other portrayals of characters with disabilities in film (Longmore, 2003), where he points out the obsessive emphasis our sexually charged culture places on us, and as such, disabled characters who present as attractive and sexual, are few and far between (Longmore, 2003, p. 142). Blindness and VI represent positive (and disabled) on-screen love stories most often. Perhaps this is because blindness is an "easy" disability for an actor to play or an "easy" disability for the audience to empathize with. Whatever the reason behind blind people's bodies used to further narrative within a storyline, I argue that these storylines are often one-dimensional.

Too often, the dominating heteronormative[6], cisgender[7], abled world puts disabled communities in the asexual and agender category (Longmore, 2003, p. 141). Those with disabilities dream of their ideal date and the perfect partner(s) and engage with sexual fantasies. I add to the narrative that disability and sexuality are human conditions that are dynamic and intersecting. There is ultimately no *one* answer or *one* lived experience for everyone with disabilities, and it is here we may find exciting

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[6] Theorist Michael Warner (1991) coined the term "heteronormativity" to explain the pervasive, idealized, and protected status of heterosexual(s) as the norm.

[7] Cisgender refers to the person's gender and gender identity matching their biological sex at birth.

analysis within the context of this project about similar situations, different meanings, or consequences. One dominant idea is the “meet-cute,” a concept my respondents mention, in one way or another, as to how “we are supposed to meet someone.” However, this may not be realistic for VI or blind people.

The concept of the “meet-cute” is neatly explained in the 2006 classic American romantic comedy film, *The Holiday* (Meyers, 2006), starring Jack Black and Kate Winslet. Here we learn what Hollywood refers to as “the meet-cute”: typically, a (cis/abled) young man and a (cis/abled) young woman have some hilarious and unexpected adventure that involves them meeting cutely and memorably. According to the Cambridge Dictionary, a “meet cute” references
“a humorous or interesting situation in which two people meet, that leads to
them developing a romantic relationship with each other” (Cambridge Dictionary, n.d.). In my Findings and Analysis chapter, we discover instances where these narratives of “meeting someone” or embarking on romantic relationships are influenced by hegemonic, Western, romantic narratives.

In a Western context, dating culture means to attempt to begin romantic relationships with the unrealistic expectations of a “meet-cute.” We idealize situations and identities that are not “normal” but are normalized through tv shows, films, and even arguably most written romantic narratives. These sexual scripts do not allow room for the nuance of queerness, or different bodies, disabled or not. My respondents rhetorically ask, “how am I supposed to meet someone if I can’t see them?” Alternatively, “how am I supposed to know I am attracted to that person if I don’t see them across the room looking at me. Will I ever just bump into someone and fall in love?” These are the scenarios with which we believe we are supposed to meet potential future partners entirely by chance. Here we see VI impacting dating and relationships, and through the Findings and Analysis chapter, I go further into these scenarios and questions.

The media create messages which shape our thoughts and have the power to spark imitation (Chrisler et al., 2012). Seeing disabled images in magazines and on-screen engages further contextual analysis on what culture is, who creates it, and what media does to support or challenge the images the public sees. *Playboy* featuring disabled women, even with their cis, thin, and conventional attractiveness, within its centerfolds is hardly going to change dominant public opinions or stereotypes of disabled women's bodies and sexuality. Nevertheless, it does show disabled bodies as valid, viable, powerful sources and vessels for pleasure and freedom of expression.

Within performance work by disability activist Maria R. Palacios, we see empowerment through performance and the power of finding disability in queer spaces as Palacios does with Sins Invalid, "a performance project focusing on artists with disabilities, particularly artists from marginalized populations, such as artists of color, genderqueer artists and queer-identified artists" (DeMirjyn, 2017). Through Sins Invalid, Palacios explores being a woman with a disability and "an artist with a voice and with a living, throbbing, sensuality and sexuality" (DeMirjyn, 2017). The intersection of Queer Theory and Disability Studies with Gender Studies and Feminist Theory is interesting and complex, and through performance art, poetry, "me-search[8]" and inclusive research, we can make more sense of the human condition. It is through the work of disabled activists that we see disabled bodies as sexual and formidable.

This thesis is aligned with scholarship that wants to change culture: providing a place where we may avoid reliving the cycles of oppression that have silenced disabled communities and disabled sexual narratives. Under ableist and capitalist systems and sexual marketplaces, impaired bodies are made disabled, and so, this thesis is intersectional at its core, as further discussed in my Intersectionality chapter. Through gender, sexuality, and disability, this thesis confronts the nuances and similarities between these various categories and where they overlap and intersect.

Like many Disability Studies and Gender Studies scholars before me, this thesis operates beyond the "deficit" model of disability and situates disability instead as a socially constructed category (Erevelles & Minear, 2010). This "socially constructed category derives meaning and social (in)significance from the historical, cultural, political, and economic structures that frame social life" (Erevelles & Minear, 2010, p. 132). Therefore, we need these historical and media-influenced references and

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[8] Me-search is a term coined by theorist Vinh Nguyen to describe the link between the researcher's past and personal experiences to the performed research.

frameworks. This social construction is a wall: a wall and category, built and constantly reinforced with the bricks of history, societal norms, political turbulence, upheld economic structures, narratives of sexual deviance, heteronormative expectations, and more.

In the next chapter, this project engages first with Feminist Theory and Feminist Disability Theory, confronting the nuances of intersectionality and the construction of normalcy. Theoretical commonalities within Disability Theory and Queer Theory are highlighted. With this background, I lay out my methods and methodological choices, which lead to my analysis of interviews held with VI and/or blind individuals. Through these interviews, this project then deliberates and explores several analyses and discussions. This research opens more veins of dialogue for the disabled experience in understanding crip time, analyzing gendered perspectives, and theorizing lived and impaired understandings.

2 Theory and Concepts

Western feminist research and American Gender Studies initially discussed how sex and gender are socially constructed, influenced, and valued. Moving beyond this critical foundation, today, several categories of theoretical framework co-exist within Gender Studies and Feminist Theory. Throughout this chapter, I employ an intersectional and queer analysis in the discussion of disabled embodiment. The body as a source of theory and criticism gained traction in academia in the 1990s (Tsiokou, 2017). Through disabled embodiment narratives, we may connect the relationship of the disabled body to the disabled subject's position as more than just biological (Tsiokou, 2017, p. 14).

This chapter consists of three parts. First, I will discuss feminist theory as related to Disabilities Studies and Feminist Disability Studies. Second, I position Queer Theory as an imperative frame of analysis to discuss impairment, disability, and the disabled body as context for experiences, thought, and research. Third, I will establish Disabilities Studies and Critical Disabilities Studies within this thesis and how these practices are relevant and related to Feminist Theory, particularly when discussing the dating and sex lives of those with VI.

While discourses appear to be obvious or "self-evident," this thesis discusses the relationships with identities that may be considered "both" and "neither." "A discourse is a way of speaking, thinking or writing that presents particular relationships as self-evidently true" (Paechter, 2001). Discussing disabled embodiment and feminine identities ascribed to and lived within impaired bodies allows this project to use several interdisciplinary theoretical directions to discuss both the restrictions and freedoms within these narratives. I employ the work of theorists such as Judith Butler, Andrea Dworkin, Kimberlé Crenshaw, Michael Oliver, and Eli Clare, to navigate the nuances visually impaired women live within.

The parallels between disabled, queer, and feminist discourses are important as these theories draw connections between identity and body politics and passing and coming out narratives. These connections are vital as this thesis discusses gender and sexuality within a disabled context and proposes links between these elements situated in various life changes, lives, and living with an impairment or disability.

The purpose of this chapter is to provide theories that are useful to this project's main research questions. Using an interdisciplinary approach, I connect feminist theoretical thought with disabled identities, Queer Theory, and Crip Theory. Eventually, I prove how such theories integrate with the narratives of my respondents' lives throughout my Findings and Analysis chapter.

2.1 Feminist Theory and Feminist Disability Theory

The feminist adage "the personal is political" (Hanisch, 1969) is an essential theme within a disabled culture and the thrust of this project. "The personal is political" was a phrase coined by feminist theorist Carol Hanisch in 1969, where she later credited the famous slogan and its theory to activist movements and groups and not just her work (Hanisch, 2006). While the political[9] and rights-based historical framework may seem unrelated to one's sex life, identity, and sexuality; these human rights play a role in how one not only reacts to how disability affects one's life, but how a person with VI, or blindness, navigates the dating world, the more modern "hook up" and dating culture, and personal or intimate relationships.

The impact and meaning of gender are fluid and complex, and Gender Studies was born from feminist movements in the 1970s. It is known for its critical edge. With this critical edge, we may invigorate feminist knowledge production within feminist academic work(s), and feminist politics as disabled lives and bodies are sites for radical influence within Feminist Theory. The meaning of disability is complicated and changing over time (Garland-Thompson, 2016, p. 2). So, this thesis is situated amongst critical theorists who emphasize and work to increase the importance of disabled voices

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[9] "Political," according to Hanisch (2006), was used in *The Personal Is Political* to discuss "the broad sense of the word as having to do with power relationships, not the narrow sense of electoral politics" (p. 1).

and the importance of disabled contexts within Feminist Theory, thought, and movements.

To exist in a world where we are occupying spaces along the fluid spectrum that is "ability," is to exist amongst the precariousness of our bodies. Everyone, at some point in their lives, becomes disabled. Therefore, discussions of disability and disabled lives are topics everyone should engage with (Garland-Thomson, 2016, p. 1). However, Feminist Theory has historically left out discussions of disabled identities (Garland-Thomson, 1997, p. 25), but through Feminist Theory, we may still find the language to discuss disabled positionality in a Western context. As Wendell points out, "We need a feminist theory of disability… because the oppression of disabled people is closely linked to the cultural oppression of the body. Disability is not a biological given; like gender, it is socially constructed from biological reality" (Wendell, 1989, p. 105). The experiences of those with physical disabilities[10] are widely diverse and are at their core political issues. Therefore, Feminist Disability Theory is not only needed but critical "for the liberation of both disabled and able-bodied people, since the theory of disability is also the theory of oppression of the body by society and its culture" (Wendell, 1989, p. 121).

Theorist Donna Haraway (1988) opens a dialogue between Feminist Theory and Disability Theory through her discussion of "the apparatus of bodily production." Haraway's work engages a feminist perspective which I use to engage with impaired and disabled lives and narratives. Discussing impaired and disabled narratives through interviews is a feminist method and is vital for pushing Disability Theory into the more widely recognized field of Feminist Theory. Like Garland-Thomson, Haraway discusses bodies and disabled bodies in terms of objects and boundaries (Garland-Thomson*,* 1997, p. 25; Haraway, 1988, p. 2). Objects (bodies) are what Haraway calls "boundary projects," and while boundaries are fluid, some disabled bodies push the boundaries of ordinary, normal, healthy, and so much more (Haraway, 1988, p. 2). Using these terms and theorists, we see impaired and disabled bodies existing and operating within a

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[10] This thesis focuses on visible and invisible physical impairments and disabilities, not mental impairments or disabilities.

Western feminist context and how VI and/or blind individuals engage with the margins while dating and where their bodies are sites of pushing or moving boundaries.

Those in marginalized categories and those with marginalized identities become familiar with the mainstream-ordinary-other (abled) culture as they experience themselves as somehow distanced from normalcy and ordinariness. bell hooks argues that the margins define the center (hooks, 1984). It is here, within the margins, that disabled individuals exist around normalcy and ordinariness, helping to shape the margins, the center, and the meaning of disability. The marginalized person then develops a "map of ordinariness" (Harding, 2004). That is a map or procedures for how to appear *ordinary* or *not* disabled. Thus, impairments lead to a roadmap of one's identities and a roadmap of dating and sex lives. Feminist Disability Theory further illuminates the social processes of identity formation. In short, Feminist Disability Theory reimagines disability. With this understanding from Feminist Disability Theory, we may probe the cultural meanings attributed to bodies that societies consider disabled through critical cultural work (Harding, 2004, p. 23) and understand disability as a system of exclusions that stigmatize human differences (Harding, 2004, p. 4).

Feminist Disability Theory, like Feminist Theory, extends beyond women to critically analyze entire gender systems (Garland-Thomson, 1997). In the earlier and more traditional and male-dominated Disability Theory, we see the lives and disabled narratives told from a masculine lens (Rainey, 2017). With Feminist Disability Theory, we can grapple with more identities, experiences, and nuances of the dominant male paradigm.

Feminist Disability Theory avoids specific medical diagnoses and medical-industrial complex[11] language and therefore is a more inclusive environment for those who identify as impaired and/or disabled (Kafer, 2013; Garland-Thomson, 1997; 2005). Feminist Disability Theory places emphasis on patterns in societal bias and attitudes and institutional barriers toward othered bodies. I argue that Disability Theory has

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[11] The term "Medical-Industrial Complex" refers to the network of corporations that supply healthcare services and products for a profit. These networks influence medical model ways of speaking about disability, where cure is central, and the impaired body is somehow deficient.

historically fallen short by leaving out certain experiences, bodies, and first-person narratives. This gap is where Feminist Disability Theory makes up for this lack of representation.

As it pertains to participants within this project, I suggest the disabled identity be a “master identity” (Grue, 2016). The identity which eclipses all other identities, the identity with which the non-disabled will navigate toward or quickly recognize. The disabled master identity may overshadow many, if not all, other characteristics of each disabled person. Through my Findings and Analysis chapter, I discuss the auto-narrative analysis of each interviewed respondent, which further shows the disabled identity as a master identity. Throughout the following section, I delve further into an intersectional examination.

2.1.1 **Intersectionality**

Kimberlé Crenshaw coined the term “intersectionality” in her work as a metaphor to explain the position in society for those with several marginalized identities (Crenshaw, 1989, p.1). Intersectionality gained popularity throughout the years, even outside Gender Studies and Feminist Theory, and has made its way to the Oxford and Merriam-Webster’s dictionaries. The term intersectional has gained momentum outside of the academy as well, where the Black Lives Matter (BLM)[12] movement has thrust the term into the social mainstream (Perry, 2021). What began as a theory to explain black women’s positionality in society, as both black and woman, has quickly spread to other theoretical frameworks as an analytical tool used to explain many positions for marginalized individuals (Erevelles & Minear, 2010). Intersectional thinking and research have continued to provide theorists’ language to explain compounding experiences for marginalized communities. Considering the popularity of the term intersectional, it is worth mentioning that disabled identities and experiences have

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[12] Black Lives Matter (BLM) is a global organization and decentralized movement which highlights the police brutality towards and criminalization of Black folks (Mayorga & Picower, 2018).

largely been left out of intersectional analyses (Erevelles & Minear, 2010). Disabled and disability theorists have co-opted such a term to explain identity structures within a disability framework.

It is here, within this disability framework, where Feminist Theory and Disability Theory overlap, moving margins to the center, moving the boundaries for what we consider to be valuable lives. Playing with and responding to identity categories is "normal" for everyone. Norms hold power and uphold Western societal power structures and are, in fact, so ingrained that it is hard to imagine contemporary life without them (Cryle & Stevens, 2017). Stigmatized individuals are affected by such norms and structures and learn to operate and exist within them. Intersectionality represents the complex way in which the effects of multiple forms of discriminating factors may combine or intersect, particularly for those who have multiple marginalized identities (Cryle & Stevens, 2017, p. 2).

Alison Kafer uses intersectionality to discuss identity and disability, pointing out that the medical model of disability is often reinforced also outside medicalized settings, and the category of "disabled" is "only understood in relation to able-bodied or able-minded" (Kafer, 2013, p. 4). Thomas uses a "social barriers perspective" (Thomas, 1999, p. 16). According to Thomas, social barriers lead to disability, and women "experience social barriers when striving for independent living" (Thomas, 1999, p. 17). Furthermore, social barriers hinder sexuality and sexual exploration, and enjoyment (Shakespeare et al., 1996; Ebrahim, 2019).

As previously mentioned, "able-bodied," "able-minded," and "abled" are terms referring to a body, or mind, which is seemingly free from both visible and invisible impairments. To be free of impairments is to be abled, that is, *not* disabled. These are binaries that forms the borders of the disabled as "the other" (Kafer, 2013, p. 5). McRuer (2006) would agree in his work, *Crip Theory: Cultural Signs of Queerness and Disability*, that much in the way Crenshaw points out whiteness as the predominant identity that is "the norm," or "the master identity," homosexuality and disability also live in this category of "non-identity" (Kafer, 2003, p. 18). That is, "the labels of nondisabled and heterosexuality are always already presumed, 'unless otherwise stated'" (Samuels, 2003, p. 235). Able-bodiedness is heterosexuality, and both are considered the natural order of things (Kafer, 2003, p. 18). The idea of "normal" or "normality" works similarly.

The word "normal" is an idea, description, and feeling that was often mentioned by those I interviewed and prevalent throughout these theorists' scholarly work. I also argue the normal to be ideal and, as it pertains to this thesis, the idealized body, or person, and a prerequisite for the ideal partner. That is, to feel *normal*, to be *normal*, to look *normal*, to function *normally*. Garland-Thomson introduced the idea of the normate (Garland-Thomson, 2016, p. 8), and theorist Michael Oliver introduces the question of normality and difference by considering the disabled community as oppressed by both medical discourse and economic institutions (Solvang, 2007).

It is here, within "the normate" (Garland-Thomson, 2016), where intersectionality and Queer Theory may enrich Feminist Theory regarding feminist themes such as power, identity, and explaining, or exploring, the lived experiences of marginalized identities. Normate, heteronormativity, and able-bodied are all terms used to explain human conditions and human conditioning. These terms ultimately define those with impairments and disabilities as secondary citizens, as "other" and in need of support to uphold or achieve the norm (Solvang, 2007). McRuer (2006) describes this best when he mentions, "…if it's hard to deny that something called normalcy exists, it's even harder to pinpoint what that something is" (p. 7). This definition is what feminist and queer theorists have worked towards for years, where we may find this line of thought explained by the slogan, "Difference is beautiful" (Solvang, 2007).

Words and concepts regarding "normality," "normalcy," "norm," or "abnormal" entered the English language relatively late in human history (Davis, 1995). It was not until the mid-1800s that these words were conceptualized, ultimately leading us to the average becoming synonymous with the ideal. Like the concept of "The Second Sex," where women are constantly trapped in comparison to the male or masculine ideal (Beauvoir, 1949), I suggest the concept of "average" and the concept of the idealized normal body also trapped within a comparison to the disabled, or flawed, body. Similarly, to uncover intersecting identities and cultural ways of thinking both bound and opposed to one another for visually impaired women, like Sherry Ortner writes, "exposing the underlying logic of cultural thinking that assumes the inferiority of women" (Ortner, 1974, p. 68), we map, investigate, and acknowledge the intersection. This thesis is intersectional at its core, and it is with this framework, my respondents' circumstances may be further situated within Feminist Theory, Feminist Disability Theory, and beyond.

2.2 Queer Theory and Queer Disability Theory

This thesis operates during a time when "gender" is a hotly debated buzzword, and gender as a theme has been growing within the academy (Davis, 2008; Risman, 2004). Queer Theory is one of the significant branches of thought within Feminist Theory and Gender Studies formally labeled as such from the 1990s (Sedgwick, 1990), where the focus is on sex, sexuality, and gender issues. Through looking at heteronormativity, the widespread belief that heterosexuality is the norm, and hetero-patriarchy[13], referring to the dominant culture of cisgender, straight men, we find that Queer Theory operates similarly to Disability Theory. It is critical of essentialist views towards sexuality, gender, the body, and identity discourses alike. Especially the body proves foundational for the use of theory in this thesis; at times metaphorical but always firmly grounded in the material.

Theorist Kay Inckle (2013) explores gender and sexuality from the perspective of disabled embodiment, and through her work "A lame argument: profoundly disabled embodiment as critical gender politics," I found myself asking the following question: do we [the disabled community] challenge heteronormativity and the hetero-patriarchy simply by existing? My answer is yes, and I use Mark Sherry's definition of "queer" to prove this:

> The term 'queer' is defined as an identity marker for a broad range of sexual identities and practices which do not conform to heteronormativity. 'Queer' is used, rather than other terms such as 'gay' or 'lesbian,' in order to include a range of sexual practices which lie outside the mainstream, but which may not be labeled, 'homosexual…' 'Queer' not only describes an identity, however. It also

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[13] "Hetero-patriarchy," also referred to as "cis-hetero-patriarchy," defines a socio-political system where cisgender males and heterosexuals are the dominant identities. Within such a system, "women, sexual minorities, and additional sex/gender "Others" suffer the most" (Valdes, 1996).

> describes a certain critical relationship to heteronormativity (Sherry, 2004, p. 770-771).

By Sherry's definition, queer is defined in opposition to the heteronormative. Judith Butler (1993) discusses the term "queer" concerning performativity and elaborates on the kind of "social bond" which forms when communities, and I would argue, identities, are formed through experiences and time.

> The term "queer" emerges as an interpellation that raises the question of the status of force and opposition, of stability and variability, *within* performativity. The term "queer" has operated as one linguistic practice whose purpose has been the shaming of the subject it names or, rather, the producing of a subject *through* that shaming interpellation. "Queer" derives its force precisely through the repeated invocation by which it has become linked to accusation, pathologizing, insult. This is an invocation by which a social bond among homophobic communities is formed through time. The interpellation echoes past interpellations, and binds the speakers, as if they spoke in unison across time (Butler, 1993, p. 226).

Through Judith Butler's determination of *shaming* as a process of producing a subject, that is, the shaming of "queer," or, I propose, the shaming of "disabled," I see Queer Theory engaging directly with disabled embodiment and the disabled context. We see narratives forming interpellations where, though the experiences differ; they stay fundamentally similar and meaningful to the queer subject. Often the disabled experience may be defined simply as "the same thing only different:" the same shaming, the same judgment, the same mistreatment, but done slightly differently per different impairments, disabilities, and/or identities. Sarah Rainey discusses the queering of the norm through disabled and non-disabled couples; that is, the constellation of a couple is made up of both disabled and abled. For Rainey, these couples "are also part of a 'queer' sexual culture in that they expose gender as a performance, as something that is not so neatly tied to the biological positions of male and female" (Rainey, 2017, p. 227).

Through Inckle's "profoundly disabled" (Inckle, 2013, p. 399), we see a reclamation of positionality, identity, and terms: "A profoundly disabled position works primarily through embodied rather than abstracted knowledge, raising multifaceted challenges to power, privilege and normalcy" (Inckle, 2013, p. 399). These positions, identities, and terms which "other" those impairments and disabilities are instead called "profound" and may be "re-claimed," thus transforming the profoundness of disability and its urgency in materializing truly radical and subversive gender politics (Inckle, 2013, p. 399). Through the work of Inckle and Clare, we see disabled identities belonging to the queer category, as simply by their very existence; they queer the normative world in which gender may still be called into question of its very existence (Clare, 2001).

Additionally, with Clare's (2017) *Brilliant Imperfection Grappling with Cure,* we see stories spoken and lives theorized; words typed, poems born, stories shared, and all with one thing in common: living life with impairment and disability. Taking words or narratives back has been developed into acts of resistance for the queer and the disabled alike. These communities "taking back" marks a recent significant series of social movements and events. The reclamation of words that were once used to put the "othered," the "disabled," the "queers" down now find meaning amongst anthems in the literary and academic worlds and the activist world more broadly (Clare, 2017, Samuels, 2003).

I argue that these terms' original and negative meanings become positively charged and empowered through the reclamation process. To be queer, to be different, to be proud, has now opened worlds in which we may answer scholarly questions of *How do questions about disability intersect with those of gender and sexuality* (Reynolds, 2017, p. 151), for example. Here I agree with Garland-Thomson's view of collective reimagining. "Collective reimaginings…not only critically challenge oppression and reductive assumptions about disabled people and their lives but provide us all with new and complex understandings of disability" (Garland-Thomson, 2005, p. 1575). To engage with these nuanced and complex understandings of disability, we must engage with queer theoretical frameworks which work to situate the other.

2.3 **Disability Studies**

Disabilities Studies tends to take a Western focus, like that of the feminist theories previously mentioned (Erevelles & Minear, 2010). I acknowledge this here as this thesis focuses on United States (U.S.) context, and these theories are projected as relevant within such an American or global North context. According to Raewyn

Connell, Disability Studies currently has the “same global North focus as other fields of the human sciences” (Connell, 2011, p. 1378). Typically, the global North refers to two models of understanding disability. The medical model, simply put, requiring a doctor’s diagnoses and ways to correct bodies, and the social model, a more social-constructionist approach which has challenged the biomedical approach since the 1980s and 90s (Connell, 2011). Continuing in the tradition of challenging biomedical approaches, Simi Linton suggests “…in a significant way, Disability Studies moves beyond the corrective” (Linton, 1998, p. 526).

In 2003, The Norwegian Ministry of Social Affairs issued a report called *Dismantling of Disabling Barriers*, introducing the idea of the “gap model” (Meld. St. 40, 2002-2003). This report discusses the objectives and measures related to “persons with a reduced functional ability.”[14] *Dismantling of Disabling Barriers* defines “reduced functional ability” to mean “the loss of or damage to a body part or one of the body’s functions” (2002-2003, p. 7). The gap model lays out an individualized focus which “requires the realization of values such as: Equality, Self-determination, Active participation, and Personal and social responsibility” (2002-2003, p. 6). They then go on to clarify, “people with a reduced functional ability do not automatically become disabled. A function impairment does not have to result in limitations on the person’s participation in society. A person is disabled when there is a gap between the individuals’ capabilities and the way in which society is formed or functions required by society” (2002-2003, p. 7). This report aims to be used as a measure-oriented tool in the Nordic countries, which may shape and implement governmental policies. While I agree that society disables the person through societal expectations and norms, I disagree that a person’s worth, identity, disability, or not, should be linked to one’s functionality according to what society expects or wants out of its citizen’s bodies. As a political and academic tool, this report is neatly packaged in the middle of the medical model and the social model of disability.

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[14] There is no meaningful equivalent to “disabled person,” “impaired person,” or “person with an impairment” in Norwegian. “Persons with reduced function ability” seems to be the closest translation from Norwegian to English.

With the rise in aging populations and disability activism, Disability Studies have become more prevalent in recent years (McRuer, 2006). I propose this popularity to be in part because disability is inevitable for us all (Garland-Thomson, 2016; Pelka, 2012). Before Disability Studies was a department at major universities, disability activist and feminist theorist Audre Lorde (1982) published *Zami: A New Spelling of my Name*. Here, Lorde describes identity politics and both the inclusion and exclusion felt by her own self-definition: "lesbian, fat, Black, nearly blind, and ambidextrous" (Lorde, 1982, p. 50; Garland-Thomson, 1997, p. 104). Self-definitions, like medical definitions, can both entrap and free the person whose body is ascribed to such categories. For Lorde, we see nearly blind, fat, and lesbian as categories that cause inclusion and exclusion, categories where bodily difference is reinterpreted and accommodated or celebrated (Garland-Thomson, 1997, p. 106). This project's respondents mention moments of both inclusion and exclusion because of diagnoses, and self-prescribed boundaries, as I illuminate later.

Throughout Disability Studies, we see differences in identity markers often being included in the discussion before similarities. Each experience is different, but I point out the similarities within the blind and visually impaired community where they may be, particularly the barriers to finding romantic and sexual partners. This thesis aims to broaden the discussion of disability's impact on lives with more context than just the barriers faced finding work and steady employment, or in the case of the Nordic gap model, what a person's body and labor may offer society (2002-2003). Theorist Margaret Torrell (2016) explains Disability Studies,

> In disability studies, the intention has not been to support the circulation of only one type of life story or the use of one theoretical approach to understanding disability; instead, it has been to ensure that there are a variety of stories, images, and lenses in cultural and scholarly circulation with the aim of making the mainstream understandings of disability one of the possible ways to read disability, but certainly not the only way, and not the preferred way (Torrell, 2016, p. 100).

Through Disability Studies, we find Critical Disability Theory. As David Hosking explains, "Critical Disability Theory centers disability as it compares liberalism's norms and values with their actualization in the daily life of disabled people" (Hosking, 2008, p. 5). He further outlines the seven elements of Critical Disability Theory as "the social model of disability, multidimensionality, valuing diversity, rights, voices of disability, language, and transformative politics" (Hosking, 2008, p. 5).

2.3.1 **Critical Disability Theory**

Critical Disability Theory is intentionally political in that its goal is to support the transformation of society so that disabled people in all their diversity are equal participants and fully integrated into their communities. Critical Disability Theory provides a conceptual framework to understand the relationship between impairment, disability, and society and to inject disability interests into all policy arenas (Hosking, 2008, p. 17).

With disability defining and framing ability, disability theorist Sami Schalk approaches disability not as "dis/ability" or "disability" but rather "(dis)ability" (Schalk, 2017). With the parenthesis highlighting the uneven boundaries between disability and ability, these boundaries are context-dependent and contestable (Schalk, 2017). Context is key to this thesis as I am constantly working within and around boundaries, often working within the respondents' questions of, for example, "Am I disabled enough?" and "Does VI count as a visible or invisible disability?" or "Who makes the distinction to answer such questions about identity?" As such, framing disability and ability changed for each respondent, and Schalk supports this fluidity.

Julie Avril Minich (2016) begins her essay "Enabling Whom? Critical Disability Studies Now," describing several institutions and departments within academia that have started recognizing crip, queer, and Disabilities Studies as part of their curricula. Minich proposes a pertinent question for this discourse, "What do we want our work to do?" (Minich, 2016, p. 3) and approaches Disability Studies with a "mode of analysis rather than its objects of study" (Minich, 2016, p. 4). This validation of topic and disability discourse stands to justify the reason for projects such as this to stand in both the feminist theoretical landscape, the queer, crip, and disabled landscape and scholarship. The importance of academic institutions recognizing disabled communities within their research is proven through this thesis as one hundred percent of this project's respondents mentioned, "No one has ever asked me this before?!" With these goals and realities, this thesis falls under the Critical Disability Studies umbrella.

When scrutinizing or problematizing normative ideologies, as I am doing within this project, I, as Minich suggests, "produce knowledge in support of justice for people with stigmatized bodies…" (Minich 2016, p. 4). Moreover, like Professor Anita Silver, I see the presence of disabled bodies, whether visible or invisible, as disrupting the status quo, unsettling heteronormative systems, and queering spaces (Silvers, 1998). As such, Gender Studies and feminist theorists must further include disabled voices in their research and their examination of patriarchal structures.

2.3.2 **Disabled Identity**

Like Feminist Theory, Disability Theory seeks to not only understand but to position and identify, to use social structures and cultural discourses to sort and define bodies and shape bodily experience (Connell, 2011). In response to the biomedical approach, disability theorists have engaged with Feminist Theory, gendered topics and discussions, and used queer terminology to situate disabled embodiment[15]. Identities and categories are central for the visually impaired and/or blind, as they belong to identity categories that are neither and both at the same time. These identity categories are used in research to navigate social and cultural importance, and such categories explain positions within society. Some identities are subscribed to, some are involuntary, some are privileged, and with this category of "disabled identity," the nuances of disabled identities and their impact on disability culture.

Steven Brown writes about the meaning of disability culture, where he suggests,

> People with disabilities have forged a group identity. We share a common history of oppression and a common bond of resilience. We generate art, music, literature, and other expressions of our lives and our culture, infused from our experience of disability. Most importantly, we are proud of ourselves as people with disabilities. We claim our disabilities with pride as part of our identity. We

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[15] It is critical to note that disability theorists have challenged the medical model in a multitude of ways, not only through feminist, gender, or queer theories

> are who we are: we are people with disabilities. Steven Brown (1996)

I propose Brown does not mean to imply that different cultures do not treat disabled people differently, just as there is diversity and variance in the disabled experience, so, too, within an ableist cultural context. Instead, Brown defines disability culture as a set of artifacts, beliefs, and terminologies created by disabled people themselves to describe their circumstances and experiences (Brown, 2002). Brown also suggests, “It is not primarily how we are treated, but what we have created” (Brown, 2002). It is here that I see similarities between the feminist waves and disability movement phases. I maintain that disabled people must seek out and find the language with which to understand their positionality. Some, depending on the visibility of their impairment or other cultural influences, find this language sooner than others. Some identify with some language and not with others, i.e., “people first language” or using the word “impaired” rather than “disabled.” These nuances, options, and choices, like that of able-bodied culture, prove that disabled identity and disabled culture are not monolithic and deserve the nuances feminist scholarship allows.

Psychologist Carol Gill explores disability culture and proposes that disability culture is more than the shared experience of oppression (Gill, 1995). Gill proposes several core values and specifies four “major functions” of disability culture: Fortification, Unification, Communication, and Recruitment (Gill, 1995). Gill is critical of the term “culture,” but the term represents the common elements that represent the disabled experience. These elements include concepts such as crip time, normalization, passing, or developing commonly used Disability Theory terms such as “medical model,” “social model,” “overcoming,” or “crip.”

As Garland-Thomson points out, “without a disability consciousness, I was in the closet” (Garland-Thomson, 2016). This language sounds similar to the consciousness-raising groups that initially spread first-wave feminism in the U.S. Without pursuing understanding and looking to challenge the status quo, many with disabilities would still be in the closet. These revolutions may be described as not the body becoming changed, but rather the consciousness transformed (Garland-Thomson, 2016). Additionally, disability theorist Jan Grue proposes the idea of the social meaning of disability as a distinct category (Grue, 2016), further suggesting that it is “possible for a person to be disabled without recognizing themselves as such and it is possible for a person to be disabled without being recognized as such by others" (Grue, 2016, p. 4).

2.3.3 **Passing**

Passing means that you are not easily "othered." You are not easily identifiable as belonging to an identity category other than what is visually and statistically represented (Sherry, 2004). Passing, or anti-passing (Brauner, 2012), are central issues with Feminist Disability Theory and this thesis. These terms are coined by authors and theorists explaining positionalities of race and gender, are helpful when discussing impairments, social stigmas and interactions, and identities. When one passes, one is viewed as the majority and this may be an unconscious or conscious choice, depending on context, audience, comfort level of the passer, and so much more. Passing may mean safety, comfort, or in the context of my interviews, what my respondents identified as "easier." From their context, I find "easier" to mean using passing as a means to not having to explain one's history, identity, and accessibility, or mobility needs. I examine passing and when or why individuals choose to pass and/or disclose their disability further in my Findings and Analysis chapter. It is key to note that the concept of "passing" was first introduced in the context of race (Larsen, 1928). While used in this thesis regarding the context of able-bodied, sighted, or heterosexual, it is always important to recognize the work which influences feminist terminology and Feminist Theory today.

The idea of being disabled, but not disabled enough, comes up often in Disability Theory (Garland-Thomson, 1997; Clare, 1999). This idea of disabled but not disabled enough lives within what I call "boundary play." Boundary play exists in discussions about whether someone considers themselves as passing [as fully sighted] in certain situations, or not. This boundary play exists within disabled embodiment and queer embodiment is often invisible, as queer theorist Michael Warner (1991) points out. To pass means to either continue passing or coming out, often more than once, and Warner points out the queer movement's tactics to gain visibility. Here I see the Disability

Rights Movement using similar tactics, that is, to gain visibility (Warner, 1991, p. 13) and through this visibility, equality, and humanity, both in private and public spheres.

Garland-Thomson names passing as one of the central issues to Feminist Disability Studies alongside other central issues, including, but not limited to: appearance, identity, sexuality, access, difference, stigma management, and social interaction (Garland-Thomson, 2005, p. 1569). These central issues, as viewed through the body, are key to Feminist Disability Studies. A body is the material, where impairments may or may not exist, where visible impairments turn into social prejudices and disability (Clare, 1999). For some, passing is inherent; for others, it is rehearsed, enforced, and encouraged by Western society. When engaging with concepts of passing, gender, sexuality, and difference, we are required to confront the body as a strategic framework (Russell, 2020), and we must recognize "the constant expectation that we as bodies reassert a gender performance that fits within a binary in order to comply with the prescriptions of the everyday" (Russell, 2020, p. 23). I argue that bodies must fit more than the gender binary, they must fit the abled binary. Those bodies existing somewhere between sighted, and blind navigate a world placing constant expectations on them. Not quite one, but not quite the other; passing then becomes a way to comply and to exist. For each individual, this looks different day to day, week to week, month to month, and year to year; as the bodies change, so do the impairments, the level of vision, the impact of disability. Here I use Legacy Russell's (2020) *Glitch Feminism: A Manifesto* to describe the body's fluidity, "… Simone de Beauvoir is famous for positing "One is not born, but rather becomes, a woman." The glitch posits: One is not born, but rather becomes, a body" (Russell, 2020, p. 27). Russell further elaborates on this bodily flexibility, which is at odds with the rigid and unnecessary boundaries within which passing and coming out narratives operate:

> Glitch Is Cosmic
>
> We recognize that bodies are not fixed points, they are not destinations. Bodies are journeys. Bodies move. Bodies are abstract. We recognize that we begin in abstraction and then journey toward becoming. To transcend the limits of the body we need to let go of what a body should look like, what it should do, how it should live. We recognize that, within this process of letting go, we may mourn; this mourning is a part of our growing. We celebrate the courage it takes to change form, the joy and pain that can come with exploring different selves, and

> the power that comes from finding new selves (Russell, 2020, p. 188).

Using Russell's words, we see bodies as the point of reference, bodies as strategic frameworks, body politic(s), we see bodies built and bodies that are becoming or transcending or changing. As Russel points out the celebration and courage in this, I hope that passing becomes something VI people need not be bound by, but rather something that happens and rather than status quo becomes a way to explore difference, power, joy, and journeys.

2.3.4 **Coming Out**

In the context of disability, according to Ellen Samuels, "coming out" often refers to liberation and the practice of self-actualization (Samuels, 2003). Coming out refers to a person whose bodily appearance does not immediately signal one's sense of identity (Samuels, 2003, p. 235). Samuels further discusses the difference between coming out "'*to'* a person or group, while to "come out" (without an object) usually refers to the time that one first realized and came to terms with one's own identity." (Samuels, 2003, p. 237) These events are different and important, and prominent throughout the interviews. Samuels recognizes the constraints these terms, "passing, closeting, and coming out may have even within the discourse meant to describe them (Samuels, 2003, p. 236).

There are interesting overlays between queer, crip, and feminist theories in "passing" and "coming out" narratives. These concepts were foreign to me as an undergraduate, white, hetero-passing, cisgender woman attending a four-year institution for the first time. As mentioned in my Foreword and Introduction, I learned what passing was and realized I had been hiding, passing, and coming out for almost a decade. My cancer experience was also my "becoming disabled" (Garland-Thomson, 2016) journey. I had no words for life with a disability, with low-vision, or VI. Moreover, I had benefited from these non-disabled passing privileges for years. Life with a prosthetic had changed me, my identity, and my relationship with society. This section on "coming out" explores how coming out looks different for different people. Coming out is a process; coming out is a learning curve; coming out is necessary when discussing disabled identities. Coming out does not happen just once but is a repetitive process that often lasts a lifetime.

The "coming out" narrative of identifying your disabilities before someone else gets to know you are essential to this thesis, as respondents often mentioned it. My respondents explained stories of either coming to terms with, or realizing one's own identity, or related "coming out" to the process of getting a guide dog, learning how to walk with a white cane, or "coming out" as blind, or visually impaired, on online dating profiles. While there are similarities between queerness and disability in the coming out narrative, each individual, of course, has their own process, story, and meaning.

The "passing" and "coming out" narratives connect feminist, queer, and crip theories. Those who identify with and live under the ascribed LGBTQIA+[16] umbrella are perhaps familiar with "passing" benefits and privileges, which comes with its own set of pressures, and are perhaps familiar with "coming out" narratives that often define many queer histories and stories.

As Kafer (2003) discusses in *Compulsory Bodies: Reflections on Heterosexuality and Able-bodiedness*, disabled identities are no exception to identity politics (Kafer, 2003, p. 78). With identity politics such as passing, coming out, abled, disabled, we see the difference between calling oneself and labeling oneself as a particular term while disempowering to have others label you as such. Able-bodiedness, then, is set as a universal ideal and a "normal" way of life, similarly to heterosexuality (Kafer, 2003). With "able-bodied" as the norm, McRuer (1980) and Kafer (2003) refer to Adrienne Rich's (1980) text *Compulsory Heterosexuality*, changing Rich's terms from "heterosexual" to "disabled" to point out the similarities between discourses of sexuality and disability, particularly in Western contexts and society today.

The most basic manifestation of able-bodiedness as the norm occurs in what impairments or differences may be seen, or not, from the view of the onlooker. From the

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[16] LGBTQIA+: An umbrella acronym with each letter standing for Lesbian, Gay, Bisexual, Trans*/Transgender, Queer/Questioning, Intersex, Asexual/Agender/Aromantic. The + represents other marginalized categories that may be left out by each representative letter. These could include and are not limited to Ally, Pansexual, Androgynous, Genderqueer, Two-spirit, Demisexual, and Polyamorous.

view of the onlooker, we may find differences between those who are visibly physically disabled and those who are invisibly physically disabled. Those who are not visibly identifiable are put in the box of “non-disabled” until proven otherwise. Without outward markers, such as the white cane or a guide dog, it may be hard to identify or label someone who is blind or visually impaired. Throughout my research, my respondents and I engaged with the importance, or not, of visibility, be it gender, sexuality, or disability.

“The stare,” or “staring,” is a common theme in both Disability Theory and Queer Theory (Garland-Thomson, 2006): “…Staring is the materialization in human bodies of a search for narratives that impose coherence on what appears to be randomness in our experience of the world” (Garland-Thomson, 2006, p. 174). Using “the stare” to discuss the construction of disabled identities, we may recognize why those with often invisible impairments may find coming out to be a process (Garland-Thomson, 1997). I pair “the stare” with “the gaze,” and we see with “the male gaze,” the human identity of the woman and what is important to her, what drives her, her thoughts and feelings are secondary and almost invisible to the male onlooker. Similarly, the stare strips humanity from the subject and creates a narrative where the subject becomes portrayed through the onlooker’s assumptions of how bodies should act, look, or behave. According to film critic Laura Mulvey (1985), who coined the term “the male gaze,” we see the woman as the “bearer of meaning and not the maker of meaning” (p. 3). Within this heterosexual and heteronormative concept of “meaning,” we may see how the stare and the gaze influence the subject of the stare or gaze and how disabled bodies are objectified.

This process may be considered a repeated and perhaps traumatizing conversation or moment. If wearing a prosthetic means the stranger walking next to you is unaware of the impairment, it is up to the person passing as non-disabled to choose when, where, how, or to who, to come out to as impaired. When a prosthesis wearer chooses not to wear the apparatus, and their impairment becomes a visible impairment, it is perhaps the stare that becomes the most disabling part of social interactions.

With “non-disabled” considered the baseline and norm, I look at how people choose when, where, or how to pass. Samuels refers to how many non-visibly impaired people sometimes “pass deliberately” or “pass by default” (Samuels, 2003). As previously mentioned, these identities and behaviors may either be re-claimed or coerced (Kafer, 2003), and I want to discover either a source of power or a cause of friction within these disabled identities. Crip Theory has entered Disability Studies as a way to crip identities and narratives.

2.3.5 **Crip Theory**

Society has perpetuated the idea of the medical model, mainly through “official diagnoses,” and often, those with impairments need to move beyond this model to function daily, have accessibility at work, at school, and home, even without a doctor’s note. With lack a of access to such medicalized diagnoses and processes, Crip Theory can be used to explain and validate the lives of those with chronic illnesses or those living within “boundary play.”

McRuer coined the term “Crip Theory” in the 1990s (Bone, 2017) and situated this theory within queer identity and as “an identity politic that resists the normate construct of able-bodiedness” (McRuer, 2006). “Crip” is a term re-claimed by McRuer, Kafer, Clare, and others. Crip Theory, as Inckle suggests, examines the tensions between able-bodiedness and disability (Inckle, 2013). For those who feel left out of the medical paradigm related to disability, Crip Theory and this project will help describe, affirm, and situate their experiences.

Crip Theory, according to Samuels (2007), is the answer to queer and disabled communities; as a way to claim the possibility of new definitions of self, world, and resistance or to imagine alternative ways of being (Samuels, 2003). The theories chosen for this thesis are included for their willingness and thoughtfulness to allow individuals or groups with marginalized identities to identify, articulate, and relate their societal position in Western contexts.

With a lack of descriptive terminology and the need for accurate terms, Crip Theory is a bridge for such gaps. Crip Theory operates around medicalized diagnoses and medicalized terms. McRuer suggests Crip Theory is related to Disabilities Studies as Queer Theory is to Gender Studies (McRuer, 2006). This correlation is significant because it once again provides language and validation to those who might not have official doctor's diagnoses or live life, work, date, and enjoy sex in a place between fully blind and fully sighted. Once again, one is part of the "neither or both" standard.

Crip Theory combines the power of queer and disability culture as it employs similarities between the body and identity politics of Queer Theory with critiques of normative societal structures (Samuels, 2007). Kafer discusses McRuer's and Samuels' theories and proposes Crip Theory as a way to include those without 'proper' medical diagnoses' and for outlying "others" who may identify with a disability or impairment (Kafer, 2006, p. 12). Even so, my respondents identify and live as visually impaired or what one respondent called "severely visually impaired… because 'visual impairment' and 'blind' don't identify me or my vision well enough."

Crip theorist Kirstin Marie Bone (2017) proposes Crip Theory as a way to "examine the tensions between able-bodied and disability" (Bone, 2017, p. 1300). Bone discusses several terms that further show the complex history and current complexity of living with impairment, from the term's "freak" and "monster" to the modern "special needs" or "differently-abled." She writes, "These terms are derived from outside the community and create a hierarchy that gives preference to the visibly disabled bodied" (Bone, 2017, p. 1298). Disability also shows us what to be afraid of "because it may highlight how unstable (the) normative construct really is" (Bone, 2017, p. 1300). Similarly, disability and queerness come from a history of being categorized as "other" and scary or undesirable. Bone further proposes moving beyond Crip Theory to find a new discourse originating from the disabled community (Bone, 2017).

Disability, particularly that of VI and/or blindness, will happen to most of us at some point in our lives (Varma et al., 2016); either through accident, illness, genetics, or old age[17]. Crip Theory looks to position historical perspectives within disabled lives while critically re-claiming words, terms, language, body types, and images to better understand disabled lives today. Crip Theory is vital to illuminate the nuances within the dating and sex lives of those with VI and/or blindness.

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[17] My respondents, all are under the age of sixty, reported being the only patient in the doctor's or specialist's waiting room under the age commonly referred to as 'elderly.'

2.3.5.1 **Crip Time**

Time runs differently for those in disabled categories (Samuels, 2017). Time, life accomplishments, and momentous occasions may happen earlier or later depending on various of factors related to class, race, and disability. As Karen Ljuslinder puts it, “the normative structuring of time is also highly centered on labour and productivity” (Ljuslinder et al., 2020, p. 1). Normative views of time conclude that when we are born, we go from child to adult, get married, have our children, work our whole adulthood, and die (Ljuslinder, et al., 2020). Disability, then, disrupts such a time continuum. I propose we may recognize that time is not a universal experience.

Crip time or the act of “cripping time” means, as Alexander Baril explains, needing the extra time needed to perform a task, or may refer to how society may view this extra time as wasted time (Baril, 2016). Like “crip,” concepts of the universal experience and universal age milestones perpetuate a model of normative time, phases, steps, or stages. These are categorized predominately by age, sex, gender, and, of course, ability. As I explained in Disabled Sex Narratives in Western Media, these milestones are not as universal as portrayed in dominant media.

Expectations are the same within cultural and class norms; however, opportunities and prospects to succeed in these expectations differ depending on what your body looks like and how that body performs. For example: if someone is a “normal” height and weight, their BMI (Body Mass Index)[18] would be considered “normal,” and they would then have achieved the metaphorical high-five from the bio-medical model of the ideal body. When bodies fail to fit into this normative figure, whether it be BMI figures, the “normal” range to enter puberty, the “normal” time to finish high school or college, the “normal” amount of people to date or have sex within college, we enter “crip time.”

Another example of the disabled body cripping both time and place is the student with VI attending college or other higher education institutions. The associated struggles

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[18] Feminists strongly criticize the Body Mass Index as it is a tool to oppress women through beauty standards (Fikkan & Rothblum, 2012).

of succeeding in an environment where able-bodiedness and normalcy are central requirements placed on the student with the impairment themselves are shown as bodies that crip the environments they enter (Almog, 2018). A longitudinal qualitative study done by Disabilities Studies lecturer and researcher Nitsan Almog found that professional and support services provided by the institution improved inclusion and equality, which further allows students with VI to succeed. Yet, many institutions lack this infrastructure, and disability issues remain undertheorized (Almong, 2018).

Crip time may be considered a positive or a negative. A visually impaired woman may experience having sexual intercourse for the first time, later in life, then her sighted peers. On the one hand, society may value her perceived intact virtue. On the other hand, it may be considered taboo not to achieve a supposed milestone in a timeframe that correlates with their peers. Just like words, identities, and categories are significant, so too is time, as well as those milestones that are celebrated and correlated to age, sex, or gender. We see bodies as sites which social constructions of sameness or difference are mapped onto (Brown & Gershon, 2016), and it is here I see what other feminist scholars suggest. Namely, the body is both socially shaped and colonized (Dworkin, 1974), and with that, so too is time. Time is a measure for the colonizers to decide or ascribe value to bodies or not.

2.4 Summary and Discussion

In this chapter, I have presented feminist and disability scholarship on disabled identities and explained the correlations I see between Queer Theory, Feminist Theory, and Disability Theory. The scholars whose work I have included use different methods to identify, justify, and explain the human body and the human condition. I have shown how societal bias and social stigma may affect those with VI and blindness (as well as other impairments). There are differences in lived experiences, based on the human body and its corresponding identities.

Finding the body as the basis for how we function in society, I will combine these theories related to feminism and disability to break down, discuss, and further explain the intersectionality of the disabled existence. Sex lives, desires, and sexual relationships are not exclusive to non-disabled individuals, as I have already laid out and will further delineate in the Findings and Analysis chapter.

This thesis tackles the nuances of disability, disabled identities when one identifies as disabled, and what disability or perceived disability means to the individual. This project works within discourse and narrative analysis, thusly the experiences of those with VI particularly related to their dating and/or sex lives. To further this goal, I next layout my methodological choices and framework for this project.

3 Methods and Methodology

In this chapter, I describe the methods I have used and the methodological choices I have made throughout this project. Through Queer Theory I develop my theoretical framework and methodological approach to this project. The theoretical choices of Feminist Theory, Feminist Disability Theory, intersectionality, Queer Theory, and Crip Theory as they relate to Gender Studies and Disability Studies, are used to help make sense of the social-relational understanding of disability (Thomas, 1999). These theoretical and methodological directions were crucial to developing the interview guide as well.

I first seek to contextualize this research within the Gender Studies field and do so in three parts. Second, I describe my recruitment process and respondent profiles, following up on these considerations and limitations throughout my Findings and Analysis chapter. Third, I describe the interview process, including setting up and conducting the interviews, developing my interview questions and interview guide, and the methods taken to ensure anonymity, comfortability, and honesty on both sides during the interviews. I further acknowledge limitations due to distance, time difference, and the coronavirus pandemic[19] (COVID-19) restrictions. I lastly describe the ethical considerations raised in my Foreword and personal reflections based on my own experiences with VI, dating while disabled, and taking on the role of researcher.

This thesis aims to discuss disabled bodies in a context not often discussed or engaged with, particularly within Western culture and academia, that is, the disabled body as sexy, participating in sex acts, and the disabled person participating in "hook-up culture[20]," seeking partnerships, or lasting relationships. From one-night stands to dating and long-term relationships, the categories of human interactions about dating are vastly different, but each is mentioned here as my respondents mentioned them. My research specifically focuses on women and thus follows the practice of centering women's

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[19] Referred to as corona, COVID, COVID-19, and Coronavirus within interviews and direct quotes, where each individual used different terms referring to the pandemic situation during 2020 when these interviews took place.

[20] Hook-up culture refers to casual sex or sexual encounters between two or more people.

experiences within feminist research (Ramazanoglu & Holland, 2002). I chose qualitative methods to carry out my research questions and methodological choices. I further use this chapter to outline the processes for interviews and subsequent coding and mapping, thematic analysis, and theoretical framework and analysis.

3.1 Research Questions

This project focuses on the following main research questions:
How are the ways in which one navigates sexual partners and personal relationships affected by the onset of, or existence of, an impairment?
How does having a visual impairment impact one's dating and sex life?

More and further specific questions are found in Interview Guide (3.5) and Appendix B.

3.2 Recruiting

To find participants, I used criterion sampling, i.e., I approached people who meet a specific criterion (Bradshaw & Stratford, 2010, p. 75), and my criteria were as follows:

1. Identifies as "visually impaired," "low-vision," "legally blind," and/or "blind."
2. Between 20-60 years old.
3. Born and raised in the United States.
4. Currently lives in the United States.

While one hundred percent of those I interviewed have a visual impairment, only three out of six of my respondents identify as "disabled." The other three identify as "visually impaired," or "low-vision," with one respondent identifying as "blind." These identifiers were interchangeable during our interviews, as these terms changed with meaning and specific context on their terms. Throughout one interview these terms were used interchangeably over forty times when the respondent was speaking about themselves.

The age range of the research participants was between twenty-two and fifty-sex years old, well within my target criteria of ages twenty through sixty. I expected to have respondents who were post-high school age and pre-retirement age. This age range was done purposefully to discuss current and more modern dating rituals and phenomena. As VI and blindness are often seen as elderly issues, I wanted to interview people who would fall outside this ageist trope[21]. I sought to speak with individuals who were between twenty and sixty years old. I expect this age range would represent a group not often discussed in terms of VI and/or blindness because those terms are often linked with elderly or old age- often considered a natural part of the aging process. Interviewing those below the elderly threshold then supplies a more nuanced insight into the socially disabling aspects of an impaired body. This uniqueness is shown by one hundred percent of my respondents expressing they felt they were always "the youngest in their doctor's office."

One of the many nuances of disability culture and disabled identities includes instances of disagreements and "in-fighting" (Pelka, 2012), and this idea led me to narrow down this thesis topic further from "disabled" to "invisibly disabled" to "visual impairment" and blindness." Using too large an umbrella term in the disability community will not speak for more people but rather narrow how we view the disabled context. Using more specified searches and social media platforms, I tried to narrow the focus on whom to interview.

I found my informants using social media groups. On Facebook, I joined groups such as "Disabled and Feminist," "Blind Scholars," "Visually Impaired Pen Pals," and "Lost Eye." With Instagram and Twitter, I used the hashtags #DisabledAndCute, #VisuallyImpaired, #DisabilityTwitter, and #Blind. These groups would discuss practical issues and common questions, such as "How to clean a prosthetic eye," "What is enucleation surgery like?" Using social media channels important to this thesis, I wanted a specific population to participate, and I wanted to find a wide array of respondents. Given the nature of my research question, I envisioned people in these groups would find it either interesting to take part or be offended that I was mentioned "sex" in public spaces. To my surprise, I did not receive adverse comments in response

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[21] All of the respondents reported being the youngest in their doctor's offices waiting rooms, and all of the respondents were told by their doctors that their cases were considered "rare" and "unique."

to studying human sexuality or comparing members of these groups to members of other social categories when discussing dating and personal relationships.

I posted invitations within the Facebook groups and sent private messages on Twitter and Instagram, informing potential respondents that I was seeking to interview visually impaired and/or blind individuals about their dating and sex lives. I would inform them the interview would last between thirty and ninety minutes and prompt them to send me a direct message (DM)[22] replying to the post to help keep anonymity. I feel my posts were well received, as many commented and engaged with my posts, and many individuals would follow up with me privately. Upon confirmation of interview times with respondents, I then removed these posts to ensure future anonymity.

Due to the time difference and conflicting work schedules, it did, however, become a challenge to follow up with each interested party, but I have been moved by the sheer enthusiasm and desire to share. If someone reached out with interest but did not have the time, they were often willing to share my information with "interested friends." More respondents than initially expected were excited to speak openly about sex. This sentiment is shared, as one potential respondent replied to my public call for interviews, "No one has ever asked me how blindness has impacted my dating life or my sexual preferences."

Altogether, I was contacted by sixty-three interested individuals, and I ended up interviewing eleven respondents. Of these eleven, who fit my selection criteria, and with whom it was practically possible to arrange an interview, I ultimately could only use six interviews as five of the initial eleven individuals did not have time to complete the interview or spend enough time giving thorough answers. Nine informants were recruited via Facebook, with one informant recruited via Instagram and one informant recruited via Twitter. The last two informants were recruited via the snowballing method. Snowball sampling refers to a technique of recruiting participants based on previous participants' existing social connections (Bradshaw & Stratford, 2010, p. 75),

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[22] Using terms such as DM (direct message) or PM (personal message), I was able to publicly asked individuals to reach out to me personally as to situate their responses to this project in private to facilitate anonymity.

and in my case, the contacts referred to were explicitly interested in my topic and more broadly in gender and queer studies.

Snowball sampling was a welcome surprise as it could potentially imply the desire for disabled people to discuss openly, honestly, and publicly about their experiences with sex and dating while impaired. While this enthusiasm may be possible without snowball sampling, I believe this active networking to be evidence of the willingness of participants and the importance of the topic. The response to posts and personal messaging on social media platforms were very positive and welcoming to the topic of sex lives and dating for the visually impaired, and I believe this to be evident with these six individuals who spent over ninety minutes each discussing this project with me. In conjunction with NSD protocols, I would then seek direct email addresses and continue the conversation, including sending, signing, and receiving the NSD approved Informed Consent Form (Appendix A), a time for our phone call, and I would allow space for any questions or comments.

In the interviews, my respondents were detailed, thoughtful, reflective, and at times, enthusiastic. All who were interviewed used a language that I was familiar with from Gender Studies, thus signaling how they would actively draw on Gender Studies, Disability Studies, and feminist literature or theory to make sense of their lives. Many respondents reflected on their racial and economic privilege. Other respondents were working class, which further elucidates the differences within this group. Some were white, middle-class, and highly educated, while others did not have the access and support that associates these categories.

Many respondents actively drew on the concept of "intersectionality" to reflect on their disabled identity and experiences. All respondents displayed unique reflections, showing that visually impaired women, much like their able-bodied counterparts, are not a monolithic group.

3.3 Ensuring Anonymity

With NSD approval to begin interviews, I began my recruitment process, and I ultimately interviewed eleven individuals, whereby six are analyzed for this project. For storage and analysis purposes, I randomly assigned pseudonyms. These pseudonyms will be used throughout this thesis, and I only offer background information in a way it will not accidentally or purposefully offer information as to their real identities.

Once this thesis is completed, all recorded interviews will be deleted, all transcribed documents will be deleted, and all evidence with related information to this project's participants' identity will be deleted.

3.4 Research Method

Between August and November 2020, I interviewed eight respondents. I initially planned to hold these interviews face-to-face, but due to COVID-19 restrictions, including travel bans and social distancing measures, I could not travel to the United States as planned. Thus, all interviews were carried out using a personal cell phone to personal cell phone connection, following NSD protocols and the easiest method of communication for the visually impaired.

Before our phone call, my respondents would read, sign, and email their Informed Consent Form back to me. When emailing the consent form, I would offer my services to help as needed, but with screen readers and other accessibility aids, this was unnecessary.

With such an interview method, I find it worth mentioning that a Norwegian telephone number would sometimes provide issues, as it often showed "Possible Spam" on recipients' caller ID. Usually, after a few tries, they would answer, and we would be able to conduct the interview. Sometimes I would text message or email just before our scheduled call to alert them of this "possible spam" situation. These details should not be overlooked, as it further symbolizes barriers this project faced when connecting with applicable respondents for this project.

Once the Informed Consent Form was discussed, I would then inform the respondent that I would record the interview for transcription and project purposes, and they would then verbally acknowledge this and consent. I made it a point with each interview to begin creating a safe and honest, no-judgment zone. This safe zone involved identifying myself openly and honestly, identifying where I am currently located, where

I am studying, and what I am studying and why. I allowed space for questions or comments before the formal interviewing process began.

The following table shows the relevant information of my respondents. Onset and label of impairment or disability, sexual orientation, gender identity, age, and alias are included as relevant per this thesis, its questions, and potential outcomes or possible future uses. According to their age, this table is ordered from youngest to oldest, with the youngest at the top and the oldest at the bottom of the table. Their names have been replaced with a random one-letter signifier from the American English alphabet to ensure anonymity.

Table 1. Interview Participants

Name*	**Age**	**Sexual Orientation**	**Ethnicity**	**Onset of Impairment/Identifier**
S	22	Heterosexual, cisgender female	White	Since birth/visually impaired
L	24	Heterosexual, cisgender female	White	Since birth/visually impaired
T	39	Pansexual, cisgender female	Latino/ “white-passing”	17/visually impaired
V	33	Heterosexual, cisgender female	Asian-American	Since birth/legally blind
D	32	Pansexual, Queer, cisgender female	White	Since birth/legally blind
E	56	Heterosexual, cisgender female	White	54/visually impaired

*Changed for anonymity

I began each interview with a series of background questions. Gender identity, preferred pronouns, suggested language to use, such as “people first language,” sexual orientation, racial and ethnic background, class status, and disability status was significant for me as the first round of questions. These questions are vital to provide insight into the background of each respondent. The intersectionality of these identities is of importance when discussing ideas surrounding identity politics and disabled embodiment. Age, ethnicity, and onset of impairment are defined in their own words and are not identifiers or categories I assigned.

While issues such as class, access to healthcare, and other resources are mixed amongst respondents, the range of racial variety, or rather the lack thereof, is worth mentioning. My interview guide included questions of race and ethnic background, class, gender identity, and sexual orientation as I wanted to situate this research where it may be helpful, or not, to those discussing marginalized identities, including privilege where it may or may not exist. I discuss these intersections of identity in my Findings and Analysis chapter, where it may be placed within an intersectional framework.

Due to the identities mentioned above, I built rapport with the respondents in the early stages of this thesis. However, I had expected to reach a diverse group of individuals to respond, and I could not branch too far from my own socioeconomic, ethnic, and educational background. Through using social media, I had assumed it would not be difficult to reach respondents of all ethnicities, histories, locations, economic circumstances, and ages. Conversely, I came to realize the lack of accessibility to these apps, lack of time to spend leisurely on social media, or perhaps my lack of knowledge concerning how to use hashtags or online forums to reach beyond my internet echo chamber. That is, how might a researcher beat their subscribed algorithm? Admittedly, my search for respondents with activist backgrounds also played a role in whom I might interview for this project. The answer to the question of “who has time to engaged with disability activism online, or on social media?” is “not everyone.”

Building a large and diverse research base was more challenging than I initially thought, but I remain impressed with the initial number of people interested in this topic. I am also impressed by the geographical diversity of my respondent group. Visually impaired folks from twenty-two states reached out for further information about what I was studying and researching.

3.4.1 **Analytical method**

Qualitative methodologies should have at least two levels of coding to ensure rigor within the analysis (Saldaña, 2012). My first level of coding was manually transcribing interviews, then matching corresponding word use. My second level of coding brought this process to thematic analysis, whereby used the source words and definitions to parse out meaning and implications further.

I would spend time transcribing each interview upon completion. During the interview, I would note the particular minutes which I thought might be helpful in the future. This transcription process was complete with two phases: the first phase involved quick handwritten notes during the interview and immediately after. The second phase involved typing each word as it was played back via recording.

Once the transcribing process was complete, I then began the process of coding. I first manually coded each interview by keywords, compiling a list of often used words, particularly those that conveyed introspection and feeling on the respondent's side. Once these keywords had been coded and categorized for each interview, I then compared each transcription to find similarities or differences. These findings will be used and discussed during my Findings and Analysis chapter. The naturally occurring comments, or themes, within these interviews happened so often I was hopeful that once my interview process was complete, I would have a specific data set to engage with further.

In order to process my coding, I would print my typed files of transcriptions. I then began to map each codeword physically. I would do so by cutting and composing phrases that collectively belong, and I began to draw the keywords and language that belong to particular themes on sheets of blank paper. I further delineated which themes or keywords seemed connected, both within the person's narrative and their anonymous counterparts.

3.5 Interview Guide

The following questions provide an outline for in-depth, semi-structured interviews:

Initial and Background:

What is your age?
What is your gender?
What is your sexuality?
What is your disability?

In your own words, can you describe your ethnic background?

In your own words, can you describe your economic or class background?

If you are employed, what do you do?

What sort of educational background do you have?

What do you enjoy doing in your free time?

Personal Relationships:

How do body politics play a role in your relationships with loved ones and sexual partners?

What are some stories or examples of dating with an impairment you wish people would be more aware of?

Can you describe your dating history?

How has your sex life been for you?

How does ableism affect your relationships?

How have your impairment(s) impacted your dating life?

Disabled Identity(ies):

Does your disability play a role in how you identify (gender identity/sexual orientation/etc.)?

What are your experiences of coming out with your disability?

In your experience, is the disabled experience impacted by its visibility to others?

Is there a “coming out” or “passing” narrative associated with your disability?

How is your invisible impairment challenged and/or accepted?

What decisions do you face day-to-day related to the disabled experience/body?

Gender Identity and Sexuality:

Have you always felt your [gender identity]?

Did your disability play a role in your gendering process?

Did your disability allow space for thoughtful reflection at a young age about gender and sexuality?

How does queer and/or disabled visibility matter in your dating and sex life?

What is the experience of coming out sexually?

Sex Life and Intimacy:

Can you talk to me about the successes or failures you have had in sexual experiences?

What do you look for in an accommodating and affirming partner?
How has intimacy in personal and romantic relationships suffered or benefited from “becoming” or identifying as ‘disabled?’
Do you feel left out of common romantic or sexual narratives?

Social Media and Activism:

Do you feel capable of having a disabled or impaired existence without online activism?
How has social media informed your disabled experience?
How does an online presence make you feel?
What about your disabled identity/life, if any, has triggered an activist response, and why?
What do you feel is important for having social media channels related to your disability?

Between my Spring 2020 and Spring 2021 semesters at the University of Oslo (UiO), I changed my interview guide four times. These changes ultimately helped save time during the interviews, allowed for flow and clarity for each respondent. Using detailed questions about their lived experiences, I then follow their context and allow for them to create the narrative and meaning. My interview guides were influenced by reading more feminist and disability scholars, formulating my Theory and Concepts chapter, and interviewing respondents[23]. These changes allowed for reflection on what did or did not function to answer my proposed thesis questions, what questions were made clear, and what questions were not valuable to this thesis.

3.5.1 **Disability and Gender Themes**

With Critical Disabilities Theory as a method, we engage critically with social conditioning, social norms, and their impacts on particular populations. For Minich, this includes both a research and teaching method, where we move beyond “what counts” as

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[23] Some interviews ended with the respondent wanting to know more about me as the researcher and the project as a whole. As well as some respondents seeking more literature about the topic and several expressed interest in seeing the finished product of this project.

disability and instead disrupts the multiple socio-political ideologies that assign more value to some bodies and minds than others (Minich, 2016, p. 7). I find this relevant as some respondents explained, “even though I’m visually impaired, I’m not *stupid*.” Alternatively, “even though I’m blind, I’m not *that* disabled.” Through a Critical Disability Theoretical lens, we may move beyond comparison and the medical model of disability and find not only a commitment to accessibility and inclusion, but a personal acceptance of one’s needs, disabled identity, and self-worth within impairment, rather than despite impairment.

As I began to engage with my Interview Guide and delineating which questions would lead to dynamic and engaging interviews, I constantly rounded back to how I would do justice to my respondents’ stories. This thesis uses methods and analyses that operate to bring “theory to the ‘community’ and activism to the university” (Halberstam, 2003). Rather than focusing on “overcoming disability” narratives, this project discusses how impairment and disability have affected its respondents. During these “every day” and “personal life” narratives, we begin to construct and deconstruct assumptions both made by the visually impaired and towards the visually impaired. We cannot understand impairment only through the biological body while ignoring lived experience (Carel, 2007). So we investigate concepts that spell out conditions of a good life, which for our purposes are that of dating and sex. Academics study and theorize impairment, sexual orientation, and sex and gender as factors in cultural identity formation (McRuer, 2006), and using such an interview guide, I sought to include these factors.

3.6 The Importance of Disability Culture to This Project

According to Clare (1999), “we need images – honest, solid, shimmering, powerful, joyful images – of crip bodies and sexuality in the same way we need crip humor, crip pride, crip culture” (Clare, 1999, p. 117). Disability culture has continued to grow since the 90s, and with direct correlations to social media, disabled culture is still as nuanced and dynamic as ever. As I previously mentioned, I chose to interview and focus on the American disabled context. This choice was made thoughtfully because different impairments have different cultures, needs, communities, languages, and jargon. I understood the American context of disability culture, and, as such, I focused on visual impairment and disability with a U.S.-centric lens.

Garland-Thomson describes the disability community and, thus, a disability culture as "moving from isolation to community, from ignorance to knowledge about who we are, from exclusion to access, and from shame to pride" (Garland-Thomson, 2016, p. 3). With this surge of internet use has come social media campaigns for awareness of certain illnesses, the rise of illness awareness months, and, often, these are not done by and for the disabled community, but family members speaking on their behalf. As such, disability awareness months may not contribute to disability culture but rather threads connections that further the web that is disabled cultural entanglements. In response to such outsider dialogues, disability pride has emerged as a social movement. Patterned after sexual orientation movements (Gill, 2005), where marches, sit-ins, and political demonstrations remain as vital to the disability community as pride. From activism to social media, to pride, to theory in academia today, these are all part of the interpellations Butler discusses (Butler, 1993).

Platforms such as Twitter, Instagram, Facebook, and Discord have offered disabled folks a myriad of groups and formats in which to share their personal story, promote other disabled voices, and find others who, perhaps, like them, grew up in a time where internet or support groups for specific disabilities were not available. The respondents discuss this growth in online communication, and the idea of "representation matters" is routinely mentioned within this thesis.

Using keywords in Facebook's or Instagram's search feature or using specific hashtags on Twitter, I was able to find disability rights activists, visually impaired athletes, college students, and blind single moms and reach out to them for interviews. This is what disability culture looks like today. It is approachable, it is accessible, and there are public and transparent discussions of what makes the disability community inclusive or not. It is here, within these profiles, keywords, and hashtags, that we see terms, conditions, outliers, and everything in between within a Western context for the disabled community. These conversations and projects, such as this thesis, provide further evidence that being disabled is not a monolithic experience. Each person has their own accessibility and mobility needs, their preferences for language used, their priorities for the direction of the disabled community as a whole, or what being disabled may mean for them.

3.6.1 **Disability Activism and Social Media**

One hundred percent of the respondents for this thesis were found via social media channels. I found both the prominent and popular, self-identifying "activists," and the casual conversation participant on these social media channels. Using the hashtags #VisuallyImpaired, #Blind, and #DisabledAndCute, I was able to find other, more narrowly focused hashtags, such as #AltText, #StreetsForAll, and #ScreenReaders. Amongst this constellation of hashtags, I was able to search for and locate willing study participants; that is, I was able to find blind or visually impaired individuals who were willing to discuss their dating and sex lives.

All my respondents are born in and live in the U.S., where COVID-19 prompted leaders to suggest disabled people just "stay inside." During the pandemic, those with disabilities face media coverage promoting rhetoric around whom to save, who not to save, which lives are considered viable or valuable, and even shortages of hand sanitizer disproportionately affect disabled people (Mosley & Raphelson, 2020). Something as simple as translated, subtitled, screen readable COVID-19 information was not made accessible to the disabled community (and other minority groups). It has been over one year since the onset of COVID-19, and this thesis is published just after the approximate 16-month mark, and disabled lives are still on the line. Care workers are short-staffed and at risk, thus risking the lives of those they care for as well (Kinder, 2020). Disabled Twitter has been in an uproar and without these activists pointing out the ableism, that is, "the discrimination and prejudice against people with disabilities, typically based upon stereotypes of people with disabilities" (Rainey, 2017, p. 214), and shortsighted abled assumptions of the West, it would perhaps go unnoticed.

One hundred percent of my respondents mention social media as a means to connect with others in similar situations, and with this connection comes self-acceptance, belonging, affirmation, and as one respondent mentioned, "It feels good to give back. I wish someone would talk about sex as a blind person when I was a kid."

Like that of feminist activist circles, disabled activism stems from individuals searching for belonging, cultural acceptance, and language to describe their experiences or situations.

With the uses of hashtags, platforms create an online community that speaks upfront about ableism, dating culture, societal views of the disabled community, and so much more, including, often, how these social media platforms, including digital dating apps are not accessible. In the beginning of this chapter, I discuss the importance of using social media to find respondents. Nevertheless, I am interested and engaged by the collective use of political organizing on and cultural synergy of social media in the disabled community.

3.7 **Ethical Considerations**

As a feminist researcher, I feel compelled to acknowledge my position as a researcher for this project. As proposed by Harding, using strong reflexivity (Harding, 2004, p. 370) and applying "engaged and self-critical participation in the making and remaking of scientific knowledges…" (Harding, 2004, p. 370), I have applied and welcomed scrutiny throughout the process of interviews and writing this project. I have sent this project to other scholars and researchers, and the respondents for feedback and suggestions or clarifications. As such, this research was done under a feminist and queer methodological lens. Although the researched and the researcher share similar background situations and medical diagnoses, the interviews were purposefully led in objective ways. This was done by using informed consent, inviting participants to see this research before being delivered and published, allowing for clarifications post-interview, and being honest about collection routines and uses of data, and upfront about my history with VI. I was also open to the outcome of this project and, of course, each individuals' nuances, perceptions, and experiences.

For clarity, here are more details on my history with VI: I developed a tumor in my left eye during my pre-teen years. This tumor resulted in three surgeries, three years of treatments, and doctor's appointments, and I now live with a prosthetic. Because this happened during puberty, the lasting impacts this experience made on my gender identity, sexuality, dating life, and sex life were hidden for some time. With Queer Theory, Disability Theory, and Feminist Theory, all within the Gender Studies umbrella, I situate this experience within this field. Although there are some similarities between my respondents and myself, I do feel confident I was able to employ reflexivity, that is, the researcher reflecting upon her [their] own background within a topic (Winchester & Rofe, 2016, p. 14), in a way that is important to this thesis. Within this strong objectivity, I see the body, sometimes even *my* body, as a source for *situated knowledges* (Haraway, 1988, p. 18).

Many identities and privileges were shared between these respondents and me during the times of the interviews. These include coming from a white, working-class background, and four out of six respondents have also attended and graduated from, at least, a four-year post-secondary institution. I also consider my lack of funding for such a project to represent the respondents I could obtain. For someone to volunteer over sixty minutes of their time implies they first have the time available. In future studies, I hope the respondents may be compensated for their time, and this would perhaps allow for a broader sampling of interviews.

The belief that “the human body is a powerful site of inscription because of its personal and sacrificial nature…” (Haraway, 1988, p. 15) and “…the human body, where social structures and processes play out in visible and personal form” (Haraway, 1988, p. 13) remain essential to this thesis and have played a role in my willingness to allow others to come to their own conclusions. This project is merely a continuation of my respondents’ willingness to provide information and share their personal histories. According to Harding, strong objectivity requires an approach to the subject that maximizes objectivity by acknowledging the histories, the subject, and the situation between researched and researcher (Harding, 2004, p. 85).

I would also like to mention that my background as a feminist researcher, with my bachelor’s degree in Gender Studies, granted me increased trust and interest by my respondents. When respondents would mention gendered or sexual terms, it was often followed by, “you know what I mean.” As more of a statement than a question. Given the discussion topics, I see this more from a gender and sexuality framework than that of us both belonging to the same disability category or group.

3.7.1 **2020: “what a year.”**

What a year to do research! During my interviews, I realized how COVID-19 had affected the lives of us all. For some respondents, it made it easier to find time to speak with me, while others explained the difficulties of finding time to do anything but survive, expressing, “am I doing enough?” or “am I doing good enough?” In 2020 there is still much to learn concerning living with a disability, how impairments and disabilities affect one’s identities, dating lives, sex lives, personal relationships, and fulfillment in such relationships. Thanks to COVID-19, the dynamic lives of those with impairments and disabilities and the voices of disability activists have never felt more publicized.

The COVID-19 work-from-home measures and ideals of working-from-home are particularly relevant to the disabled community (Mosley & Raphelson, 2020). Before 2020, workplaces and academic institutions did not favor online work accommodations, work-from-home flexibility, or “Zoom classrooms.” As such, remote work has long been considered a luxury for the tech-enabled (Pandey, 2020). Although work from home measures would make workplaces and schools more accessible to the disabled community, it was considered costly and ineffective. Suddenly, we have been thrust into a more accessible world, one in which Zoom meetings are closed captioned, remote working-from-home is considered “normal,” and assistive technology webinars are becoming increasingly popular. Although I acknowledge, a world with social distancing and touch deprivation has its own negative outcomes (Pandey 2020).

Likewise, the rhetoric within and surrounding the U.S. regarding “herd immunity” and other irresponsible responses to social distancing measures provide dangerous situations and implications for those with disabilities (Mosley & Raphelson, 2020). “Anti-mask” movements erupted during the COVID-19 pandemic, that is, individuals not wearing masks in public spaces or considering mask usage or legal mask measures as infringements on U.S. citizens’ rights. Such actions have endangered those who have VI, who may not see social cues with which to socially distance. The non-disabled took advantage of food delivery services, where such services are usually used by the disabled community (Mosley & Raphelson, 2020). Such “anti-fact” or “fake news[24]" movements and their popularity, and violence, have had adverse mental and physical effects on the disabled community (Mosley & Raphelson, 2020). Because these worries were mentioned throughout these interviews, I consider it critical to mention them.

These interviews were held managing several time zones. From the west coast to the east coast of the United States, to Utah (somewhere in the middle), back to Oslo, Norway, where this project is based. Time zones made it difficult for some to speak as long as they would have liked. For others who reached out and expressed interest in being interviewed, it became impossible to speak with them due to conflicting schedules and time differences. I mention this as it would have been easier to produce respondents and answers being in the same general area, time zone, or holding in-person meetings.

3.8 Summary and Discussion

In this chapter, I have explained my methods and methodological choices; I described the recruiting process and the identity categories of my respondents. I have positioned myself concerning this project and defend how I ensured anonymity and working out my position as a reflexive researcher. I have summarized disability and gender themes and discussed the importance of disability culture to this project. I have confronted gathering narratives and data during a year with pandemic measures and the implications distance and added stress had on this thesis. I employ reflexivity as it pertains to myself, and this project's ethical considerations.

The narratives engaged within this project lead to analyses and conclusions that are represented in the following chapters. Their stories represent dynamic understandings of living life with an impairment and finding context to these stories by focusing on personal life situations on personal relationships, the dating field, and sexual encounters.

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[24] Fake news is a politically motivated term, or phrase, which rose to popularity with the 2016 U.S. presidential election. Fake news is used to describe news outlets or media spreading false stories; often the connotations with fake news imply misdirection.

4 Findings and Analysis

This thesis stems from two research questions: How are the ways in which one navigates sexual partners and personal relationships affected by the onset of, or existence of, an impairment? Furthermore, how does having a visual impairment impact one's dating and sex life? From these questions, I further answer Joel Reynolds' query, *How do questions about disability intersect with those of gender and sexuality* (Reynolds, 2017, p. 151). In this chapter I answer these questions by analyzing findings from my interviews in the light of Feminist Theory, Queer Theory, and Disabilities Studies, using the themes Crip Theory, passing, coming out, intersectionality, and disabled embodiment. After this introduction, I have broken my main analysis sections into five main categories. These categories are: respondents' backgrounds, identities (further exploration into gender identities and disabled identities), dating and intimacy, sex life and sexuality, and personal relationships.

Finding one definition of disability remains difficult (Grue, 2016), and during the interviewing process, I left exact definitions and terminologies to be defined by the respondents. It is essential to acknowledge the difficulty in defining disability as it is different for each impairment and each person and varies along gendered, racial, class, and cultural lines. When defining disability, or their disabled identity, responses from informants varied, proving, once again, that identity categories range as much as the number of individuals who try to categorize identities (Meyers, 2020). However, each respondent agreed that while impairment or vision loss happened, or happens, to the individual, disability is where others are involved, i.e., how others look at the impaired person or how others treat the impaired person. This acknowledgment directly engages with Mike Oliver's use of "impairment" through a Disabilities Studies lens, where he points out the distinction between the site of impairment (our bodies) and the site of disability (social situations) (Oliver, 2006).

Using pre-established questions during interviews, designed to lead to a discussion rather than 'yes' or 'no' answers, I work with personal narratives that lead to empirical data, that is, data that is based on experience and observation rather than being grounded in theory alone (Gaskell, 2000). Such empirical data supply insight to further analyze experiences and provide a detailed foundation for each respondent to explain their understandings and perceptions. With detailed questions, I was able to follow their line of thought and impressions or interpretations on given instances and their conclusions, post-event, for memories and situations that have happened to them.

One may be either visibly visually impaired or invisibly visually impaired (able to “pass”). I explore, “is there a middle ground?” I maintain that those with invisible disabilities are often forgotten. I was interested to learn that all of my respondents have found ways to pass as sighted and, thus, non-disabled in certain environments and have detailed accounts of how or when their disability either became public or stayed private. These moments of passing are one of the many nuances of being disabled, particularly for the visually impaired and/or blind.

All the respondents in this study admitted to playing able-bodied when possible. I see here the visually impaired body developing mechanisms in which to “blend in” or actively trying to present as “ordinary.” When referring to the “visually impaired body,” I refer to the individual who lives with a VI of some kind. I use this context within this thesis to portray the lived experiences of VI rather than attaching the meaning of able-bodiedness to someone’s experience.

To help us understand these findings, I employ Feminist Theory, Disability Theory, and Critical Disability Theory as my theoretical frameworks and queer methodologies. I finally summarize the importance of disability context and disabled embodiment within Feminist Theory and Gender Studies more broadly.

4.1 Respondents’ Background(s)

As discussed in my Research Method section and clarified in Table 1., I engaged with six interviewee’s. They range in age from 22 to 56; they are all cisgender female, with one identifying as queer in relation to her sexuality, two identifying as pansexual, and three as heterosexual. Four of the respondents are white, one respondent identified as Asian-American, and one describes herself as “a white-passing Latino.” Two respondents come from a working-class background, while the other four respondents are in the upper-middle-class category.

The backdrops of impairments and disabilities varied widely, and the specificity of impairment was the most significant difference between each respondent, except for their economic upbringing. S, L, V, and D are visually impaired since birth with a diagnosis given very early in childhood, sometimes as soon as birth, or in V's experience, prenatally. S was diagnosed with retinitis pigmentosa very early in childhood, as was L and D. For V, who was born prematurely and with eye development issues related to such a complication, the eye specialists did experimental surgery on one eye to try and save the vision of at least one of the eyes. The experimental surgery worked, and the procedure, which included freezing the newborn's retina, is why V has vision in one eye still today. The other eye is now discolored, and although she has a prosthetic covering that would conceal this discoloration, V chooses not to wear it.

T was diagnosed with Crohn's Disease[25] and subsequently had ocular issues and VI, which have been medically diagnosed since seventeen. T reports flare-ups in eye infections that have happened more than twice in life-affecting ways. E was able-bodied and "otherwise healthy" until an accident occurred in which she underwent multiple surgeries on one of her eyes, which ended with the enucleation[26] of one eye.

E reported that the most significant influence on her "becoming disabled" process was the surgeries to "save the eye." Even when there was zero vision, the choice was hers to "keep the eye or have it removed." Keeping the eye meant even more exploratory surgeries with long recoveries. E elaborated that "the surgeries were physically and mentally painful." E dealt with prolonged recovery periods and long periods of "not knowing what comes next." E detailed on the nature of these surgeries and why they were necessary, "these surgeries were considered exploratory, and the ultimate purpose was to save the eye to maintain some sense of normalcy." I found this interesting as these surgeries were costly in many ways; monetary, physical, mental, and emotional, yet doctors pursued these surgeries as a means to keep her original eye.

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[25] Crohn's Disease is a chronic illness that primarily affects the gastrointestinal tract and is known to have other symptoms and complications for the person affected.

[26] Enucleation refers to the removal of the eye while leaving the eye muscles and remaining orbital eye tissue intact.

"Which ended up being pointless," as E described the choice she eventually made to "just take it out [to get her life back]." E further concludes, "at first I agreed with the treatment plan. I really had faith in these doctor's, and I really thought they could do it [save the eye]. But in the end, it was just easier to get it over with [enucleation]."

With these backgrounds, these women base their experiences, thoughts, and opinions, which this thesis finds so relevant and significant. These backgrounds are the basis for their "becoming disabled" process. This process affects the identities, dating, intimacy, sex life, sexuality, and personal relationships of women with VI and/or blindness.

4.2 **Identities**

Garland-Thomson (1997) names the "normate," the figure which all other identities fall beside- these "normal" identities or "normative" identity categories are, generally speaking, termed in binaries: male/female, gay/straight, black/white, young/old, and so on. We see social identities and social categories influencing Western societal formations of identities through binary frameworks, and often these social identities are anchored in physical differences (Garland-Thomson, 1997). In my following material, we see identities being negotiated and re-negotiated, where some even struggle with their prejudices about what it means to have a disability (Fries, 1997). Through VI and blindness, we see physical differences engaging with the daily variables of sometimes visibly impaired, and sometimes invisibly impaired. Respondents mentioned being treated differently depending on visibility; thus, identity formations play out for them daily in social settings.

Following the intersecting identities of 'woman' and 'disabled,' my respondents reflected on where and when these identities intersected in their relationships and lived experiences. In the instances of two respondents, while on a date with someone new whom they had met through Tinder[27], had to deal with the very first question, asked across the dinner table, being, “What’s wrong with your eye(s)?” These stories were relayed with a sense of, “who does that?” Alternatively, “he couldn’t even wait for dessert.” People feel they are owed explanations, or stories, of what it is like to live in identity categories they do not belong to, and this is exhausting for those on the margins to explain constantly. As V mentioned, “I don’t mind answering questions and being nice, but sometimes, I just want to eat my dinner and talk about what I’m learning at school. I have a lot of interesting things to say, even just talking about YouTube holes[28] would be more fun than re-hashing my old story of how I became [visually impaired].”

As I pressed for answers to what questions were being asked from an outsider or what a potential relationship meant for these women, it would inevitably lead to an intersectional awareness and analysis of one’s position in society and how events in their lives have proven their privileges or lack thereof. This awareness leads us to a roadmap of behaviors one incorporates (Harding, 2004) and illustrates similarities between women with disabilities who shared similar histories, stories, and thoughts about dating with VI.

As my respondents would say things like, “I’ve never had a normal dating life,” or “I haven’t had a normal sex life” I knew what they meant as an idea or a feeling, but I needed to know more as to what this use of the word normal describes. The ideas of “normal” and “normalcy” remain socially constructed and do not exist outside of social interaction (Jenks, 2019). Each respondent mentioned something like “normal interactions,” “normal dating life,” “normal sex,” or considering themselves in one way or another outside the realm of “normal.” These disclosures led to the idea of the “meet-cute” being mentioned in each interview. The particulars of such a notion varied from

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[27] Tinder is a commonly used dating smartphone application (also called, “app”). Tinder, launched in 2012, is used to meet other people for dating, “hook-ups,” or long-term relationships. Two users would be able to “meet” (within the app) if they both “swipe” or “like” each other’s photos and profiles. In 2015 Tinder was considered to be the most popular dating app for iOS and Android users with at least 10 million active users a day (Sumter et al., 2016)

[28] V mentioned YouTube stories and using YouTube to learn and enjoy new activities or facts. The “YouTube hole” referred to the situations when one video leads to another, leading to another.

person to person, but their version of “the normal way to meet someone,” were as unique to them as it does to each person reading this thesis.

For example, as a follow-up question to L’s admittance to using the dating apps Tinder and Bumble[29], I asked, “Do you identify as blind or visually impaired in your online or dating app profiles?” L replied, “Sometimes when you tell someone you have a disability, it’s like dropping a bomb and then they run away. It’s not an incapability on my part, it just I wish I could prove that having a visual impairment is not as bad as it seems. I have a normal life and a normal aspect of life. If I wanted that [hooking up/one-night stands] I could have it, but I don’t want that.” When T was reminiscing about the impact the COVID-19 has had on her identity, she replied, “It’s so frustrating because the responsibility for staying home and not going out is put on me. I see people out, hanging out like normal, but I can’t do that.” For T, the status of impaired means social distancing, staying at home, and quarantining and recognizing that others without the identity or label of “impaired” are free to take risks and not socially distance or constantly being mindful of crowds or mask mandates. E elaborated about the stress of meeting new people with her new and ongoing process of life with a prosthetic eye, “… meeting new people is always really stressful for me. Do I appear normal? Are they looking at my eye? Do they know? Should I just tell them now?”

Respondents reported “feeling normal,” being viewed by outsiders “as normal,” and felt their challenges, roles, and situations to be “considered normal.” Phrases such as “most people” and “I am supposed to” or “we are supposed to” indicates a sense of normality or formality for “proper dating” that my respondents were both consciously and unconsciously aware of. T mentioned several dating apps and websites which were fun to engage with and explore but understood that this would not lead to “anything serious.” This was mainly because of the complicated nature of T’s disabilities and understanding that flare-ups and hospitalizations would be hard for any potential date or long-lasting partner.

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[29] Bumble is another commonly used smartphone application for dating, which is known for women “making the first move,” that is, sending the first message after both users match together. Both Tinder and Bumble are apps, not websites, making them more inaccessible than other online dating options.

This thesis finds the re-claiming of identity and words process especially important as many respondents expressed going through a period of low self-esteem and feelings of low self-worth. Through what they identified as, “life lessons,” “encouraging personal relationships,” and particularly, “lifelong learning that comes from being disabled,” these women found ways to “re-claim.” For S, re-claiming meant “feeling comfortable publicly identifying as disabled,” and for V, re-claiming meant “feeling OK in my own skin.” T noted re-claiming certain words or ways to use her time and “feeling comfortable asking for help” meant re-claiming her Crohn’s diagnosis. Others interviewed included “reading Disability Theory,” “getting a college degree,” or, as one respondent mentioned, “a public speaker made me realize I was living a life where I tried to pass all the time and it was tiring,” as ways they engaged with re-claiming. Through these described re-claiming processes, these individuals were able to re-claim their bodies and identities. Subsequently, they described using this self-confidence and self-esteem in their dating, sex lives, and relationships and re-claiming once hurtful words and meanings, where even the aforementioned “quick realization,” those with disabled bodies may re-shape the very meaning of a disabled existence (Morris, 2001).

T mentioned there were several identities she did not know she needed to question. Meaning, gender, sexuality, and what it means to “be white-passing.” These terms were not a part of the typical upbringing in T’s hometown or family, and so, it took “moving out and growing up” to “figure these things out” (on her own). These intersections intersect my informants’ conversations and explain their positionality within dating and relationship situations. One’s background, identity, disability, and sexuality intermingle in the personal sphere and represent more than just identity categories.

VI and blindness are entangled with concepts of gender, and these disabilities interweave in meaningful and unique ways regarding sex and sexuality. I further engage with these entanglements by discussing gender identity and disabled identities from my informant’s interviews. I am impressed by the thoughtful reflection of identity my respondents hold. I propose they would not have these reflections had society not labeled, stereotyped, and othered them in the first place.

4.2.1 **Gender Identity**

I do not wish to further the "radical essentialism of gender" (Butler, 1993), but for this thesis, we are discussing cisgender individuals who identify as "woman." All my respondents use the pronouns She/Her/Hers. Because this project is grounded in Gender Studies, and so am I, I assumed that the disability process affected the gendering process in its respondents. The respondents did not engage with any negative views of having a disability and being women, but their responses indicate the intersections between being a woman, a disabled woman, and disabled. These respondents reported rarely questioning their gender or gender identities early in life, and four out of six expressed this thesis to be the beginning of reflection as to whether their gender was informed by disability or not when asked, "Did your disability play a role in your gendering process?" S quickly responded, "Wow. I've never thought of that, I should really think about this more." I further elaborate on how these informants spent time discussing what being a disabled man may look like and how they might be treated differently.

This question was broad throughout this project, but I found out that my respondents did not report feeling strongly about gender identity or reporting any sort of discomfort with their cis identities. I expected VI and blindness to impact gender identities and sexuality because we see able-bodied to be the "norm" and heterosexuality to be the "norm," so if one becomes disabled, perhaps these other assumptions of "norm" impact the disabled person. For my respondents, this was not the case. I was encouraged to find out that by asking the question, "What is your gender identity?" many replied they had not thought about this much, and in fact, would later bring it up in our interview, saying they would like to think about that more. I find this interesting as it proposes that visual impairment or blindness overshadow experiences such as the gendering process, sexuality questioning, and possibly, more. Using the term "gendered disablism," Thomas delineates disabled women's experiences and shows that while most "followed conventional gender pathways, their narratives were constructed… about 'what it means to be a woman'" (Thomas, 1999). Although my informants seemed unconvinced that being a woman and being disabled was a mere coincidence with no social impact or impact on their gender identities, I am not convinced.

Furthermore, I was contacted by one informant, post-interview, who excitedly told me she "had been thinking a lot about gender and disability and now it seems so obvious that they for sure impacted each other." This is bolstered by the claims of my respondents that "no one has ever asked me this before."

Abled women's bodies and lives fit into narratives and gender roles supported and rewarded by society. Disabled women's bodies are viewed differently and, as such, exist outside this reward system. Merely needing or requesting accommodations or modifications to function in these gendered roles will not be rewarded in a societal context where, according to feminist scholars, women's position in society belongs to the domestic and reproductive realm (Ortner, 1972). I suggest that VI and/or blindness must impact women's gender identity or gendering process when women's bodies are ideally supposed to give selflessly- their heart, body, and mind and having needs or having a caregiver are then signals where disabled women are not achieving gendered norms and gender roles.

D identified as queer and cisgender female and femme and reportedly enjoyed "playing up my womanhood." This sentiment was quickly followed up with, "even as I play the part of a woman, I was still told I wouldn't be a good long-term partner because they needed someone who could do typically mom tasks in the home, and it was assumed I couldn't perform do that." D's story tells of being woman enough and not woman enough; which examines what femininity means and how disability impacts femaleness or woman-ness. This is, in part, because "feminization increases a woman's cultural capital; disability reduces it" (Garland-Thomson, 1997).

As I describe further in my Personal Relationships chapter, when disabled women are not fulfilling specific caretaker roles, their partners often react negatively. By "react negatively," I mean physical, emotional, and mental abuse of many diverse types. These negative reactions were mentioned by five out of six respondents. While one had no such encounter, it is worth noting the similarities in stories related to abuse and how their disability status was used against them in one way or another, often in multiple ways by many close, personal relationships. The topic of disabled women as a susceptible category to abuse is researched by Vigdis Olsvik, who observes that although there are differences in personal and structural abuse, social structures affect disabled women in particular: “Where sociocultural hierarchies constructed around social categories such as gender, disability and age meet and interact in a dynamic and complex way” (Olsvik, 2006, p. 97). These categories influence abuses disabled women are susceptible to. In the case of this thesis, respondents described verbal abuse, bullying, and exclusion by their peers. Connell also acknowledges that “violence against disabled women has been documented in both the global North and South” (Connell, 2011, p. 10).

I am careful to discuss these lives free from the victimhood narrative because these respondents shared their situations with strength, and thankfully these stories are in the past, with these women presently safe and secure, away from such relationships, and are either in current self-identified “stable” relationships or “happily navigating the dating world.”

4.2.2 **Disabled Embodiment**

Throughout the interview process, disabled embodiment, disability language, and gender roles were prevalent topics. We further see the nuances of these disability politics and their impact on one’s identity, dating, sex lives, and personal relationships through these discussions. Existing with VI and/or living life with a prosthetic, challenges the normative and “ideal” body. Disability and disabled terms may be frightening because they may highlight how unstable the normative construct is (Bone, 2017). While three out of six respondents express that their impairment is not a disability, and do not identify as disabled, these interviews further show ableist society’s disabling influence on their lives and decision-making and self-identification or categorization. Here I see Schalk’s framing of disability as nuanced and contestable (Schalk, 2017), expressed through these informants.

The idea of being disabled or not, blind, or not, visually impaired, or not, was unique for each respondent. These nuances in labeling are a common theme discussed in Disability Studies and theory (Grue, 2016). This “either, or” categorization happens within the community, and labels and terms arrive from outside. Historically, terms have derived from outside the disabled community, terms such as “monster,” “handicapped,” "freak," or "cripple" (Bone, 2017). These terms have influenced contemporary disabled identity and show the importance of terminology and identifiers created by and used by those within these communities.

When a respondent loses an eye to illness, is born with one eye, or loses an eye to an accident, one would assume that to qualify as an impairment and disability. However, as we have seen, society leads to disability, not the body. It is understandable that some with VI or blindness, who sometimes, or usually, pass as able-bodied, may not identify as disabled. After all, to be disabled and/or labeled as disabled is not idealized or seen as something positive. This sentiment was shared within the Facebook groups I engaged with when seeking informants. As E lamented, "I can still drive, I can still cook and clean, I can still read, write, and watch TV, I still take care of my grandchildren, I can shower on my own. You tell me how I would be considered disabled?" Almost immediately after asking this question, E stated, "But, of course, I understand that I only have one eye now. One eye is a prosthetic. So, I'm not normal, but I'm not disabled. Maybe sometimes it is disabling to live this way." I see here E feeling as though living with VI is not something which impairs her; she can do whatever someone without VI can do, however; when one obtains and uses a prosthesis, that particular body may be considered "not normal." If E does not want to be called "disabled," I question, "why not?" The answer to this is that identifying as disabled or disclosing to a disability is to acknowledge the general social constraints that hold the disabled back (Linton, 2005).

However, if those dealing with "becoming disabled" can "pick right up and keep on moving," as E suggests, does that mean they are not considered or labeled "disabled?" If someone has an impairment but seeks to fit into a world built for the non-disabled, they will perhaps not desire to identify as such. It is here, in this complicated and intersectional area, where this thesis operates, and my respondents ask these questions not only of themselves or directed to me, as a researcher, but towards Western society, as it functions today. This area is where Disability Studies and the Disability Rights Movement parallel- using disabled perspectives and narratives to add to the current academic curriculum and taking part in society more broadly (Linton, 2005).

When asked for her preferred language surrounding her disability (i.e., people-first, disability first, etc.), S replied, "I don't get caught up with language because I'd rather have the conversation than have people be afraid of having conversations around disability." This answer signaled a desire to communicate about disability, but certain specifics surrounding how or how to refer to her were not as important. This cadence is not the same for everyone; in answer to the same question, E explained that although she considers herself "monocular," she does not "identify as disabled, because I think having only one eye is a bit more of an inconvenience than a disability." D explained, "I don't use people first language so much. It depends on the group, but I'm also just down to talk about disability openly."

While I thought asking my respondents at the beginning of each interview their preferred language would offer comfort or a sign of respect, one hundred percent of respondents did not have preferences and had very few rules for discussing their disability and identities. S tried to clarify for me a little bit, "I know language is important, but I'm open to many different words. Sometimes I say I'm blind, sometimes visually impaired, sometimes legally-blind." For S, depending on who was in the audience, she changed how she identified or labeled disability. E and T shared similar answers with S, where no preferences were given, and T specified, "it's just better to talk about this than hide behind being too correct all the time." E also mentioned that although she "tends to tip toe around the topic, if I know the person, or get where they're coming from, I feel OK about however they talk about it. I have little grandchildren and the way they talk about these things is just something to laugh about."

I see here fluidity within disability language and contexts, engaging with variability for each respondent's comfort level, or needs, in having conversations where their disability is centered. Each respondent expressed interest in knowing more about this project, what other respondents were saying, and was excited that someone was thoughtfully reflecting and interested in their positionality and embodiment, within the disabled context, about their dating and sex lives. Even when describing themselves as "blind" or "visually impaired," but not identifying as disabled, it is admitted, like E explains, "I get why it's considered a disability, but I can do everything now that I did before. Just maybe a little slower. I do feel like I have to explain myself a little more often. People think you're stupid or something because your eyes don't look right, I just want them to know that's not the case." Here, E is not using the social model of disability but sees disability within her body rather than social situations and structures disabling or othering her. Disability is complex and does not mean a person cannot perform tasks. Further nuanced understandings of disability need to become more popularized for even those with impairments to understand the implications of being impaired or identifying as disabled.

Rose Galvin suggests that those who continue to feel disabled by their marginalization "despite the passage of time do so because they remain trapped in the individualistic view that disability is a personal problem which one must learn to cope with by striving to obtain the normative goals which are inherent to rehabilitation" (Galvin, 2005, p. 409). Here I see E trapped in the view that she is alone in her impairment vs. disability paradigm. Traveling between non-disabled and disabled is not a linear movement or something which is solved in one day, it is complex and evolving.

A similar thought process, that of "I'm blind, not stupid" was also brought up by S. This generalized perception of disabled people as stupid, dumb, or hapless is prevalent throughout my respondent's interviews. Such stigmas lead to personal discomfort with one's own body, let alone impairment, leading to actual bullying and abuse risks. Giving a recent account of a flight attendant questioning her ability to read the customs form on a flight, S recounts, "I asked her for her help reading the form and she asked me, 'why don't you have your glasses?' I scoffed and pointed to my guide dog. To which the attendant said she was told the dog was an emotional support animal. She [the flight attendant] then apologized and helped me fill out the stupid forms." To further elaborate on her story, S explained, "I'm blind, not stupid, but this flight attendant made me say my name, phone number, even my address, to a plane full of strangers. Here I was, in this moment, giving out my information to a bunch of random people. I was treated like an idiot and I completely lost my right to privacy. Not only that, but to have to explain to this woman that I'm blind, I felt I was opening up to a whole plane of people who didn't need to know my life story."

I lay out these discussions as my respondents mentioned "I know I have a disability, but it was only recently I began identifying as 'disabled.'" This fluidity in self-identifying and its processes are fascinating and complex throughout this thesis and beyond. Narratives of "passing" and "coming out" come in a myriad of forms. For the women interviewed here, we see differences and comparisons in daily functioning, sex lives, dating lives, and personal accomplishments as a measurement for "how disabled" someone may be: "I'm *this*, but at least I'm not *that*."

Even so, they identify and live as visually impaired, or what D called "severely visually impaired… because 'visual impairment' and 'blind' don't identify my vision well enough." Each respondent had a distinct way of naming and expressing their impairment, and through these informants, we see evidence that new terminologies are needed. Here I see another intersection between Queer Theory and Disability Theory when Linton and Sherry discuss defining identity, where for some who are queer and some who are disabled, their identities are based on self-description (Sherry, 2004, p. 770). Linton proposes, "One simple response might be that you are disabled if you say you are" (Sherry, 2004, p. 770). Here I agree with Linton, but I understand Sherry's concern that "such an approach to identity does not sufficiently outline the distinctive nature of each experience" (Sherry, 2004, p. 770).

I asked D about the role concepts of identity and passing have in her day-to-day life, and her words describe what two other respondents who use guide dogs[30] or white mobility canes[31] also mention, "I'm straight passing and most of my relationships are straight passing, but when I walk in public, I have a dog and I run into things. So, people understand that I'm disabled and probably blind, but I'm great at passing as fully sighted, so some of my friends even forget. It's this weird mix of disabled and not disabled enough." When asked for clarification, D explains, "when people see I'm blind, they also assume I'm straight. I think I'm explaining my sexuality or coming out as queer a lot more often than I'm explaining why I'm using my cane."

Through D's examples, I see sexuality, queerness, and disability intersect. D can pass as straight but not able-bodied, which combined with the above context of "disabled, but not disabled enough" is worth noting as there seems to be a constant and

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[30] According to the American Council of the Blind, "guide dogs," or "seeing eye dogs," are common mobility aids for visually impaired and blind people.

[31] The color of the white cane is a symbol for others that the user has a visual impairment. Although the cane length, shape, and color may vary, they are another mobility aid used by the blind or visually impaired.

unintentional fluidity with identity. While some respondents mentioned enjoying this fluidity at times, I suggest it would be difficult to date, or explore gender and sexuality, when those roles and identities are categories that are not chosen but ascribed.

4.3 Dating and Intimacy

As theorist Lisa Diamond discusses, human love is a part of social bonding (Diamond, 2003). These social bonds include desire, infatuation, and love which occur through biochemical and social or cultural interactions (p. 187). When one is visually impaired, these processes change and vary. For example, S mentioned that "going to frat parties, you'd expect to meet a bunch of guys, but, hello, I walk into a room and I can't really see if someone is looking at me, or if they like me." D mentioned a similar notion, "how am I supposed to see someone at the café, or at the bar, ya know, checking me out? It doesn't happen and if they don't get that cue, I understand why it's sorta a wall between me and them, it'd be hard to break through that barrier." These examples show how one may experience disabling barriers of social exclusion (Morris, 2001).

For my respondents, the timeline between dating and close, personal, or long-term relationships involved dating or courtship[32] first. Research has shown that neurochemical processes and influences from society and culture lead humans to intense feelings associated with affectionate bonds (Diamond, 2004). Through these bonds and feelings of affection, we see dating, courtship, and long-term relationships forming. This section analyzes responses to questions about how the respondents' VI or blindness does or does not affect their dating life.

4.3.1 Dating

Five out of six respondents describe using dating apps and online dating websites. Through first dates, initial meetups, and/or online chatting, their disability changed not only the direction of conversations but opportunities for taking further steps

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[32] Courting or courtship refers to the period where a couple gets to know one another- connotations of the courtship period leading to an engagement or marriage.

in building relationships. In the case of my respondents, disclosing one's identity means putting your "status" in your dating profile. Out of six respondents, five concluded it was easier to be upfront about one's disability than leave it up for discussion later. Mentioning VI's first thing was reported to mean it was "ultimately easier than explaining it later" and "avoid having the awkward conversation in the first place." Many discussed the worry of having a date accuse them of "not telling" them of their disability and thus "pulling a fast one" or "cat fishing."[33] Worries of misrepresentation and examples of "coming out first thing," tended to help respondents avoid being let down when the able-bodied prospect rejected her.

Displaying one's impairment publicly on an online dating profile meant opening up for the potential match to ask questions. In V's case, "Instead of some guy asking what my favorite food was, or what I like to do in my spare time, he'd ask what it was like to walk down the street or did I ever get hit by a car because I couldn't see something." V sounds annoyed that "small things like going to the grocery store are seen as inspiration and 'so cool.'" These are examples of inspiration porn playing out in the lives of my respondents. It is in conversations like these that we see the disabled identity overshadowing all other identity markers.

S mentioned that it was a funny conversation with her friends one day where a friend asked her what it would be like if a guy sent her a "dick pic." "Well… I wouldn't know what to do with it, I guess. I'd probably have to tell him, 'hang on real quick, I'll go show my friend and get back to you real quick," implying that because she cannot see this dick pic, she would need to consult someone else to make comments or reply to the dick pic for her.

When asked, "Tell me about your dating history" and "How does dating look like for you?" L mentions dating apps, and like the rest of my respondents, she describes the difficulty of such apps for the visually impaired. "Most of my dating has been on dating apps. It's been complicated for me; do I tell them I'm blind before we meet or

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[33] Catfishing, in this context, refers to individuals who create fake social media profiles, or dating profiles, with which to trick someone into going on a date with them. Not disclosing certain identities or characteristics could be considered "catfishing."

not? I feel like if I don't tell them, I don't have integrity, or I'm not owning who I am. I wonder, do people make assumptions or close doors if I identify as disabled in my dating profiles?" While wondering aloud, L further explains, "Dating apps scare me, the whole point is you look at a picture and decide if you're attracted to them, that just doesn't work for me, and I don't think you can look at a picture and make that decision. Like, people actually do that?"

S mentioned a blind friend of hers, who "on their Bumble profile says, just point blank, I'm blind, so text me directly because this app isn't accessible. He just straight up gives out his number to anyone who asks." When I followed up and asked, "Does this work for him?" S answered, "ya, totally, girls hit him up all the time." I asked a little further, "Do you think this would work for women, or is that the point of Bumble, women make the first move?" "Good question, I don't think I'd wanna do that, but these apps are hard to use. I'll think about that."

When discussing dating and dating apps, L mentions the emotional labor that goes into a first date scenario. "When I meet someone for the first time and when we go out, the waiter or waitress will look at the other person and ask them what I want, but if I've just met them, how will they know what I want? Maybe it's just a real fear of actually dating, but if we were married, or comfortable in a relationship, I'm not really worried about them ordering for me, but if I've just met them, I hate that. It's awkward."

Accessibility in dating includes Tinder or Bumble's lack of useable features but also refers to the lack of accessibility in the public sphere (Jenks, 2019). L boils it down a little, "Public spaces aren't accessible, I can't read the menu, I can't expect someone I don't know because it's our first date, like hello, to answer for me, is what it comes down to. If we just had accessible spaces, dating and meeting people in public would be easier." Having a partner who may be considered "an accommodating partner" would include a partner who is ready or willing to check out public spaces beforehand for accessibility, or not.

L elaborates on her uses of dating apps, "I don't need validation from men… That I am pretty or sexy, but with dating apps, I sometimes get that shallow feedback, which, of course, is a nice validation." Dating apps and online websites is a world where the non-disabled believe they are entitled to answers around others' bodies. While some place the emotional labor[34] of using occasions such as the dinner date or using the platform of your social media and dating profile to educate others, it was a constant and tiring factor, as mentioned by my respondents. Disclosing in the profile may be a way to set boundaries, as D suggests, but in the case of S, T, and L, it became a way to avoid "wasting someone else's time." As T explained, "at least now they know what they're getting themselves into." D also made the point that "it may take time, but eventually everyone finds their dating or disclosing style. For me it's in your face; for someone else they may be a bit more shy." For D I see these mechanisms in place to not waste her own time with misconceptions from other people, but for S, T, and L, the choice to disclose impairments early seemed for the sake of the other party, not as a means of protection for themselves. As a reminder, E is married and does not use dating apps, but did comment that "it would be hard to date online these days," and V mentioned never talking about her eye on apps or websites, "because it's just who I am man, and that's gotta be OK."

When T describes her experiences of using dating sites such as OK Cupid[35], she relates it to "dating while 'normal' [versus the reality of dating while disabled]." "I feel like, just in general, people wanna be respectful of other people's things, and hang ups, and feelings. So, a lot of people try to connect with what I'm saying when I let them know about my impairments. I find the issues happen when I've been dating someone a long time and I do get sick, I go to the hospital, and then they just didn't fully understand of how that would be." T can pass as abled "most of the time," but it is interesting to note that when unable to pass as abled, there are consequences. These consequences play out primarily in her close romantic relationships, dating life, and sex life, as these categories are affected when identities and roles change due to impairment.

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[34] Sociologist Arlie R. Hochschild coined the term "emotional labor" to explain managing one's emotions in the workplace (Hochschild,1983). In this case, I mean the emotional labor placed on one party to manage the other person's reactions to or comfort with dating someone with a disability.

[35] OKcupid.com, (commonly called "OK cupid") is an online dating website, in which screen readers are used by blind or VI people, making the website more accessible than the phone-only dating apps such as Tinder and Bumble.

“Flexibility is key and it’s just hard to find,” T reports as to who might be an accommodating partner.

As for T’s current status, she is “finally trying to date some people, but then, because of corona, and my chronic illness situation, I have had to stop seeing this boy I was dating before. I think dating has changed for a lot of people during this pandemic.” When I asked if using dating apps or online dating has been helpful for her dating and sex life during the pandemic, T replied, “I’ve never used a dating app to connect with someone else who has a chronic illness or blindness, but I’ve never really heard of such a social network, either. I think the effect just isn’t the same if you can’t meet up in person anyway.” While COVID-19 has undoubtedly affected the dating landscape, T argued that for her, it was never as simple as “to choose to follow the rules or not.” For her, it came down to, “if I want to live, I stay inside.” Here I see chronic illnesses and VI or blindness further alienating women from the dating scene during COVID-19.

Most of the respondents had more experiences with dating versus long-term romantic partners, occupying more space in the following text. Although E currently identifies as “past the dating stage,” we further discussed romantic relationships and the effect impairment, surgeries, and changes in identity had on such a relationship. Several respondents recognized moments were disclosing their impairments or disability, and some subsequent insecurities related to the physical manifestation of these impairments, to others as a form of intimacy. In the next section, I will discuss intimacy in more detail.

4.3.2 **Intimacy**

When characterizing and defining “intimacy,” I am led to author Sonya Renee Taylor who brings intimacy into a radical notion which begins with the self. “Parts of us have gone unobserved, let alone, touched, for decades” (Taylor, 2018). As I grappled with having a prosthetic during adulthood when I was having intimate relationships and trying to have self-esteem, confidence, trying to feel sexy, feel wanted, it was always down to my prosthetic as the source for my lack of intimacy. I associated my prosthesis with trauma, and through this trauma, I was unable to form positive or intimate attachments with my body and the body's function within intimate relationships. I do not mean all intimacy is related to sex or sexuality, but intimacy is another fundamental dynamic in relationships or emotional and/or physical capital. Intimacy looks and feels different for everyone and every relationship. Once I gained more of an acknowledgment of my body and prosthetic, I was able to form more intimate and personal relationships. I have wondered for as long as I have been half-blind, has anyone else experienced this?

When asking respondents about what intimacy means for them or examples in which intimacy has played out in their lives, my respondents mention moments of disclosing disabled identities as "meaningful" and "intimate." Examples of not wearing prosthetics in front of loved ones was mentioned as moments of intimacy. E elaborated on a conversation she had with her husband in which they both confronted the fact that her prosthetic eye "never fully shut and the eyelid just sort of stays open." E was not aware of this until she saw a picture posted on social media, and another prosthesis wearer was asking if this was a common occurrence for others with prosthetic eyes. She started looking in the mirror and feeling her prosthetic when her eyes were shut and realized it was happening to her, too. "Does my eye stay open when I'm sleeping?" E asked her husband. "He sort of laughed at me and said, yes, but I thought you knew?" E was chuckling as she remembered this story, "I started to tear up a little bit and he just hugged me and said it was fine, he's really good at consoling me. I hadn't thought about it before, but I guess that's intimacy, isn't it?" E asked and concluded. Not passing as abled when one has an impairment is to be vulnerable. These vulnerable moments are more familiar with loved ones in the case of my respondents, but I see the strength in S, V, and T, who are out, loud, and proud of their "funny looking eyes," as V puts it. All respondents mention the linkages between impairment, disability, and intimacy.

Although E currently identifies as "past the dating stage," we further discussed romantic relationships and the effect impairment, surgeries, and changes in identity had on such a relationship. While E has been happily married for twenty years, can still reflect on how becoming disabled later in life and moving from an able-bodied embodiment to life with a prosthetic has been on her romantic life. "I've been married for 20 years, but it's certainly affected our social life, sex life, and just so much more." E reported feeling close with her husband and explained that “a certain neediness [because of surgeries] brought us together in some ways and in other ways I wasn’t so sure if I’d survive, or we’d survive.”

V spoke about an intimate conversation that she now acknowledges was one of the first instances of finding intimacy entangled with disability. “My boyfriend and I have had intimate conversations. Where I ask, ya know, what he thought about my eyes or how I handled all my eye issues and he was so supportive, so nice, and that to me meant a lot. It was the first time I had asked someone.” V reportedly has not had much experience with more long-term relationships, which would explain why this was the first time she talked openly with an intimate partner about her “eye issues.” I find it worth noting that when V explained this moment to me, there was a sense of comfort and when asked, “did that feel intimate?” she said, “yes.”

S struggled more with pinpointing what intimacy was, what it meant for her, and how she looks for it on dates or with more long-term partners. S reported not experiencing intimacy but mentioned, “I think down the line, in the future, it’d be nice to find someone who appreciates me, blindness and all.” When asked, “Do you think that’s what intimacy could be? Not hiding parts of yourself?” She replied, “yes,” and mentioned that she does not hide things now but would want “the comfort that comes with being open about everything with each other.”

D had a robust response to intimacy, reporting that her use of the fetish website “FetLife[36]” has brought her more in touch with intimacy, role play, sex games, her body, and “when I get to be dominated, or I get to be subordinate is more my choice and not something I’m forced into because I’m blind or disabled, but we agree on that ahead of time.” D’s response to intimacy was the outlier of these interviews, where, for D, intimacy was intertwined with sex, sex life, sex acts, and sex roles. T mentioned a parallel connection, but all other respondents associated intimacy with emotional bonding, emotional safety, and something L described as “more tangible and lasting.”

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[36] According to www.fetlife.com, “FetLife is the Social Network for the BDSM, Fetish, and Kinky Community.”

4.4 Sex Life and Sexuality

Mitchell Tepper (2000) points out that “sexual pleasure has been conceptualized as a lesser good, a sin, a sickness, and a perversion” (286). Under this American puritanism in which those with impairments and disabilities have their sex lives and sexuality framed, and as we discuss American informants, I find this particularly relevant as context for their narratives. I agree with Tepper where the consequences of ignoring pleasure [for the disabled] are described: “When we do not include a discourse of pleasure, we perpetuate our asexual and victimization status” (Tepper, 2000, p. 288). My respondents mentioned being late bloomers, and in the case of D, she “branched out sexually pretty young,” but for others like T, we see the questions of one’s heterosexuality and sex life coming post-teenage years, which, according to my respondents was “pretty late.”

Lucy Grealy explains, “sexuality is not a right which must be earned or a possession that must be purchased, but a state of being accessible to all individuals, even those who sometimes have to fight for that access” (quoted in Siebers, 2008, p. 135). Part of Tepper’s conceptualization of sexual pleasure and Grealy’s point of sexuality as a matter of access rather than an object for purchase is important as they reflect the lack of discussion of disabled sex lives and sexuality. “Sexual desire typically denotes a need or drive to seek out sexual objects or to engage in sexual activities, whereas romantic love typically denotes the powerful feelings of emotional infatuation and attachment between intimate partners,” Diamond writes (Diamond, 2004, p. 116). Sexual desire does not disappear when someone is disabled or becomes disabled; furthermore, sexual desire does not become unusual or uncommon when the person who has sexual desire also happens to be disabled.

Disabled women are often de-humanized, de-valued, and de-sexualized. Not only are disabled women de-sexualized, but sexual encounters for them are treated as dysfunctional and improbable (Tepper, 2000) or fetishized. There are ways in which individuals must commonly perform sexuality and proposes connections between gender norms and sexual norms as performative (Butler, 1993, p. 28). Tepper also mentions negative messages about non-able-bodied people having sex which may lead to negative self-views about the sexual potential and sexual self-esteem (Tepper, 2000). Tepper's proposal and Butler's assertion of performing sexuality remain mentioned by my respondents, as specified below.

Each of my respondents answered, "No" when asked, "did anyone in your family ever ask you questions about your gender identity or sexuality?" V elaborated that she "never felt pretty and being a tomboy wasn't seen as a positive because having one eye was already one negative against me." Women are to be feminine or, seen as feminine, not a burden, and depending on the outcome one expects from dating and sex, their passing or coming-out narrative and choices change. If one is not expected to enjoy sex, it makes sense that their sexuality and sex life patterns remain unquestioned. If one is not expected to be queer, it makes sense that their identity lies within disabled parameters rather than a thoroughly examined sexuality or gender identity.

D also mentioned that her relationship with gender and sexuality evolved over time and with her semi-religious upbringing, "although there were vague mentioning's of 'we'll love you not matter what,' no one ever told me it was OK to feel different or OK for me to like girls…." T had similar experiences here. As she explains, "growing up in a super-religious community, in a semi-religious family, thoughts of having a disabled or queer daughter were definitely unspoken. My family loves me and they're good to me, but I'm not super open about my sexuality and it's not like my sex life comes up with them. I'd rather that be kept to myself anyway." Through D's explanation of having a queer identity in a semi-religious family, I see issues of "being against the norm" or "coming out" playing out in both the queer and disabled context.

While E never mentioned having complications with her sexuality, she considers herself "as straight as they come." E described her sex life as "still romantic" and "although there have been struggles with self-image and self-esteem, my husband has still made it clear he thinks I'm sexy." E has been married for twenty years and reports her relationship as "long term, happy and safe." E has never "thought much about gender or sexuality," but admits to seeing that they are important for some people. As a mother, grandmother, and wife- E admits, "sex is fun, but I've found a lot of things sexy in later years that I wouldn't have thought much about when I was younger." When asked to elaborate, she said, "oh, just being a good dad or person, that sorta thing is attractive to me now." Here I see sex life as congruent with sexual desires and flexible with age, and, according to E, desires may hold flexibility, too.

S considered her "lack of sexual partners" as significant as she is now a college graduate and, in her words, "you'd think the numbers [of sexual partners] would be higher." S mentioned her sexual encounters were fun, consensual, and "ironically with another person who was part-blind." I followed up by asking if this "hook-up" happened maybe because of disability or having something in common. S answered that this was something she also considered, and thought was more fun than anything negative. "Yeah, I've thought about that a lot." "I wonder if I'll have more experiences like that, or if it was a one-time thing. I mean, what does that mean if this happens more than once? (Meaning intercourse with someone else who shares a similar impairment)." For S finding a sexual partner who shared a similar impairment was merely left to coincidence, but perhaps it suggests a comfortability between them. Not hiding anything, or holding back, could signal a mutual recognition, so the hook-up was able to happen more naturally or comfortably than that of their inter-abled or abled counterparts.

T described the ebbs and flows of sex life with a disability: "Sometimes my libido is completely gone, so explaining that to someone, talking about it and talk about what we both need, figure out boundaries and that is its own intimate experience. You have to trust someone with your body, ya know, and trust someone with thinking about that, besides just the pleasure aspect, it really ties in with consent and checking in." With T's experience of libido fluctuations and figuring out her boundaries, needs, and desires, it is interesting to notice the use of words such as "trust" and "intimate." Sex lives and sexuality are often personal and, for some, private. With the above experience, I see narratives of intimacy, sex, and sexuality intersecting within a disabled context, a context that does not stop intimate acts but rather enhances them and makes them more purposeful.

D has had experience "with many partners of all types" and includes BDSM[37] and threesomes as part of her sex life and sexuality. By the time D was twenty-five, she was

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[37] BDSM is an abbreviation for Bondage, Discipline, Sadism, and Masochism. BDSM often refers to an array of erotic acts or roleplaying, including many different constellations of the BDSM categories.

having sex with a fifty-five-year-old and was excited to let me know that a few years later, she also had sex with that same fifty-five-year-old's- son. This engaging story was representative of the fun, kinky side of sex life with an impairment that we do not often see, and D shared it with a sense of pride. L mentioned wanting to have more serious relationships than hook-ups or one-night-stands. Here I see two very different sides. One, D, enjoys multiple partners and being upfront about her kinks, while L would prefer a long-term, more stable partner with what she described as "a vanilla sex life." I find this fascinating as it further promotes disabled sex lives and sexuality as dynamic, exciting, and distinctive, much like these respondent's experiences in the more platonic area as discussed next.

4.5 Personal Relationships

For this project, "personal relationships" are broadly defined as family, friends, lovers, or anyone you consider yourself to be close with. This broad definition was done intentionally as I wanted my respondents to choose which stories to tell and what kind of relationships to focus on during these interviews. Whether that pertained to stories of "chosen" family, "one-night stands," or long-term partners, these descriptors and choices came from the respondents individually. These broad definitions also play with crip time, where crip time may also be used to approach academic inquiry (Kuppers, 2014).

Furthermore, I approached the terms of "dating," "hooking up," "sex" and, "personal relationships," with as little definition or defined timeline as possible. This approach allowed for the respondents to express whatever or whenever these may mean to them. Approaching these topics through crip time, I asked respondents about their dating and sex lives. Several respondents labeled themselves as "late bloomers." This late bloomer catch-22 is important as dating and sex are not socially monolithic or tethered to a specific age group. However, if visually impaired women are unable to have access to sexual experiences, whether through lack of access to willing partners or social stigmas creating barriers to partners, I see this as significant.

This broad definition and open conversation between interviewer and interviewee about how to define "personal relationships" led to trust. Through that trust, the interviews led to discoveries of even the closest and personal relationships [of the respondents] being viewed through an ableist lens where even their own mothers are wary of the label "disabled." V opened up about the difficulties many disabled folks face with their abled family members: "My mom carries a lot of the burden; she has some personal demons with my situation. It's been hard for her, even though, at this point, I am very successful and happy… She struggles to understand that." V goes on to discuss what the trauma must have been like for her mother who, even though V is happy and considers herself successful, "to still be worried that I'm not pretty enough or fitting in, or when I travel for work conferences, what my new colleagues will think of me. But really, no one seems bothered or mentions my eye to me at least."

D mentioned struggles within her family, a family who is affected by vision impairments, at various degrees of impact, where the family has historically focused on not being seen as impaired, disabled, or "burdens to their loved ones." Although recognizing differences or dependencies because of impairments may recognize humanity (Morris, 2001), this form of intimate attachment was complicated for my respondents to ask for or admit. D's family members were not surprised by her early diagnosed VI, whereby they did not provide much emotional or mental encouragement to deal with such a diagnosis: "My mom struggled with vision loss her whole life, so when it came to mine, no one was surprised, and my mom especially demanded more from me." With this more "demanding upbringing," D found herself very independent-minded throughout childhood and even today. This independence helped get D through times where her boyfriends "perhaps weren't the best they could have or should have been." As Morris suggests, recognizing needs, impairments, and/or differences may help form attachments or empathetic responses; it may, as is the case with D, create room for others not to respect particular dependencies, impairments, or differences.

D has dealt with instances of past relationships being emotionally and mentally abusive, whether by family members or boyfriends, but relayed a few instances of physical bullying as well. While D explains that "physical bullying was a little more teasing and being mean, like, pushing me into stuff or onto things, but they never actually hit me, and I'd never say I was beat up." I see this bullying, including what D called "name calling" and "playing pranks" (referring to "being pushed into trailer hitches in the yard, or tables in the living room") as a specific example of someone's disability directly impacting the personal relationship and the personal relationship directly affecting the disability. For someone (who is supposed to keep their partner safe) to put them in harm's way as a "joke" because the person at the other end of the joke cannot see the physical danger in front of them is a cruel, intentional act, which at the very least would be considered "bullying." I would argue this to be psychological and physical abuse.

The only respondent with the experience of being married has been married for over twenty years, with her eye and vision issues have taken place only in the last year. Due to the suddenness and extreme changes in health-related to the eye, E now lives with a prosthetic. She describes her husband as "loving" and "caring" and "bless his heart, he has done everything to help and support me." However, E explains that "meeting new people, whether it's making new friends or meeting new clients," is another story. Developing personal relationships was difficult for E during this time as she is experiencing health changes, and although she was strong for the first several months, more recently, E has had to open up to friends and get a therapist to deal with these sudden changes, leading to changes and challenges for her mental health.

While discussing her marriage and the impact that the sudden onset impairment had on her relationship, E laments, "I wouldn't wanna be single, that's for sure… Everything is different, it's [life is] different, I'm different." For E, even having a long-term, loving, and supportive partner meant that the struggle with "going slower and slowing down" or "figuring out my new pace" and "being stressed out by new people because, like, do I have to disclose my situation to them?" There is no correct answer for E, or for many who become suddenly disabled, but what is interesting here is that my other respondents, who are single, thought life would be easier alone than with a partner, and for E, this was the opposite. While no one is right and no one is wrong, this engages with Crip Theory and "coming out" narratives while considering, "the grass is always greener on the other side." One might assume that playing "normal," or pass as "normal" to be the goal for the impaired or queer, but I would argue this erasure is not the end goal (Bone, 2017).

When E was asked about her sex life with her husband, she explained, “I do struggle with the way I look, and I then struggle with the way I feel about how I look. This hasn’t helped my libido, ya know? My husband, bless his heart, still buys me gifts, he is still romantic towards me, he tries to make me feel beautiful and loved...” E elaborated that with her eye surgeries, the [2016 presidential] election, not feeling well with her eye and “now COVID,” it “just hasn’t been a good few years.” “I finally am seeing a therapist, because on the outside I was still the old me. Happy and positive. The old me. But privately, inside, I was falling apart. I didn’t know how to handle it all.”

For E, the issues of identity transition related to independence, work, and appearance/sexuality (Galvin, 2005) were all confounding at once, with one affecting the other, affecting the other, and so on. Social interactions directly affect how people see themselves once they develop impairments (Galvin, 2005, p. 397), and E is no different. Her work life changed, the balance of independence at home changed, even with a supportive and loving partner; thus, her self-esteem, confidence, and “once happy and positive” attitude were affected.

Disabled women are often seen as less than an ideal sexual or long-term partner. Kafer suggests, “The very absence of disability signals a better future” (Kafer, 2013, p. 2). When the individual’s future is called into question, how might a future partner respond to illness, impairment, or disability? The answer, as found through my respondents, is not well. The partners and potential partners used gendered stereotypes and tropes against visually impaired individuals when it suited. Such is the case for T and D, where T had a long-term relationship, which ended shortly after a long hospitalization period.

Moreover, for D, where a “fun one night stand” ended with her sexual partner making it clear, “nothing can ever happen between us long term [because you’re blind].” D mentioned she did not “want a future with that man,” but his reaction to her blindness meant she was capable of being sexy and having sex, but not of fulfilling the role of caretaker, i.e., wife or mother. According to D, “he needed a wife who could call 911 if it was ever needed and I guess he just thought I couldn’t do that or take care of his kids.”

4.6 **Summary and Discussion**

In this chapter, I have gone through instances of respondent's thoughtful self-reflection and life experiences. Everyone's experience is unique, but many stories show similar narratives. These similar narratives share the stories of disabled embodiment and disability context within Western society, and we view them through a feminist theoretical lens, using Queer Theory, Intersectionality, Crip Theory, and ideas of the normate and marginalization.

Every respondent had comments about society's role in their lives. Whether concerning disability, what they should do with their bodies, time, or impairments, and specific views individuals held towards them as women with VI. Each respondent shared ideas about how their blindness or impairment has affected them, either currently, as a child, or through accidents and many surgeries, procedures, and doctor's appointments. Every person mentioned the notion of "not wanting to be a burden" either now or in the future. This idea of the desire to "not be a burden" is even more critical as each of these respondents represents a different part of the United States, so this idea cannot be boiled down simply to class or geographical factors. The omnipresence of ableism in the U.S. is still pervasive no matter your class, location, or race. There are different identities that all boil down to a woman must simply not have needs and not burden a potential relationship, sexual, intimate, or otherwise.

Reynolds' question *How do questions about disability intersect with those of gender and sexuality* (Reynolds, 2017, p. 151) is as fascinating today as it was before this project's interviews. As seen within personal relationships, sex life and sexuality, and dating and intimacy, impairments and their subsequent disabilities engage daily with gender and sexuality. The disabled body that is also a female body has certain assumptions and expectations associated with it. When these assumptions for the female body are queered because of impairment, we may then perceive the impact on the lived experiences of those women with VI and blindness. We are then led to future questions and future research needed within Feminist Theory and beyond.

5 Conclusion and Discussion

I knew I could not discuss more than one form of disability in this thesis in a way that would reflect the real and lived experiences of those involved. I knew I had to research something I could relate to as I wanted to situate myself amongst the scholars who speak *with* others, not *for* others. I set boundaries on whom to interview and when, and I chose Queer Theory, amongst other Feminist Theories, to analyze these interviews. With these boundaries, I place the research questions mentioned below within an interdisciplinary Gender Studies focus whereby the inclusion of disabled identities, narratives, and lives may be further incorporated into Feminist Theory.

I now present my two research questions, their ensuing findings, and why these questions and subsequent interviews and responses are relevant to the future questions this thesis finds pertinent. I am eager to see this line of identity questioning in future projects. This thesis as functioning as a base would perhaps inform future studies within a global North context.

5.1 Main Research Question 1:

How are the ways in which one navigates sexual partners and personal relationships affected by the onset of, or existence of, a visual impairment?

For those born visually impaired, their outlook on navigating dating, dating apps, or sexual partners was more a matter of fact, and a lack of accessibility was labeled as more of an annoyance than discrimination or anything sinister. For those who developed impairments later in life, the impact on their dating lives, sex lives, and personal lives were said to be: "ever present… you can never forget, you're constantly reminded – something's changed."

The respondents reported that their VI did impact their dating and sex lives, including affecting their close personal relationships. It was said that their impairment and society's lack of inclusion or accessibility influenced daily choices and life directions. While they did not report their gender or sexuality as being directly affected by VI and/or blindness, it was self-reported by all respondents that their disability was considered their primary identity, so perhaps their impairment did overshadow other categories in their lives. All of the respondents expressed excitement towards further thinking about how VI impacted their identities after our interview. This sort of "epiphany" moment was vital as it is not only a recognized moment by me but is examined by several disability theorists (McRuer, 2006; Pelka, 2012; Mitchell, 2000; Sedgwick, 1990). All respondents also mentioned they felt looked at and treated differently by those they date and that their dating lives and sex lives looked and felt different from that of their peers.

5.2 **Main Research Question 2:**

How does having a visual impairment impact one's dating and sex life?

Disabled individuals often have to adapt to inaccessible situations (Clare, 2017), and I conclude that the dating and sex fields are no exception for the visually impaired. Engaging with dating apps or dating websites is not a one-size-fits-all experience. With dating apps and dating websites often inaccessible to the visually impaired and/or blind, there are ways in which VI individuals work around specific user features to meet potential dates or partners through these platforms.

Having a visual impairment does affect whom they date, where, and how. Respondents mentioned that simply not seeing someone from across the room to notice social cues affected their dating and sex lives. Extra preparation for such an event included exploring restaurant menus ahead of time, researching bus routes before the date, going to the date spot ahead of time with a friend, and more, not to burden someone they are getting to know. Even the process of deciding whether or not to use mobility aids during a first date was a cause of anxiety for some of the respondents.

Some respondents chose to explicitly identify as visually impaired on dating profiles to avoid any awkwardness on the first date and as a way to avoid being called out for catfishing. However, identifying as disabled on public forums often led to disability-centered conversations, where such discussions for the non-disabled are non-existent. This dialogue led respondents to acknowledge the extra emotional labor they must use to navigate the dating world. For VI and/or blind people, the questions asked are usually that of a mechanical nature. "How does this work?" How do you do this (or that)?" "What can you see?" These questions do not come from places of caring or thoughtful compassion, but rather invasive curiosity about no more than "Why is your body different than mine?" These insensitive questions push impairment to disability and force the disabled to the margins.

5.3 Future Questions

All of my respondents mentioned, "No one has ever asked me about this!" No one had ever asked them if VI had impacted their dating or sex lives, including how it felt to use dating apps while visually impaired and if such an impairment impacted their gender identity or sexuality. This lack of discussion is striking and worth a response.

I have shown that disability will affect everyone at some point in their lives, so it is crucial that current and future research reflect this. Academics in Western society and the global North have yet to acknowledge its shortcomings concerning human experience, human sexuality, and human understandings for those with VI. Often, the disabling effects of society are seen as a disabled person's own problem or a unique situation, and with the help of Galvin, I argue against such naivety: "What have been painted as 'personal troubles' are, in fact, 'public issues' which is the key to the development of an effective strategy of liberation" (Galvin, 2005). I then encourage further research engaging topics of sex lives, dating lives, and sexuality to include further those who have been marginalized because of their impairments and society's disabling of such impairments.

I am interested in how visually impaired individuals may be encouraged not to feel as though they are, or will be, a burden on those they date, have sex with, or with whom they maintain personal relationships. Queer Theory and Gender Studies more broadly may benefit from bringing disabled embodiment to discussions of Feminist Theory and gendered positionality where it stands today.

6 Appendices

Appendix A contains an example of my Informed Consent Form which was sent to participants.

Appendix B contains an example of my Interview Guide which was used for each respondent.

6.1 Appendix A: Informed Consent Form

Do you want to participate in the research project "Sexuality and Disability?"
This project is the beginning of my thesis, which remains in partial fulfillment for a master's degree with the Interdisciplinary Gender Studies Research department at the University of Oslo.
I seek to further explore and understand the nuances and stories of disabled individuals and their connection to ableism, relationships, intimacy, dating, and their sex lives.
Purpose:
I will research invisible disabled identities and the impact impairment has on oneself and self-esteem through personal relationships, self-identity, and sex lives. I will investigate how "becoming disabled" rather than born with a disability may affect individuals differently, with regards to sexuality, gender, and intimate relationships, and to what extent exactly.

> *How are the ways in which one navigates personal relationships and sexual partners affected by the onset of, or the existence of, an impairment?*
> *How does having a visual impairment impact one's dating and sex life?*

Who is responsible for the research project?
The Interdisciplinary Gender Studies Research department at the University of Oslo, in Norway.
Why are you asked to participate?
I hope to gain insight into the sex lives, dating lives, and personal relationships of those who identify as disabled and how these intersecting lives may affect those living in the often-marginalized groups of society.
What does it mean for you to participate?
I hope to do several, personal, semi-structured, in-depth interviews where I may use audio recordings and notes. I, of course, will not include notes that show your identity or personal details you don't wish to be written down or recorded.
This interview will last no longer than 90 minutes, how much time we spend together talking is entirely up to you and our agreed upon time beforehand.
Participation is Voluntary:
Participation in the project is voluntary. If you choose to participate, you may withdraw your consent at any time without giving any reason. All your personal information will then be deleted. It will not have any negative consequences for you if you do not want to participate or later choose to withdraw.
Your Privacy – how we store and use your information

We will only use the information about you for the purposes we have stated in this letter. We treat the information confidentially and in accordance with the privacy policy.

Using encryption technology, locked offices, locked desktops, computers only on campus and with school approved technology will be used. The only people with access to this interview will be myself and my supervisor.

I will keep our interviews and discussions separate from my notes and any identifying information. This information will also remain locked and encrypted.

Our interviews and my findings will only be published in thesis format at the University of Oslo. No specific names, ages, or other identifying information will be published publicly, or otherwise.

What happens to your information when we finish the research project?

The information is anonymized when the project is completed / the assignment is approved, which is according to my research timeline. This research project is aimed to be ended and published as of July 1, 2021. At this time all recordings will be deleted, with any notes saved and encrypted.

At the time of publication, no one else will have access except myself, Ellen Young.

Your rights:

As long as you can be identified in the data material, you are entitled to:

- insight into what personal data is registered about you, and obtaining a copy of the information,
- obtaining personal information about you,
- to delete personal information about you, and
- to send a complaint to the Data Inspectorate regarding the processing of your personal data.

What gives us the right to process personal information about you?

We process information about you based on your consent.

On behalf of the University of Oslo, NSD – Norsk senter for Forskningsdata AS has considered that the processing of personal data in this project complies with the privacy regulations.

Where can I find out more?

If you have questions about the study, or wish to exercise your rights, please contact:

- Interdisciplinary Gender Studies Research (STK) at the University of Oslo (UiO) by Ellen Young, Masters Student, elleneyoung@gmail.com, +4796694402. Sara Orning, Project Manager, s.e.s.orning@isp.uio.no.
- Our Privacy Ombudsman: Andrew John Feltham a.j.feltham@stk.uio.no

If you have any questions related to NSD's assessment of the project, please contact:

- NSD – Norwegian Center for Research Data AS by email (personvernt services@nsd.no) or by phone: 55 58 21 17.

With best regards,

Ellen Young

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Consent Statement

I have received and understood information about the project “Sexuality and Disability,” and have been given the opportunity to ask questions. I agree to:

Participate in a personal interview with Ellen Young
I agree that my information will be processed until the project is completed.

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(Signed by project participant, date)

6.2 Appendix B: Interview Guide

The following questions provide an outline for in-depth, semi-structured interviews:

Initial and Background:

What is your age?
What is your gender?
What is your sexuality?
What is your disability?
In your own words, can you describe your ethnic background?
In your own words, can you describe your economic or class background?
If you are employed, what do you do?
What sort of educational background do you have?
What do you enjoy doing in your free time?

Personal Relationships:

How do body politics play a role in your relationships with loved ones and sexual partners?
What are some stories or examples of dating with an impairment you wish people would be more aware of?
Can you describe your dating history?
How has your sex life been for you?
How does ableism affect your relationships?
How have your impairment(s) impacted your dating life?

Disabled Identity(ies):

Does your disability play a role in how you identify (gender identity/sexual orientation/etc.)?
What are your experiences of coming out with your disability?

In your experience, is the disabled experience impacted by its visibility to others?
Is there a “coming out” or “passing” narrative associated with your disability?
How is your invisible impairment challenged and/or accepted?
What decisions do you face day-to-day related to the disabled experience/body?

Gender Identity and Sexuality:

Have you always felt your [gender identity]?
Did your disability play a role in your gendering process?
Did your disability allow space for thoughtful reflection at a young age about gender and sexuality?
How does queer and/or disabled visibility matter in your dating and sex life?
What is the experience of coming out sexually?

Sex Life and Intimacy:

Can you talk to me about the successes or failures you have had in sexual experiences?
What do you look for in an accommodating and affirming partner?
How has intimacy in personal and romantic relationships suffered or benefited from “becoming” or identifying as ‘disabled?’
Do you feel left out of common romantic or sexual narratives?

Social Media and Activism:

Do you feel capable of having a disabled or impaired existence without online activism?
How has social media informed your disabled experience?
How does an online presence make you feel?
What about your disabled identity/life, if any, has triggered an activist response and why?
What do you feel is important for having social media channels related to your disability?

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