

## Dis-orienting Paraphilias? Disability, Desire, and the Question of (Bio)Ethics

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**Abstract** In 1977 John Money published the first modern case histories of what he called ‘apotemnophilia’, literally meaning ‘amputation love’ [Money et al., *The Journal of Sex Research*, 13(2):115–12523, 1977], thus from its inception as a clinically authorized phenomenon, the desire for the amputation of a healthy limb or limbs was constituted as a sexual perversion conceptually related to other so-called paraphilias. This paper engages with sex-based accounts of amputation-related desires and practices, not in order to substantiate the paraphilic model, but rather, because the conception of these (no doubt) heterogeneous desires and practices as symptoms of a paraphilic condition (or conditions) highlights some interesting cultural assumptions about ‘disability’ and ‘normalcy’, their seemingly inherent (un)desirability, and their relation to sexuality. In critically interrogating the socio-political conditions that structure particular desires and practices such that they are lived as improper, distressing and/or disabling, the paper constitutes an exercise in what Margrit Shildrick [Beyond the body of bioethics: Challenging the conventions. In M. Shildrick and R. Mykitiuk (Eds.), *Ethics of the body: Postconventional challenges* (pp. 1–26). New York: MIT Press, 2005] refers to as “postconventional ethics”.

**Keywords** Paraphilia · Disability · Ethics · Amputation · Transsexualism

No one truly knows Venus in her perfect sweetness who has never lain with a lame mistress (Montaigne, 1555, “Of Cripples”)

In 1977 John Money, a medical psychologist and sexologist renowned for his work on ‘atypical’ sexual desires, practices, and forms of embodiment, published the first modern case histories of what he called ‘apotemnophilia’, literally meaning ‘amputation love’ [20]. Prior to this, amputation-related desires had been discussed by Krafft-Ebing [15] in *Psychopathia Sexualis* (1886), and by sexologists such as Wilhelm Stekel and Magnus Hirschfeld. From its inception as a clinically authorized phenomenon, the desire for the amputation of a healthy limb or limbs was constituted as a sexual perversion conceptually related to other so-called paraphilias such as acrotomophilia, the term coined by John Money to refer to a sexual attraction to amputees or other people missing limbs, transvestic fetishism, a term used to describe *any* sexual behaviour or arousal that is in any way connected to clothes of the so-called opposite gender, and autogynophilia which I will discuss at length in due course. More recently, the desire for amputation has come to be regarded as evidence of an identity disorder, rather than a sexual one [9, 10, 26], variously labelled Amputee Identity Disorder (AID), and Body Integrity

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Identity Disorder (BIID). Despite the widespread shift from a sex-based model to an identity-based one, there are still those who conceive amputation-related desires as primarily sexual. Indeed, in an article entitled “Clinical and Theoretical Parallels Between Desire for Limb Amputation and Gender Identity Disorder” (2006), trans psychologist and self-identified autogynephiliac, Anne Lawrence, argues that conceiving the desire for amputation as sex-based may in fact be productive for wannabes. The implication of Lawrence’s thesis—which I will discuss in due course—is that society should respond to ‘non-mainstream’ desires for bodily change in ways that are ethical and just, and that the paraphilic paradigm provides the best means to do this.

This paper engages with sex-based accounts of amputation-related desires and practices, not in order to substantiate the paraphilic model, but rather, because the conception of these heterogeneous desires and practices as symptoms of a paraphilic condition (or conditions) highlights some interesting cultural assumptions about ‘disability’ and ‘normalcy’, their seemingly inherent (un)desirability, and their relation to sexuality. The paper is also motivated by a desire to contribute to current debates about the ethical status of amputation-related desires, in particular, the question of whether or not the ‘the desire for amputation’ should appear in volume five of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (due to be published in 2011) – a text which is widely regarded as *the* standard classification of mental disorders (at least in the West) – and, if it is included, whether it should be classified as paraphilia, a somatoform disorder, a factitious disorder, or an identity disorder.

Given that the paper focuses primarily on Anne Lawrence’s recent call for recognition of the desire for amputation as fundamentally paraphilic, let me begin by citing the definition of paraphilia Lawrence takes from the DSM-IV. Paraphilias are: “Recurrent, sexually arousing fantasies, sexual urges or behaviours involving (1) non-human objects, (2) the suffering or humiliation of oneself or one’s partner, or (3) children or other non-consenting persons” (DSM-IV, cited in [17]). Interestingly, Lawrence pays little attention to the fact that the DSM-IV definition also states that such fantasies or activities should only be diagnosed as paraphilic if they cause “clinically significant distress or impairment in social, occupational, or other important areas of

functioning”. Overlooking this important clause, as Lawrence does, serves to reaffirm the notion of a paraphilia as an innate psychosexual aberration particular to a given individual. Taking it seriously, on the other hand requires that one critically interrogate the socio-political conditions that structure particular desires and practices such that they are lived as improper, distressing and/or disabling. Like much of my previous work (see [28–30]), this paper is an attempt to do just that. As such the paper constitutes an exercise in what Margrit Shildrick [22] refers to as “postconventional ethics”, the aim of which is to “break down such binary categories as those of the normal and the abnormal, of health and illness, of self and other which are the bases of normative bioethics” ([22], p. 4; see also [14]). I am not suggesting that postconventional ethics is the binary opposite of normative bioethics<sup>1</sup>. Unlike Tony Hope [13] who, drawing on Isaiah Berlin’s definition of the hedgehog and the fox, describes two polarised approaches to medical ethics – one which is concerned with a single universalising principle, and the other with heterogeneity [13] – I understand postconventional ethics as a practice inextricably bound up with the logic and conventions it critically interrogates.

### Bruno’s Causal Model of Amputation-related Disorders

Before I engage directly with Lawrence’s recent article I want to briefly discuss a paper, regularly cited in the literature on self-demand amputation, by clinical psychologist, Richard Bruno. The paper, entitled “Devotees, Pretenders and Wannabes: Two Cases of Factitious Disability Disorder” (1997) was originally published in the journal *Sexuality and Disability*, and one might presume, given this, that the research would go some way in reconfiguring normative notions of disability, sexuality, and the relations between them. Sadly, this is not the case since, as I will go on to show, Bruno’s position relies on and reiterates the tenets of liberal humanism that inform normative bioethics. In making this claim I am

<sup>1</sup> Peter Singer is probably the best known proponent of what I will refer to throughout this paper as normative bioethics. See [23–25].

not suggesting that Bruno identifies (or should be identified) as a bioethicist. What I am suggesting is that Bruno's project is a moral one, and one that presupposes what Shildrick refers to as a "determinable calculus of harms and benefits" ([22], p. 3). In this way, his work, like that of Lawrence and Blanchard, functions in much the same way as does that of normative bioethicists.

Bruno's paper consists in large part of a description of two case studies: Case one, Ms. D, is a woman who desires amputees, who sometimes pretends to be disabled, and who desires "to be accepted as a disabled person, not to become one" ([5], p. 248): she is, as Bruno sees it, a devotee and a pretender. Case two, Ms. W, is a woman who believes she is disabled, experiences her embodiment as impaired, and yet allegedly does not have any definable physical 'disabilities': she is, in Bruno's terms, a "wannabe unaware" (that is, a person suffering from a Factitious Disorder who, as a result, misrecognises her desire for amputation as evidence of disability). On the basis of these two case studies, Bruno argues that the psychology of devotees/acrotomophiliacs, pretenders and wannabes/apotemnophiliacs can be best explained by use of a single diagnostic term, namely Factitious Disability Disorder (FDD). FDDs, are understood by Bruno, as "conditions in which disability – real or pretended, one's own or that of another – provides an opportunity to be loved and attended to where no such opportunity has otherwise existed" ([5], p. 257). In other words, whilst according to Bruno's conceptual schema there are clearly differences relating to both the level of awareness of the desire for amputation, and the appearance (or non-appearance) of disability, fundamental to the desires and practices of the pretender, the wannabe, and the devotee alike is an unmet need for love and attention, and the association of 'disability' with the fulfilment of that unmet need. I am less interested in Bruno's reductive and somewhat puerile causal explanation than I am in his lumping together of a range of heterogeneous (although perhaps, in some senses associated) desires on the basis that they are all related to amputation and as such are (sexually) spurious – paraphilic – and in need of not only explanation, but more particularly, treatment and/or elimination. Indeed, Bruno happily reports that psychotherapy enabled Ms. D to access the 'root' of her problem – the deprivation of parental love, coupled with seeing her parents positive emotional response to

a disabled child – and as a result Ms. D is (allegedly) no longer aroused by fantasies of disabled men, and no longer pretends, although she sometimes has the urge to ([5], p. 250). So, Ms. D is cured of her 'disorder': that is, her attraction to/desire for disability.

Whilst I understand that as a clinical psychologist Bruno's role is to assist in the relief of suffering experienced by his patients, it nevertheless seems to me that his approach is at best problematic and at worst paradoxical since it is informed by and reaffirms the idea that an attraction to or desire for amputation/disability is pathological. Whilst Bruno does acknowledge that "it is both odious and unsupportable to imply that people with disabilities will be desirable only to those with a paraphilic attraction" (cited in [2], p. 258) he nevertheless goes on to say "there is evidence that devotee's unique attraction is not particularly useful in bringing – and more importantly keeping – couples together" (cited in [2], p. 258). This seemingly contradictory (or at least puzzling) statement brings to mind an account by a self-identified devotee of his parent's response to his 'coming out' (as a devotee). As he tells it, his parents were horrified: if, they explained, he had simply fallen in love (inadvertently) with a disabled woman, that would have been one thing, but to actively seek out such persons, is in their eyes, nothing short of 'sick'.

These responses to amputation-related desires typify what one might refer to as normative ethics insofar as they presuppose (and reiterate) a distinction between good and bad, moral and immoral, proper and improper, healthy and sick modes (and objects) of desire, and, by association, the kinds of relationships they (allegedly) produce. On the one hand we have paraphilic desire, conceived as unnatural, immoral, misdirected, narrowly object-focused and objectifying, transparent – to others if not to the self – unlikely to result in long-term monogamous relations, corrupt and corrupting, and therefore in need of confession, observation, interrogation, classification, regulation, elimination, for the sake of the 'common good' (for a critique of this position and/or logic see [6]). The unnamed moral ideal haunting (and haunted by) this notion of paraphilic desire/practice is, interestingly, difficult to define. Perhaps one might say that 'normal' desire, (and the practices with which is associated) is, in Heideggerian terms, that which "does not bring itself forth" ([12], p. 295): It is the empty centre against which all else is

measured and found wanting. The tautological effect of this (generative rather than simply descriptive) distinction between the normal and the pathological/paraphilic is that desires and practices associated with bodies perceived as lacking integrity (wholeness, unbrokenness), are themselves constituted as lacking integrity (i.e. they are ‘unnatural’, morally unsound, and unwholesome). In other words, then, far from being purely descriptive, objective, rational, and true, normative bioethical conceptions of amputation related desires are (re)iterative in the Butlerian sense. This constitutive problematic is perhaps even more apparent in the available literature on ‘devotees’, which I’ll discuss briefly later in the paper. But before I do that I want to turn to Lawrence’s recent article not least because it provokes the kinds of questions I want to bring to bear on what I am referring to as normative bioethical conceptions of devotees, and, in turn the ontological assumptions about normalcy and disability that inform them.

### Lawrence and Blanchard’s Theory of Paraphilic Target Location Errors

Like Richard Bruno, Anne Lawrence takes a normative bioethical position insofar as she presumes the existence of a natural/normal able-bodied (biologically determined, gendered) self and a natural/normal, enabling (hetero)sexual desire prior to its/their distortion. Drawing on Ray Blanchard’s highly contentious account of transsexualism, along with the DSM-IV definition of paraphilia that I mentioned earlier, Lawrence argues that apotemnophilia constitutes a (necessarily paraphilic) ‘target location error’. Let me explain Lawrence’s claim by offering a brief overview of Blanchard’s account of transsexualism on which Lawrence’s thesis is founded, and which, in my opinion, it is an attempt to resuscitate. According to Blanchard, there are two types of male-to-female (MTF) transsexuals: homosexual MTF transsexuals, that is, “persons who were overtly feminine as children, who are very feminine as adults, and who are exclusively attracted to men” ([16], p. 265), and non-homosexual MTF transsexuals, that is, “persons who were not overtly feminine during childhood, who are not remarkably feminine as adults, and who are not exclusively attracted to men, but who may be sexually attracted to women, to women and men, or to neither sex” ([16], p. 265). It is this latter group that Blanchard

conceives as autogynephilic. Autogynephilia, as Blanchard defines it, is “a male’s propensity to be sexually aroused by the thought or image of himself as a female” (Blanchard, cited in [16], p. 266). And this propensity is the effect of (and in fact, constitutes) an erotic target location error. Consequently, the desire for sex reassignment is understood by Blanchard as “a direct outgrowth of...autogynephilia” (Blanchard, cited in [16], p. 266).

Drawing on this framework Lawrence argues that desire for the amputation of a healthy limb should likewise be regarded as paraphilic (i.e. apotemnophilia) since it too constitutes an erotic target location error – this time combined with an “unusual erotic target preference for amputees” ([16], p. 263). In effect, then, on this model the wannabe is in fact a devotee. Lawrence attempts to support this understanding of the desire for amputation as paraphilic by drawing out what she sees as similarities between ‘autogynepiliacs’ and ‘apotmenophiliacs’. These include:

1. A profound dissatisfaction with the body
2. Arousal from simulation of sought-after embodiment or status (i.e. cross-dressing, and pretending)
3. A lack of natural resemblance to the bodies they desire to attain
4. An attraction to people with the body-type they desire to attain<sup>2</sup>
5. And an elevated prevalence of other paraphilic interests ([16], p. 263)

Even if these propensities are not shared, as Lawrence claims, by so-called homosexual MTF transsexuals (or, presumably, by ‘non-paraphilic’ subjects), the question remains, in what sense exactly are these alleged ‘erotic target location errors’ paraphilic?

In an on-line article entitled “‘Men Trapped in Men’s Bodies’: An Introduction to the Concept of Autogynephilia”, Lawrence writes: “The unstated assumption [in the DSM-IV definition of paraphilia] is that ‘normal’ non-paraphilic sexuality necessarily involves arousal primarily toward *other people*. Therefore, arousal which is primarily toward a

<sup>2</sup> Both Blanchard and Lawrence claim that so-called homosexual MTFs “tend to naturally resemble persons with the embodiment or status they desire (i.e. women)”, and that “this natural resemblance provides an obvious rationale for sex reassignment surgery” ([16], p. 266).

fantasized or actual aspect of *oneself*, or of one's own behaviour, in which other people may be present but are essentially superfluous, is in principle equivalent to arousal involving a 'non-human object' [17]. Lawrence substantiates her position by claiming that "autogynephilic persons...often report that when they first become involved with a new sexual partner, their autogynephilic fantasies tend to recede...But as the...novelty of the new partner wears off, they more frequently return to autogynephilic fantasies for arousal" [17]. She continues: "Another common observation made by autogynephilic persons is that, while they are having partnered sex, there is sometimes a way in which the partner is almost superfluous, or merely acts as a kind of prop in an autogynephilic fantasy script" [17]. Given the complete lack of scholarly references regarding this source material, the reader may be inclined, as I at first was, to dismiss these claims, but on further consideration it occurred to me that the tendencies Lawrence purports to find in autogynephilic desires and practices – tendencies she perceives as paraphilic or as evidence of paraphilia – are perhaps no less apparent in erotic desires and practices generally regarded as non-paraphilic or 'normal'. Whilst I do not have any hard evidence of this, it nevertheless seems to me, based on my own erotic desires and practices and those of my friends (whom I subjected to constant phone calls of a most personal nature during the period in which this research was undertaken), that sexual activity with another person often involves the projection of a fantasised image of the self (often as the centre of the activity), and moreover, that in long-term relationships, the role of fantasy often increases, or at least, becomes more apparent.

These initial thoughts suggest that the erotic tendencies Lawrence identifies with those she conceives as autogynephilic transsexuals (and, given the parallels she posits, with apotemnophiliacs), may not be qualitatively different to those at play in my own erotic life and the erotic lives of those of my friends *not* classified as autogynephilic transsexuals. Indeed, they may well be an integral aspect of 'normal' desires and practices (as they are currently understood, experienced, and lived – that is, discursively engendered), and the modes of identity formation to which they contribute, and of which they are an effect. Perhaps what we witness in Lawrence's perception of the erotic life of non-homosexual transsexuals (as paraphilic), then, is an

illustration of the claim made by feminist philosopher Moira Gatens, that no performance (of desire or anything else) is ever read in isolation from the body that performs it. Rather, a specific action gains its meaning (at least in part) in and through (the perception of) the body that performs it. So, for example, a particular 'masculine' behaviour enacted by a 'male' subject will mean something different to the same behaviour enacted by a 'female' subject (or perhaps even a 'feminine' male subject) ([11], p. 14). Let me pursue this line of thinking a little further by returning to the distinction Blanchard posits between 'homosexual MTF transsexuals' and 'non-homosexual MTF transsexuals' – a distinction which, as I said, is fundamental to Lawrence's account of amputation-related desires.

This alleged distinction is founded on what are perceived by Blanchard as, (1) differentially gendered (although not differentially sexed) modes of embodiment (i.e. the homosexual MTF transsexual is, and always ways 'feminine' – and the exclusive attraction to men reinforces this – and the non-homosexual MTF transsexual is not particularly so and therefore is gendered 'masculine'), and (2) and related, the 'fact' that unlike homosexual MTF transsexuals (whose desire for SRS derives from a 'natural resemblance' rather than from a paraphilia/erotic target location error), non-homosexual transsexuals "have a history of transvestic fetishism or sexual arousal with cross-dressing" ([16], p. 265). Interestingly, in a [4] study that enacts the very move I am problematising here, Blanchard, Clemmensen and Steiner argue (or, as they rather tellingly put it, "observe") that any denial on the part of non-homosexual MTF transsexuals that the idea or the practice of cross-dressing is sexually arousing to them "was significantly correlated with their tendency to portray themselves in a socially desirable manner on the Crowne–Marlow Social Desirability Scale" (cited in [16], p. 271).

Rather than simply telling it like it is, then, 'non-homosexual MTF transsexuals' who claim they are not aroused by the thought or practice of cross-dressing, are perceived/constructed by Blanchard and his colleagues as guilty of either "impression management" – that is, deliberate misrepresentation in order to make what they believe will be a good impression – or "self-deceptive enhancement" – believing 'positively-based self-representations' that are in fact 'inaccurate' – in short, they are either liars

or they are deluded. Interestingly, though, so-called homosexual MTF transsexuals (that is, those who present as ‘feminine’ and are allegedly exclusively attracted to men) are perceived by Blanchard et al. as telling the truth when making the exact same claim.

If we return to Gatens’ ‘postconventional’ problematisation of the known, we see that what this asymmetry illustrates is that the difference between Blanchard’s two groups is less a neutral, observable extra-discursive fact than the effect of a particular mode of (moral) perception framed by culturally specific tacit body knowledges (that is, knowledges that are embodied, rather than cognitive and thus operate, for the most part unconsciously, at the level of perception). This is further substantiated by the fact that if both groups were accorded the same level of suspicion in relation to the denial of sexual arousal from the thought or practice of cross-dressing, then the alleged distinction between the groups would collapse. Similarly, Blanchard’s failure to question the claim (apparently) made by so-called ‘homosexual MTF transsexuals’ that they are attracted exclusively to men (a claim that could well be regarded as an attempt, conscious or otherwise, to make the best/correct impression in order to gain access to sex reassignment surgery), is also telling, since to raise such a question would be to undermine the distinction he purports to merely observe, but which I contend is an effect of not only the questions posed, but also, the questions not posed, in short, of the normative (bio)ethical framework informing Blanchard’s modernist project. My point, then, is that the distinction between ‘homosexual MTF transsexuals’ and ‘non-homosexual MTF transsexuals’ is in effect made in advance of the question of ‘autogynephilic’ desire, on the basis of the perception of particular trans-subjects as either, feminine or masculine, homosexual or non-homosexual.

Likewise, I want to suggest that it is less the case that the paraphilic behaviours noted by Lawrence make the subject so-called an autogynephilic transsexual or an apotemnophilic, than that the perception of the behaviour of the subject conceived as paraphilic/autogynephilic/apotemnophilic is always already imbued with what Eve Sedgwick refers to as the “metaphorics of health and pathology” ([21], p. 24). This being so, the task of postconventional ethics, at least as I understand it, is to ask repeatedly, how these particular “categorizations work, what enactments they are performing and what relations

they are creating, rather than what they essentially *mean*” ([21], p. 27).

### Another (Postconventional) Approach to the Question of Orientation

In claiming that apotemnophilia and autogynephilia are equally constructed, I do not mean to imply that they are constructed *as* equivalent. Indeed, unlike Lawrence, an ‘autogynephilic MTF transsexual’ who “accept[s her] own truth” ([17], p. 7) and presumes that doing so will be equally rewarding for ‘apotemnophilic’ persons, I would argue, as I have done elsewhere [28, 30], that the orientations of transsexuals and wannabes – in particular the desire for surgical modification – are currently conceived (and thus responded to) in significantly different ways: in short, their epistemic status is by no means analogous. But claiming that both are essentially sexual disorders (i.e. paraphilias) does not, I contend, simply fail to overcome this ontological difference, rather, it further entrenches it. And this is (at least in part) because the focus on ‘the sexual’ remains within (and reproduces) the taxonomy of object choice. Within such a taxonomy transsexualism could be said to conform to (normative) cultural logic (even if it does so in a slightly bent way) insofar as the ‘target’ of the body of the object of desire (regardless of whether that body is another’s or one’s own) is (its) sex/gender (or at least, this is how it is commonly conceived). On the other hand, desires normatively conceived as apotemnophilic/acrotomophilic are understood as such on the basis that their alleged target is ‘disability’, and as a result, such desires contradict the fundamental tenets of (normative) cultural logic in which ‘disability’ is a kind of placeholder for what is by definition, undesirable, ‘wrong’. One possible response to this ontological problematic would be to turn to the work of theorists such as Maurice Merleau-Ponty. In particular, Merleau-Ponty’s claims that sexuality is co-extensive with existence, and that the self is never separable from the world, the object, but nor is it reducible to it, may be useful [18]. Failing to recognise these interconnections, the normative bioethical imperative to decide whether the so-called ‘disorders’ that I’ve been discussing here are *either* essentially sex-based, or identity-based – an imperative that drives/shapes so much of the research on self-demand amputation, as well as the debates surrounding

and informing transsexualism – produces the categories of being it purports to merely describe. In short, paraphilic identities, desires, and practices are the ontological effects of splitting off the sexual from existence or reducing all else to the sexual, and of presuming a separation of self from others/objects and from a social context, and of arresting (or attempting to arrest) the heterogeneous and multi-directional/dimensional movement of (un)becoming. My point here is that the paraphilic model I am critiquing (along with normative bioethics), is founded on a notion of being as fixed, singular, knowable, etc, whereas poststructuralist theorists have argued that embodiment is intersubjective and therefore necessarily a process without end. Given this, ethics (as distinct from morality) cannot be other than open-ended. Let me explore these claims a little further through a discussion of dominant perceptions of the figure of the devotee.

### The Devotee: Predator or Saviour?

As I mentioned at the outset of the paper, the desire(s) for people with disabilities (desire associated with the figure of the devotee and/or acrotomophilic) has rarely been configured as anything but perverse: the kind of shift we have witnessed in accounts of the desire for the amputation of a healthy limb, away from sex-based explanations to identity-based ones, has not occurred in regards to the desire for amputees and/or people with disabilities. There may well be a number of reasons for this, not least the fact that many of those said to be attracted to people with disabilities do not necessarily desire access to surgical procedures which will modify their bodies such that they resemble the bodies of those they desire. However, in all the literature on amputation-related desires with which I am familiar it is clear that the relation between devotees, wannabes, and pretenders is complex and varied: the categories are by no means, as the logic of normative bioethics would have it, discrete. There is much that could be said about this conceptual asymmetry, but for the sake of brevity, let me turn now to what I see as the two dominant (dichotomous) conceptions of the figure of the devotee and briefly note some of the problems with these.

Perhaps most common is the notion of the devotee as paraphilic. In their work on paraphilias and

criminality, psychiatrists Abel and Osborne state that “paraphilics have a general deficit of control leading them to carry out a variety of paraphilic behaviours with a variety of victims” ([1], p. 901). Similarly, devotees (who, it seems, are mostly men – or at least, it is mostly men who identify as devotees and/or who are required to explain their desires through such a taxonomy) are commonly perceived as immoral, suspicious, sick, sexual predators who victimize the vulnerable. This is clearly illustrated in the film *Boxing Helen* (1993) whilst being problematised in Kath Duncan’s wonderful documentary film *My One-Legged Dream Lover* (1998) (see [7]). Devotees are, in the words of a representative of the Amputee Coalition of America (ACA), “people who get off on maimed human bodies” (cited in [27], p. 59); or, as another member put it, “devotees [are] just like paedophiles” ([27], p. 59). Without wanting to deny the negative experiences some people with disabilities may have had in encounters with individuals who identify as devotees, I want to suggest that locating the problematic behaviour of some individuals in the desire for people with disabilities – which is what, in effect, the analogy with paedophilia does – is problematic for a number of ontologically-related reasons. First, it reiterates the metaphors of health and pathology integral to normative bioethics. Second, it reaffirms the taxonomy of object choice, thus reducing people with disabilities to their disability (i.e., it objectifies them, which, ironically, is what paraphilic desire is accused of doing). Third, it constructs the person with disabilities as a passive victim of another’s (perverse) desire rather than as an active participant. Fourth, it relies on and reproduces the notion of the disabled person as the sexual other, and of disability as essentially unnatural and undesirable. Barbara Faye Waxman Fiduccia has made similar criticisms in response to moral outrage directed at images of dwarf women and tall men engaged in sexual activities found on an internet porn site entitled “MIDGET SEX XXX”. These images, she writes:

blow the lid off one of the last taboos, sex with a cripple, which in both a moral and public policy sense, is analogous to pedophilia and incest. This is because disabled women have the social status of a dependent child, and because they are considered to commit a crime against society

when they reproduce....Their sexuality is...not only considered to be purposeless, but dangerous, immoral, and perverse ([8], p. 280).

And if disabled women are wrong/perverse targets of sexual desire then, according to the taxonomy of object choice, the person who desires ‘disability’ (since the disabled woman is here reduced to her ‘condition’) is necessarily sexually suspect: they are, as Fiduccia puts it, “devalued by their association with the sexual other” ([8], p. 280), they are constituted as immoral, pathological, and are thus marginalised, exiled, driven underground. This sort of normative moral logic is wonderfully illustrated in an interview with Hugh Hefner that Fiduccia recounts. The interview, published in *Ability Magazine*, focuses on the question of why the *Playboy* images of Ellen Stoll, a paraplegic woman who uses a wheelchair, erased her disability (Stoll’s atrophied legs were concealed and her wheelchair did not appear in the images). Hefner’s explanation for the decision to visually present Stoll as ‘normal’ (in *Playboy* terms) is that it prevented *Playboy* from going “down that road that takes you into an exploitative kinky type of thing”, from “the darker sexual connections to be found in things related to people with disabilities” (cited in [8], p. 279).

Opposed to this notion of the devotee as a (potentially) harmful sexual predator is the understanding of the devotee as just like everybody else, but perhaps even better. Here we find the figure of the devotee as someone who, like most other people, has a preference (albeit a strong one) for particular characteristics. In what sense, ask many self-identified devotees, is the attraction to amputation (and/or ‘disability’) any different from a desire for, or attraction to, large-breasts, or a particular skin colour<sup>3</sup>, or tall people, or red hair, or blue-collar workers, or tattooed bodies, or even, simply people of the ‘opposite’ (or ‘same’) sex? This is an interesting question because of course, the fact that there is a paraphilic category for those who desire people with

amputations, whereas there is not for those who are attracted to women with large breasts, red-heads, blue-collar workers, tattooed people, or people of the ‘opposite’ sex, or (any longer) people of the ‘same’ sex, constitutes the former desire as different in kind to the other orientations listed. Moreover, if there is no ‘reality’ outside of this constitutive ontology of desire, then it seems pointless to argue that all these orientations (and the practices associated with them) really are the same, and that we just need to recognize that fact (which is the argument most often put forward by self-identified devotees and those who champion their cause). Clearly different orientations shape (and are shaped by) the specificity, the bodily history of the subjects concerned, as well as by the context in which such orientations are played out; hence, rather than flattening out difference, a post-conventional interrogation of the modes of becoming affected by particular orientations is what is called for.

Moving beyond simply claiming that the desire for amputees and/or people with disabilities is ‘normal’, some disabled women have argued that in valuing what is commonly devalued (i.e. disability) devotees play an important role in reinscribing the sexual status of people with disabilities and challenging dominant idea(l)s, practices, relations, and forms of sexual access. Whilst I can see that this may be a valid claim, the fact remains that disability-related desires are always already marked as aberrant. So, to even begin to articulate one’s sexual orientation in these terms is to take up an identity that reproduces the ‘metaphorics of health and pathology’, the logic of normative bioethics that this paper sets out to critique. Given this, rather than attempting to normalize disability-related desires, or alternately, to argue for their innate radicalness, might it not instead be more productive to interrogate the categorizations of desire and identity (as ‘paraphilic and/or normal’) that shape the way we live? To ask what the conditions of emergence for particular orientations might be; how, why, under what conditions, and to what extent, we (as individuals) become conscious of our orientations (perceive them as such), or, obversely, do not; how, and why particular ‘movements’ become separated out, distinguished from, other aspects of dwelling; how and why that which draws us forth, (im)presses upon us (and vice-versa), is perceived as a ‘thing’ (separate from the self but integral to the self’s definition) and what the effects of this might be;

<sup>3</sup> There are derogatory terms such as ‘rice queen’, ‘snow queen’, ‘sticky rice’, ‘coconut’, and so on that are used to refer to forms and practices of desire presumed to be ‘race’-based, and other than ideal. However, such terms are found primarily in sub-cultural communities and are not institutionally authorised in the same way or to the same extent that medicalised (pathologising) terms are.



how and why orientations are shaped by “the here of the body and the where of its dwelling” ([3], p. 545) and vice-versa; how and why orientations tend to be lived such that they “search for identity as the mark of attainment” ([3], p. 553); when and how particular orientations are experienced as dis-orientations; how and why dis-orientations become re-oriented through the use of what Sara Ahmed describes as “straightening devices” ([3], p. 568), of which, I would argue, normative bioethical discourses that reproduce the metaphors of health and pathology, are an example.

Let me conclude, then, by suggesting that what Lawrence’s conception of so-called paraphilic desires, practices, and identities offers is not so much a true picture of perversion, but rather, an opportunity to ask the kinds of question listed above, to begin to think through the ways in which orientations toward (or away from) what are perceived as “unusual or unacceptable stimuli” ([19], p. 165) are transformed into and taken up as identities that ultimately (although never entirely) function as straightening devices which (re)produce the effects they purport to simply describe. Moreover, it provides an opportunity, to borrow a phrase from Shelley Tremain, to ‘[queer] Disabled Sexuality Studies’ [31], and, likewise, normative bioethics. What I mean by this is that rather than taking a normative (bioethical) approach to the question of disability-related desires, deciding whether or not such desires (and subjectivities) are proper or improper, and as such should be condemned or celebrated, enabled or constrained, one might instead attempt, as this paper has done, to begin to articulate a “critical reconfiguration of existing paradigms, not as a once-and-for-all corrective, but as an open-ended exercise” ([22], p. 13) in/of postconventional ethics.

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