

Transabled women lost in translation?

An introduction to: “‘Extreme” transformations: (Re)Thinking solidarities among social movements through the case of voluntary disability acquisition’

Alexandre Baril and Kathryn Trevenen

Keywords

body modification, transability, ableism, heterosexism, classism, neoliberalism, norms

Introduction: Transabled women lost in translation?

When the guest editors of the special issue of *Recherches féministes* entitled ‘Extreme women’ approached us in 2013 to publish a piece on transability as a form of extreme body transformation, we decided to take the notion of ‘extreme’ as a starting point for our critical reflections. Transability, also often called ‘body identity integrity disorder’, is a label that ‘refers to an able-bodied person’s need to modify his or her body to acquire a physical impairment (amputation, blindness, and so on)’ (Baril 2015, 30–31). Scholars, health professionals, and the general public, invariably view transabled people, and the bodily transformations they pursue, as extreme. This ‘extreme’ dimension of transability and the negative reactions it elicits, seem to transcend social, cultural, political, and linguistic contexts. Indeed, both in Anglophone and Francophone intellectual milieus, when academics refer to transability, they use terms that denote the ‘extremity’ attached to the meaning of transabled practices. As the guest editors to the special issue, Sylvie Bérard and

Andrea Zanin (2014, 4), wrote in their introduction, ‘voluntary mutilations leading to a mild or severe disability constitute the last limit [to cross], the most strange and extreme, if not abnormal’ (our translation). In discussions of this ‘extreme’ practice, people around us – at the university, in classrooms, at conferences, and at social events – ask the same question again and again, just as Bérard and Zanin (ibid.) do: ‘Why would an able-bodied person want to transition from an able to a disabled state?’

In response to this question, we opened our article by asking: ‘What does ‘extreme’ mean? How do we define what is ‘extreme’ and who determines these criteria? What are the power relations underlying the categorization of what constitutes ‘extreme’ behaviors and practices?’ (Baril and Trevenen 2014a, 49). Our goal has never been to study the motives behind the desire to transition from an able body to a disabled body from a psychological perspective. Instead, we want to critically examine the negative reactions to the claims and experiences of transabled people and transability in general, to see what we can learn about dominant norms of embodiment, desirability, normality, health, gender, and sexuality. Anchored in feminist, anti-ableist, and queer perspectives, we maintain that negative reactions to transability are not only rooted in forms of ableism that target disabled people, but also in three other dominant systems: sexism, heteronormativity, and classism/neoliberalism. Negative reactions are first rooted in ableist norms that portray the able body as always preferable and superior to a disabled one. Conceptualizing transability as an ‘extreme’ choice, one that is made by people whose mental health is questioned, allows the compulsory able-bodiedness of everyday life (McRuer 2006) to remain hidden. Able-bodied people often invest just as much effort as their transabled counterparts in modifying their bodies to reach particular normative ideals, but this choice rests unnoticed and unmarked.

The ‘transcultural’ and ‘translinguistic’ features of the article translated here are of especial interest to us. The topic of transability is rarely discussed from a feminist, anti-ableist, trans activist, and queer perspective in English, and it has not been approached from this intersectional perspective in French. Since very little intersectional and social scientific work on transability exists in English, we hope that this translated article will contribute to discussions of transability in the Anglophone world. Our original article in *Recherches féministes* was one of the first intersectional works on transability published in French and this absence, along with the compelling theme of ‘extremity’, motivated us to write this article in French. Chances to publish in French are rare in an academic world dominated by Anglophone journals, and this call for papers provided us with a theme that provoked our thinking in new directions, so we decided to write in French. In fact, there is still a relatively small amount of academic research on transability, and we believe ours is the first to address the topic (in French or English) of transabled women and the particular challenges they face. Unlike many other topics and articles related to feminist, gender, disability, and trans studies

that could have been ‘lost in translation’ in the travel from French to English because of the fast pace of change and expansion in these fields in English, we feel that this article could really be ‘founded in translation’, facilitating an underdeveloped research topic to travel across cultural and linguistic frontiers.

It is particularly interesting to contemplate the different receptions that this article might get in French and English. The response to the article in French has been generally positive but puzzled: the ‘why’ question (why would someone choose to render themselves disabled) remains the most common response to this article and we find ourselves constantly reframing our research questions to refute the validity of this question. In English, there has been an acknowledgement of the potential connections between trans studies and the topic of transability. In their directory of key words in *TSQ: Transgender Studies Quarterly*, for example, editors Susan Stryker and Paisley Currah included transability in their list.¹ In English, there is also arguably a ‘transnormative’ subject that has been created by decades of work in the field of trans studies. This transnormative subject is a subject that many transabled people look to when articulating their own claims, but it is also a subject that is presumed to be transgender or transsexual, not transabled. This transnormative subject might give transabled people a framework or language to articulate their experiences within, but it also potentially restrains or erases them. In French-language academic literature, there isn’t a firmly established transnormative subject – meaning that writing in French we didn’t have a ‘transnorm’ to work against, but we also didn’t have a ‘transnorm’ to work with. It will therefore be very interesting to see if we get resistance (in English) to the idea that transability should be part of broader discussions of ‘transness’.

In addition to political differences in the reception of the topic of transability, we are interested in the politics of translation itself. We work in a bilingual country and city, and at an officially bilingual English–French university, a rare type of institution. *Medicine Anthropology Theory*’s initiative in publishing translations of articles that might have escaped the notice of English-language audiences is an exciting opportunity to help ideas and theories travel across space and linguistic barriers, nurturing inter-, cross-, and transcultural dialogues. For us, the idea of this Found in Translation section is even more exciting for the queer direction in which translation might take us. Translation is queer, both in the sense of translating something ‘strange’ or ‘unusual’ and in its potential for challenging linguistic and

1 Susan Stryker and Paisley Currah (2014), in the first issue of *TSQ: Transgender Studies Quarterly*, included the term ‘transability’ in the keywords list.

cultural conventions. This queer potential is particularly important for thinking about the ways that translation challenges the norm or ‘universal’ that is the English language.²

Writing at a bilingual university, as an Anglophone (Kathryn) and Francophone (Alexandre), within the broader context of an officially bilingual country (Canada) that is nonetheless marked by sharp linguistic inequality, gives us an interesting perspective on the work of translation. We believe that the current ‘academic–industrial complex’³ is strongly marked by Anglonormativity,⁴ in which non-Anglophone scholars are frequently pressured to ‘publish in English or perish’ (Descarries 2014, 564). For many scholars, this imperative requires extra time, energy, and money (to cover translation and editing services) to facilitate publishing in English. In addition to the financial and practical obstacles this creates for scholars, Anglonormativity also reflects the assumptions that get made about where knowledge is produced. While many scholars are expected to translate their ‘specific’ languages into the ‘universal’ English so that their work can be read and considered relevant, there is also an assumption in Canada that much of the most important and cutting-edge work is taking place in English and that non-English speakers and readers must wait until English texts are translated into other languages. Canadian Anglophone scholars are thus often positioned as the active producers of knowledge while Francophone scholars are positioned as the passive (or ‘backward’) recipients of it.⁵ This means that no part of the translation processes is neutral; as Gayatri Spivak and many other postcolonial scholars have pointed out, translation is fundamentally concerned with power (Spivak 1993).

2 We use quotation marks here to highlight the process through which English is elevated as the universal language and other languages are reduced to specific languages. Once applied to specific fields of knowledge, we can see, as Mauro Cabral reminds us in the roundtable discussion published in Boellstorff et al. 2014, how the transnational transgender category is perceived to be neutral, but in fact emerged from an Anglo colonial context. This neutral ‘universal’ transgender subjectivity often overshadows or erases other categories, such as hijra or katoey, which get reduced to ‘cultural’ or ‘specific’ contexts (Boellstorff et al. 2014, 436).

3 We borrow this expression from Mauro Cabral (in Boellstorff et al. 2014, 424).

4 As Baril (forthcoming) argues, “The concept of “Anglonormativity” has been little theorized, although the international dominance of English has often been addressed. Spickard first coined the term in 2007; my own usage here . . . is meant to signify that English and first-language English speakers represent the norm against which non-Anglophones are judged’.

5 It is important to remember that the French language and France have their own histories of colonialism both globally and in Canada where France was a settler colonial power (Baril forthcoming; Maillé 2012). Put in the broader context of Anglo dominance and colonization in Canada, Canadian Francophones occupy both a colonized position linguistically and a settler colonial position in relation to Indigenous peoples.

This imbalance of power/knowledge in Canada, and internationally, is reinforced by the frequent delays in getting English texts translated into other languages. A few examples from the fields of feminist, gender, queer, and trans studies illustrate the stakes of this delay: Teresa de Lauretis's *Technologies of Gender* (1987), was only made available in French twenty years after its initial publication, and the canonical *Gender Trouble*, written by Judith Butler (1990), was not translated into French until 2005. While some of the canonical texts in trans studies are starting to be translated, such as 'The Empire Strikes Back: A Posttranssexual Manifesto' (Stone 1991; French translation published in 2015), we are still waiting for the first French translation of any foundational book written and published in English by trans scholars. We are similarly waiting to have French translations of important books and articles that have shaped current theoretical trends in the social sciences, such as the new materialism or affective turn (Ahmed 2010). Delays in translating relevant texts into French mean that, for us, writing in French always involves a reflection on what kinds of resources are available to French readers (and the students that we teach) but also on what kinds of debates are going on in the two different languages. For this article, we found ourselves in the position of writing about a topic that hasn't been the subject of much scholarly work in either French or English.

In light of the power relations inherent to processes of translation, and the scarcity of work on transability in either English or French, we are pleased to have the opportunity to publish this article in English. We believe that knowledge – particularly knowledge produced in the spirit of denouncing the oppressions that marginalized groups suffer – needs to circulate widely. Although English is the language through which much academic knowledge travels in the current era,⁶ we believe that translating our French text into English doesn't necessarily result in our ideas being assimilated into Anglophone norms governing how transability is studied and discussed. We also hope that publishing our work in 'Found in Translation' is an opportunity to decolonize assumptions governing the academic–industrial complex, regardless of the fact that the piece is shared in the dominant language.

We suggest that the apparent temporal gap between Anglophone and other cultures, in which Anglophones seem far more 'advanced' than their Francophone colleagues, at least in certain fields of knowledge, is part of the process of Anglo (American) colonization itself. Responding to the question 'what does decolonizing mean?', Mauro Cabral gives a rich and

6 We can see, for example, how an article we published at the same period on a similar topic, but in English, has been consulted, on Alexandre's Academia.edu page, three times more often (see Baril and Trevenen 2014b). While this statistic is far from being scientific, it represents a trend that is discussed in other research on this topic, such as Philippon 1992; Ventola, Shalom, and Thompson 2002; and Stam and Shohat 2012.

detailed answer that includes the dominance of English as a form of colonialism from which we need to be liberated. He writes: ‘Even to be able to have this [roundtable] conversation with friends and colleagues who share the same commitment with decolonization, I must write in English just to be part of the interchange. In both cases – actually, in *all* cases – decolonizing means the call to produce, or at least attempt to produce, short-circuits in language’ (in Boellstorff et al. 2014, 422). We invite unilingual Anglophones to decenter their colonial way of approaching knowledge and ask them to learn other languages, as all other linguistic communities are asked to learn a second language (usually English), to participate in cross- and transcultural dialogues and exchanges. However, if we cannot expect unilingual people to *immediately* learn a second language to be able to enter in dialogue with others who don’t share their language, we can, through initiatives such as Found in Translation, ‘short circuit’ some of the misconceptions that some Anglophones may have regarding what constitutes cutting-edge, interesting, and provocative knowledge.

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About the authors

Alexandre Baril is an assistant professor in feminist and gender studies at the University of Ottawa. He has published articles in journals such as *Hypatia: Journal of Feminist Philosophy*, *Annual Review of Critical Psychology*, *Journal of Literary & Cultural Disability Studies*, *Disability & Society*, *Feminist Review*, and *TSQ: Transgender Studies Quarterly*. As a disabled and trans scholar, his research lies at the intersection of gender, feminist, queer, trans*, and disability studies.

Kathryn Trevenen is an associate professor in feminist and gender studies at the University of Ottawa and the interim director of the Institute of Feminist and Gender Studies there. Her research focuses on feminist and political thought, human rights, postcolonial theory and politics, queer theory and LGBTQ rights, and theories of cosmopolitan politics.

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'Extreme' transformations

(Re)Thinking solidarities between social movements
through voluntary disability acquisition

Alexandre Baril and Kathryn Trevenen

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Abstract

Defined as a nondisabled person's need to transform his/her body to acquire a physical impairment/disability (blindness, amputation, etc.), transabled practices remain controversial and little-known forms of body modification. This article examines the practices of transabled women and the negative ableist, sexist, heteronormative, and classist reactions they elicit. Adopting an intersectional approach, we argue that sex/gender, sexuality, and class categories are grounded in ableism because their construction is linked to codes (ways of moving, speaking, etc.) that assume a nondisabled body. From this perspective, it is possible that transabled realities meet resistance not only because they challenge ableist norms, but because these transformations transgress sex/gender, sexuality, and dominant class norms as well. Through the 'extreme' transformation of becoming disabled, transabled women are at greater risk of being degendered, desexualized, and economically and socially marginalized. Analysing these oppressive systems represents an opportunity to (re)think solidarities among feminist, queer, anti-ableist, and anti-classist studies and movements while also formulating a respectful response to transabled claims.

The limits of the 'extreme'⁷

Tattoos, piercings, bioelectronic implants, bodybuilding, plastic surgery, gender reassignment surgery, voluntary amputation... the list of body modification is nearly endless. Although some of these practices have existed for centuries within a variety of geographic, economic, political, social, and religious groups, others are more recent and practised only in specific regions. Certain modifications are covered by state medical systems, others are socially normalized and do not require state intervention, some exist in subcultures, and still others are sometimes criminalized. Motivations behind the need to transform one's body are just as diverse: the desire to stand out, follow certain norms, create art, express a deeper identity, pursue pleasure, or become empowered (Pitts-Taylor 2003; Heyes and Jones 2009). Those who undertake such transformations sometimes claim membership in different social movements according to their motivation: body modifiers, queer people, BDSM practitioners,⁸ transsexual and transgender people, cyberpunks, and more.

Although these body modifications may at first seem too widely divergent to allow analysis from a single perspective, one element nonetheless connects them: they were seen as

7 We would like to thank Trina LeBlanc, Stéphanie Vaudry, and Claire Grino, as well as the two evaluators of this article, for their invaluable suggestions.

8 BDSM means: bondage, discipline, domination, submission, sadism, masochism.

‘extreme’ in certain contexts before becoming normalized, as with tattoos and piercings, or are still seen as ‘extreme’ today, as in the case of ‘sex reassignment surgery’ or amputation. We argue that the variation in what constitutes ‘extreme’ body modifications reveals less about these practices themselves than it does about the norms and the social, cultural, political, legal, and other contexts in which the ‘extreme’ label is applied. What does it mean to be ‘extreme’? According to which criteria is this concept defined and who establishes these criteria? What kinds of power relations inform the categorization of behaviours or practices as ‘extreme’? In what ways do women who undergo supposedly ‘extreme’ body modifications represent a threat to dominant understandings of femininity in which women are associated with passivity and docility, among other things, but also with productivity in terms of work related to care, and specifically to caring for others? This article suggests answers to these questions based on a case study of women⁹ who seek body modifications considered ‘extreme’, a practice called ‘transability’, in order to reveal the ableist (oppression based on ability), sexist, heteronormative, and classist/neoliberal structures that inform negative judgments of their claims.

Transability: Pushing the limits of the ‘extreme’

Transability is defined as the need of a non-disabled person to transform his/her abilities or senses with the goal of acquiring a physical disability (amputation, paralysis, blindness, deafness, etc.) and therefore becoming disabled. Researchers and transabled people use a variety of terms to refer to transability. Some use the term ‘apotemnophilia’ (Money, Jobaris, and Furth 1977; Elliott 2003; Braam et al. 2006; Lawrence 2006) and focus on the paraphilic character of this ‘disorder’, others prefer ‘xenomelia’ (McGeoch et al. 2011) and adopt a neurobiological perspective, while still others opt for the expression ‘body integrity identity disorder (BIID)’ (First 2005; Stirn, Thiel, and Oddo 2009; Blom, Hennekam, and Denys 2012), which reflects a psychological perspective. This last is also used by many members of the transabled community (Davis 2012) who, inspired by terms used by transgender and transsexual communities, also use the word ‘transable’.

For most people, the needs of transabled individuals appear ‘extreme’ because they involve transforming a ‘valid’ body into an ‘invalid’ one.¹⁰ However, from a transabled person’s

9 The use of the term ‘women’ is not limited to people assigned female at birth; it includes any individual who self-identifies as such.

10 The terms ‘valid’/‘invalid’ (‘validé[e]s’/‘invalidé[e]s’) are used by Baril (2013). Inspired by a French translation of ‘cripple’ and its derivatives (‘crip’, ‘crippled’, etc.) used by McRuer (2006) in disabled studies, these terms represent an attempt at resignification (similar to the use of ‘queer’) to denounce ableist systems. To talk of individuals or their abilities as ‘valid’/‘invalid’ demonstrates their recognition (‘valid’) or lack thereof (‘invalid’) by others and institutions within the ableist system.

point of view, undertaking a voluntary transition¹¹ to become disabled is less extreme than continuing to live in a body as alienating and uncomfortable as it was before their transition. Transability is also considered abnormal by many who wonder about what motivates these transitions—the ‘why’ of this process. However, as medical researcher and transabled activist Michael Gheen (2009) reminds us, although transability is statistically abnormal because it affects only a very small fraction of the population,¹² its perceived ‘abnormality’ most explicitly refers to an ‘oddness’ incomprehensible to common sense and more strongly anchored in value judgments that reflect current norms. Indeed, most popular and scientific discourses are opposed to potential transabled surgeries, which are judged abnormal, dangerous, and extreme. As for the question of ‘why’, while relevant, it will not be addressed here. Our objective is therefore not to examine what motivates transabled people’s needs, (the ‘why’) but to analyse the negative reactions they elicit and learn what these reactions reveal about dominant norms and systems of oppression.

‘Extreme’ women: A(n) (im)possible (re)quest?

Although transability is observed in many national contexts and in people of different socioeconomic classes, sexual orientations, and ages, it *appears* to affect men much more often than women. In most studies, transabled men are overrepresented: 80 percent ($N = 54$) in Blom, Hennekam, and Denys 2012, 90 percent ($N = 52$) in First 2005, and 93 percent ($N = 30$) in Thiels et al. 2009. The underrepresentation of women may be explained by androcentric biases in academic research that, too often, continue to exclude or render women invisible. It might also be explained by sexist responses to transabled women’s (re)quests for care from health professionals, requests that seem likely to be perceived as irrational instead of received as serious claims to identity and political rights.

Not only do androcentric biases render women invisible in transability research, but they also make different assessments based on sex more likely, which must be denounced. In light

11 The distinction between ‘voluntary’ and ‘involuntary’ disabilities is problematic for many reasons that will not be addressed here. For more details, see Baril 2015.

12 The issue of the prevalence of transability is complicated by the existence of competing definitions: some authors follow a limited definition based on the motivation for transition, be it identity (Furth and Smith 2002; Smith 2004) or sexual (Lawrence 2006), while others limit the definition of transability to certain types of physical impairment, like amputation, without consideration for other needs, such as the desire to be paraplegic. In other words, a broader definition of transability increases its prevalence. For a discussion of the prevalence of transability and the possible inclusion of other types of disability or viral acquisition, such as voluntary HIV acquisition, see Baril 2013, 2015.

of this, we argue that studying the phenomenon of transability among women carries heuristic value for feminist intersectional analysis and connects this disciplinary field with other anti-oppressive fields of study, including disability and queer studies and analyses of classism and neoliberalism. *Based on the case study of transabled women, we argue that ‘visceral’ reactions of disgust, anger, or fear¹³ to transability and negative discourses of incomprehensibility and disapproval that conceptualize transability as extreme, abnormal, or strange result from the fact that transabled claims simultaneously transgress ableist, sexist, heteronormative, and classist/neoliberal systems.* To examine transabled claims, the following article is divided into four sections, each of which addresses one of the four structures of oppression mentioned above, before concluding with a discussion of the potential for solidarities between diverse marginalized groups.

Ableism: From ‘valid’ bodies to ‘invalid’ bodies

The system of oppression that affects disabled people, often called ‘ableism’, has been theorized and critiqued in disability studies (Davis 2010; Stienstra 2012) and by feminist researchers in this field (Garland-Thomson 2002; Lanois 2005; Hall 2011). Masson (2013, 115) describes the system as follows:

The ability-disability system normalizes and favours specific corporal forms and functionalities that create ‘cultural capital’ and ‘privileges of normality’ for people who can claim it. . . . At the same time, it devalues forms and functionalities that do not conform to norms defined in terms of impairment, inability, and disability. . . . Social organization is entirely structured on the assumption of having ‘valid’/able bodies. (our translation)

From an ableist point of view, it is more normal to want to be nondisabled and healthy than not to be, and this informs the incomprehensibility and judgments of transability. As McRuer (2006, 9) argues, ableist systems of power are based on the imperative to have a ‘valid’ body, which manifests itself in the question nondisabled people constantly ask disabled people: ‘Yes, but in the end, wouldn’t you rather be more like me?’ Based on this dominant norm, people who feel the need to modify their abilities by transforming their bodies are considered unintelligible and incomprehensible (Butler 2005). In this context, their claims can only be perceived as troubled and their behaviours as troublesome, perverted, and extreme.

13 For a discussion of these visceral reactions, see Elliott 2009, 159 and Bayne and Levy 2005.

Within ableist societies, a 'valid' body identity is associated with mobility, independence, autonomy, productivity, and success, whereas an 'invalid' body identity is associated with weakness, impotence, dependence, unproductiveness, and failure. From this perspective, transability is considered a transition from a normal to an abnormal state or, in other words, a move toward circumstances deemed inferior (Sullivan 2008, 188). Roth's (2009) study of the general public's response to transabled people and their experiences reveals this hierarchy of bodies and identities. Roth highlights that when the people interviewed explained why they would refuse to allow transabled people the surgeries they requested, one of the four most significant motivations given for that refusal was that the interviewees couldn't understand why transabled people wanted this surgery (Roth 2009, 143). At a basic level, the desire to transform a valid body into an invalid body was incomprehensible. To move beyond incomprehensibility and consider transabled claims with respect and openness, it is important to analyse the origins of this incomprehensibility. We propose a reversal of dominant perspectives that constantly question what motivates a person's desire to acquire a physical impairment ('why?') in order to concentrate on the incomprehensibility of transability that leads to the question of 'why?' We argue that this lack of understanding is rooted in the privileges accorded to 'valid' bodies.

An analysis of negative discourses surrounding transability and its incomprehensibility reveals that all of these arguments favour an implicit or explicit desire for a norm that requires avoiding the acquisition of a physical impairment at all cost (Baril 2013). From this perspective, what makes transability difficult to understand is that it results in disability, a state of being perceived as catastrophic, unfortunate, sad, and abominable or, in other words, a reality believed to be detrimental to a person's quality of life, as well as that of his/her family and society more generally (Baubet et al. 2007; Clervoy 2009; Patronne 2009). Müller (2009, 39) states that surgeries for transabled individuals are a last resort; everything else must be attempted, including electroshock treatment. His objective is clear: prevent disability (Müller 2009, 42). In our opinion, this resistance is rooted in ableist norms according to which a disabled person's life is less successful and fulfilling than that of a person whose body is considered 'valid'.

However, transabled people who complete their transitions all claim to be very satisfied and happy with the result (Gilbert 2003; Smith 2004; First 2005; Blom, Hennekam, and Denys 2012; BIID info 2013; Transabled.org 2013). It would seem that the value attributed to a disabled person's quality of life differs depending on an internal or external point of view, as well as on the theoretical and political (medical or social) perspectives on which these judgments are based (Bayne and Levy 2005, 84; MacKenzie and Cox 2006, 366). As Wendell (1989, 105) and Silvers (2009) explain, disabled people are in a privileged epistemological position not only to analyse the struggles they must face, but also to determine the value of

their quality of life. Negative judgments of quality of life are often based on the privileges of ‘valid’ bodies.

Work in disability studies (Davies 2010) has shed light on the dominant group of ‘valid’ (often called *normate*) individuals and their privileges. This group constitutes the normalized, unmarked identity in comparison to which other bodily configurations are deemed ‘invalid’. As McRuer (2006, 7) notes, in order for a dominant identity to be constructed as a point of reference for normality, it must be constantly made ‘valid’ by relegating othered identities, or ‘Others’, to the margins. These othered identities and bodies are judged deficient, disabled, incomplete, and pathological. McRuer (2006, 8–10) asks the following questions: Why is the medical model focused on a curative approach whose goal is to eliminate bodies that differ from an ideal body norm that, for most people, is difficult if not impossible to achieve?¹⁴ Why should a nondisabled body be preferable to a disabled body, and according to which criteria? Ultimately, the ‘valid’ body norm constructed by the medical model and ableist system aims to change people on an individual level: it seeks to eliminate disability through cure rather than rethinking structures that would allow the reconceptualization of disability as one difference among many. Although it must be said that disability can be a source of difficulty and struggle that leads some people to seek treatment for their disability, it must also be recognized that many others instead hope for structural changes. As Clare (2009, 122–23) explains:

To frame disability in terms of a cure is to accept the medical model of disability, to think of disabled people as sick, diseased, ill people. . . . The disability rights movement, like other social change movements, names systems of oppression as the problem, not individual bodies. In short it is ableism that needs the cure, not our bodies. Rather than a medical cure, we want civil rights, equal access, gainful employment, the opportunity to live independently, good and respectful health care, desegregated education. We want to be part of the world, not isolated and shunned.

Anti-ableist activists like Clare (2009) and Stienstra (2012) show that ableism’s cultural, social, and material consequences are caused by ableist assumptions, stereotypes, and prejudices that discriminate against disabled people in a variety of spheres of activity (employment, education, etc.) and produce various forms of violence, marginalization, and stigmatization. Furthermore, the dominant group of ‘valid’ bodies is never seen as having a

14 McRuer (2006, 156–57) lists over twenty characteristics that an individual must present, simultaneously and consistently, to be considered nondisabled and healthy. This list demonstrates that the ‘valid’ body constitutes a normative ideal rather than a true physical possibility, since few people are able to meet all of the criteria.

specific identity or corporality; ‘valid’ bodies are believed to result from natural conditions. A similar logic applies to cisabled¹⁵ identities: choosing not to change one’s supposedly ‘original’ body or ability seems natural and is not considered a choice. Only transabled people are perceived to make (bad) choices. However, as McRuer (2006) demonstrates, able (‘valid’ and cisabled) bodies do not result from natural conditions, but from repeated acts required to maintain a healthy, nondisabled, ‘cis’ body (without transition). To create this body, ‘valid’ and cisabled people surrender to normative scripts of nondisabled, healthy bodies by avoiding smoking, eating well, exercising, fighting obesity, avoiding risk (for example, in sports, driving, sexuality), and more.

We believe that analysing transability is an effective way to shed light on ableism in different societies, including within anti-oppression communities (feminist, gay, lesbian, bisexual, queer, trans, etc.). The manifestations of incomprehensibility, disgust, and anger frequently elicited by transability show that, while there appears to be a degree of openness toward including disabled people in society and social movements in the name of compassion and a degree of pity (Wendell 1996; Clare 2009), it remains inconceivable that a person would prefer to possess an ‘invalid’ body (considered abnormal or inferior) than to remain in a ‘valid’ body (considered normal or better).

Sexism: From feminine bodies to degendered bodies

Ableist norms are not the only ones transgressed by transabled realities. When analysed from an intersectional approach, these realities also simultaneously transgress sex/gender norms, revealing intersections between sexism and ableism. For over twenty years, feminists have been called out by disabled women and feminist disability theorists for ignoring the insights, experiences and specific needs of people with disabilities (Wendell 1989; Nicki 2011; Garland-Thomson 2002; Hall 2011). Gradually, some feminists have shown more openness toward these women and their realities. Even though intersectional analysis is now commonplace in feminism and including disabled women has become good form, ability is still too often absent from the list of analytical dimensions. Furthermore, inclusion is sometimes implicitly or explicitly based on pity and goodwill: disabled women are associated with passivity (Wendell 1996; Garland-Thomson 2002, 17) and presented as victims who are

15 The term ‘cisabled’, proposed by Baril (2013 and 2015), is inspired by the terms ‘cisgender’ and ‘cissexual’ used to refer to people who are neither transgender nor transsexual. Similarly, cisabled identities refer to nontransabled identities (people who do not modify their ability). The term is pluralized to highlight the diversity of these identities. Space limitations prevent discussion of the complexity of this concept sometimes used to refer to ‘invalid’, cisabled individuals whose disability does not result from a presumed voluntary transition.

more vulnerable than other women to the control of men and therefore need protection. That these women are included, often as a result of tokenism or political correctness, does not necessarily indicate that the privileges associated with ‘valid’ body identities or feminists’ ableism have been analysed (Masson 2013). Consequently, although some feminists denounce the violence, discrimination, and difficulties faced by disabled *women*, the ableist system of oppression is, once again, often forgotten or relegated to the margins, ceding to patriarchy as the principal system of oppression.¹⁶

An intersectional analysis that takes ableism into consideration reveals close connections between ableism and sexism, as well as the potential for mutual reinforcement. From his perspective as a middle-class trans man living with cerebral palsy, Clare (2009) highlights these intersections. He maintains that our perceptions of gendered and sexualized identities implicitly rely on ‘valid’ bodies. He observes that masculine and feminine codes require movements, postures, and ways of expressing oneself that assume nondisabled bodies and that are sometimes difficult or impossible for disabled people. Because of these dominant norms, these individuals find themselves degendered and desexualized:

Yet disabled people find no trace of our sexualities in that world. We are genderless, asexual undesirables. . . . Think first about gender and how perceptions of gender are shaped. To be female and disabled is to be seen as not quite a woman; to be male and disabled, as not quite a man. The mannerisms that help define gender – the ways in which people walk, swing their hips, gesture with their hands, move their mouths and eyes as they talk, take up space with their bodies – are all based upon how nondisabled people move. . . . The construction of gender depends not only upon the male body and female body, but also upon the nondisabled body. (Clare 2009, 130)

If, as argued by Clare, dominant conceptions of gender prevent disabled people from fully identifying with the categories man/woman, it is nonetheless possible to apply this reflection to transabled people’s struggles and argue that transabled realities create resistance not only because they call ‘valid’/‘invalid’ body norms into question, but also because transabled individuals transgress gender norms. By becoming disabled, transabled women are at greater risk of being degendered and desexualized; women no longer in possession of a ‘normal’/‘valid’ body will also no longer be considered ‘true’ women, that is to say, feminine and desirable.

16 Obviously, this is not the case for all feminists; those whose analyses combine ableism and sexism do not fall into tokenism.

Heteronormativity: From sexy bodies to object bodies

The links between sexism and heteronormativity, sometimes theorized as heterosexism, have long been addressed by lesbian feminists (Rich 1981). Although we don't have space here to engage with this body of literature, nor with relevant research in queer studies (Butler 2005), it is important to remember that, as this research demonstrates, heteronormativity creates a system, as do ableism and sexism, by enshrining heterosexuality as the norm against which other orientations and practices are judged and marginalized. Along with sexism, the aim of heteronormativity is to render women available to men. This is manifested by the appropriation of the sexuality of women and other marginalized groups, including trans people (Serano 2007; Baril and Trevenen 2014). Disabled women (whether voluntarily or involuntarily disabled) find themselves at the junction of ableist, sexist, and heteronormative systems and are often caught between two extremes: they are either desexualized through sexist and ableist norms that represent them as less feminine and therefore less appealing (Garland-Thomson 2002, 17), or they are hypersexualized and fetishized because of their disability (Kafer 2012; Siebers 2012).

Although the ableism inherent in dominant conceptions of gender can lead to degendering and desexualizing disabled people (Wendell 1989, 113; Garland-Thomson 2002), it can also do the opposite: ableism can reinforce gender stereotypes. To give only one example of the ableist consolidation of gender stereotypes within sexuality, Meekosha (2006, 169–70) examines how the concept of passivity, which contributes to a heteronormative view of women's sexuality, is intensified in disabled women. The interactions between sexism, heteronormativity, and ableism are also evident in the issue of reproductive rights: although feminists have a history of demonstrating the medical system's control over women's bodies, particularly regarding reproductive abilities, those interested in disability have demonstrated how disabled women's reproductive rights are still being disregarded. From forced sterilization and involuntary contraception to denying their desire for motherhood, disabled women and their needs are subjected to excessive medical and social control, while their bodies, sexualities, and agency are disciplined in the Foucauldian sense of the word (Garland-Thomson 2002, 10–17; Meekosha 2006, 171; Silvers 2009).

The intersections between ableism, sexism, and heteronormativity can be seen in the reactions of the rare health professionals who demonstrate a degree of openness toward potential transabled surgeries. For example, in psychological interviews featured in a BBC (2000) documentary, a transabled man is not asked about the effect of surgery on his sexuality, the possibility of having a family and maintaining a family life or similar issues. A transabled woman, however, is asked prying and intrusive questions on these subjects. The following is excerpted from an interview between Corinne and psychiatrist Richard Fox:

- Richard: Do you have a boyfriend at the moment?
- Corinne: I actually have never really had someone that I would characterize as a boyfriend.
- Richard: You're a virgin?
- Corinne: Pardon?
- Richard: You're still a virgin.
- Corinne: Oh, no, no, I just, I haven't had the pleasurable experiences that I think are available to other people.
- Richard: And it never struck you that having your legs off might be kind of a sexy thing.
- Corinne: For me sexuality is being comfortable with your body (Right) and enjoying your body.
- Richard: Do you think you could maintain a, a married relationship under these circumstances?
- Corinne: I know I can.

This exchange contains many problematic elements. First, asking about the presence or the absence of a boyfriend reveals a heteronormative assumption. Second, the question about virginity, in addition to being inappropriate, intrusive, and personal, is also based on a heteronormative paradigm: it implies that sexual relations include penetration of a vagina by a penis. Finally, why would a disability prevent a happy, successful relationship (note the use of the term 'marriage', which once more implies heteronormativity)?

Doctor Fox is not alone in his (heterosexist) concern for transabled women's femininity and attractiveness. In its description of a patient's case, a text by Baubet et al. (2007) also lingers without justification on the perceived problem of her lack of femininity. The limited space of this article prevents us from cataloguing the many examples of similar cases that may at first seem anecdotal but, when combined, provide a clear illustration of reactions to transabled women marked by a combination of ableism, sexism, and heteronormativity. It is also important to note that, according to a quantitative study by Roth (2009), male candidates are more likely to receive approval for potential operations than female candidates. Although there is certainly strong resistance to transability in general, it would seem that, in the case of transabled women, the injunction to be *feminine and desirable* (which implies a 'valid' body) exerts a powerful control over their bodily liberty and autonomy.

Our hypothesis is that transabled women are subject to a much higher degree of control and stigmatization than transabled men not only due to the assumption that they risk compromising their femininity and sexual attractiveness by becoming 'invalid', but also because their claims of bodily agency, liberty, and autonomy radically disrupt the docility usually associated with femininity (Garland-Thomson 2002; Clare 2009). Whereas women

are encouraged to modify their bodies to meet dominant aesthetic norms (thin, young, sexy, white, etc.) (Pitts-Taylor 2003; Heyes and Jones 2009), those who seek bodily transformations that fall outside the norms of heteronormative femininity disrupt dominant regimes of sex, gender, and sexuality in ways similar to the transgressions of trans, masculine, queer, and femme lesbian women (Butler 2005; Serano 2007). Transabled women belong to the category of ‘bad’ girls or women who embody an ‘extreme’, non-normative version of femininity: they reject the degendering and desexualizing gaze directed at disabled women by an ableist, sexist, heteronormative society.

Classism and neoliberalism: From productive bodies to unproductive bodies

The last system of oppression¹⁷ that contributes to resistance against transabled practices is a combination of classism and neoliberalism founded on different socioeconomic classes.¹⁸ Once again, classism is combined with other forms of oppression, be it ableism, sexism, or heteronormativity. We will address two possible combinations: 1) class and ability; and 2) class, ability, and sex. First, the links between socioeconomic class and ability are evident. For example, moving from a nondisabled to a disabled body can elicit forms of direct discrimination, including dismissal or being refused employment based on ability. Discrimination can also be indirect: institutions and social, political, cultural, and architectural structures are created by and for people with ‘valid’ bodies and have a daily impact on disabled people that places them at a disadvantage in the public sphere and in their ability to participate in civic life. Together, classism and ableism define the neoliberal

17 This is the last system analysed in the limited space of this article. Other dominant systems could be included, including ‘cishnormativity’, according to which it is more normal to stay in one’s ‘original’ identity and body rather than undertaking a transition. For a discussion of cishnormativity, see Baril 2013, 2015.

18 The notion of (social and economic) class employed here is grounded in a sociological approach rather than a classic Marxist approach. We understand ‘class’ as large groups of individuals placed in hierarchies according to their social and economic status, although these hierarchies are not legally regulated. We would like to thank one of our reviewers who remarked that it is important to distinguish between different ideal models of femininity/masculinity, as well as their social origins, because these gendered models vary according to class. The limited space of this article prevents further discussion of this issue.

norms of productivity: as a result, it is not surprising that, unfortunately, the social and economic ‘productivity’ of ‘invalid’ people is put in doubt (Wendell 1996; McRuer 2006).

With this in mind, it is easy to see why transabled claims may encounter significant resistance: transabled people are seen as *moving from a productive to an unproductive status*. Also, as many authors observe, discourse around a perceived socioeconomic burden is a common leitmotif in works opposed to transability, where it is seen as mutilation that leaves the individual in a state of dependence on their families and the state (Bayne and Levy 2005; MacKenzie and Cox 2006; Elliott 2009, 165). Some empirical studies confirm a negative conception in which (voluntarily or involuntarily) disabled people are depicted as dependent on and demanding of their families, partners, the medical system, and society in general. In Roth’s (2009, 143) study, two arguments of the four presented rely on this discourse to oppose potential operations, including cost incurred by the health care system and the potential burden on partners and/or family. Patronne (2009, 545) states:

Even if we set aside the interests of family, other patients and those who must bear the financial costs of providing for the patient’s lifelong disability, those who have a disorder that causes them to desire to maim and disable their bodies cannot meet this standard of voluntarily accepting the burdens of choice that makes the practice of respecting autonomy acceptable.

We would like to specify that resistance to transabled claims, particularly from health professionals, increases with the severity of the desired physical impairment (for example, amputation of two legs instead of one); the degree of disability is implicitly correlated with the level of unproductiveness (Smith 2004). However, as Wendell (1989, 1996), McRuer (2006), and Clare (2009) show, it is not physical impairment itself that creates an ‘inability’ to work, but rather the rhythms, performative requirements, workplace structures, and other characteristics of the neoliberal model that lead to the exclusion of many disabled (and older) people from these environments, people who find themselves in precarious situations as a result. In other words, disabled people are judged ‘unproductive’ based on limited capitalist, neoliberal, ableist, and other criteria of what constitutes work and production. In sum, the idea that a disabled person, whether voluntarily so or not, requires care, needs help, and depends upon others and the state is based on a neoliberal conception of the self-sufficient subject.

Second, according to our societies’ combined capitalist and sexist ideologies, unpaid work performed primarily by women in the so-called private sphere is rendered invisible and

considered unproductive (Paperman and Laugier 2005).¹⁹ From this perspective, the care work performed by women is devalued, depreciated, and unrecognized; that is to say, this work is taken for granted. Indeed, societies' sexist structures make it easy to assume that women are better adapted to housework and are duty-bound to perform it, as well as cook meals and care for children, seniors, and disabled people (Tronto 1993). *From this perspective, it seems unacceptable that a woman may wish to acquire a disability and become 'unproductive' (within an ableist, neoliberal paradigm) not only in terms of paid work in the 'public' sphere, but also in terms of unpaid work (caring) in the 'private' sphere.* The full meaning of the intersections of sexist, ableist, heteronormative, and classist/neoliberal systems becomes clear: according to dominant conceptions, a disabled woman cannot be a mother (hence the reality of forced sterilization) because since she does not possess the physical, mental, or emotional abilities required to care for others. Instead, she is seen as the one who needs care. In this way, her supposed inability to be a mother, care for others, and 'naturally' perform the invisible work expected of women makes her a poor candidate for marriage within a heteronormative framework, as suggested by Dr Fox's questions to Corrine (BBC 2000). Once again, it is evident that transability disrupts the established neoliberal order and its gender-based criteria of productivity.

Thinking about transability to rethink political solidarities

Transabled claims are disruptive: in addition to transgressing ableism by voluntarily transforming a 'valid' body into an 'invalid' one, transabled people also transgress other normative systems, including sexism, heteronormativity, and classism/neoliberalism. In fact, these intersections contribute to the strength of the reactions to these claims. Consequently, we believe that the example of transability holds significant heuristic value not only because it highlights specific systems of oppression, both in terms of norms and people's material conditions of existence, but also because it reveals their subtle interconnections. Shedding light on the oppressions and norms that affect women and other people who are disabled, transabled, sexually stigmatized, or discriminated against because of their social class can help build political solidarities between groups that experience similar processes of marginalization and fight the various forms of violence and discrimination to which they are subjected.

Although we are convinced of the transgressive character of transabled claims, we are not suggesting that transability is itself subversive of dominant systems. Like many practices, identities, and sexualities, transability and transabled individuals are not, in and of

19 This work is also often performed by racialized and immigrant individuals.

themselves, the embodiment of alternative, progressive politics. These groups must develop anti-oppression political perspectives and their practices and identities must be politicized for them to be able to build solidarities with other movements fighting for social justice. Furthermore, a reading of structures based on a particular dimension of oppression, like ability, does not necessarily produce an intersectional analysis capable of considering the complete range of identities and oppressions and their intersections.

Moreover, emerging research on transability, as well as certain transabled claims, present significant sexist, classist, and heteronormative biases that will need to be examined and denounced by researchers and transabled individuals. Other possible biases, including ageism and racism, must also be addressed if the goal is to develop solid alliances and solidarities with other social movements, like feminism. By asking the transabled movement²⁰ to take an intersectional turn and learn from the mistakes of other social movements, we hope to contribute to conceptualizations of solidarity and its challenges. We believe that all social movements must develop and cultivate an attitude of openness and respect and seriously consider transabled claims already so strongly marginalized. Current work on the subject (Baril 2013 and 2015; Baril and Trevenen 2014) shows that feminists and queer and trans movements have difficulty perceiving transabled claims as legitimate; they are often deemed ‘invalid’, seen as particularist or irrelevant, and labelled ‘extreme’. The activism and analyses developed in this field must cultivate humility and understand how sexist, classist, ableist, ‘cisnormative’, and other normative assumptions can bias reactions and lead to a rejection of and contempt for new justice claims. It is our hope that this article will contribute to the dialogue between these different groups.

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20 Although marginal, the transabled movement is growing internationally, as can be seen in websites and blogs dedicated to the subject (BIID info 2013; Transabled.org 2013) and existing analyses of the movement (Davis 2012).

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