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“Like, pissing yourself is not a particularly attractive quality, let’s be honest”: Learning to Contain through Youth, Adulthood, Disability and Sexuality

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Abstract

In this article, we (re)conceptualise containment in the context of youth, gender, disability, crip sex/uality and pleasure. We begin by exploring eugenic histories of containment and trace the ways in which the anomalous embodiment of disabled people (Shildrick, 2009) remains vigorously policed within current neo-eugenic discourse. Drawing upon data from two corresponding research studies, we bring the lived experiences of disabled young people to the fore. We explore their stories of performing, enacting and realising containment: containing the posited unruliness of the leaky impaired body; containment as a form of (gendered) labour (Liddiard, 2013a); containment as a marker of normalisation and sexualisation, and thus a necessary component for ableist adulthood (Slater, 2015). Thus, we theorise crip embodiment as permeable, porous and thus problematic in the context of the impossibly bound compulsory (sexually) able adult body (McRuer, 2006). We suggest that the implicit learning of containment is therefore required of disabled young people, particularly women, to counter infantilising and desexualising discourse and cross the 'border zone of youth' (Lesko, 2012) and achieve normative neoliberal adulthood. Crucially, however, we examine the meaning of what we argue are important moments of messiness: the precarious localities of leakage which disrupt containment and thus the 'reality' of the 'able' 'adult' body. We conclude by considering the ways in which these bodily ways of being contour both material experiences of pleasure and the right(s) to obtain it.

Keywords: containment; disability; sexuality; leaky; youth; adult

“Like, pissing yourself is not a particularly attractive quality, let’s be honest”: Learning to Contain through Youth, Adulthood, Disability and Sexuality

Introduction

To contain, we argue through this paper, is to control; both in terms of the micro-individual level, such as learning to contain one’s own bodily fluids, but also at the macro level through, for example, processes of incarceration and categorisation (Foucault, 1979). We consider containment not only as literal, but figurative, discursive, gendered and dis/ableist (Shildrick, 1997, 2009). Campbell (2009:44) defines ableism as a ‘network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human.’ Disablism, on the other hand, is the resultant oppressive treatment of disabled people. By dis/ableism, then, we mean the iterative processes of ableism and disablism which ‘cast [disabled people] as a diminished state of being human’ (Campbell, 2009:44).

We can trace the containment of disabled people² from asylums and institutions to contemporary trans-institutionalised spaces (group homes; day centres). From historic colonial violence, enslavement and scientific racism to modern excessive burden immigration policies. From mass genocide and extermination (Aktion T4) to the routine violence of “mercy” homicides. From overt eugenic practices (pre and post-war international eugenic marriage laws) to covert neo-eugenic practices such as genetic and stem cell research, dumping, over-medicating, slippery assisted suicide laws, as well as the relegating of disabled people to a socially and economically impoverished status. From restricted access to sexual health services and family planning (Waxman, 1994) and the denial of sex education,

to the absence of sexual support and access (Liddiard, 2014b). Further, fitting with the ways in which the leaky non-impaired female body ‘has become subject to treatments directed at the moderation and regulation of menstruation, fertility, and menopausal symptoms’ (Harding, 1996:101), various forms of bodily containment have almost exclusively targeted the *dangerous* reproductivity of the disabled *female* through compulsory sterilization (historically enshrined in law), growth attenuation treatment, and forced contraceptive use.

Thus, disabled bodies are routinely sites of containment. Such a dis/ableist desire to contain is to protect the body politic; to remove any threat of contamination and ensure the elimination of burden. Quite simply, this is because disability haunts the naturalised order of ableism and terrorises the cultural hegemony of compulsory ‘ableness’ (McRuer 2006:9): the idea that “able-bodied identities, able-bodied perspectives are preferable and what we all, collectively, are aiming for”. In short, the *threat* of disability endangers the carefully constructed myth of the “able” body and self which is foundational to a neoliberal social order where multiple forces are in play to keep *all* bodies “tidy”, manageable, and bound.

Our particular focus through this paper is in interrogating containment through the lens of developmental discourse. Containment, we’ll argue, is an expectation of normative adulthood, which results in the oppressive infantilisation of those not meeting up to the (contained and containable) raced, cis-gendered, heteronormative and dis/ableist expectations of what it is to be adult. To be adult, we will argue, is to be contained, and youth is one point during which sexual containment is (perhaps most explicitly) taught. We begin by sharing stories of dis/abled young people negotiating sexual containment through ‘border zones of youth’ (Lesko, 2012), before turning to share stories of *spillage*; identifying precarious and problematic moments of leakage which affirm that that to be read as ‘adult’ one must continue to be visibly “contained”.

Method/ologies

This paper draws on two doctoral studies¹. Containment emerged in both studies and conversations between the two authors led to this paper. Thus, we have treated data in this paper collectively, but give background to each study here.

The first study was a 12 month auto/ethnography with young disabled people which interrogated the meanings we associate with “youth”, “adult”, “disabled” and “able” (Slater, 2015, Slater, 2013a). Workshops over one year were spent with two disabled youth groups in England (27 young people with different genders, physical and intellectual impairment labels). Three months was then spent with two young disabled women running Reykjavik’s Independent Living Cooperative. Data was collected using creative art-based methods, interviews and fieldwork notes. The term auto/ethnography (with a forward slash) was employed to highlight that although the aim of research was not to tell the author’s story, the author’s story was significant and tangled amongst the stories of others. The author’s telling of stories is thus treated as data in this paper. More details can be found in Slater (2015).

The second study explored the complex ways in which disabled men and women managed and negotiated their sexual and intimate lives, selves, and bodies in the context of ableist cultures. Conceptualising disabled people’s stories as the means through which to explore the intersections of disability and sexuality was embedded in the potential personal and political empowerment of telling stories, and the notion of sexual stories as instrumental within claims for sexual citizenship. Twenty-five disabled people, and one non-disabled partner (participating in a joint interview at the disabled informant’s request), told their sexual stories. The research was collectively managed by a Research Advisory Group made up of

local disabled people who guided the research throughout. More can be read in Liddiard (2013a, 2013b).

Becoming-adult; Becoming-contained

Becoming-adult is often presented to us as a “natural” progression – from child, through youth, we enter adulthood. Yet, in this paper we consider “development”, not as “natural” but as socio-cultural-political, used to serve a function of a particular time and place (Burman, 2008, Walkerdine, 1993, Slater, 2015). Lesko (2012) traces the roots of “youth” to the turn of the 20th century and highlights that this was also a time of mass American colonisation.

“Youth” was considered the apex of human development, and therefore crucial to ensuring children were on track to become ideal adult citizens fit to fulfil America’s colonial dreams.

Unsurprisingly, this ideal adult citizen was (and continues to be) normatively gendered, heterosexual, white, and able (Slater, 2015). Yet, the scientific and psychological theories which development theory rested upon meant that the “production” of youth was not understood within socio-cultural-political contexts, but became naturalised. Through this paper we follow Lesko (2012) in understanding youth not as an implicit stage of the life course, but as a “social fact” which acts as border zones between child and adult.

Examining how “containment” emerges in relation to dangerously normative teachings around sexuality is the focus of this paper. Technologies such as schools, families and youth services work through border zones of youth to shape the incomplete, irrational, unproductive, asexual child into the complete, rational, productive, and sexual adult. Yet, although there is an assumption of the sexual innocence of children, in reality, the implicit lessons as to what count as ab/normal genders and sexuality start early; and with these come lessons of containment. The seemingly mundane act of using the toilet can serve as an example of the above; helping us to examine the materiality of leakage along complex lines

of gender, sexuality, dis/ability (and so on). According to the National Health Service (NHS) Choices (2014) website, although ‘every child is different’ when it comes to ‘toilet training’, there are clear milestones:

‘by the age of two, some children will be dry during the day, but this is still quite early; by the age of three, 9 out of 10 children are dry most days – even then, all children have the odd accident, especially when they're excited, upset or absorbed in something else; by the age of four, most children are reliably dry’

Although sharing one’s leakiness with another is allowed in childhood, there is an expectation that by a certain age one’s bodily fluids are dealt with independently. The stories that are shared later in the paper demonstrate the expectation of independent bodily management emerging as problematic in particularly gendered ways. At this point in the paper, however, “toilet training” illustrates one way in which technologies of development function differently dependent upon intersectional identity positionings. Cavanagh (2010), for example, argues that “toilet training” is also “gender training” as parenting manuals encourage mothers to “train” their daughters, whilst fathers pay attention to their sons. From this point onwards we must more-often-than-not choose either the “male” or “female” toilet. Gender binaries are confirmed through the most mundane of acts. For us, this attempt to create (gendered) order in perceived disorder is in itself a form of containment. Yet, throw “disability” into the mix, and things play out differently. According to the NHS Choices (2014) website, disabled children may ‘find it more difficult to learn to use a potty or toilet. This can be challenging for them and for you, but it's important not to avoid potty training for too long’. Disabled children too, must learn to be contained. Yet, if they require the often gender neutral accessible toilet, then, unlike their non-disabled peers, disabled children’s learning of containment functions outside of the normative binary gender construct. Some disabled people have responded to this by calling for recognition within this binary construct

through the normative gendering of the accessible toilet (see Kafer, 2013). There is logic in this argument - as we will go on to explore, assumptions of genderlessness play into oppressive denials of disabled people's sexuality. Yet, we follow Kafer (2013): not calling for the normative gendering of accessible toilets (as for some people these genderless spaces provide respite from a disciplining normatively gendered world) but asking what we can be productively learnt from existence at the edges of a gender binary which, ironically – as we will see – often occurs alongside the even more stringent apparatus of containment and management to which disabled bodies are often subjected.

An excerpt from Jenny's research diary during time spent with disabled young women in Iceland illustrates disabled people's lived-realities playing out along intersections of gender and sexuality. It was Jenny's first Friday night in Reykjavik and two of her participants, Embla and Freyja, were taking her Downtown:

'Embla's arrives to pick me up so I rush out. Freyja's going to meet us later, Embla tells me: she still needs to do her makeup. She takes *ages* doing her make-up, so will be late. I turn to look at Embla: she's wearing a black dress, leather jacket, heeled boots, face made-up, and hair done. Nothing unusual there, she always looks great. I catch a glimpse of myself in the rear-view mirror: make-up-less, hair a mess. I look down at my attire: the usual jeans, my most 'Icelandic' woolly jumper, hidden under my raincoat. Gloves, hat and snow-boots finish the outfit off nicely. Mum would be pleased at least: very sensible clothing for the cold weather. Maybe I won't feel so comfortable with the hipsters of trendy downtown Reykjavik though. "You look nice", I say to Embla, "I'm going to feel a right scruff coming out with you two". "Don't worry about it", Embla reassures me, "it's okay for you, you're not disabled. I have to get dressed up; don't want to live the disability stereotype!'

(Research diary, 4th February 2012)

Jenny had many conversations with Freyja and Embla about the different ways they were able to 'trouble' normative assumptions of gender and sexuality. Whilst for Jenny choosing to

not get dressed-up could be read as a challenge to the expectations of “feminine beauty”, Embla and Freyja felt that as women with visible impairments it was a more radical decision to assert themselves as (normatively) gendered and sexual. Yet although the continual project of asserting themselves as women were conscious political acts (a playing with femme, if you will – in itself potentially pleasurable), they also felt that they had no time to rest from their ‘inadvertent activism’ (Garland-Thomson, 2002); taking the “not bothering” option would (as Embla put it) mean “living the stereotype of the cute little disabled girl”. Containment, in this example, emerges through self-surveying conformity to gender norms.

The following scenario from a participatory study with young disabled people tells us more about self-surveillance through youth:

‘In a discussion about sex education at school, the one group member who had attended a mainstream school said they had been shown videos of very difficult births in order to scare girls off having sex and getting pregnant. Those who had attended special schools were amazed at this. In special schools, they said, teachers ‘would have been too frightened to talk about sex or relationships’. One of the young women in the group had strong views on this issue. She said it was typical of the way special schools treated students that it simply would not occur to them that a girl with a disability might get pregnant before leaving school.

“They couldn’t let you do that [talk about having sex] because the cotton wool would be broken. The cotton wool that they wrap you up in the day you start. By the time you leave the cotton wool has pretty much smothered you’ (Horgan, 2003:104-105)

Presuming disabled young people in the “special school” were incapable of having sex and getting pregnant, meant they were told nothing. Yet, although such assumptions are undoubtedly oppressive, neither is the conversation in the “mainstream school” helpful. Here, young people were considered dangerously active: sex and pregnancy were considered a risk. To scare them from both practices they were taught that sex and pregnancy are bad and painful experiences. The denial of young disabled people’s sexual autonomy amounts to neo-

eugenic practice. Although the occurrence of surgical sterilisation of young disabled women may have decreased, young women with the label of intellectual impairment are sometimes given long-term contraception, without explanation, their knowledge or consent (Tilley et al., 2012; Roets and Goedgeluck, 2007). In the above scenario, however, we see a more passive approach is taken to deny sexual autonomy. Both the “mainstream” and “special school” conversations are examples of disciplining practices aiming to shape a certain type of person (adult). There is no acknowledgment that teenagers can and *do* make good parents (Duncan et al., 2010), and no expansion of sex outside of sex as penis-in-vagina intercourse that leads to babies (a bad thing) (Duncan et al., 2010); young people are not involved in discussions around sex as something that should be fun, pleasurable, done with others or by yourself, and built on positive and ongoing consent (Friedman and Valenti, 2008). Rather, biopolitical regimes work to secure the infantilisation of disabled young people whilst pacifying those who are considered ‘active’ through misinformation, scaremongering and demonisation. Sex and sexuality are to be contained until (normative) adulthood is reached.

Another story helps us to see the un/intelligibility of disabled young women’s sexuality. During a workshop Jenny was running in England, Molly, a 21-year old disabled woman with a physical impairment, told a tale of her 16-year-old self. Molly was a swimmer and wanted to start taking the pill so her periods would be predictable and not inhibit her swimming. She went to the doctor, who was happy to gratify her request. However, when running through his list of questions he became embarrassed, replying:

“Erm... I’m really sorry but I’ve, erm, got to ask you this... and I know, well, of course you’re not, I mean, I know you’re not, but I do have to ask, you’re not sexually active... are you?”

The perhaps most obvious observation here is the anxiety-causing rhetoric surrounding disability and sexuality which again emerges as an assumption of asexuality (Shildrick, 2009; Mollow, 2012). Yet, there is another, almost silent, going on that requires intersectional

interrogation (Crenshaw, 1989). Molly, like many women, feels compelled to hide her “leakiness”. Both feminist and, more recently, disability scholars have theorised the “leakiness” of the female/disabled body (Ogden and Wakeman, 2013; Shildrick, 1997, 2009; Grosz, 1994; Mollow, 2012). Whereas men have been conceptualised as ‘self-contained and self-containing’ menstruation has historically been seen as “evidence of women’s lack of inherent control of the body, and by extension, of the self” (Shildrick, 1997:34). Similarly, by demanding intercorporeality (something we all rely upon, though endeavour to hide), for Shildrick (2009) the disabled body challenges the distinction and self-definition demanded by individual doctrine. Although we agree with Shildrick that there is some productive (crip) possibility and need for celebration of moments of pleasure through leakiness, we also remain wary that the opportunity for this celebration requires a position of privilege. For us, this opportunity can be found through community and crip solidarity, but accessing crip positive spaces is more difficult for some than others. As we will go on to explore, structural and social oppression in the lives of disabled people mean the negation of opportunities for leaky pleasures. Avoiding infantilisation by positioning oneself as ‘adult’ can help avoid the dangerous consequences of neo-eugenic practice – a lack of sexual autonomy, institutionalisation, poverty through in access to work and/or state support, and so on. Yet, proving oneself “adult” is not a one-off event, but a continual process of self-surveillance – which includes hiding one’s “leakiness”. We now turn theorise around (gendered) stories of disabled adults’ negotiations of containment.

Managing the Messier Moments: Disrupting Normative Adulthood

Terry: “Today we’re going to learn how people with muscle weakness are going to put a condom on.” I remember saying – “to be fair you’re talking to someone who can’t even open a chocolate wrapper, so I haven’t got much hope, have I?” I remember it was almost like a shock because he [teacher] said “does that mean you’re not going to use contraception?!” and I said “well no, obviously I’d just ask the other person to put the condom on...””

Here Terry, a 20 year old heterosexual man, discusses learning about sex/uality as a young(er) person (Liddiard, 2012). Given that disabled people are excluded from many of the spaces and processes that teach and prepare young people for sex/uality and intimacy (Shakespeare et al, 1996), the fact that Terry received sex education at all might be considered positive in that disabled sexualities are seldom opened up to the possibility of pleasure (Thompson, Bryson and DeCastell, 2001). However, painfully evident in this verbal exchange with his teacher is an overwhelming urgency to manage Terry's (problematic) sexual leakiness. His teacher's horror that he, as a disabled man with congenital impairment, might ejaculate anywhere but safely into a condom speaks volumes about the risks, ramifications, and reactions to being *leaky* that ensure containment continues into adulthood. Also implicit, is that Terry's leakiness must be managed independently. Such a denial of interdependence affirms the masculine sexual subject ultimately only as a unitary one; both in control and autonomous. We will now argue that, while the relentless learning to contain is concentrated within the border zones of youth, the maintenance and sheer labour which goes into maintaining the impossibly bound/contained crip body never ends. Thus, it is here that we consider the precarious and problematic moments where inevitable leakage occurs. We say inevitable, because *all* bodies are leaky, yet dominant disability discourse brings new meaning to this leakiness as threat, danger, and ultimately a disruption to normative neoliberal adulthood. In sum, these – often messy – moments affirm that to keep yourself adult (and particularly “woman”) means keeping yourself contained.

Leakage as Public

Leakiness is one of a number of ‘hard physical realities’ (Wendell, 1996:45) that often ensures that one's body be actively contained by others: parents, peers, carers, siblings, personal assistants, nurses. The following story, told by Pete, a disabled married father, emphasises the ways in which the act of leaking urine when and where one *shouldn't* – a

bodily act culturally associated with babies, infants and older people (Lupton, 1996) – is precarious, and even dangerous in caring situations where agency, autonomy, and freedom are denied (Wilkerson, 2002). In his account, Pete, now 42, recounts the dehumanising refutation of privacy experienced within institutional care as a boy and how this was exacerbated by the threat of his uncontainable body:

Pete: “New carers I didn't like, especially around puberty when my bits got bigger & the growth of hair, etc. I would be very uncomfortable with myself. I have always needed help washing and showering & dressing. I remember even crying as I didn't want to undress for bed in front of new helpers. I'd get in a right old state. I wouldn't even go to the toilet as I was so embarrassed. I wouldn't drink so I wouldn't need the toilet especially at night as the regular school nurses used to threaten to put you in an incontinence urinary sheath or in an incontinent pad. I wasn't incontinent but if you needed more than one wee in the night then using one of these things was discussed...”

Pete's body as *potentially-leaky* lead him initiate (despite his young age) a very purposeful and strategic bodily management: regulating his fluid intake in order to contain his body and thus minimise the gaze, authority – and subsequent intervention – of the nurse. The very fact that ‘discussion’ occurred upon the emergence of his troublesome, leaky body reveals how the institutional context ensures that leakage is always public; that inadvertent bodily spillage while incarcerated means (public) shame and unwanted attention. The fact that Pete can recount this story so vividly almost 35 years after it happened shows the extent of this violation and the ways in which it penetrated his biography and self-concept. Thus, while self-containment maybe actively taught during youth, the learning, living and practicing of such teaching continues.

Speaking about leakage (or “incontinence”) in the context sexual and intimate life was very difficult for the disabled people who told their sexual stories within Kirsty's research (Liddiard, 2012); likely because of embarrassment, but also for fear of reaffirming discourses

of infantilisation. Often, leakage had the effect of compromising pleasure. The management (and meanings) of staying bounded within sex/uality seldom arose without Kirsty explicitly asking; even then, very few informants elaborated despite the fact that many had impairments which made them singly or doubly incontinent. This silence runs counter to the prevalence of incontinence – a word we are troubled by, yet lacking in the vocabulary to discuss otherwise – in similar research. For example, Morris (1989: 91) found that for many of the (newly) disabled women in her research incontinence was enough to stop them looking for or having a sexual relationship at all. In more recent research, Leibowitz (2005: 92) found that disabled women's fear of incontinence 'affected the ability to enjoy sexual encounters, their conceptualisations of themselves as sexual beings, and their willingness to meet new men and/or resume sexual activity after injury'.

Showing just how intricately interwoven "boundedness" and femininity are, Julie³, a 64 year old wheelchair user, asserted in her sexual story:

Julie: "Like, pissing yourself is not a particularly attractive quality, let's be honest".

Julie is clear that her body spilling the boundaries of the proper containment required of feminine bodies risks not meeting the narrow prescriptions of cultural attractiveness. To *protect* this, Julie went on to explain to Kirsty an intricately embodied strategy through which she avoided urinating and defecating during sex. In short, this strategy involved completely emptying her bladder and bowels as much as possible prior to sex (which minimised the chances of "accidents"). This everyday practice ensured that her body fitted into the appropriate gendered and sexed categories required of heteronormativity. While Julie reported this strategy as largely "successful", she was dismayed that it compromised her ability to engage in spontaneous sex – an eroticised form of sex and pleasure whereby she

wanted to be *taken* by her male lover at any moment (Shakespeare, 2000) and thus embody the highly gendered role of the sexually available female body (Jackson, 1999).

For other people, the *need* to stay contained was more troublesome than being leaky. The extensive bodily technologies involved in staying contained were largely considered painful and a hindrance to sexual activity. For example, Pete found having a (temporary) catheter an excruciating experience and said that this pain became more intense when he had an erection. He changed to a supra-pubic catheter (a catheter inserted via the abdominal wall rather than through the urethra), but sex was still painful and so he and his wife refrained from sex during this time. Others said that sheaths, a body-worn device resembling a condom which fits over the penis and allows for urine to be collected in a bag, added considerably to the preparation which needed to take place before and after sex. For some, the labour of catheter and sheath management could impact significantly upon their pleasure. Yet, such extensive intimate labours were deemed purposeful (and even non-negotiable) towards ensuring that leakiness – and all of the humiliation, embarrassment and shame that this could evoke – not encroach upon their (re)claiming of a sexual, eroticised, embodied and gendered self (Liddiard, 2014b). Such emphasis upon *control* shows the extent to which leakiness is unacceptable within the rubric of the bounded, knowable, normative, sexual, and adult body. It can purposefully expel urine in clean and controlled (normative) ways, but never *leak*. To leak *waste* is to lack self-control, bodily discipline and integrity – neoliberal values which circulate the politics of our (gendered) embodiment.

In addition to leaking waste, bodily expressions of other types of fluid were also intolerable and could further puncture the precarious performance of the sexually self-governing body:

Lucille: “It’s not the greatest way to do things is it, for a man – to have sex and then wash your partner as she is unable to do it herself. Then the incidental things like not messing the sheets

because a PA is in to help transfer the next day, not getting messy yourself because you can't just hop in the shower – that's a two person job as well.”

Lucille's account is revealing of both the gendering of bodily *mess* and the act of cleaning. Not being able to clean herself after sex (a messy activity for anyone) – or rather, the fact that this intimate labour was a task for her husband – is interpreted by Lucille as failure in her self-conceptualisation of her feminine identity. In order to both desire and be desired, not only is she – as a sexual woman– expected to be bound, controlled and orderly in the face of the sexual, but be the solo labourer in control of cleaning the mess. The act of her husband carrying out a typically feminised task disrupted 'the (active) male and (passive) female dichotomy' (Jackson, 1999:171) demanded within heteronormative sexual interactions. We see this more clearly in Abram's story:

Abram: “I remember being a little bit embarrassed by... the fact my dad was doing all my caring... I used to get quite a lot of erections and ejaculate quite a lot during the night and I remember my dad mentioned it to my mum who thought it was a problem and [said] “Should we call the GP?” and it was like, “Mum, mum, it's...not a medical problem!”... It got me into a bit of trouble back in [residential school] as well, 'cos I remember one of my experiences was trying to ejaculate whilst getting washed [by an assistant] and I remember I got reported to the head of house by a couple of them [assistants] and getting called in first thing in the morning by the head of house. [...] I don't think it was that I was turned on by the caring; it was I sort of felt the need to ejaculate, erm, and that was just the only way. I think the urge was that it would be washed away and done and dusted. I felt pretty bad. I think that problem contributed to the feeling that somehow... my sexuality was not, I can't take it for granted as being a right of mine. I've carried that through all these years.”

Abram's account illustrates the potential constraints of having a body which is looked after by others. His parents' view of him cast his (normative) sexual expression into the realms of abnormality and thus defined it as problematic (and, tellingly, in need of medical attention). We suggest that this affirms how surveillance of the impaired body maintains its status as

always-medicalised and/or *medicalisable*. Thus, Abram's scrutiny in the domestic sphere led to his (albeit, problematic) strategy of trying to find 'relief' via means that were not under gaze of his parents. As he states, the only *accessible* method for this was ejaculating while being washed during personal care at school. The notion of the mess being able to be instantly cleaned, removed, and washed away is significant in that it was Abram leaving mess that initiated his parents' deeply unsettling reaction. Abram's strategy – the result of such intrusion – ensured that his sexuality became shrouded in deviance, for which he was then chastised.

This was a common occurrence for male informants:

Pete: "At physiotherapy I used to get erections for no reason except for being stripped to my boxer-shorts... A young woman helper could see I wasn't happy. I explained to her I needed the toilet but couldn't undo my jeans. She said she would help. She pushed me in my wheelchair into the toilet, she undid my jeans. I could smell her perfume. I stood up to go wee and as I stood her hand went on my bare bottom. I thought maybe she was making sure I didn't fall over. While I was peeing she crouched down and said "have you finished?" I don't know why but I started to get aroused. Her perfume seemed to fill the air. As she started pulling my shorts back up she brushed my leg with the back of her hand as she did I got very, very aroused. I fell back into my wheelchair embarrassed. I was expecting her to get mad or to get a nurse. But she finished fastening my jeans...I could see my pants getting 'sticky'."

Pete's account shows the extent to which these fleeting feelings of inappropriateness, embarrassment and humiliation can remain. While such "accidents" could be argued to be the "natural" product of a boy's body being touched and intimately cared for (particularly during puberty), it is significant to note that no stories of such incidences involved male carers. This is not only because of the gendered and heterosexist nature of care work (and thus the centrality of the female worker within care relationships), but may also have been because doing so was considered as potentially disruptive to male informants' heterosexual identity

and performance, both of which were very carefully and purposefully constructed within the telling of their sexual story. Similarly, no female participants talked about arousal during personal care; either because voicing such experiences risks shame or embarrassment (particularly for female sexualities), or because such experiences seldom occurred. While we have little space here to debate further the gendered politics of care, sex/uality and femininity/masculinity, we are using these stories of ‘masculine spillage’ to accentuate the ways in which *excess* in any form becomes a site for investigation, intrusion and intervention and the ways in which a lack of (sexual) self-containment implicates disabled sexualities in connotations of deviance, shame and Otherness; the psycho-emotional disablism (Reeve, 2002) of which can subsist – as we see through Pete and Abram’s stories – well into adulthood.

Conclusions

Our argument in this article has been that containment is a requirement of the neoliberal, able adult body. We have served to draw out the materiality of leakage and containment. What we have seen is that one cannot convince others of their adulthood status unless one is contained. Yet, containment is not natural, but is learned through variety of practices which teach us that any leakiness must be private, controlled and managed autonomously. As some will never meet such ableist bodily markers, adulthood, and therefore sexual self-hood, is denied. As we have shown, there is a relationship between leakiness and shame, making the leaky body inherently undignified in dis/ableist cultures. Impaired bodies which spill, exceed and leak are therefore precarious, threatening, and problematic.

The threat of the leaky body is never more than in sex (Shildrick, 2009). The ideal sexualised body is gendered, and importantly, able to manage its own spillages (which are far more accepted in the context of masculinity than femininity). In the context of normative developmental discourse this means that sexual pleasure is only avowed to those that can convince others of their adulthood status. In the context of impairment, the endemic cultural shame of leakiness (and the intimate labour that is bound to it) leads to a psycho-emotional disablism which can mitigate experiences of and rights to pleasure. Furthermore, as we have seen, technologies and interventions that facilitate containment can exacerbate the prohibition of pleasure. While we have concentrated on the lived and material experiences of containment in our article, we end by reiterating that these are always rooted in broader discourses of containment where disabled selves, lives and bodies are concerned.

Endnotes

¹ We use the term ‘disabled people’ rather than ‘people first’ terminology such as ‘people with disabilities’ to reflect the position that ‘disability’ is a valued (but not sole) part of a person’s identity. Furthermore, we separate ‘disability’ from the term ‘impairment’. Whereas ‘impairment’ refers to the physiological condition of the body or mind (whilst recognising that this term is also both contested and contestable), ‘disability’ refers to the social, cultural and material factors which mediate lived-experiences of impairment.

² Both studies received ethical approval from the relevant bodies. Pseudonyms are used throughout, apart in the cases of Embla and Freyja, who chose to use their real names.

³ For reference, the pseudonym Julie has been changed from Jenny (as in other published works), due potential confusion with one of the authors of this paper.

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