

In the Pursuit of Ecstasy

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The use of bondage by non-disabled participants may run the risk of supporting problematic ableist stereotypes that frame disabled bodies as sexually deviant, while perpetuating cure ideologies for mobility-based disabilities. Through the practice of bondage, non-disabled participants can adopt temporary disability for the purpose of enhancing sexual pleasure. While this association may not be calculated, it nonetheless possesses the potential for harm. Additionally, it would be unjustified for me to assume that all non-disabled individuals approach bondage play with the intention of co-opting disabled identity or that they are even cognizant of the role disability plays in this form of sexual activity. Much like other forms of microaggression imposed on marginalized communities, I argue that this naivete is a product of vast, institutionalized ableism that encourages the “out of sight, out of mind” mentality that is often directed toward disabled identity. It is exactly the innocuous nature of these missteps that make them so insidious, as they strengthen commonly held beliefs through repeated action, devoid

of critical thought. The transitory nature of this form of “temporary disability” has the potential to reinforce the objectification of disabled bodies, while also reifying the ableist belief that disability as a permanent state should be avoided at all costs.

First, I will explain the concepts of bondage and its capacity to enhance sexual pleasure through the employment of disability. I will explore the potential harms from this act using Kafer’s¹ definition of disability as “relational.” I will also differentiate between the conceivable desire to temporarily assume a disabled state for pleasure and the fetish for disabled people (devoteeism). I will then explore the categorization of disabled bodies as “deviant” and how this idea contributes to the taboo nature of both bondage and devoteeism as sexual acts.

From that point, I will delve into the ways bondage (when used by non-disabled couples) can perpetuate the assertion that disability requires cure and that to be returned to a non-disabled state is not only ideal, but euphoric. By implementing strict safety nets intended to mitigate the risk of harm, non-disabled play partners who partake in bondage are acknowledging the possibility of long-lasting physical harm, while simultaneously framing it as antithetical to pleasure. This can then be extrapolated to assume that disability can only be pleasurable when it is completely under control of a non-disabled hand. From there, I will address a possible objection which argues that the general bondage user does not explicitly associate this form of sexual play with disability and thus the connection between the two is weakened. In response, I will compare these acts with Butler’s² exploration of gender performativity, showcasing the establishment of social norms through repetitive

¹Alison Kafer, *Imagined Futures, Feminist, Queer, Crip* (Indiana University Press 2013): 1-24.

²Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (Routledge 1993).

subconscious action. I will argue that, while bondage users may not intentionally seek exploration of disabled states of being, the underlying motif remains rooted in a longing for normalcy.

Bondage is defined in the dictionary as, “the state or practice of being physically restrained, as by being tied up, chained, or put in handcuffs, for sexual gratification.” As a sexual tool, bondage can enhance pleasure, often by playing on ideas of helplessness and humiliation. Though bondage has been sensationalized recently through the genres of adult fiction and film, it and other kink-related sexual play is still regarded largely as “outside the norm” and maintains an association with shame. Physical disability, through an ableist lens, is already considered deviant through its departure from normative physicality, and associating disability with bondage and non-normative sex practices then solidifies that deviancy. In this exploration, I will be focusing solely on physical disability, which is described by the Ontario Human Rights Commission as, “any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness....”³ Notably, the terms used in this definition emphasize the aberrant nature of disability, holding these physical states in opposition to the normative “healthy” body. It is no question that disability, as we have come to know it, is undesirable. This then begs the question, how is it capable of producing pleasure in any capacity? The answer, as I will argue, comes from the provisional nature of the act.

Kafer defines the relational disability model in her book *Feminist, Queer, Crip* as, “one that builds on social and minority model frameworks but reads them through feminist and queer critiques of identity.” By looking at disability through this lens, we are avoiding the pitfalls of an entirely medical view that frames disability as

³Ontario Human Rights Commission, *What is Disability?* (Retrieved December 2024).

an illness to be cured, while also avoiding the social view that social impairment and the embodiment of disability are entirely removed from one another. Kafer highlights the importance of this framework by arguing that through common disability awareness tactics, non-disabled individuals are encouraged to use mobility aids to experience disability, which hinges on disability as a purely physical experience. She goes on to argue that “there is no accounting for how a disabled person’s response to impairment shifts over time or by context, or how the nature of one’s impairment changes, or, especially, how one’s experience of disability is affected by one’s culture and environment.”⁴ It is this designation of physical disability as only concerned with mobility limitation that allows for the possibility of harm in non-disabled bondage play.

It is also significant that due to sexual normativity, disabled bodies are marked as “asexual” or incapable of experiencing or producing pleasure. This ties into the earlier notion of disability being a marker for deviancy. While this is factually incorrect and disabled individuals desire and have sex much in the same way non-disabled individuals do, the assumption permeates our collective Westernized understanding of disability. Devoteeism emerges as the exception to the rule. Devoteeism, as described by Shakespeare,⁵ is a “...type of atypical sexual desire (or paraphilia) [marked by] a strong sexual attraction to other people, mostly women, who have missing limbs.” Shakespeare goes on to say that devoteeism can be directed to any physical disability, but for the purposes of this argument I will focus on the missing limb/amputee portion. It is crucial to identify the differences in the harms perpetuated by devoteeism

⁴Kafer, *Imagined Futures. Feminist, Queer, Crip*.

⁵Tom Shakespeare, “Sex and Disability,” *The Routledge Handbook of Philosophy of Sex and Sexuality* (Routledge 2022): 271-85.

with the potential harms perpetuated by non-disabled bondage use. I propose that the temporal nature of the disabled experience during bondage play contributes to the pleasure achieved, allowing one to reassume their mobility-privilege post-orgasm; devoteeism derives its pleasure from the objectified disabled body directly. As Shakespeare indicates, “at the extremes of this attraction, the only relevant attribute for the desiring partner is the stump or lack of limb, not the whole person.”⁶ The individual is considered purely as a sex object, not as a person.” Devoteeism fetishizes the physically disabled body as an object of desire, removing the personhood from that embodiment, but still requiring a disabled body to be present. Non-disabled bondage allows for simulated impairment on an otherwise non-impaired body (whether that is the intentional goal or not). Thus, while both scenarios present an opportunity for harm through the objectification of disabled bodies, one must involve a disabled individual, while the other eliminates the need for disabled inclusion entirely.

A key element of bondage play (and by extension, most kink-related sex) is the extensive safety nets implemented to keep all parties safe. This preparation can take many forms but often includes detailed discussion of limits, the use of quick-release knots, hand signals, safety scissors, and particularly a safe word.⁷ Information on how to perform bondage “safely” is readily available online through a quick search, providing tips and tricks on how to avoid causing lasting harm. Notably, these guides are predominantly targeted toward non-disabled individuals. The websites frequently lack accessibility functions, the marketing photos feature exclusively non-disabled participants, and most importantly, there

⁶Shakespeare, “The Routledge Handbook of Philosophy of Sex and Sexuality.”

⁷Rope365, *Safety* (Retrieved December 2024).

is a constant focus on the avoidance of permanent bodily injury. These cautionary recommendations depend on the participant being non-disabled when they begin the activity. For example, one website warns that a possible side effect of bondage use is nerve injury and states that “this occurs when a nerve receives an extensive pressure that damages it and prevents it from functioning normally even after the pressure is removed.”⁸ They also assert that “nerves take a long time to heal” and that the best course of action is to take precautions beforehand, arguing that “the faster you catch the problem, the faster it will heal.”⁹ This sort of language ignores the possibility of a participant coming into the situation with pre-existing nerve injury or a body that is more susceptible to nerve damage. To be clear, it is not the inclusion of safe practices that makes this inherently ableist, but rather the exclusion of disabled bodies from the conversation entirely. There is no question that disabled individuals partake in bondage play, so the omission of alternative forms of play that include disabled bodies speaks volumes about who is “allowed” to partake and who is not. By focusing safety measures so heavily on maintaining and returning to the “ideal” non-disabled body state, bondage practitioners are justifying the exclusion of disabled bodies within the practice by promoting a conclusion that is simply out of reach.

In addition to the safety nets, one of the main appeals of bondage is its impermanent nature. Non-disabled individuals largely take part in bondage with the confidence that they will return to a non-disabled state post-play. Though this motive is not necessarily stated plainly, one only needs to suggest a non-disabled person maintain their bound state indefinitely to see the almost instantaneous

⁸Rope365, *Safety*.

⁹Rope365, *Safety*.

change of desire. I would go as far to suggest that if the risk of permanent disability from bondage play was higher, we would see a drastic reduction in non-disabled participants. The appeal, then, appears to be situated in how far one can push their non-disabled body's limits (which are predicated on the ideal of "health" and the absence of pain) without tapping out. The goal isn't to genuinely become disabled; it is to play into a fantasy of an altered (deviant) state to heighten one's arousal. This can be put in conversation with other forms of "deviant fantasy" like "gay4pay" (which is the adoption of a fantasy coerced form of queerness): in which both provide pleasure through temporarily adopting unwanted and "indecent" forms of identity.¹⁰ Naturally, not all bondage play seeks to explore the limits of one's physical and mental ability, but there remains a comfort in the knowledge that eventually the impairment will cease.

Furthermore, it is the reaffirmation of the non-disabled body at the end of the act that I suggest can function as an "intellectual orgasm." Bondage implements both physical and mental stimulation to provide a pleasurable and fulfilling experience. Mentally, bondage requires the bound subject to find new forms of movement, grapple with their loss of agency, react to the implementation of pain or discomfort, and accept their imposed impairment. This forced disablement then has the potential to generate feelings of humiliation and helplessness, which can then be explored with the assertion that it will eventually end. For those that experience this emotional turmoil, the cessation of the impairment allows for additional pleasure at the return to normalcy, as the threat of bodily harm or helplessness without end crosses into the realm of torture. Upon reaching the conclusion of play, the bound subject

¹⁰"Gay-for-pay," in *Wikipedia* (Accessed October 31 2024.)

is released from their bonds and often provided “aftercare,” a set of steps that ensure the comfort of the participant.¹¹ There is often a heavy focus on providing physical care to the body and a debrief to ground them mentally. It is this mental aspect that I refer to as the “intellectual orgasm,” the post-sex assurance that one’s personhood has not been altered permanently and that they overcame the imposed disability.¹² This validation of the non-disabled identity provides the greatest safety of all, the confirmation that they are once again “normal.” While this may be acknowledged subconsciously, this affirmation of a non-disabled state can be crucial to the wellness of the participants. In play where aftercare is not administered, participants have often reported experiencing “subdrop” which is characterized by feelings of emotional and physical pain, embarrassment, anxiety, fatigue, and depression.¹³ If the pleasure attained through bondage play was purely physical, I venture to argue that “subdrop” would not be a common phenomenon. Instead, I propose that the “intellectual orgasm” provided through aftercare, which affirms the absence of disability, grants an additional level of euphoria and the permission to embrace relaxation.

The most relevant objection to this argument, which was thankfully posed to me by the reviewer, claims that it is unlikely that all bondage participants are deliberately associating disability with kink. Because of this, the argument that bondage play causes harm to the disabled community is weakened. I counter this objection by drawing on Butler’s work *Gender Trouble* and their exploration of the reification of socially constructed gender norms through the act of performativity. Butler argues that gender, as we understand

¹¹Adriana, *The Complete BDSM Aftercare Guide: Learn How To Do It Right*, Bad Girls Bible (October 30 2020).

¹²Adriana, *The Complete BDSM Aftercare Guide*.

¹³Kate Balestrieri, *Understanding and Addressing Sub Drop*, Modern Intimacy (June 16 2022).

it, is not a naturally occurring identifier but rather one that is constructed through socially accepted norms that are repeated and re-confirmed subconsciously. They say that “...performativity is not a singular act, but a repetition and a ritual, which achieves its effects through its naturalization in the context of a body, understood, in part, as a culturally sustained temporal duration.”¹⁴ For example, the subconscious adoption and application of socially constructed ideas of femininity, which are repeated over time, give credence to the original acts and then encourage the performance of those same acts by others, which in turn then affirms the “naturalness” of the acts once again. It becomes a cyclical relationship of “performance - actualization” until it is unclear what acts are inherent, and which are manufactured. I believe this concept can be attributed to the social construction of disability as well. Western culture is ingrained with ableist notions of being and relies on a cure-focused approach to health. This is then continuously repeated and reified through socially constructed norms which concentrate on avoiding disability and pushing “cure” as a necessity. Through the cyclical confirmation of the “ideal” quality of the non-disabled body via an excessive push toward “health,” western culture has become inundated with internalized ableism and an obsession with staving off aging and death. We are generally terrified of growing old, which naturally assumes the slow degradation of our physical bodies and the move toward disability.

By associating Butler’s theory of performativity with the concept of ableism, I aim to highlight the subtle way in which ableism is internalized and reified through our everyday actions. Conscious intention is not required to uphold socially constructed belief, rather, it is the suppressed manner that allows non-disabled bodies to be

¹⁴Butler, *Gender Trouble*.

viewed as “natural” and disabled bodies to be deemed “fixable.” Then to transpose this onto my argument, temporarily disabling someone (putting them in bondage) reifies ableist notions of “cure” through the unspoken assertion that they will be returned to a “normal” state (in which they are released from said bondage). The performativity (if you will) of non-disabled identity subconsciously states that to be non-disabled is not only natural but is a preferable state of being. The harm comes from the subconscious repetition of these ableist norms.

Another point to consider is that disabled people can (and do) take part in bondage play. The question then becomes, is the potential for harm altered or negated by this participation? In “using pain, living with pain” Sheppard¹⁵ talks about the use of kinky sex by those with chronic pain as a means of reclaiming sexual pleasure (amongst other reasons). While she focuses on the implementation of pain in kink-related sex, there is sufficient overlap between pain-play and bondage that her argument remains useful. She goes into detail describing the relationship that her disabled interviewees have with pain and pain-play and highlights the ways in which these individuals reconcile these two aspects of their lives. In one of the accounts, she states, “[Pain-play] reminds Natalie of her body’s capacities rather than of its incapacities; in ‘taking’ a spanking, in enduring the acute pain it causes, Natalie is able to re-establish her body as capable.”¹⁶ She also states that a commonality in the use of pain-play is as a distraction from a disabled state. Sheppard argues that “while BDSM might be read as a means by which people living with chronic pain reclaim ‘normal’ humanity through rationalising pain, the structures of normativity make it impossible for my

¹⁵Emma Sheppard, “Using Pain, Living with Pain,” *Feminist Review* 120 (2018): 54-69.

¹⁶Sheppard, “Using Pain, Living with Pain.”

participants as disabled and chronically in pain to ever reach what is conceived as ‘normal’ ideals of able-bodymindedness.”¹⁷ While I agree with Sheppard that the structures of normativity make this reclamation of normalcy unattainable for disabled individuals, I argue that the harm is situated not in the achievement of normalcy but in the pursuit.

By focusing the positive aspect of bondage (or in Sheppard’s case, pain-play) on its ability to either provide respite from a disabled state or as a means of regaining strength and self-confidence that was “taken” by disability, the normative concept for an “ideal” sexual body continues to be reified. If pleasure can only be obtained when one is distracted from their disability, then by normative standards, they are drawing pleasure from the idea of no longer being disabled. If orgasm is only reachable because one is “capable” of taking a spanking, then we must question who decides the “proper” way to take a spanking. While the goals between the disabled and non-disabled uses of bondage seem inverse, both engage in the use of fantasy identity for the sake of pleasure, and significantly, both rely on normative values to build that fantasy.

Bondage, as it is described in this paper, allows for the possibility to perpetuate harm against the disabled community in that it requires the existence of normative sexuality to reinforce its deviant nature. By upholding the ideal normal, healthy body, non-disabled individuals can step outside of that norm, adopt disability in short, contained scenarios, and return to their “healthy body” afterwards. In moving forward, my hope is that a dismantling of ableist thinking that supports an “ideal body” occurs, allowing for the exploration of alternative sex play without the subconscious reliance on the promise of “normalcy” to be what gets us off.

¹⁷Sheppard, “Using Pain, Living with Pain.”

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