

EMBODYING TECHNOLOGY:
A HERMENEUTIC INQUIRY INTO CORPOREALITY AND IDENTITY
AS MANIFESTED IN A CASE OF STRAP-ON DILDO USE

A Dissertation

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In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Amy E. Taylor

August 2012

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ABSTRACT

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Dissertation supervised by Eva-Maria Simms

This dissertation takes a deep look at a first-person narrative from a man who develops complete impotence following androgen-deprivation treatment for prostate cancer. After feeling depressed for some time about what he imagined to be the permanent loss of his sexual life, the man, pseudonymously called Michael in this dissertation, tried using a strap-on dildo. Michael was surprised and pleased to find that using the dildo for sex brings him sexual satisfaction including orgasm. The dildo transforms "from object to organ" as Michael gradually comes to experience the dildo as a part of his own body. He also experiences a shift in his gendered and sexual identity, discovering that the dildo is neither a prosthetic penis nor a medical device, but a post-gendered object subject to playful interpretation. This dissertation aims to elaborate how the phenomenon presented in the case study narrative takes place, to discuss the implications this phenomenon has in a number of theoretical domains, and to apply these

findings to clinical practice. It uses phenomenological elaboration and hermeneutic narrative analysis to explore the case study phenomenon. Then, the case study phenomenon is interrogated from various theoretical approaches in order to elaborate the implications of this phenomenon regarding the relationships between physical body morphology, lived embodied experience, and gender identity, the relationship between the body and sensorium-expanding technology, and the breadth and range of human sexuality. The case study narrative serves as a locus for dialogue between feminist phenomenological and feminist poststructural thought on the question of the relationship between the material body and identity, and also includes discussions of transsexuality and male lesbian identities in terms of how the case study phenomenon is related to the embodied experiences of people in these groups. The dissertation also explores how Michael's partner contributes to Michael's change in embodied experience and identity and contributes to the creation of an imaginative and playful space for sexuality to emerge, suggesting that sexuality is created in an interpersonal context rather than being located in a single person or having a particular aim or trajectory. Dissertation findings suggest that conceptual and technical playfulness, including the creation of an imaginative and playful space, may be beneficial in the clinical treatment of sexual "dysfunctions," persons with non-binary or flexible gender identities, transsexual persons, and for clinical conceptualization of sexuality and embodiment in general. Dissertation findings imply that there exists great complexity and variability in embodied experience, that the body is deeply significant for developing identity and that bodily changes may alter identity, and that sexuality is an event that emerges with others.

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Chapter 1: Introduction, Purpose, & Methodology

Despite my reservations, I eventually agreed to experiment with a strap-on dildo. My expectations, though, were muted. At most, I thought I might be able to please my partner. But I honestly did not envision recreating a fully satisfying sexual experience.

– Warkentin, K., Gray, R., & Wassersug, R., 2006, p. 391

I. Introduction & Research Questions

The above quotation comes from a person who, in the following, shall be referred to as “Michael.” Michael was in his late fifties when he became fully physiologically impotent following hormone-based prostate cancer treatments. After receiving these treatments, Michael felt depressed and lifeless, flawed, and believed he no longer had the capacity to achieve sexual satisfaction. After spending more than a year in this condition, he tried intercourse using a strap-on dildo. To his surprise, sexual satisfaction became possible again. This included orgasm, satisfying sexual pleasure without orgasm, multiple orgasms, and other nuances of experiencing himself as sexual, sexed, and gendered which he describes in his first-person narrative in the case study by Warkentin, K., Gray, R., & Wassersug, R. (2006).

Michael's case presents a fascinating phenomenon that has relevance for multiple theoretical, and consequently practical (particularly clinical) problems. It raises questions about the relationship of the body to external material objects: How is it possible for a person to achieve orgasm by means of an external object? How does this object become a part of the felt and sensed body such that Michael can experience pleasure with it? Furthermore, what does the phenomenon of the body extending itself with an external object reveal about human corporeality generally? The case also has relevance for

questions about the relationship of the body to a person's sense of identity, particularly in terms of the person's sex or genderⁱ. What does it mean about the body that it can acquire a new sexual organ, or an organ with significance for sexual identity? What might it reveal about the relationship between gender or sexual identity and what the body feels like? What is the relation of the dildo to the penis, and more generally, what is the relation of a bodily modification or addition to a person's body and that person's identity?

Finally, this phenomenon is relevant for understanding sexuality, or the sexual body (or as a translation of the fourth chapter of Merleau-Ponty's *Phenomenology of Perception* phrases this, “the body in its sexual being”). What does Michael's change in terms of sexual functioning and experience during the process of dildo incorporation imply about sexuality generally? How does the sexual body adapt to change, and how is it possible for it to change? How does Michael's case challenge common constructions of sexuality? Michael's case presents a phenomenon that is at once believable and astonishing, shedding light on a real but unarticulated (or under-articulated) phenomenon, adding to multiple conversations about the self and the body. This dissertation aims to elaborate this phenomenon in order to put it in dialogue with various theoretical problems, and then apply these findings to practice, especially the practices of clinical psychology.

Before I begin to introduce Michael's case and my means of unfolding it further, I wish to briefly explain my interest in this topic. Michael's case narrative presents an intersection of a number of different but related topics that are of interest to me: the body's ability to be altered by all kinds of technologies, the experience of living in an atypical body or otherwise feeling different from the norm, the relationship of the felt

body to the meanings inscribed on the body by one's sociocultural context, the relationship between expressing or representing one's identity and a personal, perhaps private, sense of self. All of these topics are related thematically; they all have to do with examining the boundaries of what it means to be human, particularly the boundaries of being a human body, and the significance of relating to other human beings in being human. In clinical practice and in my own experience, I notice human beings struggling against definitions of what it means to be human (or to be an adequate human body, to be a woman, to be a man, to be mentally healthy, to be lovable, and so on), trying to adapt to a form, or to exist where an alternative form seems all but unintelligible in the social world. This project, which explores a human being adapting and renegotiating his body boundaries and identity in a striking way, is meant to open up the meaning of "human" and point to the complexity diversity of human phenomena and possibility.

* * *

This dissertation begins with a brief case history analysis of the phenomenon of dildo embodiment as presented in the case by Warkentin et. al. (2006), as well as two additional but briefer case study articles, the first of which (Gray & Klotz, 2004) refers to the same patient, and the second of which refers to another patient who underwent the same androgen deprivation therapy and considered using a strap-on dildo as a means of renegotiating his sexuality (Wassersug, 2009). These two additional cases do not include first person narratives or extensive detail, but are included to support and validate the first case as more than an anomaly, since the same or a similar phenomenon appears in another person, and the phenomenon is observed in the same patient by a different group of researchers. The phenomenon of dildo embodiment will then be developed in a series

of theoretical and interpretive chapters.

This first chapter, in addition to narrative summaries and brief analysis of Michael's case and related case write-ups, includes a description of the methodology used in unfolding the phenomenon in Michael's case and supporting cases. It situates this project in the context of ongoing conversations and explains the purposes of this research, thus providing an explanation of the relevance of this research. This chapter also elaborates the various questions and practical applications each chapter will address, and briefly references questions and possibilities for research which may follow from elaborating the phenomenon of dildo embodiment in this dissertation.

Chapters 2-4 each deal with a theoretical problem which has practical relevance, particularly in the realm of clinical practice. While each of these chapters has a distinct aspect of the phenomenon at its center (and superficially appear to deal with quite different topics), because these chapters are all examining a particular phenomenon from a different point of view, these chapters will overlap in some ways. Additionally, while there are certainly a number of aspects of this phenomenon worthy of analysis, the ones here were selected because they elucidate the phenomenon at the level of the embodied experience, or what the phenomenon reveals about human beings as embodied. Chapter 5 unfolds this clinical relevance and also deals with how the problems raised in the prior chapters are understood in sociohistorical context and in institutions relevant to clinical practice. This chapter discusses how gender and sexuality and generally regarded by expert clinical knowledge and the medical model, including a discussion of how sexual dysfunction and variations in sexual and gender identity are conceptualized. It then elaborates an alternative approach based on ideas from previous chapters with an

emphasis on embodied experience as a significant aspect of clinical conceptualization and practice. These findings are relevant not only for groups referenced specifically, including persons with impotence, transgendered persons, etc., but for understanding human experience in general, insofar as we are all embodied, sexed, sexual, and gendered beings.

Chapter 2 is a discussion of the body's relation to external objects and addresses the question of how a body is able to make an external object into a bodily organ. This chapter includes a general discussion of material objects or “things,” and how an object becomes a technological extension of the body. It does this via phenomenological literature on the body's boundaries and phenomenal field from Merleau-Ponty and Heidegger. It also uses literature which focuses specifically on the relationship between the body and specific technologies, particularly from “postphenomenology” which takes particular interest in how technologies, particularly simple tools like the strap-on dildo, mediate human experience. This chapter explores ideas from Don Ihde, Peter Paul Verbeek, and Bruno Latour.

Chapter 3 is about sex and gender in relation to the body. This chapter elaborates how changes in the body are related to changes in sex and gender identity. It includes debates in gender theory about whether sex and gender identities are part of one's innate, prediscursive and embodied way of being, or whether sex and gender refer to imposed categories that are merely inscribed upon the body. It situates Michael's case within this representation/ material binary. It addresses the status of the dildo in relation to the material penis and the symbolic phallus. The discussion in this chapter includes works by Luce Irigaray, Iris Young, and Judith Butler. This chapter also addresses transsexual

phenomena and the relationship between gender and sexual identity and the body present in trans bodies. It incorporates writings by and about being transgendered or transsexual, particularly the work of Jay Prosser. The chapter overall explores the relationship between one's felt body and one's sense of being a given sex or gender, and again, how a change in the body relates to identity.

Chapter 4 is about the sexual body and sexuality. This chapter is based on Merleau-Ponty's "The Body in Its Sexual Being" from *Phenomenology of Perception*. It critiques and elaborates Merleau-Ponty, and includes critiques made by Iris Young and others that Merleau-Ponty refers to a particular kind of body and thus creates a normative standard for being embodied. Then, making use of both Merleau-Ponty's phenomenology and critiques or revisions of it, the chapter presents a phenomenological reading of the phenomenon of sexuality as presented in the Michael's case study. It reads Michael's narrative as a snapshot of a sexual world. Specifically, it contrasts Michael, whose sexual horizon expands following a change to his physical body, to Merleau-Ponty's discussion of Schneider, a patient whose sexual horizon recedes following a physical change. It also includes an elaboration of the role of others in composing these horizons, an particularly Michael's sexual partner, since the emergence of sex as an event between people is left out of Merleau-Ponty's particular existential-phenomenological discussion of sexuality. Thus, this chapter is a revision and elaboration of Merleau-Ponty's way of understanding the body in its sexual being.

Chapter 5 applies these findings to clinical practice. It provides a sociohistorical discussion of how Western culture regards issues surrounding masculinity and femininity, impotence, and gender variability. This includes a discussion of the DSM's stance on

gender-related diagnoses and rules based on Harry Benjamin's initial “findings” about transsexuality, which define and regulate sex transitions. The clinical implications of findings from previous chapters are elaborated. This elaboration draws from Didier Anzieu's concept of the “Skin Ego” and his invitation to engage in imaginative psychotherapeutic case formulation and intervention. This chapter discusses how Michael was able to succeed in his “transition” and suggests some ways clinicians might differently regard, and therefore differently treat patients with issues surrounding the sexed, sexual, and gendered body.

The dissertation closes with a summary of findings and suggestions for further study. This dissertation is a pilot study, in some sense, since it is meant to open up a phenomenon that is relatively unexplored, likely leading to further questions. Each chapter addresses an aspect of the question, “What is happening here?” with regard to the case phenomenon, unfolding the phenomenon in order to elaborate sets of relevant questions, all of which may be explored further either theoretically or empirically. The final chapter of this dissertation will offer some possibilities for following up on this preliminary research.

II. Case Summary: The Phenomenon of Dildo Embodiment

In Michael's narrative from the published case study by Warkentin et. al., 2006, Michael describes encountering traditional treatments for physiological impotence (surgically inserting an inflatable device into his penis, injecting drugs into his penis, or using a vacuum pump device) which either do not work for him or that he finds too unappealing to try. Michael feels desperate and depressed, believing his sexual life has

ended. He describes himself as “sexually incapacitated” and his penis as a “functional failure” (Warkentin et. al., 2006, p. 391). Michael’s close lesbian friend tells him that she attains sexual satisfaction via strap-on dildo, and suggests he could do the same. Michael doubts this, but his depression begins to abate with the opening up of this possibility. Eventually—over a year later, and with a number of worries and reservations—he accompanies her to a sex shop and buys a dildo.

Michael also “discussed extensively” with his female partner (to whom this project gives the name “Susan”) the possibility of using a dildo for penetrative sex. Susan is “supportive of the exploration” and they have sex with Michael wearing the strap-on dildo (Warkentin et. al., 2006, p. 391). Michael is amazed and delighted by the “naturalness” of the act, stating, “It caught me by total surprise how natural intercourse felt with this strap-on device” (Warkentin et. al., 2006, p. 391). Michael and Susan continue to engage in dildo sex with increasingly positive results. “[S]exual satisfaction has become easier, because both of us have come to accept the dildo as part of our sex play” (Warkentin et. al., 2006, p. 392).

Michael describes trying various sexual positions with the dildo and reports that he and Susan “have both been able to have orgasms many times using the dildo” (Warkentin et. al., 2006, p. 392). He adds that there are some things he is able to do with the dildo that were not possible when he was able to have erections. For instance, he says “with the dildo, I am able to continue pelvic thrusts long and hard enough that [my partner] now regularly achieves an orgasm in the missionary position” (Warkentin et. al., 2006, p. 392). Michael also says, “I discovered that I [...] could enjoy sex without orgasms,” and “I can [...] have multiple orgasms!” (Warkentin et. al., 2006, p. 391). He

describes the sexual experimentation that he and Susan engage in, and says that eventually, he is even able to attain pleasure from receiving oral sex while he is wearing the dildo.

Through this process, Michael changes the way he thinks of himself, moving from “functional failure” to “joyfully empowered.” He says that sex becomes more playful than it was prior to using the strap-on dildo, and states that he can enjoy “the 'play' part of sex” (Warkentin et. al., 2006, p. 393) and that he thinks of the dildo as “a toy” (Warkentin et. al., 2006, p. 391). Others in Michael's life, particularly Michael's partner, add to this atmosphere of erotic playfulness. Michael describes one morning when he walked into the bathroom to discover “the dildo sitting upright on the counter-top wearing one of my favorite neckties,” (Warkentin et. al., 2006, p. 392) interpreting this as a signal of Susan's “personification and personalization” of the dildo, and her pleasure and acceptance in the dildo as a part of Michael. Michael comes to experience a “transference from 'object' to 'organ'” (Warkentin et. al., 2006, p. 393) with respect to the dildo, and alongside this development, his attitude toward the dildo, dildo sex, and his identity change. Michael's words are quoted extensively throughout this dissertation as this phenomenon is elaborated, and Michael's entire narrative is available in *Appendix 1* of this dissertation.

Gray & Klotz (2004) refer to the same patient, affirming that he was able to have satisfying penetrative sex using the strap-on dildo. Wassersug (2009) describes a patient he calls “Dr. A” as a “62-year-old medical school professor, diagnosed 10 years ago with prostate cancer” (p. 634). This man became impotent following hormonal prostate cancer treatment. Wassersug (2009) states “ADT [androgen deprivation therapy] has led to

profound changes in Dr. A, such that he no longer considers himself a man... [he] now considers his gender to be that of a eunuch” (p. 634). Dr. A is described as finding this label empowering, and as having a fulfilling and orgasmic sexual life, and as having a long-term female partner he met after identifying himself as a eunuch. His “sexuality no longer depends on a functional penis” (p. 635) and his sexual life includes the use of dildos (p. 636). According to Wassersug (2009), the patient regards using a dildo for sexual activity as “sexuality reborn” (p. 636), much like Michael’s experience of re-creating sexuality with the strap-on dildo.

Michael's narrative and supporting cases are fascinating for a number of reasons. Not only do they address how external objects become body parts and what constitutes the relationship between the body and sex/ sexuality/ gender, but does so in a way that seems to open up a new, surprising dimension of what it means to be a body. This phenomenon addresses the question of what it means to have a sexualized or gendered body since it provides an example of flexible and adaptive sexuality which appears in an atypical body, in a person whose sense of personal and gender identity changes. By observing gender and sexuality in flux, this case provides a unique opportunity to catch them becoming. The persons in these cases reveal, both with and without explicit awareness that they are doing so, how gender becomes embodied, or how gender (as well as sexuality) is an embodied event.

Michael goes through a change in sexuality. He experiences a loss which ultimately becomes a gain as he finds a new way of being a sexual body that includes possibilities that were unfamiliar before he incorporated the dildo. At different points in his narrative, Michael implies or describes his dildonic body as lesbian, hyper-masculine,

feminine, and dispersed across space. The implication is that sexuality is not linked to body parts, or at least, not permanently or specifically linked—it can relocate. It is also surprising that bodily supplementation is possible to the degree Michael's case suggests. What is initially a loss, and culturally framed as a lack, loss, and non-event alike, becomes Michael's gain. This dissertation will aim to open up or give language to a particular world, or a particular way of being a body as it appears in this case study.

III. Methods & Approach

Phenomenology

This dissertation uses a phenomenological research style in that it aims to produce close descriptions of lived human experience. These descriptions are meant to reveal a phenomenon so that it may be better understood. Merleau-Ponty's phenomenology serves as a starting point because this dissertation is about an embodied human experience, and this approach places great significance on the body as a source and locus of meaning. Merleau-Ponty (1962) writes of the errors of prior ways of thinking about the body: “while the living body became an exterior without an interior, subjectivity became an interior without an exterior, an impartial spectator” (p. 65). Here, the body and identity are joined (although the particular ways in which they are in relation is ambiguous, and is a major theme of this dissertation).

Case Study Methodology

This dissertation will be an interpretive, hermeneutic unfolding of the narrative from the study by Warkentin et. al. (2006) along with contributions from the two supporting case studies. I am approaching this narrative as a “revelatory case study”

(Yin, 2009) and as a “theoretical-heuristic case study” (Edwards, 1990). According to Yin (2009), a “revelatory case” is one which provides to a researcher a unique opportunity to “analyze a phenomenon previously inaccessible to social science inquiry” (p. 48). Although this usually refers to phenomena which are rarely observed because they occur rarely, such as the aftermath of a singular event, one could apply the concept of a “revelatory case” to a case which does not appear for observation except in rare instances, regardless of how frequently it may occur. This method is justified here because the phenomenon in the case is not accessible otherwise (further material about the same case is presented by Gray & Klotz, 2004). The phenomenon of strap-on dildo incorporation is difficult, if not impossible (particularly within the limitations of my study) to access. It is probably not rare or new, but mostly hidden because it is a taboo subject and people do not openly speak about it. It presents itself between sexual partners or confidantes, in support groups, or between therapists and their patients. Indeed, I have searched online and offline support groups and discussion boards for men using dildos as a way to expand their sexual lives and/ or cope with impotence, and have not been allowed access to these intimate communities. In every case, I was explicitly refused access or my requests for access received no response. These included groups for younger men and groups for gay men, since I imagined these audiences may be more open to including me. These also included support groups to which I was referred by Dr. Richard Wassersug, one of the authors of the primary case study analyzed in this dissertation.

Another option I considered was to extend the scope of this phenomenon to include multiple instances of strap-on dildo use, whether by self-identified men, women,

trans persons, or persons who do not identify with any of these categories. However, it was not clear that this would be the same phenomenon in all instances, nor that the phenomenon would be much more accessible even with an expanded population of potential participants. My purpose here is to better understand the phenomenon in its most foundational dimension in order to articulate themes and questions for future study. Another way of saying this would be that this project attempts to “front-load phenomenological insight” (Gallagher & Zahavi, 2008) in order to “inform the way experiments are set up” (p. 38). The insights gleaned from my project are meant to inform the design and content of later studies. For this kind of case study, “the case study is... worth conducting because the descriptive information alone will be revelatory” (Yin, 2009, p. 49). This dissertation’s descriptive analysis of the case introduced by Warkentin et. al. (2006) opens up this otherwise inaccessible phenomenon. It asks a broad “what” question—what is going on, what is the meaning of this phenomenon—as a preface to possible “how” questions—how does this phenomenon occur. In this sense, my dissertation is a prolegomena to possible future empirical studies of this phenomenon, once the phenomenon itself is better defined.

The method used in this dissertation may also be classified as a “theoretical-heuristic” case study (Edwards, 1990, p. 20). In this sort of case study, a case is selected because it is “likely to be revealing,” meaning that various sorts of questions may be addressed by the case. As Edwards (1990) states, “The researcher should motivate the selection of a specific case in the context of the theoretical goals of the study” (p. 20). Michael's case is selected here because it may be interrogated from multiple theoretical perspectives, with multiple kinds of questions. This research method aims to open up

nuances of this case for further study and also learn about corporeality, gender, and sexuality through what this case reveals. In sum, the selected case provides access to a phenomenon that is relevant for various theoretical questions.

Hermeneutic Approach and Narrative Analysis

This project is a hermeneutic exploration of case study information. “Hermeneutic” means simply a way of interpreting a text. The reading of the case study narrative in this dissertation uses a combined “hermeneutic of care” or restoration and “hermeneutic of suspicion” or demystification as outlined in Josselson's (2004) narrative approach. These two approaches to the narrative unfold distinct meanings. Narrative is understood here as “an organized interpretation of a sequence of events” (Murray, 2003, p. 113) which represents an attempt by the narrator to create order and structure to his or her world and sense of selfhood (Murray, 2003). Narrative analysis attends to the structure and content of the narrative, discerning the different parts of the narrative including the main plot and sub-plots and connections among these (Murray, 2003). It attends, also, to the way the narrator tells her or his story—what is emphasized, which words are chosen, what metaphors are used, the order in which events are presented, etc. (Murray, 2003). A narrative approach is well-suited here since Michael presents his case as a narrative, a tale of transition.

The goal of this two-sided hermeneutic approach to narrative is to “examine the various messages inherent in [a]... text, giving 'voice' in various ways to the participants” (Josselson, 2004, p.1). This involves looking for the meanings present in the text, including not only what the narrator presents straightforwardly, but the meanings he gives to those facts. These meanings include what is presented indirectly, implicitly in the text.

That is not to say these meanings are disguised, but that they require elaboration, either via restoration of the meaning present (hermeneutic of restoration) in the text or explication of meanings that are pointed to but left unarticulated (hermeneutic of demystification).

One may also think of this as examining the “visible and invisible” in the text, to borrow from Merleau-Ponty's text with that title. Looking for the participant's intended meaning in the narrative is the visible dimension, and the invisible lies in the elisions, absences, and surpluses of meaning present in parts of the text. These “invisible” elements give some context to the text, and evidence as to how the meanings present came to mean what they do. This is the basic project of the hermeneutics of suspicion. Josselson writes, “the researcher working from the vantage point of the hermeneutics of suspicion problematizes the participants' narrative and 'decodes' meaning beyond the text” (2004, p. 5). This also includes examining the context, including sociohistorical context, which gives meaning to the narrator's text, or allows the narrator to give meanings to his own text.

A basic assumption in this paired hermeneutic approach is that the other is speaking truthfully (thus, one approaches their text faithfully, drawing it out and restoring or expressing the meanings therein). As Josselson states, “The aim of the hermeneutics of faith is to re-present, explore, and/or understand the participative world of the participants... The [narrative] thus provides a window on psychological and social realities of the participant” (2004, p. 5). A hermeneutic of suspicion adds that the participant's words are overdetermined and point to meanings beyond her or his attention or awareness.

Understanding Michael's experience and giving it voice is a hermeneutic of restoration. Interrogating Michael's text and drawing out the surpluses of meaning is a hermeneutic of demystification. This analysis attends both to what the participant states about how the phenomenon took place, and sources of meaning beyond this. It does not seek a straightforward cause and effect, but multiple pieces of meaning that reveal the phenomenon. Stated broadly, this project examines Michael's world both from his perspective and from a critical observer's perspective; it reads the text of Michael's life from over his shoulder and watches from some distance away.

One might also see this approach as an attempt to understand a phenomenon aside from discourse but also as it is contained in discourse. Hence, this analysis attempts to not assume the meanings of terms and concepts like "transsexual," "transgender," "homosexual," etc. Rather, it attempts to understand the embodied experience of sexuality and get a sense of the participant's self-understanding, without the imposition of predetermined identity markers. For instance, it would detract from the phenomenon to try and understand Michael's sexuality as straight, queer, trans, etc., before getting a sense of what this experience might be like for him, or how he understands himself. When discussing Michael's experience, attempting to see it as mediated through the lens of gender categories is an imposition. Michael's experience seems to transcend gender, and is best understood at the level of embodiment. These initial descriptions provide a snapshot of a sexual world, or a possibility of how to be a human being with a body. It is this concrete phenomenon that this project will move through with various questions and ongoing discussions to better understand the meanings and implications of this world. This project will preserve the critical reading of this phenomenon and how it is

constructed, but will also aim to reveal the prediscursive, embodied phenomenon. This is also meant as a beginning to an improved phenomenology of the sexual body, as other discussions leave elements lacking (elaborated later in this dissertation). Hopefully, it will lead to later work which will supplement this project by using my elaboration and questions to explore other cases and applications.

Validity

How can I respond to my research questions adequately using a single case?

The advantage to studying this single case is that it presents a rare, likely singular, circumstance to study a particular phenomenon. The disadvantage of using a single case gathered by other researchers is that the case may not provide as detailed or as conclusive a response to the project's research questions, even if it is possible to gather as much detail as possible about the case by communicating with the case study's authors.

However, because the purpose of this dissertation is to better understand the phenomenon and open up possibilities for further inquiry, the results need not be generalizable.

This project aims for “touchpoint validity” (Fischer, 2005), the goal of which is to “connect with theory... in a productive way” to affirm, revise, or expand this theory. It also works toward “revisionary validity” which aims to revise prior understandings of a phenomenon for “a change in conception or depth of understanding” (p. xvii). This project, particularly the fifth chapter on clinical applications, also aims for “efficacy validity,” which is met when a project “make[s] a difference for theory and/ or practices” (Fischer 2005, xvii). In sum, the validity of this project is based upon its ability to develop theoretical understanding of the phenomenon of dildo embodiment as presented in the case study narrative and to develop a body of theory related to this phenomenon.

How do I know my case study (or studies) is not an anomaly?

Here, having multiple case histories likely would be of value. The following published case study (on Dr. A, mentioned above) is available in addition to the primary case study discussed in this dissertation: Wassersug, R. (2009). Mastering Emasculation. *Journal of Clinical Oncology*. This case provides evidence that the phenomenon from the Warkentin et al case is not an anomaly, but provides little additional description for analysis since it is a brief article which does not include many details about the practical actions leading to dildo incorporation in this patient. On the other hand, because this project is a “revelatory case study” which is meant to reveal a phenomenon that has not been studied in this way previously, it could be approached as a pilot study. That is, this project would reveal a previously silent phenomenon, and the analysis of Michael's case could then be used as a guide for the analysis of further cases. The aim of this current study is to describe a phenomenon in sufficient detail to approach an explanation for its meaning and how it takes place. Finally, even if this is a very rare phenomenon, it illustrates some human possibilities surrounding corporeality, sexuality, and transformation of personal identity.

Will using material that is already published for my analysis be a problem?

This project aims to open up the phenomenon of strap-on dildo incorporation. It is intended to discuss the phenomenon as presented by the primary case study in a way that can lead to further inquiry. The project has a slight disadvantage in that it is using a text mediated through other researchers rather than one gathered by the author. However, the case authors are available to provide context for the research. Also, the methodological approach used here (combined hermeneutic of demystification and

restoration) aims to understand the meanings around a text, and takes into account the situation of the research. Finally, even though the author of this dissertation did not gather this narrative, the narrative preserves the participant's voice.

Summary

This dissertation explores a number of questions about the body and identity as revealed by the phenomenon of strap-on dildo embodiment. These questions are connected by examining how changes to the body relate to experience and identity. Apparent paradoxes about the body, or ways of being a body which seem to conflict, appear throughout the dissertation. These include the social body and personal body, the material body and the representational body, the socially constructed body and the felt body. The dissertation as a whole argues for a thesis that human experience is varied and flexible, and that changes or variations in embodied being constitute different worlds as opposed to flawed or reduced worlds. This is also an attempt to overcome a dichotomy between the idea that there is a particular essence to being human or a particular way of being human, and the opposite extreme that embodied experience is irrelevant in light of what Ihde (2008) calls “textism,” or the tendency to reduce everything to a text abstracted from experience. This project is interested in experience, and the way experiences lead to particular results or shapes identity. Practices change the body, and the body is how we connect with and create worlds (Bourdieu, 1977; Young, 2005; Ahmed, 2006).

This study will hopefully be of relevance to academic conversations by enriching the human science understanding of the body and identity. Further, it is also intended to serve social justice ends by expanding the way we think about sex, sexuality,

and gender. Finally, this research is meant to be of clinical relevance to doctors and therapists alike, particularly in the areas of health psychology, couple therapy, and sex therapy when treating individuals experiencing issues related to sexuality, gender identity, and sexual “dysfunction.”

Chapter 2: Humans & Things

The pressures on the hand and the stick are no longer given; the stick is no longer an object perceived by the blind man, but an instrument with which he perceives.

– Merleau-Ponty, 1962, p. 176

Merleau-Ponty describes the human world as organized in reference to our bodies; “the body is our general medium for having a world” (1962, p. 179). What it means to be embodied, however, or what constitutes embodiment, is difficult to define. The body is vague. For instance, Merleau-Ponty describes a blind man who modifies his body to incorporate a walking stick: “Once the stick has become a familiar instrument, the world of feelable things recedes and now begins, not at the outer skin [...], but at the end of the stick” (1962, p. 175). His body boundaries have changed to include the stick, and it has become another organ, or an extension of his skin.

This chapter explores how the strap-on dildo, an object separate from Michael's body, becomes a means of experience for Michael. Michael goes from regarding the dildo as a “piece of purple plastic” to an “organ” of his own body (Warkentin et. al., 2006, p. 391), and experiences the dildo as such—evidenced not only by his explicit statements, but by his ability to achieve sexual satisfaction through the dildo, a striking example of an object working in concert with the body, or extending the body beyond the skin. This raises questions about Michael's case and human-technology relations in general, including: How is it that objects may change a human's experience of the world, or of his or her body, or both? How does an object become experienced as a part or extension of one's body, rather than something that is merely laid upon the body? When is an object not merely being used by a body, but has become a part of body? How is an object, such as the strap-on dildo, “in-corporated” and what is the experience of bodily

extension like? This chapter addresses these questions by bringing the case study phenomenon into dialogue with phenomenological (mostly Merleau-Ponty's discussions of the phenomenal field in *Phenomenology of Perception* and to a lesser degree Heidegger's discussions of tools in *Being and Time*) and “postphenomenological” (primarily from Don Ihde and Peter Paul Verbeek, supplemented by Bruno Latour's work on the agency of objects) ideas about human-technologyⁱⁱ relations. This chapter examines how these theoretical approaches elaborate what takes place in Michael's case and supporting cases, and how Michael's case may inform these theories. This chapter includes both findings about Michael based on this way of looking at human-technology relations, and an argument for this way of thinking about technology-human relations. The overall aim of this chapter is to better understand how human beings and external objects relate in order to better understand the physical body and identity more broadly.

I. Theoretical Framework for Understanding Relations Between Humans & Things

Material Hermeneutics

Phenomenology and postphenomenology provide ideal starting points for a detailed exploration of how human beings and technologies relate at the level of embodied human experience and action. As mentioned in chapter 1, phenomenological research aims to provide detailed descriptions of human experience. In this chapter, Merleau-Ponty's phenomenology and examples of human-technology relations, and to a lesser extent Heidegger's phenomenological discussion of tool-use in *Being and Time* (particularly I.III, sections 15 and 16), provide jumping-off points for a detailed description of human experience relating to objects at the level of embodied activity.

Postphenomenology is grounded in these phenomenological approaches to human-technology relations, but also elaborates and critiques them. Postphenomenology is “a modified, hybrid phenomenology” (Ihde 2009, p. 23) that preserves phenomenology's recognition of the importance of embodiment and experience, but also takes cues from pragmatism and poststructuralism. It is interested in “retaining the rich descriptions of phenomenology” (Ihde, 2002) and the emphasis on human experience and human-world relations that come from phenomenology, but with a greater emphasis on material and praxis. Ihde calls himself, at one point, a “phenomenological materialist” (2002, p. xv). Verbeek (2005) calls this methodology a “material hermeneutics” in which “an analysis of the technological mediation of our experience produces a new interpretation of hermeneutics” (p. 119). It avoids the idea that we can understand things “as they really are,” discover predetermined essences, or “return” to something more “original,” as phenomenology seems to imply, or has been accused of attempting (Verbeek, 2005). Rather, postphenomenology is interested in the concrete practices between humans and things that constitute their relationships. For instance, Merleau-Ponty states, in the context of distinguishing phenomenology from science, that phenomenology returns us to “direct experience” (p. ix). This seems to imply not only that human-world relations are of primary importance, but also (and here is the point of disagreement), that there are more and less direct levels of contact with the world. This problematically implies a true “essence” and impels us to venture nearer, and, paradoxically, removes us from pure descriptions of experience. It seems that Merleau-Ponty suggests that there is *a* world, rather than worlds of experience. Verbeek (2005) summarizes the critique thus: “An uninterpreted world, a world in itself, cannot be

experienced; an untouched world cannot be lived in. Human beings never encounter a world in itself, only and always a world for them” (p. 107).

Despite this critique, Merleau-Ponty's phenomenology presents a basis for understanding how human beings and their worlds come about. Merleau-Ponty states that, “there is no inner man, man is in the world, and only in the world does he know himself” (Merleau-Ponty, 1962, p. xii). Indeed, this may be Merleau-Ponty’s response to the critique that he only recognizes a single world. This shared world is the common world of human experience, the grounded phenomenological space in which human beings agree and meet (without this kind of space, we risk a problem of relativism—the idea that there are no limits to human experience or what constitutes a human world). Because “man” only knows “himself” in the context of interactions with other beings in the world, Merleau-Ponty already places human beings, and his phenomenology, in the realm of practices and presence. The aim of his project does not appear to be only to understand what makes these practices possible or what human essence precedes them, but also those practices themselves (Verbeek, 2005). Merleau-Ponty states that we are “immediately in touch with the world” (p. xiii), meaning we are always already in the world, and it is not possible to know ourselves as though we were separate from it. Our human existence precedes essence, and our existence is our concrete practices.

Things Themselves

This chapter refers to objects, things, artifacts, material objects, technologies, equipment, nonhumans, and perhaps more, all to speak about external material objects that engage with human beings in some way. There will be some distinctions among these terms along the way, but all of these terms are meant to refer to specific objects that

appear in the human world. “Technology” refers to technological devices that make up much of the population of objects in the contemporary world, or a particular class of things with which human beings engage. This term, however, is meant to be distinct from technology in general, or technology as some sort of force or mindset (or technology with a capital “T” associated with later Heidegger's critique of technology (Ihde, Verbeek)), and instead refer to specific technologies and their concrete applications as they appear in different contexts. “It does not alter our sense of incorporation if the instrument is simple or complex, modern or ancient. In all... cases, it enters into my bodily, actional, perceptual relationship with my environment” (Ihde 2009, p. 42). Thus, context and use are the most significant features for categorizing objects, for instance, whether the object is being actively attended to or used as a means to do something else, whether the object has become “transparent” to the user as though it were a part of his own body, what sort of possibilities for use the object presents and how human beings are taking up these possibilities (or how the object is shaping human action via the possibilities it presents), and so on.

Postphenomenology may also be thought of as a literal response to Husserl's original phenomenological command, “To the things themselves!” (Verbeek 2005, Ihde 2009). Another point that follows from postphenomenology's critique that phenomenology has sometimes been more interested in finding essences than in elaborating concrete and specific practices (Verbeek, 2005) would be to say that it has overlooked *things* in favor of examining essences and abstractions. This applies particularly to Heidegger's later philosophy of technology, as presented in “The Question Concerning Technology” and elsewhere, particularly veers from understanding specific

human-technology interactions. As Ihde (2002) explains, Heidegger regards technology as “a sort of transcendental dimension that posed a threat toward culture, created alienation, and even threatened a presumed essence of the human” (p. 113) instead of exploring particular, concrete technologies (Ihde, 2002). The postphenomenological approach, as well as all of the approaches used in this chapter to analyze the phenomenon of Michael’s particular engagement with a technological device, regards viewing specific technologies as important (rather than talking about technology in general, or technology as an idea only).

This approach is more closely in line with early Heideggerian work, which seems to begin a project that postphenomenology takes up: “to articulate the way in which tools play a constitutive role in the relation between human beings and world” (Verbeek 2005, p. 82). In *Being and Time*, “technology... is a way of *revealing* the world instead of a *reduction* of our access to it” (Verbeek 2005, p. 80).ⁱⁱⁱ It develops the idea that technological artifacts “generate specific forms of access to the world for human beings” (Verbeek 2005, p. 76) and “disclose a world” (Verbeek 2005, p. 79). Heidegger’s early philosophy of technology, as presented in *Being and Time*, gives an account of human engagement with external objects that offers some basis for analyzing a relationship between a human being and a specific external object. Thus, postphenomenology takes up the descriptive, close look at the world that phenomenology provides, but focuses on concrete practices in human-technology relationships.

Based on this understanding of technology, it may be possible to apply this mode of understanding technology to even the most complex human technologies; however, the purpose and scope of this chapter limits our discussion to those simple technologies, like

the strap-on dildo, that may be understood as *tools*. All following references to “technology” are limited to this class of technologies (see footnote 2).

Co-constitution of Subject and Object

Postphenomenology also takes objects or things seriously by recognizing that “subject and object are not merely intertwined with each other but constitute each other” (Verbeek, 2005, p. 112). This is an attempt to draw out the implication from Merleau-Ponty and to a lesser extent Heidegger that objects form the basis for the other's existence (rather than merely being in some type of relation to one another). It seems that what Merleau-Ponty does “is to develop an analysis of the *relations* between human beings and their world, and he localizes this relation primarily in perception. Merleau-Ponty does not, then, describe the world, but rather the way in which human beings comport themselves to it” (Verbeek, 2005, p. 108). There is space, however, to develop this system of relations into an understanding of how subjects and objects are co-constituted.

Merleau-Ponty's *Phenomenology of Perception* provides “a very subtle and nuanced discussion of the role of the body, perception, and action, that is *embodiment through technology*” (Ihde 2009, p. 36), adding that for Merleau-Ponty, the body is “praxical.” Merleau-Ponty writes, “What counter for the orientation of the spectacle is not my body as it in fact is, as a thing in objective space, but as a system of possible actions, a virtual body with its phenomenal 'place' defined by its task and situation. My body is wherever there is something to be done.” (Merleau-Ponty, 1962, pp. 249-50). Hence, what postphenomenology attempts to do, and what this chapter attempts to do, is to use implications from phenomenology both to look at specific, concrete and contextual technologies, and to focus on the relation between human beings and world in terms of

how these constitute one another (meaning, too, how objects mediate this co-constitution).

Verbeek (2005) calls the idea that subject and object constitute one another a “reinterpretation of phenomenology” (p. 112). This reinterpretation means that human beings and world are both defined in terms of their relations with other things and humans, as opposed to referring beyond themselves to a predetermined “essence” (Verbeek, p. 150). Latour, whose work shall be elaborated later in this chapter, presents entities that cannot even be clearly understood as either subject or object, but instead are “hybrids” (Verbeek, p. 152). Humans and “nonhumans” (as Latour calls them) are not separable. Verbeek (2005) notes, “the relation between subject and object always already precedes the subject and the object themselves, which implies that the subject and object are mutually constituted in their interrelation” (p. 130). The precedence of the relationship further implies that subject and object have no definite essence or fixed way of being; rather, they come about mutually. For example: “Someone who wears eyeglasses... is not the same without them” (Verbeek 2005, p. 130). Similarly, Michael is not the same without the dildo; his world is shaped by this relation. The chapter addresses the question: *is in what way do the dildo and Michael mutually constitute one another?*

Verbeek (2005) offers a few basic questions we can use for understanding the role of objects in constitution, the first of which is more about how human beings “read” the world, the second set about how artifacts change human life, including perception and behavior: “What role do technological artifacts play in the manner in which human beings interpret reality?” (p. 121), “What role do things play in human life and action? How do they contribute to shaping our existence?” (p. 147). He provides some samples

of how these may be applied to particular things: “In what way do telescopes... shape our access to the world?” and “How does the television set affect the way we divide up our day?” (p. 119). This approach is used here to answer the set of questions about Michael's world and his experience based on strap-on dildo use.

In sum, the postphenomenological approach “looks at concrete technologies with an eye to the relations between human beings and world that they make possible and elucidates the structure of these relations” (Verbeek 2005, p. 9), which is what this chapter shall do for the phenomenon, or the particular human-tool relationship, presented in Michael's case narrative and supporting cases.

II. Technology as Mediator

This section elaborates more specifically the way in which technology participates in human-world co-constitution, and applies these to Michael's case.

Body 1 & Body 2

Merleau-Ponty acknowledges two modes of possible embodied being, the lived-body mode and the body that pertains to how others see one (a body that Merleau-Ponty says encompasses some area “from head to knees,” 1962, p. 173). Ihde (2002) calls these “body 1” and “body 2,” and further associates body 2 with the body as inscribed by culture and “echoes with a Foucauldian framework” (p. 17). The experiences of these two components of embodiment may also be thought of as “microperception,” or bodily sensory perception which corresponds to body 1, and “macroperception,” which refers to “the frameworks within which sensory perception becomes meaningful” (Verbeek 2005, p. 122) and corresponds to body 2. The boundaries between our felt, lived bodies and our

culturally shaped bodies are ambiguous, as all experience is culturally mediated and human being is always embodied. Each exists with the other, for embodied experience takes place in a cultural medium, and “for there to be a marked cultural body, or body two, there must be a body one that is markable” (Ihde, 2002, p. 70). These two modes of embodiment may also be thought of as subjective/ objective bodies, though these terms are more problematic, given the difficulty or perhaps impossibility of providing a clear distinction between subject and object. This is also to say that technology, which provides a link between these two kinds of embodiment, informs the constitution of subject and object, or of human and world.

Ihde elaborates that body 1, “our motile, perceptual, and emotive being-in-the-world” (p. xi) is a Merleau-Pontean “lived body” (*corps vécu*) “that holds that the active, perceptual being of incarnate embodiment is the very opening to the world that allows us to have worlds of any sense. At bottom, the anonymity of the active, perceiving bodily being... could be... both preconceptual and precultural” (Ihde, 2002, p. 17). This is also the aspect of embodiment Husserl (1989) calls “*Leib*,” which refers to the “body as sensory experience” as well as “lived, embodied experience” (Rodemeyer, 2012, p. 10).

Body 2, on the other hand, Ihde describes as “a thoroughly cultural body, often described and analyzed in a third-person perspective... Insofar as there is experience, it is experience suffered or wrought upon human bodies” (2002, p. 17). Ihde goes on to explain how body 2 still refers to embodied experience, but the experience of bodies as mediated by culture: “For most of those reared in western traditions, the female breast is an erotic zone, whereas for many from Asian traditions the nape of the neck is equally or more strongly such a zone. These locations are... culturally constructed” (2002, p. xi).

This third-person, objective body is called “*Körper*” by Husserl (1989). It is “the body as causal object, subject to laws of physics as well as intersubjective appropriation” (Rodemeyer, 2012, p. 10). The *Körper* has two senses: it is both a physical object acted upon by the physical world (including physical aspects of the body itself, such as hormones and bodily contours), and a social object acted upon by the world of others. The second sense of *Körper* seems to be what Ihde primarily emphasizes in his conceptualization of body 2, but the first sense of *Körper* is important as well in understanding embodied experience. This first sense of *Körper* as physical body is distinct from Leib because the physical *Körper*, although it refers to the skin and organs of the body, may or may not correspond to the sensory experiences of the Leib. Indeed, although the way others see one’s body (social *Körper*) and the physical events of one’s body (physical *Körper*) may influence the way one experiences one’s body (Leib), i.e., feeling male or even feeling like something different than any known sex or gender, the “Leib might be its own ‘reality’” (Rodemeyer, 2012, p. 11). In other words, lived experience is in relation to cultural mediation and biological processes, but these do not necessarily subsume the felt body.

Technologies, or things, are mediators between body 1 and body 2 (Ihde, 2002). Technology transcends these two bodies and changes the experience of embodiment. The technological object is initially added to the physical body from without, but *becomes a part of the lived body*. Ihde (2002) sees these as instances of “instrumental realism,” in which technology (specifically, tools) act as material instrumentation extending the body's innate capacities. This also means that tools, or bodily instrumentation, are mediators between body and world. Technologies provide another way for a body to

inhabit the world or make a meaningful world.

One way to understand this relation is that human beings and the world “are not merely intertwined with each other but constitute each other” (Verbeek, 2005, p. 112). One point which follows from this is that human embodiment is always already immersed in technology or being shaped by technology. “*Embodiment* is, in practice, the way in which we engage our environment or 'world,' and while we may not often explicitly attend to it, many of these actions *incorporate the use of artifacts*” (Ihde, 2009, p. 42). Another point is that things actively shape human experience: “Things... are not neutral 'intermediaries' between humans and world, but *mediators*: they actively mediate this relation” (Verbeek, 2005, p. 114), and “what humans are and what their world is receive their form by artifactual mediation” (Verbeek, 2005, p. 130). Technology acts in human life, in addition to humans taking up technology. An important part of understanding human relations with technology is to make sense of the opposite question—how does technology act on human life? Verbeek (2005) notes that technology's agency (“What Things *Do*,” the title of his text—italics mine) “can only become visible when technology is considered from the point of view of its concrete artifacts” (p. 6). Technology is in relation with humans, each modifying the other.

Mediated Action

Indeed, technologies are not neutral, they have certain “instrumental intentionality” (Ihde, 2002), meaning they shape human action in a particular way. Latour (2005) takes this notion further, explaining that artifacts have agency and are actors. In other words, technology includes some sort of imperative that directs or influences action. For instance, the computer is an interface between my fingers and my

text, and suggests, or allows, a certain style of composition. I am not obligated to produce my text in a linear way, or to produce it in a single, careful stream. Marshall McLuhan (1995) offers an example of how typing influences text, citing the poetry of e.e. cummings as only possible in typed form. Analogous to the way that a keyboard shapes writing, how does the dildo shape Michael's embodied being? And further, how does it shape his actions—what sort of imperative does the dildo provide for Michael? Let us look at how Michael answers this question, first with his material description of the dildo.

* * *

An important part of technology's ability to engage with human beings is the shared materiality of the technology and the flesh (Ihde, 2002, p. 7). Here, Michael (Warkentin et. al., 2006) describes the materiality of the dildo:

In the store I debated buying a dildo that looked relatively natural or one that was beyond the realm of real anatomy. I finally selected one that was similar in size, shape, and angle to my erect penis before cancer treatments, to the best of my recollection. It is made of silicone, which makes it durable, appropriately stiff, yet still flexible, like a natural erect penis. Beyond that, the dildo that I bought bears little resemblance to a human penis. Granted, it has an expanded “head,” like the real glans penis but a uniformly smooth shaft, with none of the irregular surface texture caused by real-life veins. And it is purple! Clearly, it does not constitute a realistic bio-mimetic prosthesis (p. 391).

The dildo partially suggests a penis (and particularly, his own erect penis) to Michael, but at the same time it is not a penis and does not (indeed, cannot) be a part of the body in precisely the same way. When one uses a hammer, “the hardness—but not the coldness—of the nail is experienced through the hammer” (Ihde, 2002, p.7). In the same way, the dildo is an *incomplete mediator*, and “the missing elements [of experience] can be filled in only by the full bodily sensory awareness that is a part of the ordinary experience of the artifact-user's world” (Ihde, 2002, p.7). The possibilities left open by

the dildo as an incomplete mediator of experience allow room for imagination and play—there are multiple ways to take up the dildo. Chapter 4 discusses the way in which Michael and his partner make use of this space and fill in the missing element of experience.

The dildo's materiality allows it to act as an extension of Michael's body and change his experience of embodiment. Based on Michael's description, it seems that the dildo focuses his embodied experience away from restoring the visual presence of a penis and instead prepares him for a novel embodied experience. He has selected an object that will be functional for the sexual acts he engaged in previously, and something that is not “realistic,” but that moves in the direction of fantasy. The materiality of the object seems to suggest playful activity, a suggestion which Michael takes up in his way of thinking about and using the dildo.

How else does the dildo influence Michael's action? Objects may also be thought of as actors or agents, meaning an object does more than modify human action—it acts, too. Latour (2005) understands an agent to be anything about which one could answer “yes” in response to the following questions: “Does it make a difference in the course of some other agent's action...? Is there some trial that allows someone to detect this difference?” (p. 71). A trial might be, for instance, noting the difference between hitting a nail with or without a hammer, or simply that the presence of the implement makes a difference. Latour states, “it does make a difference under trials and so these implements, according to our definition, are actors, or more precisely, participants in the course of action” (2005, p. 71). Objects may influence or act upon the world in any number of ways—Latour lists “authorize, allow, afford, encourage, permit, suggest...” and more

(2005, p. 72), as defined by effects, rather than intentions. Thus, objects have a distinct place in the human social world as non-human actors.

Noteworthy verbs Michael uses to describe what the dildo does include: “bears little resemblance,” “gives me... sexual capacity,” “pleased her,” and “sitting upright... wearing one of my favorite neckties.” The dildo produces effects, making a difference in the course of his action and others actions. In these examples, the dildo seems to be an independent object, in contrast to other moments in which Michael describes it as a part of himself, or as a possession belonging equally to himself and his partner. At times, the dildo is part of Michael's body schema; at other times it is either too impersonal or too imbued with its own agency to be a part of Michael. He attributes the effects of the dildo to the object itself, rather than himself by means of the dildo, or perhaps the hybrid of the combined intentionality of Michael and the dildo. Objects have other ways of influencing the action of others (human or nonhuman/ other objects) than by extending the body, and to become bodily extensions, they must do something more than influence action. The next section discusses other conditions of object “in-corporation.”

Embodiment Relations

Ihde discusses two types of mediation, embodiment and hermeneutic, which seem to usefully apply to this phenomenon. Hermeneutic relation refers to how technologies change the ways in which we interpret reality, which has been discussed to some degree already in this chapter. Technology here is something that interfaces with the body, modifying felt body experience and how we live our bodies. Ihde (2002) calls these “embodiment relations” and explains that a technology-body relation means “experiencing something in the world through an artifact, a technology” (p. xi). Verbeek

(2005) elaborates: “Human contact with reality is always mediated, and technologies offer one form of mediation. On the other hand,... any particular mediation can only arise within specific contexts of use and interpretation” (p. 11).

When one relates to an object via an embodiment relation, the object becomes a medium of perceptual experience—one lives through the technology as one lives through one’s body. The technological object is initially added to the body from without, but becomes a part of the lived body. A classic example would be eyeglasses: one’s visual perception is changed by the lenses; one experiences the world through the glasses. They become like a part of the body, both in that they are lived through, and in that they can be forgotten and become a means rather than an object of perception (Verbeek 2005).

Heidegger discusses the transparency of tools when they are functioning properly, or how they “withdraw” from attention (Ihde 2009). They are “ready-to-hand” and “make a practice possible without themselves becoming objects of experience or action” (Verbeek 2005, p. 226). Practices may develop around the object or be guided by the object when it possesses this transparency.

Another example of an embodiment relation could be the way wearing high-heels changes the body gestalt, or Merleau-Ponty’s example of a person with a feather in her hat. The person navigates herself through a doorway without hitting the feather on the door-frame, she has an awareness of the boundary of the feather like her awareness of her body boundary; the feather is a bodily extension. A more familiar and comparable experience for us might be driving a car through a tunnel:

A woman may, without any calculation, keep a safe distance between the feather in her hat and things which might break it off. She feels where the feather is just as we feel where our hand is. If I am in the habit of driving a car, I can enter a narrow opening and see that I can 'get through' without comparing the width of

the opening with that of the wings, just as I go through a doorway without checking the width of the doorway against that of my body. (Merleau-Ponty, 1962, p. 165).

Merleau-Ponty explains that “the hat and the car have ceased to be objects” and are “no longer perceived for [themselves]” but “[extend] the scope and radius of touch.” He writes, “[The stick] is a body auxiliary, an extension of bodily synthesis” (p. 176). The objects that were once distinct from the body become a means of experience. “In short, embodiment or bodily intentionality extends through the artifact into the enviroing world in a unique technological mediation” (Ihde 2009, p. 36). The object mediates experience in a particular way, and by becoming so close to bodily experience, it becomes a part of the body. “The artifact is symbiotically 'taken into' my bodily experience and directed toward an action into or upon the environment” (Ihde 2009, p. 42). As Donna Haraway asks in her *Cyborg Manifesto*, “Why should our bodies end at the skin?” (Haraway, 1991, p. 178).

Michael states: “It caught me by surprise how natural intercourse felt with this strap-on device” (Warkentin et. al., 2006, p. 392). Michael did not expect something external to his body to feel “natural,” yet this “device” is quickly incorporated. He is surprised by how naturally something that was part of a world that seems to be outside of his body becomes a part of his body, how easily his perceptual life adapts to this variation. His body is not “fixed” but can be modified—not only that, but this seems to happen almost effortlessly. To quote Merleau-Ponty on the blind man's ability to modify his body to incorporate a walking stick: “Once the stick has become a familiar instrument, the world of feelable things recedes and now begins, not at the outer skin [...], but at the end of the stick” (1962, p. 175). The dildo has become familiar to

Michael, and so it becomes part of his felt sense. The sensory world begins at Michael's body boundaries, which now includes the dildo.

Merleau-Ponty (1962) discusses "perceptual habits," which are the result of repeated practices. He explains that the blind man with a stick is not simply reading the same sensations again and again when he uses his walking stick. Rather, with enough practice, he is relieved of the necessity of conscious interpretation of these sensations, for the stick becomes a means of perception. Merleau-Ponty writes, "The pressures on the hand and the stick are no longer given; the stick is no longer an object perceived by the blind man, but an instrument with which he perceives" (p. 176). The bodily field of action and perception shifts in a particular way, whether this is a narrowing, expansion, or intensification, or something else. Michael goes on to state: "I had not expected to achieve an orgasm and was astonished that it happened" (Warkentin et. al., 2006, p. 392). Michael is further astonished that his body can work with this device. To quote Merleau-Ponty again, "the stick is no longer an object perceived [...], but an instrument with which he perceives" (1962, p. 176). His body truly does seem to end where the dildo ends; the dildo is no longer a mere object. It seems that Michael expected using the dildo to be awkward, unpleasant, and strange. He seemed to expect that it would not allow his body to perform as it did before, that it could not do or achieve the same things, and is surprised to find that his body is so adaptable.

Michael describes the development of this perceptual, embodied habit over time: "Each time we use [the dildo], it becomes further imbued with the knowledge of the previous sexual satisfaction it has provided" (Warkentin et. al., 2006, p. 392). The dildo is becoming acceptable to Michael, a meaningful object. He has acquired a new

perceptual habit and his perceptual field is altered. Although this seemed to happen for him almost immediately, it seems that a further incorporation takes place every time Michael uses the dildo. One might imagine that each time he uses the dildo, he is less surprised by his ability to perform with it, and it becomes less of a separate object he is “using” and more a part of him. Michael discusses his initial doubt about how the dildo is not “innervated,” making him skeptical that it could bring him any pleasure. However, the dildo has become “innervated” with memory, with imagination, with his own perception.

This becomes yet more striking, as it seems Michael does not require skin contact to experience the dildo as part of his body: “[...]There has now been enough acceptance of the dildo as a sexual object—and transference from 'object' to 'organ'—that the visual image of my partner mouthing the dildo was indeed highly erotic in the context of our sex play” (Warkentin et. al., 2006, p. 393). Michael brings a united sensorium to his experience of sex play, vision and touch providing sensory data that is not objectified or analyzed into these separate parts. In seeing his partner's mouth on the dildo, Michael at once feels pleasure. “In the gaze we have at our disposal a natural instrument analogous to the blind man's stick [...] To learn to see colours is to acquire a certain style of seeing, a new use of one's own body: it is to enrich and recast the body image” (Merleau-Ponty 1962, p. 177). Like a child learning to distinguish categories of color, Michael has learned a new way of seeing and a new use of his body—not only does the dildo feel like a part of his body (as he says, it becomes an “organ”), but he sees it differently, and has acquired a different sort of gaze. The dildo, as part of his body, goes from an object external to him to something that is a part of him, or from something that is only seen to

something that is both seen and felt. The dildo becomes a part of Michael's "body 1" experience.

III. Mediation and Identity

Objects call forth new possibilities for the body, new or changed perception and actions. How does the change in embodiment brought about by engagement with an object affect one's sense of identity?

Multistability of Artifacts

Objects can have multiple meanings, so the way they shape or engage human activity is flexible. Because objects are understood in relation to human beings, and are thereby inseparable from their contexts, the identity of objects is based on how they are used. Ihde (2002) calls this the "multistability of artifacts." Multistability, or the presence of multiple aspects, is defined by Wittgenstein (2001, p. 167): "I *describe* the alteration (change of aspect) like a perception; quite as if the object had altered before my eyes.... The expression of a change of aspect is the expression of a *new* perception and at the same time of the perception's being unchanged." The object remains the same, but it may be seen in various ways, or contains various possibilities. Ihde (2002) and Verbeek both use the example of the Necker cube to explain multistability: "When we look at this figure, we can see more than one thing... different ways of seeing produce different figures. This figure allows multiple interpretations. What it 'really' is remains undetermined. It is many things at once; it is 'stable' in multiple ways" (Verbeek 2005, p. 118). Different points of view, or different implied bodily locations or positions, correspond to different aspects or variations.

Like the Necker cube, objects in the world have variations. We can liken the multiple identities of objects or technologies to the multiple “things” we can see when we look at a Necker cube. A Necker cube appears in multiple ways at once, so it has no essential or true identity, but identities determined relationally (Verbeek, 2005). Merleau-Ponty notes that the different aspects of an object are only intelligible as the same object because the body moves around this object in space: “I could not grasp the unity of the object without the mediation of bodily experience” (2002, p. 235). The object does not have a single preferred mode of existence (an “objective” existence), but finds stability in whichever mode is presented by the body mediating the object in a given spacial and temporal context (these modes are called “profiles” in a translation of Merleau-Ponty's *Phenomenology of Perception* by Richard Rojcewicz).

This also includes cultural context; things are embedded in culture and derive meaning from this relation. An object presents itself in different ways, for different kinds of use, depending on its “materiality... bodily technique of use, and the cultural-historical role this technology plays as a variant” (Ihde 2009, p. 18). In other words, how the object appears depends on multiple contextual components. Ihde explains that multiple aspects of an object (in his example, a bow and arrow as built and used differently by various groups across history) come about in “differently structured lifeworlds relative to historical cultures and environments” (Ihde, 2009, pg. 19). This way of understanding technology relies on attending to the context of use, concrete practices around an object, and the object as material. Verbeek (2005) elaborates: “The insight that technologies cannot be separated from their use contexts implies they have no 'essence'; they are what they are only in their use. A technology can receive an identity only within a concrete

context of use, and this identity is determined not only by the technology in question but also by the way in which it becomes interpreted” (p. 117). This context of use also includes how the body comports itself to the object, or which profile of the object appears, beyond how the object is interpreted according to cultural context.

So, what is Michael's interpretation of the dildo? That is, what are the variations of it that Michael encounters, and what are the contexts that bring about these variations or the point of view in Michael that allows him to witness these variations? For Michael, the dildo takes on various meanings, and becomes more attached to particular meanings, as it presents itself in different contexts and as Michael and his partner make use of it. For instance, it is “a purple piece of plastic” when Michael first encounters it. This description implies that it is an object distant from Michael—it is rather nondescript, and this phrase offers no hint of it as a useful object, or even a complete object. It is a mere “piece” of something. Later, Michael refers to it as “our dildo,” which implies a different set of meanings—this is a shared object that belongs to Michael and his partner, it is a link between them invested with care. Michael also refers to it as a “prosthetic penis” at one point, and later, after Michael and his partner have taken up the dildo outside of any medical context, he refers to it as a “toy”—not as a penis or penile referent. The question of how the dildo relates to the penis and the contexts that determine this relation will return in the next chapter; for now, it is enough to state that the dildo as an object has multiple context-determined meanings.

A Different Body

Jensen (2009) discusses the importance of material objects in expressions of gender and sexual identity. The body is not a vague abstraction which can only signify,

but a lived material entity. He writes (2009, p. 52), “Identities, bodies, and material artefacts all structure each other,” and offers the example of the relationship between a marathon runner and her shoes: “In the short term, shoes afford running, in the long term running re-shapes the body” (p. 52). Human bodies become the product of technological objects, and human agency is shaped or mediated by non-human agents. Michael makes use of the dildo, and over time, it shapes his body and world in a significant way, including his gendered and sexed identity. His practices change in various ways. For instance, he states, “I am able to continue pelvic thrusts long enough and hard enough that [my partner] now regularly achieves orgasm in the missionary position” (Warkentin et. al., 2006, p. 392). Michael also states (Warkentin et. al., 2006):

I... put on the dildo and harness ahead of time. I covered myself with a bathrobe, but there was no mistaking the fact that when I looked down there was sticking out what looked like a large firm erection... I felt joyfully empowered... My thoughts went to a glib one-liner from my lesbian friend: 'A dyke with a dildo can outlast a male anytime.' I realized that was equally true for a prostate cancer patient with a dildo...” (pp. 392- 3).

Michael's sexual performance changes with dildo incorporation, but also his way of seeing himself and the world. He feels empowered by his performance capacity, but clearly different from how he felt about his body and performance when he had a prostate and erections, or when he was not using a dildo. The next chapter will detail the implications of this for gender identity in particular, but it seems that the repeated activity of using the dildo has shaped not only Michael's body, but his sense of identity. Like running shoes shape a person's actions and body such that she becomes a runner, the dildo shaped Michael's actions and body toward a new sense of identity.

Verbeek (2005) describes Ihde's notion that technology “plays a constitutive role in the production of scientific knowledge” (p. 144). He describes how technology allows

for different sorts of perceptions than would otherwise be available—for instance, the way in which a camera or a microscope enable human beings to perceive the world in a different manner (Verbeek, 2005, p. 134). If mediated perception plays a constitutive role in scientific knowledge, it seems that it would play this role in human knowledge generally. Not only does Michael's embodied activity and perceptual world shift, but consequently, Michael's knowledge about the world seems changed following use of the dildo (and use of hormonal drugs). The “reality investigated” changes based on the instruments used (Verbeek 2005); the instruments bring forth aspects of reality.

Michael's experience of reality changes greatly, particularly his experience of sex, revealing a more complex world of sexuality than hegemonic standards imply (which shall be elaborated further in chapter 4). Prior to prostate disease and using a dildo, Michael “found it incomprehensible when a woman claimed she had pleasure from sexual stimulation and yet had not had an orgasm” and that “sexual arousal that did not lead to ejaculation was frustrating” (Warkentin et. al., 2006, p. 392). However, after dildo incorporation, “I... could enjoy sex without orgasms. I can also have multiple orgasms!” (Warkentin et. al., 2006, p. 392). Michael also states, “I find it easiest to achieve orgasms when my partner wants me to... but far more difficult on my own” (Warkentin et. al., 2006, p. 392). New aspects of the world, particularly of sexuality, emerge for Michael.

Conclusions

Objects have an active role in shaping embodied identity (just as human beings have an active role in creating the identity of objects). The dildo is no exception—it

shapes and is shaped by Michael. It contributes to and changes his felt sense of his body, and in doing so, changes his way of understanding himself.

The next chapter will further explore how physical embodiment relates to identity, and will specifically address gender identity. Like the practices described in the previous section on how a human being engaged in a practice shaped by running shoes makes her a runner, it seems that there are practices which shape gender identity, which are, necessarily, embodied. Michael provides a unique window into this phenomenon because he presents a case of embodiment and identity in flux, in a moment when they may be caught *becoming*. The next chapter will continue to explore the relationship of the body to identity by exploring how a shift in embodiment seems to produce a shift in gender identity for Michael.

Chapter 3: Body Morphology & Gender Identity

[W]here is the self in relation to the body's surface?

– Jay Prosser, 1998, p. 62

This chapter is an inquiry into the relationship between the felt body and discourses about the body, particularly as these pertain to sex and gender identity. Michael's experiences and the phenomenon he presents in some ways reveal this relationship. His body changes and so does his embodied sense of himself, including his personal, sexual, and gendered identity. Michael thinks of himself differently and encounters the world differently as he proceeds through a change in his physical body. The previous chapter explains how Michael's experience demonstrates that one's identity is lived out through the body and the extensions which become a part of it. This implies that the body is not an object the self encounters, but the medium of lived experience. The experience he presents in his narrative implies that identity and the body are irreducible, or that they vary together. At the same time, however, Michael must learn to live his new body. He searches for words to identify his experience and for discourses matching what is happening to him. Michael's experience is of course not totally naïve; rather, it takes place in a matrix of meanings he applies to himself.

This chapter is a continued exploration of the relationship between the body and identity. It addresses discourses about gender and sexual identity as they illuminate the case study phenomenon, as well as how the case study phenomenon challenges or supports these discourses. Additionally, this chapter addresses tensions between theories which present identity, and the body, as a product of language and discourse, and theories which present identity as emerging from the body.

* * *

This chapter makes use of a rather extensive list of terms to describe the body and identity. For the purpose of clarity and to ensure consistency of use throughout, some of the more stable terms are defined here, taken in paraphrase from Golombok and Fivush (1994). *Sex* refers to biological maleness or femaleness, although the extent of what belongs to “sex” is controversial (for instance, whether or not certain behaviors associated with sex are biologically based). Which biological traits matter for determining a person's sex seems unclear, too (Genitalia? Secondary sexual characteristics like facial hair? Invisible characteristics like chromosomes and hormones?). *Gender* refers to “social traits and characteristics associated with each sex,” (Golombok & Fivush, 1994, p. 3) but this term is as controversial as sex, which reveals that the concepts of sex and gender have unclear boundaries. *Gender identity* refers to a person's sense of his or her own gender, and may or may not correspond to sex—for instance, a biological female may be “masculine” or a biological male may be “feminine.” A *gender role* includes behaviors or characteristics deemed appropriate for a given sex; a gender role might be described as the gender others associate with a person's sex, whether or not it matches the person's gender identity. Gender identity, then, may be thought of as subjectively felt gender versus gender role which refers to socially prescribed gender. Later on, this chapter will discuss the meanings of *transgender* and *transsexual* identities. Finally, *sexual orientation* refers to a person's object of sexual desire (whether the person is heterosexual, homosexual, bisexual, or something else). Zita (1998) also describes this as *socioerotic identity*, based not only on erotic desire but also on sexual behavior. It is based both what one feels and what one does, or both how one experiences oneself and how one presents oneself to others (these two aspects of

sexual identity may conflict, adding complexity to one's overall sexual identity). As the attached illustration implies (Fig. 1), these aspects of gender and sexual identity exist along continua. For instance, someone may have a male gender role but a gender identity that is female, or somewhere between male and female, or one may identify as bisexual but engage in heterosexual sexual behavior, and so on.

Like Hale (1998), this chapter uses these and other terms as approximations, or in somewhat “primitive” ways (p. 341) to acknowledge that all of these terms contain degrees of ambiguity, are used in multiple ways, and shift in meaning. Often there are unclear borders between different markers of identity, particularly those categories which have more recently emerged into language (for example, Hale, 1998, discusses the border zone some find between butch lesbian women and ftms, or female-to-male transgendered persons). Hale (1998, p.322) explains, “drawing a distinction between butches and ftms in terms of masculine subjectivity threatens to elide both some ftms’ self-identifications and some butches’ self-identifications relative to the categories 'man,' 'male,' and 'masculine.’” Thus, some of the definitions employed here are approximate, and descriptive rather than categorical. This is not to say that these definitions are conflated, but only that the distinctions between them may be made differently by different people, and that some find themselves most at home in an ambiguous space between distinct identity categories.

Another purpose of maintaining the ambiguity of identity categories is to remain hermeneutically faithful to Michael's encounter with a changed sense of embodiment and gender identity. For the most part, his narrative is descriptive in a way that suggests but rarely names different terms or identity markers. For instance, at one point Michael

states, “I can also have multiple orgasms! [...]My orgasms are less anatomically focused, radiating across my pelvis” (Warkentin et. al., 2006, p. 391). He does not, however, call his pelvic multiple orgasms female or feminine, nor does he compare his experience explicitly with female experience, even if his statement here may suggest something like this. Indeed, Michael's account seems to draw out some of the instability in various categories related to gender and sexuality, perhaps already challenging theories in which language is constitutive of experience, although the discourses from which these terms emerge also present ways of understanding or putting language to Michael's experience.

This chapter will discuss these discourses and ways of understanding the relationship between gender and the body, and will be placed in dialogue with the phenomenon presented in Michael's narrative.

I. The Material Body and the Discursive Body

This section presents ideas about the ways in which the body is meaningful and about the relationship between the body and one's identity. These ideas provide the background for understanding the phenomenon described in Michael's narrative.

Discursive Body

This section elaborates a discourse about the body that regards it as fundamentally discursive, or constructed through language and knowledge. Butler (1988) states that “gender is instituted through the stylization of the body and, hence, must be understood as the mundane way in which bodily gestures, movements, and enactments of various kinds constitute the illusion of an abiding gendered self” (p. 519). This is to say, gender has no ontological status—gender is an idea. This idea is taken up by the body through a

set of acts that takes on the appearance of something with substance. It is an epistemological category, a mere appearance that comes about from a way of thinking or seeing (the seeing and thinking is primary here, and the appearance of a category follows). With sufficient repetition, gender takes on the appearance of an enduring, original component of one's body. Because gender comes about through acts, it has no status prior to these acts (Butler, 1988).

These acts are ongoing and repeated. Young's work (2005) includes accounts that may be read as the gendering of the body, or as descriptions of some of the acts that, as Butler describes it, "stylize the body": "When I was about thirteen, I spent hours practicing a 'feminine' walk, which was stiff and closed, and rotated from side to side" (p. 44). This physical practice is a way of taking up a feminine gender, training a body to be a woman's body. This practice is also a way of taking up a broader discourse about femininity and what it means to be a woman in a particular social and historical context. The modification or restriction placed on the way some bodies inhabit time and space illustrates the notion that "performance renders social laws explicit" (Butler, 1988, p. 526). As an illustration of this idea, Bordo (2004) presents an exercise for men that is meant to bring attention to "how female subjectivity is normalized and subordinated by the everyday bodily requirements of 'femininity'" (p. 19). The participant is instructed: "Sit down in a straight chair. Cross your legs at the ankles and keep your knees pressed together. Try to do this while you're having a conversation... but pay attention at all times to keeping your knees pressed tightly together" (Bordo, 2004, p. 19). Indeed, this restriction of the body reduces the range of actions that are permitted or possible, and in this way bodily actions are physical manifestations of oppression. The idea of a bodily

“habitus,” Bourdieu's (1997) term, describes how bodily practices become persistent and seem to have little malleability, even if there is no essential link between gender identity and body. According to Packer (2010, p. 318),

Bourdieu defined habitus as embodied expertise: it is a set of dispositions that incline a person to act and react in particular ways. Habitus is a way of standing, talking, walking—and at the same time a way of feeling and thinking... It is inculcated in that one's habitus develops in childhood as the body is molded, and as particular ways of acting, talking and so on become second nature. Habitus is 'embodied history.'

In other words, one learns a way of living one's body that permeates broadly and deeply, affecting the ways one lives one's body. In sum, this is the way bodies are taken up by discourses, and the way gender is inscribed upon the body. It should be noted that this is not necessarily a permanent inscription or necessarily one that becomes complete at a given point, as bodies change and gender (as well as other identity markers) is re-learned.

To elaborate further, this process provides the context in which bodies acquire meaning, and is not merely a layering of meanings upon a body which already possesses them. Butler states, “The body is not passively scripted with cultural codes, as if it were a lifeless recipient of wholly pre-given cultural relations. But *neither do embodied selves pre-exist* the cultural conventions which essentially signify bodies” (1988, p. 526, italics added). In other words, bodies take on meaning within culture, and only become selves in culture. This also means that sex is an effect of gender, rather than the other way around. The physical body takes on certain meanings—one might think of the body as the text and gender as the interpretation, but the interpretation comes first and the body must act it out (Butler, 1988). Parts of the body become significant, inscribed with meaning and definitive of a person of a certain sex/ gender. The claim, then, is that the anatomical body with which a person is born only becomes significant in a context. In

sum, according to this viewpoint represented here mainly by Butler, identity and the body are products of language and discourse.

Material Body

This section explores another approach to the body which places emphasis on the material or pre-discursive body, regarding the body as meaningful in a certain way before it is invested with meaning through language and culture. In other words, the body does not acquire meaning simply through language and discourse, but that the materiality of the body is itself significant beyond its function as a surface for inscription.

Because the context in which bodies come to take on meaning influences how a person comes to live and experience her body, it would seem that there are different times/ spaces/ worlds for different kinds of bodies, and particularly, for differently sexed bodies. For instance, someone with an anatomically female body who acquires an understanding of her body and identity in a patriarchal context may live her body in a restricted way, as suggested by Young (2005). Her way of engaging with the world differs from those in male bodies or bodies in a non-patriarchal context. Grosz (1995) states that, “it is not clear that men and women conceive of space or time in the same way” (p. 100). She suggests that popular ways of understanding time and space contain a sex bias, stating that it is also not clear “whether their experiences are neutrally presented within dominant mathematical and physics models” (p. 100), and adds that an alternate conception of space and time would make more sense out of women's embodied experiences. Irigaray (1977/1993) also posits the idea that the world is structured differently for female bodies than it is for male bodies, meaning that female bodied persons structure the world differently. From males bodies follows a masculine logic

(Irigaray, 1977/1993, p. 363):

“[T]he more or less exclusive—and highly anxious—attention paid to erection in Western sexuality proves to what extent the imaginary that governs it is foreign to the feminine. For the most part, this sexuality offers nothing but imperatives dictated by male rivalry: the 'strongest' being the one who has the best 'hard on'...”

Irigaray's suggestion seems to be both that physical bodies, and especially the body's sexual anatomy, contribute to how one engages with the world in a fundamental way; that is, the structure of one's world (at least, or perhaps especially, one's sexual world) is mapped onto a structure of one's body. The ways one thinks, understands, and expresses oneself are significantly determined by one's body. It also follows, as stated previously, that forces of oppression in the social world influence and restrict the way one lives one's body—i.e., that there are specifically feminine ways of being that have been suppressed by dominant masculine being-in-the-world. The restricted range of motion Young (2005) discusses in the example above of “feminine walking” (as well as in her other writings, particularly in the essay *Throwing Like a Girl*, 2005) is merely one piece of visible evidence of a total restriction on female bodies and worlds. According to Irigaray: “if we refrain from invoking the hystericization of her entire body, the geography of her pleasure is far more diversified, more multiple in its differences, more complex, more subtle, than is commonly imagined” (1977/ 1993, p. 366). In other words, and in contrast to Butler's account, female bodily experience contrasts significantly from male body experience not only in that it is restricted by oppressive conditions, but also differs *essentially* by virtue of how the body is structured (and not merely how this structure is taken up in social context). This difference would be even more obvious if female experience were allowed to manifest itself unrepressed. Female experience, however, takes place in a patriarchal world which renders it as pathological. This world

sometimes even equates femininity with the pathological, damaged, or weak, or simply leaves female experience unintelligible or invisible. A person is her embodied experience, and this experience is misinterpreted or perverted by popular, patriarchal discourse.

In contrast to Butler, Irigaray suggests that gender and sex have an *ontological* status, and are linked. This account also suggests that feminism's primary task (at least politically) should be liberating female bodies/ female sexuality from dominant masculine (“phallogocentric”) influences so that its full unrepressed essence can emerge. This is a different aim than the one suggested by Butler (1990), which entails creating “gender trouble”—revealing gender as a constructed rather than natural category by highlighting its ambiguities and performativity.

* * *

These divergent accounts leave the body ambiguous. While it is clear that identity and the body are always in relation, it is not clear how. That is to say, it is not clear whether, on the one hand, the body has a natural or perhaps authentic trajectory which must only be released from constraint, or whether, on the other hand, the body is a template for cultural inscription that in an important way only comes to be through and following this inscription.

It is also unclear whether identity—one's felt sense of gender identity, the way one shapes and encounters the world—proceeds from the body or is taken up by the body through repeated, formative acts. In other words, while there is certainly some relationship between the self and the body, or a way in which the self is the body, a number of questions remain about the way in which this is true. It is also worth noting

that both ways of seeing the body offer pictures of body and identity as irreducible or as parts of a co-constitutive entity, both also have points at which they risk slipping into a dualistic idea of self and body as separable.

This rest of this chapter interrogates the contrasting accounts of sex and gender as ontological and essential versus the idea that gender is an epistemological category of which sex is an effect, as informed by Michael's experience.

II. Penis and Phallus: Body Parts

If the structure of one's world is based on the anatomical structure of one's body, as suggested by Irigaray and in different ways by others, then do some parts of the body matter more than others for this purpose (such as the “two lips” and “mucous membranes” that Irigaray (1977/ 1993) writes about)? Do visible, or sometimes visible, signifiers of sex—breasts, penises, facial hair—matter more than aspects of sex that are internal or invisible, like hormones or genes? Furthermore, what, if anything, about a penis is essentially masculine (alternately, what about masculinity, if anything, is essentially phallic)? How are we to understand self-identified men without functional penises, as one might view Michael and as he may view himself, or self-identified women whose bodies have penises, perhaps because they are in the process of male-to-female transgender surgery, because they possess instrumental additions (as discussed in the previous chapter), atypical genetics, or because they simply identify as women while having bodies others may regard as male? How do body parts shape experience?

Overdetermination of the Penis

The penis seems to be the human body part most inscribed with cultural

significance, the part most identified with the whole. Ihde (2002), in an attempt to elaborate male bodily experience in a specific and self-aware way (rather than presenting masculinity as the unquestioned norm for all human experiences), states that “the penis is haunted by the phallus” and that the penis “must live up to the phallic cultural expectations” (p. 28).^{iv} In other words, the penis as a signifier or product of discourse and the penis as a material body part have a gulf between them, with a demand that the latter approximate the former. This divide corresponds to Ihde's “body 1” (the sense of being a body and lived experience) and “body 2” (the culturally constructed significance of the body, as well as the objective physical body), discussed in the previous chapter. The cultural treatment of erectile dysfunction as a failure of masculinity (and the attention paid to the erection as the focus of sexuality in Western culture, as pointed out by Irigaray, above) attest to Ihde's (2002) claim.^v The penis becomes a symbol of power, redefined as “the phallus,” and is associated with masculinity. Annie Potts (2000, p. 86) states, “The penis is distanced from its purely anatomical functions of urination and insemination and comes to stand as an object. This displacement permits the penis to represent the phallus at a symbolic level and vice versa.” Grosz (1990) explains “The phallus functions to enable the penis to define all (socially recognized) forms of sexuality” (p. 117), either by its presence or absence, sustained erection or failure to achieve and sustain erection. The demand that the penis live up to the phallus, and that all sexuality be defined by the penis (that is, by its presence or absence, functionality or failure) places barriers on the imagination and bodily adaptation humans are capable of bringing to their sexuality. In this way, the penis is overdetermined and given symbolic meaning apart from its materiality.^{vi}

Before trying out the strap-on, Michael is “afraid that [he] would feel foolish and humiliated by using a strap-on penis” (Warkentin et. al., 2006, p. 391). He adds that this would mean confronting the “functional failure of [his] own flaccid phallus” (Warkentin et. al., 2006, p. 391). He feels that his penis is not living up to the phallic ideal and Michael himself feels like a failure, translating his physical inability to a symbolic failure to meet the ideal. Michael worries that someone he knows will discover him purchasing the strap on and mock him (Warkentin et. al., 2006), i.e., that society will judge him as sexually inadequate or inadequately male. At this point, the dildo is to Michael, “a strap-on penis”; it is a direct replacement for his own penis which he regards as inadequate or missing. It also seems, at this point, that the forms of sexuality Michael recognizes are defined by the phallus. He feels that with a functioning erection, prosthetic or not, he is sexual, but without it he is “sexually incapacitated” (Warkentin et. al., 2006, p. 390).

This idealized, symbolic, discursive phallus is only male by association, however. Butler (1993) suggests that the phallus is not essentially male: “Precisely because [the phallus] is an idealization, one which no body can adequately approximate, the phallus is a transferable phantasm, and its naturalized link to masculine morphology can be called into question through an aggressive reterritorialization” (p. 86). That is to say, although the phallus is linked with or even equated with the penis, this is a cultural link rather than a natural one, and an ideal which the penis (or any body part, if one were to select some other body part as a symbol of power) cannot carry out. It seems, then, that the phallus could belong to or be applied to any body, and be taken up as a component of anyone's embodied experience. Indeed, “The phallus is a mythical construct... even if more dominant in certain configurations than others, nevertheless spills over clear and clean

boundaries” (Ihde, 2002, pp. 29-30).

While the power associated with the phallus seems to accrue in male bodies, it is not essentially male and is certainly accessible from non-male bodies. Butler notes that many body parts may function as phalluses but only the penis becomes a symbol of phallic power (Butler, 1993). One might even say that masculinity, insofar as masculinity is synonymous with phallic power, is not essentially male. Ihde offers the simple example of a female university president having “enough 'balls' to carry the day” to indicate that “the phallus is not simply male” (2002, p. 29). Indeed, power is not essentially located anywhere. Halberstam (2011) suggests the dildo as a more accurate symbol of phallic power than the penis, as power and dominance are present in different bodies at different times—the phallus is detachable.

Re-Orienting the Body

If the penis as a representation of phallic power differs from the embodied experience of having a penis, then it is a mistake to too readily equate the penis with the phallus or with masculinity, the phallus with the male, and the male with the penis or with the phallus. The meanings attributed to male bodies, and particularly to male genitalia, may be taken up by non-male bodies. “Cultural genitalia” (as defined by Prasad, 2009) differs from “physical genitalia—the anatomical possession of a vagina or a penis” (p. 242) and provides a basis for describing how features associated with one kind of body may be taken up by other kinds of bodies. Cultural genitalia is “assumed to exist... as evidence of 'natural sexuality,’” so that “even if the genital is not present in the physical sense, it exists in a cultural sense if the person feels entitled to it and/or is assumed to have it” (Prasad, 2009, p. 242). This means that not only is the phallus transferrable, but

that the penis (and vagina, and by extension, other body parts associated with sexed bodies) is also transferrable. In other words, one may experience a gender identity and/or live a gender role or socially assumed gender that does not match the sex and gender assigned to one at birth. Prasad (2009) uses this idea particularly to refer to male lesbians, suggesting that males who identify as lesbian could “take on the cultural meaning of a vagina” (p. 243) without alternations to their physical morphology.

Michael discusses “reconceptualizing the situation” (Warkentin et. al., 2006, p. 391) once he acquires the dildo. Michael seems to be altering his body on the discursive, symbolic level. He determines that the dildo is not a “cure’ for ED” and is not “a medical appliance” (Warkentin et. al., 2006, p. 391), meaning the dildo is not a means of curing a physical disease. Rather than trying to replace his penis or act as though his sexuality were unchanged, Michael takes on a different orientation toward the dildo and sexuality. He de-links the dildo from the penis and stops thinking of his identity and sexuality in terms of his ability to sustain erections. This is quite remarkable, given the power of the penis to define and determine the limits of sexuality. Michael and his partner are somehow able to circumvent this imposition on their sexuality (the role of Michael's partner in this event is elaborated in the next chapter). Rather than work in the context of phallogocentric imperatives, Michael decides that he is “heading into the theater of the absurd, and [is] going to play the part of the lesbian!” (Warkentin et. al., 2006, p. 391). Michael re-orientes his body toward a new kind of sexual identity, developing what Halberstam (2005) might call a “queer” orientation to the world, defined as “nonnormative logistics and organizations of community, sexual identity, embodiment, and activity in space and time” (p. 6). This is a different way of living one's body and

world outside of expected or naturalized roles.

While these orientations are embodied or lived through the body, they are not linked to the body in a singular or essential way. Orientations “involve directions toward objects that affect what we do, and how we inhabit space” (Ahmed, 2006, p. 28). Orientations “line up” or pull us in various directions. These accounts, rather than positing a male body experience and a female body experience, one kind of femininity or masculinity, or desire as lining up in only a certain way (i.e., in a heterosexual or “straight” way), instead allow for multiple kinds of embodied experiences or “pulls” and identities. For Michael, thinking of dildo use as something “completely different” from his sexual activity prior to prostate cancer treatment leads him to experience a shift in his personal identity, gender identity, and sexual orientation in terms of how he inhabits his sexual body and space (Warkentin et. al., 2006, p. 391).

It seems that the answer to the question posed at the beginning of this section is that the physical body and identity have no necessary connection. This kind of reconceptualization allows for bodies made up of combinations of aspects or parts that are not typically thought of as belonging to the same body. Zita (1998) notes that “the disarticulation of modernist body paradigms allows for new sexes, sexualities, and genders that can dislodge the signs of gender and sexuality from the trump of genital signification” (p. 82). By thinking of the body not as a natural unity, but an assemblage of parts that are put together personally and culturally into an apparent whole, the body becomes “capable of disassembly and rearrangement” (Zita, 1998, p. 81). Like Donna Haraway's cyborg, these bodies are “ambiguously natural and crafted” (Haraway, 1991, p. 149), making sex and gender also ambiguous and malleable, leaving open new

possibilities for ways to be embodied or identify oneself.

This opens up, for instance, an option for vulnerable (non-phallic) male bodies that are not read as feminine, but simply a different kind of male body (Thomas, 2002, Halberstam, 2002). This also allows for different categories, based on putting together ideas that are presumed not to go together—i.e, having a male body and lesbian desire. In order to recognize a male body as lesbian, we could “overlook the body as we habitually read it and attend to other evidence of sex identity” (Zita, 1998, p. 100), i.e., how the male understands himself and experiences his body, in which case

...the penis is not disposed of, but its significance is deposed: it is no longer the phallus. It remains an appendage, useful perhaps, interesting perhaps, a location of pleasure like the clitoris, but a perforate clitoris with some optional functions (Zita, 1998, p. 100).

Dissociating the penis from the phallus, or the penis from the idea that the penis has come to represent, opens up a range of possibilities for interpreting other parts as the phallus, or re-interpreting the penis as something else. This also seems to privilege the felt or experienced body over the body as interpreted by others^{vii}; that is, this way of thinking about sex and gender demands that we change our way of viewing a body to match what that body feels (or at least, prefers to be viewed as) versus basing our way of viewing a body on what it looks like, or is presumed to look like if we could see beneath its covering.

Zita (1998) explains that “this is an *ontological* shift into the 'opposite' sex category, not a masquerade of belonging to it” (p. 106, italics added). In other words, insofar as one can *be* male or female, “male” lesbians are female. This does not refer only to how others view a body, but *how that body itself experiences the world*. “[T]he very idea of a male sexual identity produces sensation, produces the meaning of

sensation, becomes the meaning of how one's body feels,” (Stoltenberg cited by Zita, 1998, p. 96). “[T]he sensations derive from the idea” rather than the anatomy (Stoltenberg cited by Zita, 1998, p. 97). An *idea* (or a discourse) can re-orient the body in ways that go beyond appearance to experience. Although the body and sex identity are not essentially linked, sexual identity labels are still meaningful as lived categories and even *productive* of lived experience.

A debatable and problematic implication of this argument (which will be discussed further later on in this chapter) would be that altering the body's physical morphology to better fit bodily contours associated with another sex is for the sake of the interpreting audience more than for the sake of the person altering her body. This argument implies that changing body morphology is not necessary to take on a different sex (or that it is only one way to take on a different sex), or perhaps the function that a change in the physical body serves has more to do with others' perceptions or with passing (i.e., being accepted as a lesbian by one's community or potential partners, being allowed into women only spaces, being regarded as a female by strangers) than it does one's embodied feeling. Being female is defined here as an embodied feeling that corresponds to no particular external morphology, except by association. As Zita (1998, p. 86) asks, “Why should we privilege genital anatomies in defining the truth of our sex?” or broadly, the truth of our identity?

The following subsection will discuss how this view of the sexed body and identity applies to how Michael takes up the strap-on dildo.

Dildo Dissociation

If the penis is not essentially male, and if the morphological form of the penis can

be read and interpreted as something other than a penis, and if body parts other than the penis can be phalluses, then surely the dildo can also have multiple meanings. In her aptly titled essay, "Dildonics, Dykes, and the Detachable Masculine," Hamming (2001) suggests that although the dildo seems to imply a male body, "it has the potential to be recoded as a post-gender, non-phallic signifier" (p. 330). In other words, the dildo can be thought of as a bodily supplement rather than a replacement for a lack (i.e., the lack that is present in the "castrated" female, as in Freud's theory of psychosexual development, or a male without the ability to have erections who regards himself, like Michael does at first, as a "functional failure"). The dildo should not be equated with the penis, or even with the phallus.

This means that lesbian sex with a dildo is not an imitation of heterosexual intercourse (or at least, not unless this is the case in the shared fantasy emerging between sexual partners), but rather, the lesbian is a "cyborg" with "gender flexibility" who can use the dildo as a "prosthesis" (Hamming, 2001, p. 330). In this understanding, the dildo is an interchangeable part that belongs to no original whole that a lesbian can use to transform her body at will. It may even be used to express "female transsexual desire, however temporary or continuous," (Zita, 1998, p. 101), also suggesting that dildo use may sometimes be a voluntary and temporary transformation. This seems to be the model of sexuality that Michael's lesbian friend presents to him when she "insisted that [Michael] consider [the dildo] 'a toy'" (Warkentin et. al., 2006, p. 391).

Michael's approach to selecting a dildo at the sex shop reflects the notion that the dildo is not a replacement penis, and therefore is not affiliated with any particular body. Michael observes that the dildo he selects "is appropriately stiff, yet still flexible, like a

natural erect penis” but that otherwise his dildo “bears little resemblance to a human penis” (Warkentin et. al., 2006, p. 391), suggesting that it is something else entirely. Similarly, for Michael, sexual activity with the dildo is “something completely different” that is not “meant to restore [his] masculine sense of sexuality” (Warkentin et. al., 2006, p. 391). For Michael, the dildo is not a prosthesis for performing masculinity, but a means of changing his horizon of sexual experience. “The dildo acts as *a post-gender prosthetic*” (Hamming 2001, p. 337, italics added), meaning that neither Michael nor lesbian women who use dildos are necessarily playing at being men when they use dildos. Instead, they may present “the dildonic body as altogether different” (Hamming, 2001, p. 337).

In interviews with FTMs, whom one may expect to challenge the idea that the penis and dildo are genderless, Lee (2001, p. 354) also concludes that “being a man” does not require “having a penis.” It seems that having a penis is not essential to masculinity for these interviewees. She reports that, among her participants, “None had undergone surgery to acquire a penis and, although all reported that they would undergo this surgery if the cost was reduced and the techniques were improved, none considered that being without a penis made them 'any less of a man'” (pp. 354-55). Masculinity is not an effect of bodily contours.

Lee states that these FTMs “appropriated the dildo as an extension of their *own* penis” (p. 355). In other words, they *already* experience themselves as having penises, and regard surgery as an unnecessary but possibly welcome secondary step, corroborating the notion that felt experience derives from an idea or discourse. This transsexual experience seems quite similar to Michael's experience in that the dildo is experienced as

a part of the body and extends the body. It differs, however, in that Michael does seem to regard the dildo as essential to his sexuality in the absence of his former sexual body.

This also seems to imply that the FTMs in this example do not regard themselves as missing anything (or at least, anything essential to their identities), whereas Michael felt damaged or incomplete without either his erection or the dildo, and does feel like less of a man without an erection (although when he incorporates the dildo, he regards himself as transforming into something different than a man and does not present this transformation as a loss). This alternative transsexual discourse that is more comparable to Michael's experience is discussed in the next section of this chapter.

Michael's ability to adapt and incorporate the dildo and undergo sexual transformation suggests that he possessed the capacity for a different bodily schema, or for a different perceptual field. Michael seems quite comfortable in what he identifies as a lesbian role, perhaps even more comfortable than he was in his role as a potent male. Indeed, Michael seems to have exchanged his masculine sexuality, “the product of phallogocentric imperatives” (Potts, 2000, p. 88) which constitutes masculine sexuality as “hard and fast: it strives to achieve the powerful proportions and position of the phallus” (Potts, 2000, p. 88), for a new, more experimental sexuality. Both his new, post-gender sexuality and his prior hegemonic, functionality-focused masculine sexuality are variations that Michael is able to embody.

III. Transsexual Bodies and Transformations

Halberstam's (1999) statement, “we are all transsexuals” summarizes much of the argument in the previous section (including those aspects of the argument that are not

about transsexuality directly). Heyes (2000) provides context for the meaning of this statement:

Halberstam is concerned with identifying and making more inhabitable the spaces between genders, bodies, and sexualities. Her theoretical inclination is always to detach one identity label from another, to point to the erasure of experience and possibility that any reduction causes, most notably the reduction of masculinity to an effect of male bodies (p. 178).

As “genders, bodies, and sexualities” can be matched and changed any imaginable way, categories disappear and transsexuality becomes a metaphorical idea, or a boundary concept meant to *represent* this sex and gender flexibility. When one recognizes the naturalized associations between identity markers as such, it becomes apparent that this flexibility exists for all bodies and identities. “[W]ithin a more general fragmentation of sexual identity, the specificity of the transsexual disappears... we are all transsexuals” (Halberstam, 1999, p. 126).

Kate Bornstein's experience of her transsexuality supports the idea of transsexual desire as representative in the way Halberstam frames it. Bornstein presents transsexuality as “a desire for transformation itself, a pursuit of identity as a transformative exercise, an example of desire itself as a transformative activity” (Butler, 2004, p. 8). She does not have “a simple desire to conform to established identity categories” (Butler, 2004, p. 8). Bornstein writes, “I'm told I must be a man or a woman. One or the other... Don't question your gender any more, just be a woman now—you went to so much trouble—just be satisfied. I am not so satisfied” (cited in Halberstam, 1999, p. 131). Butler (2004, p. 65) elaborates: “there is... a serious and increasingly popular critique of idealized gender dimorphism within the transsexuality movement itself,” invoking Bornstein's argument “that to go from F to M, or from M to F, is not

necessarily to stay within the binary frame of gender, but to engage transformation itself as the meaning of gender.” In other words, transsexuality is the practice of undoing the binary categories of gender and desire and undoing the idea that certain terms or ways of being naturally go together (i.e., male body, masculinity, heterosexual desire for female bodies, etc.). As Hale (1998) explains, “Masculine subjectivity cannot be simply reduced to self-identification as a man, for not all ftms self-identify as men in any simple, nonproblematic way” (p. 321). Given the ambiguity of sex and gender, and the diversity of human experience, it seems that transsexuality is not necessarily a matter of having a body that is one sex while wanting to have the body of the other sex.

Body Malleability

However, the deconstruction of sex and gender in general, and this way of discussing transsexuality in particular, raises some problems (some of which are already beginning to emerge in the discussion above). At the most extreme, the lack of essential connection between body and identity or body and meaning (i.e., different body parts can mean different things, there is no particular meaning necessarily assigned to a part) suggests a kind of dualism or denial of the significance of the material body (Grosz, 1994, Zita, 1998). As Bordo argues (2004, p. 226), “here is where deconstruction may slip into its own fantasy of escape from human locatedness... adopting endlessly shifting, seemingly inexhaustible vantage points.” In other words, framing the body as mutable and open to an endless range of readings seems to be an abandonment or annihilation of the material body, “treat[ing] the body as immaterial to (or an infinitely malleable accessory of) identity” (Hausman, 2001, p. 474). If the body may be conformed to any identity, then specific, material bodies seem to be secondary to or even irrelevant to

identity. Not only does this lose the idea that human beings are their bodies, but it seems to overlook aspects of human experience that do not fit this discourse—e.g., Michael's experience, mentioned above, that not having an erection *does* make him less of a man, or the experience of a transsexual who *does* want to alter her or his body contours.

This dislocation also contains the problematic suggestion that gender identity, sexual identity, and perhaps sexual orientation may be adopted voluntarily, i.e., if there is no link between the body and identity, one may choose one's identity and one's body and alter these at will. One of the problems with the notion of sex and gender voluntarism is that it does not necessarily challenge hegemonic categories of sex and gender.

Halberstam (2005, p. 18) asserts that gender flexibility and resistance to “labeling,” should not be regarded as a “sign of progress and liberation” because these qualities do not, in fact, challenge heteronormativity and rigid sex and gender categories. Rather, gender flexibility is a valuable commodity in that it indicates a willingness to behave as an ideal consumer ready to adapt oneself to any trend. In sum, fluidity points to a lack of substance.

Grosz (1994) articulates the problem with regard to sexual difference:

I am reluctant to claim that sexual difference is purely a matter of the inscription and codification of somehow uncoded, absolutely raw material... That is to deny a materiality or material specificity and determinateness to bodies... It is to make them infinitely pliable, malleable (p. 190).

On the other hand, “Bodies are not fixed... Differences between bodies, not only at the level of experience and subjectivity but also at the level of practical and physical capacities, enjoy considerable social and historical variation” Grosz (1994, p. 190).

Things which seem unchangeable or impossible in one sociohistorical context are entirely possible in another, suggesting an incredible variation in bodies and in sexuality. This

implies that while bodies across time and place may have incredible variations, individual bodies are not infinitely flexible. The body's inscription with sex identity does not imply “a protean self ambulating between 'positionalities'” (Zita, 1998, p. 107); the body is, in fact, “located” not only spatially but historically.

Michael's transition to using the dildo is not a simple, fluid transition of the sort which suggests that sexual and gender identity may be exchanged voluntarily, nor that the material body is irrelevant to how one understands or constructs one's identity. His transition requires courage and imagination, and a long process of “reconceptualizing... sexuality and gender performance” (Wassersug, 2009, p. 2). In addition, it requires Michael to learn how to live his body differently, implying that gender performance here constitutes a body ^{viii} change. In other words, Michael's transition to using the dildo is also a transition in terms of how his body feels and how he experiences it, in addition to coming up with new concepts or language to describe his experience. While the dildo is detachable, Michael's association with it is neither voluntary nor temporary—once Michael has incorporated the dildo into his body and into the sexual world he shares with his partner, it remains a part of him, even if his flesh is not in direct contact with it. He reports an anecdote that took place after the dildo had been part of his life for some time: “in order to tease me, my partner started playing with the dildo in a flirtatious fashion... I found the activity erotic and sufficiently distracting that I had to ask her to stop so I could concentrate on what I was doing” (Warkentin et. al., 2006, p. 393).^{ix} Bodies and identities change but are not interchangeable.

Return of Sex

Based on this apparently overlooked significance of the material body, one might

ask, in Jay Prosser's (1998) words,

if sex as much as gender is performative, an effect of our doing not a fact of our being (“gender all along”), how can we conceive of the transsexual as intervening in sex at all? If there is no sex left over, no immanent sexed part of the self that is not already gender, what substance is there for the transsexual to change? (p. 64)

Indeed, what is the “leftover substance”? If any body can be adapted to any identity without physical alteration (as in the case of Zita's male lesbians), then sex change would seem to be mainly about aiding others in correctly interpreting a person's sex and identity, and therefore, in becoming more accepting of the person's desires and gendered expressions. The sex change will reduce the “imposition of other-extending attributions that 'sex' the flesh” (Zita, 1998, p. 107), or the way that others' interpretation of one's body influence one's experience as male or female (for instance, if I am assumed by others to be a man, my sexed experience is different than if others assume I am a woman), and the individual's struggle against misinterpretation will decrease. The body is altered for the sake of others to adhere to normalized categories, with the implication that it would not be necessary to alter the body if society at large were more accepting of a range of sex and gender identities, including a range of what, for example, a “male” or a “lesbian” may look like. This also leads to the conclusion that transsexuals are sex and gender conformists, willing to adopt culturally imposed categories for the sake of recognition by others as their experienced sex or gender, rather than challenging the rigidity of these categories and demonstrating, for example, the broad range of what a “man's body” can be. This further implies that the surgery involved in a sex transition is akin to cosmetic surgery, altering a surface for the purpose of looking more how one wants to look, but without much effect on one's feeling of identity (Prosser, 1998). From this perspective, altering sexually interpreted body parts seems less significant (i.e, this

change makes no real difference, so it should not be so regulated) because these surgeries are not necessary or do not feel necessary to the persons who undergo them.

An alternative interpretation of sex change that perhaps better accounts for why someone would go through the process of body alteration would be that these persons are demonstrating and reasserting the significance of sex, the body, and physical morphology for reasons *beyond* how the body is read and responded to by others (rather than undergoing unnecessary surgery!). Prosser (1998) writes, “In transsexuality sex *returns*, the queer repressed, to unsettle its theory of gender performativity” (p. 27). As opposed to Butler's formulation which “retain[s] a dualism of discourse and matter where matter is posited as radically anterior” (Budgeon, 2003, p. 42), sex transition demonstrates the significance of the body and reclaims the category of “sex” (hence reclaiming a sex/ gender distinction, rather than reducing sex to gender).

This further confirms that individual bodies are *not* entirely flexible and malleable—sex and gender are not costumes that can be exchanged at will. Rather, becoming a biological sex is a process, and a long-term, arduous one at that. The image of a transsexual body in transition is not one of performance and play, but “a map of the loss and longing that tinges all *transsexual* attempts to 'come home' to the body”

(Halberstam, 2005, p. 111). In sum,

[W]ords and cultural representations may have tremendous power in our lives, but people live in real bodies made of substantial flesh, and those bodies routinely carry more weight in people's perceptions of themselves and others than do words, texts, or abstract discourses. (Devor summarizing Prosser, 1999, p. 207)

Our physical bodies are “not simply costumes for our experience of our bodies, our theoretical conceptions of the body are foundationally formed by and reformatory of them” (Prosser, 1998, p. 96). As Colebrook (2000, p. 78) notes, “The body is, it is true,

only *thought* after the event of discourse. But does this render the body itself an *effect* of discourse?" In other words, experience of the body *precedes* organizing this experience into existing discourses.

Schewe (2009), citing Lanei Rodemeyer, states, "the body is not simply experienced through the medium of discourse, but rather... the body contributes to that discourse as we try to write the narratives of our own identity," (p. 684). Rodemeyer (2012, publication pending) notes that the body overflows discourse: "the body exemplifies the margins or demonstrates that which has been excluded, it stands both within and without discourse at once" (p. 7). Beyond discursivity, the body "has its own density as well, a density that sometimes can *rupture discourse*" (Rodemeyer, p. 8, 2012, italics added). The substance that is left over, and that ruptures discourse, marks the gap between sex and gender identity. The former is not reducible to the latter, and sex does not only emerge from gender but vice versa.

Continuing to use transsexuality as a way to understand the relationship between body and identity, what might be a better way to describe or understand transsexuality than as a *symbol* for sex and gender flexibility? Prosser asserts that "being trapped in the wrong body is simply what transsexuality feels like," explaining, "body image is radically split off from the material body" (Prosser, 1998, p. 69) and this dysphoria is not overcome by reconceptualization alone (as in Zita's male lesbians). The transsexuals in Prosser's work, feeling that "identity has... vacated... the body" (1998, p. 68), experience a sharp divide between gender and the body's sex. Prosser (1998) points out that some transsexuals simply want "to *be*," rather than to subvert or perform, and to achieve their desired sexed embodiment. One's sex is not an activity, but an achievement, the telos of a

transition. For Prosser, transsexuality is a body 1 (see chapter 2) condition, affecting the sense in which a person feels that she *is* her body and lives through it. “For if the body were but a costume, consider: why the life quest to alter its contours?” (Prosser, 1998, p. 67).

Reconfiguration of the Flesh, Reconceptualization of the Body

The phenomenon Michael illustrates supports the notion that “gendered becoming” involves “a refiguring of the sexed body that takes place along corporeal, psychic, and symbolic axes” (Prosser, 1998, p. 67). Michael undergoes anti-androgen hormone therapy and has his prostate removed surgically, a typical treatment for prostate cancer. The “hormonal therapy” leaves Michael without a “functional...penis” (Warkentin et. al., 2006, p. 391). His experience parallels Prosser's description of sex change: “Hormone therapy begins this process, dramatically contravening the functioning of the gonads, refiguring the body's contours, altering tissue structure...” (Prosser, 1998, p. 66). Surgery continues the “transformation of the body's surface” (Prosser, 1998, p.66), akin to how Michael describes the transformation of his body's surface via the addition of the strap-on dildo. Michael's change follows a narrative arc, in which he goes from calling the dildo “this piece of purple plastic” to “the dildo” to “*my* dildo,” (italics added) at which point it is definitively a part of his body and his dildonic body and identity seem to match (i.e., the dildo is not an alien appendage, and Michael is not thinking of himself as a disfigured man with a prosthetic). This parallels the “refiguration” the transsexual undergoes to, for instance, “name the somatic material (skin, tissue, and nerves) transplanted from his forearm or his abdomen to his groin 'my penis'” (Prosser, 1998, p. 67). This transformation happens not only through re-reading

the body, but through changing the body itself.

What does the significance of the material body mean for sex and gender identities, like Michael's, that do not fall into heteronormative or typical categories? In response to the idea that one may feel like neither a man nor a woman, Schewe (2009, p. 684) argues in reference to Kate Bornstein that,

Bornstein nonetheless says she feels glad she had genital reconstruction surgery “just for the comfort I now feel with a constructed vagina.” In other words, Bornstein’s certainty that she is “not a man” comes from a very different place than does her recognition that she is “probably not a woman either.” The former may be understood as a truth of the body, a feeling deeper than intellect that has existed for Bornstein since childhood, while the latter is an intellectual truth, arrived at through reading and analysis.

Schewe implies that Bornstein has a true gender identity which may be discerned from Bornstein's feeling of comfort with her constructed vagina, and assumes that this feeling is more significant than and precedes Bornstein's sense that this change does not complete her identity, that there is something more to her that does not fit the category “woman.”

In contrast to the feeling-intellect binary Schewe invokes, Michael's experience seems to be that his transition is a combination of changes to his body and deepening self-understanding. Feeling an identity and learning an identity seem to coexist for him. In Michael's case, however, this is not a transition from male-to-female, but a transition from a body with a “functional penis” to a dildonic and post-cancer treatment body. Another prostate cancer patient (“Dr. A”) who undergoes a similar hormonal treatment with “emasculating effects” identifies as a “eunuch” or acquires a eunuch-body. He comes to realize that “his sexuality no longer depends on a functional penis” and feels “no longer driven in a narrow, testosterone- determined, direction to achieve orgasm

through coitus,” and “relies instead on his hands and sex toys” (Wassersug, 2008, p. 635). For both Dr. A and for Michael, transition involves changes to the body and deepening understanding, leading to a change in experience. In addition, both of them maintain their notion of manhood—they do not feel like they are still men but with different bodies, they feel like they are something different than men.^x Manhood and male bodies remain linked for them and renegotiation involves narrating an identity that matches their altered bodies.

It seems that Prosser's discussion of transformation applies to all kinds of changes to the flesh, or all kinds of bodies “noncoincident with body image” (Prosser, 1998, p. 93), which also seems to mean bodies that do not feel whole to the person living them (Dickemann, 2000). Indeed, there are many ways the body can feel incomplete or mismatched that do not seem to fall into a sex binary. Hale (1998) argues for greater “access to such medical technologies” and an end to regulations on sex transitions that “position male and female embodiment as all-or-nothing and as intimately linked with embodiments of dominant cultural norms of masculinity and femininity” (p. 334). For example, “a butch dyke can obtain not merely breast reduction but breast removal and chest reconstruction and a non- transgendered butch leather man may receive an oriechtomy” (Hale, 1998, p. 334). That persons would desire such a change suggests that changes to the flesh are important for alignment with identity—even if that identity is not hegemonically recognized. Alterations to the flesh are not simply for the purpose of conforming one's body to a recognized identity, but to one's *own* identity. Indeed,

[Prosser's] conception of borderlands as 'the uninhabitable space' between painful wrong embodiment and home... leads to a binary consequence for border zone dwellers: either we are seized by a figuration of transgender that elides our border zone specificities, or we are thrown out of the realm of transgender and subsumed

under the opposing sign. (Hale, 1998, p. 340)

In other words, those bodily changes that do not fit clear definitions are not recognized^{xi}, although physical transformation may be important there, too.

As one's sense of self may lead to changes in the body, so do changes to the body result in changes to a sense of self. An example would be “Audre Lorde’s account of the violation of her self-identity in losing a breast to cancer, an opposite but parallel evidence of the significance of skin, body, and sexualized body parts to our selves” (Dickemann, 2000, p. 464). Michael does feel “sexually incapacitated” (Warkentin et. al., 2006, p. 390) and “mutilated” (p. 393) by the loss of his erect penis, and feels “restored” by the dildo, but not to his former self—not to the same “whole” he was before. Michael describes looking at himself wearing the dildo under a bathrobe, feeling “joyfully empowered” after he feared the experience would be a “demoralizing” confrontation (Warkentin et. al., 2006, p. 393). Michael states: “I was playing a role and doing it better than I ever could before I became impotent. I had acquired a performance capability that surpassed 'male'” (Warkentin et. al., 2006, p. 393). Michael implies here that he is more capable in his role than he was as a pre-prostate cancer male. He seems more at home in his body, and to be enjoying his body more, than he did even before his transition. Transitions from one recognized sexual identity to another are not the only kind of corporeal transformations that restore wholeness to a body.

Body Narratives Without Disembodiment

The reassertion of the importance of the material body, however, seems paradoxically to contain its own risks of losing the significance of the body for identity. Recognizing the significance of the flesh for identity does not require one to recognize

traditional sex categories, but does it require one to maintain a disembodied divide between body image and the substantive body?

Prosser's account of transsexuality presents a radical split between physical body and body image. This suggests that identity is a *disembodied phenomenon*—one can have an identity that does not match one's body. He offers the image of “the body as a false outer casing with nothing inside” (1998, p. 68). Transsexuality is, then, an experience of “wrong embodiment,” as described by Prosser, or of identity as divorced from (one's) body. Theorizing transsexuality this way creates a split between the body and identity and seems to undermine the significance of the body as a source of identity; there is, according to this way of conceptualizing the self, a “me” that is not my body. This split posits a body that “should have been” (Prosser, 1998, p. 83), suggesting that there is a representational body prior to the physical body and creating a dualistic divide between material body and felt identity.

This divide seems to conflict with a sense of identity as deeply embodied. Being “trapped in the wrong body” is indeed the medical model of transsexuality's “most famous rhetorical trope” (Prosser, 2005, p. 104), and reflects a dualistic theorization of transsexual body experience. Deeply embodied identity seems to be closer to Michael's experience, and suggests a different conceptualization. Michael seems to feel that his body is wrong, and that therefore *he is* somehow wrong. That is, Michael's identity transforms along with his body, to a limited (i.e., not infinitely malleable) extent. At the same time, Michael goes from a sense of missing something (his sexuality, his erection) to gaining something, though not a precise substitute for what he lost, as he describes it. Michael's body narrative describes a gradual transition through different *modes of*

embodiment, which includes changes in his physical body and different ways of thinking about and experiencing his body. This transformation does not include anything “prior” to the body, such as a sense of true gender that precedes his transformation (i.e., he is not transitioning back into a man): “Neither the self nor the body can be chosen because they are very often lived as though they are already there. The body is already the self. The self is already the body” (Budgeon, 2003, p. 46).

How, then, can we theorize changes to the material body, like the one Michael undergoes, which avoids a binary between representation and material? Presenting the body as an “event” offers an alternative way of thinking about the body that preserves its materiality without reducing it to discourse or to performance, and retains an emphasis on narrative production:

...bodies are inherently implicated in the ongoing process of the constitution of self-identity yet never wholly contained within the realm of representation... in order to understand the ways in which [we] actively live [our] embodied identities, we need to develop an approach which can envision a body beyond the binary of materiality and representation—the body not as an *object* but as an *event*” (Budgeon, 2003, p. 36).

An “event” refers to “the space in between subject and object” (p. 3, Mølbak, 2010). An *event* is not located, but is a process that takes place in a “non-place” that privileges neither the “objective reality” of “substance,” nor “subjective” experience (pp. 3-4, Mølbak, 2010). The body is not simply material substance, nor is it simply interpretation. Material body and representational body, subject and object, are together an irreducible whole in ongoing development.

As suggested in the previous chapter, subject and object, or body and identity, are co-constitutive. Regarding the body as an event avoids creating an opposition between the discursive or representational, on the one hand, and the body as experienced on the

other hand. Michael invokes different ways of understanding his body as it changes and as he incorporates the dildo. This includes taking up different discourses and performances, most prominently, “play[ing] the part of the lesbian” (Warkentin et. al., 2006, p. 391). He also learns from felt experiences: “it caught me by surprise how natural intercourse felt with this strap-on device” (Warkentin et. al., 2006, p. 391). Neither discourses nor Michael's physical experience alone account fully for his transition. Instead, we might view Michael as a “psychological subject who is always in the process of becoming and does not interact outside of a particular interaction with the environment... the sense of identity is not rooted within, but is the identity of a 'style of becoming' or a series of transformations” (Mølbak, 2010, p. 6). Identity is an embodied transformative process, taking place ongoingly in the world, and in the space between material and discourse.

Conclusions

Neither identity nor the body preexists the other; instead, they form an irreducible whole. A change in the body changes one's felt sense of identity. Altering the contours of one's flesh may eliminate the sense that one's body, and therefore oneself, is wrong. Michael's sense of his body as a failure meant that he also viewed himself as a failure. Altering his body boundaries and applying a different discourse to his body (not one of failed masculinity, but of alternative sexuality) allowed Michael to experience his body differently. He came to experience the dildo as an appendage of his altered body rather than a shameful prosthetic signifying bodily failure.

The next chapter elaborates the context in which this change comes about, as this

process does not take place “inside” Michael. Rather, his transformation is permitted and supported by others, particularly his partner. In other words, Michael's identity is not located entirely inside the boundaries of his skin. Others provide a context in which Michael can live his new sexual body.

Chapter 4: The Sexual Body & Others

Let us try to see how a thing or being begins to exist for us through desire or love and we shall thereby come to understand better how things and beings can exist in general.

– Merleau-Ponty, 1962, p. 178

This chapter addresses how a sexual body comes to be in the world. It continues the notion that the body is an *event*, or, that the body (here, the sexual body specifically) is in a continual process that involves not only self-narration but is held in place by the world of people and things. It is an ongoing creation between subject and object, between one's experience and the world in which this experience takes place. “The event, as the basis of both subjective experience and objective reality, designates a 'happening' that is not caused by a thing... and is not owned by a subject who is its agent or source” (Mølbak, 2010, p. 3). Others take up the body as an object, and one's lived experience as a body that exists on a continuum between activity and passivity, is significant in sexuality as well as in developing and maintaining an identity.

This chapter is a response to Merleau-Ponty's question about “the relation between sexuality and existence” (Stoller, 2010, p. 104). It critiques Merleau-Ponty's specific notion of sexuality (as heteronormative, sexist, and able-ist) while staying with the spirit in which Merleau-Ponty takes up his elaboration of “the body in its sexual being.” This chapter builds upon Merleau-Ponty's elaboration to address how Michael's post-prostate cancer sexual body emerges at the level of bodily sensation, as well as how the emergence of this sexual body constitutes a change in Michael's identity.

I. Merleau-Ponty and the Sexual Body

In *Phenomenology of Perception*, Merleau-Ponty describes “how a thing or being begins to exist for us through desire or love” as a part of his project to “elucidate the

primary function where we bring into existence [...] space, the object or instrument, and describe the body as a place where this appropriation occurs” (1962, p. 178). To understand the body's hold on the world, Merleau-Ponty examines a particular kind of hold; that is, he examines the kind of hold on the world present in sexuality. He states, “sexuality, without being the object of any intended act of consciousness, can underlie and guide specified forms of my experience” (p. 196).

Sexuality as a kind of force that “underlies and guides” existence contrasts with ways of understanding sexuality that present it as a superficial or contingent aspect of human existence. Merleau-Ponty (1962) presents sexuality as “interfused with existence... so that it is impossible to determine, in a given decision or action, the proportion of sexual to other motivations, impossible to label a decision or act 'sexual' or 'non-sexual.’” (p. 196). Sexuality is a *modality* of existence, as opposed to a set of drives or reflexive, physiological responses (Grosz, 1994). This also means that certain kinds of injuries will have an effect on sexual life that one would not expect if sexuality were a mere response to a physical stimulus, or a reflex, as Merleau-Ponty (1962) discusses in the case of Schneider. Rather, sexuality is “co-extensive with life” (p. 196) and “It is at all times present there like an atmosphere” (Merleau-Ponty, 1962, p. 195).

In Merleau-Ponty's view, sexuality is a part of expression in the world, not a symbolic representation or cognitive function. It “condenses [a person's] basic mode of relating to the world” (Heinämaa, 2003, p. 66), meaning particularly the world of others and how one relates to them. It is not “self-enclosed” but “referential” and is “intentional in the sense that it modalizes a relationship between an embodied subject and a concrete situation” (Butler, 1989, p. 87). In other words, like other aspects of embodiment,

sexuality takes place in the world and places one in relation to the world. Sexuality is a way in which one is called into the world and shaped by the world.

The importance sexuality occupies in human life emerges from “a more general drama which arises from the metaphysical structure of my body, which is both an object for others and a subject for myself” (Merleau-Ponty, 1962, p. 194). Merleau-Ponty (1962) writes that “sexual experience... [is] an opportunity... of acquainting oneself with the human lot in its most general aspects of autonomy and dependence” (p. 194) and “begins with the opening out upon 'another’” (p. 194). It is the mode in which one is caught up in the world of others, thus a foundational aspect of human existence. Rather than representations or reflexes, it is a foundational part of how a person lives from moment to moment, with and as shaped by others. It follows that transformations to the embodied self create transformations in sexuality, and the following shall explore how Michael and others (including Merleau-Ponty's Schneider and persons whose bodies are often miscategorized by others) are transformed sexually with a change in embodiment.

Schneider

Merleau-Ponty approaches the question of how the sexual body orients to the world through the existential analysis of a case study of Schneider. Schneider is impotent (Merleau-Ponty, 1962, p. 181). He is a 24-year-old man with brain injuries resulting from being hit by “mine splinters.” These injuries result in “psychical blindness,” and Schneider seems blind to a variety of images (Gelb and Goldstein, 1918/1974). As Merleau-Ponty (1962) writes, “It was through his sight that the mind in him was impaired” (p. 145). The observable result of Schneider's injury is an inability to perceive holistically. Sensory data flows to him without meaning and objects become

unrecognizable disparate bits. He suffers various “intellectual, perceptual and motor disturbances” (Merleau-Ponty, 1962, p. 150) including “sexual inertia” and a generalized lack of initiative (1962, p. 179). Schneider says with reference to his actions, “I am scarcely aware of any voluntary initiative... It all happens independently of me” (Merleau-Ponty, 1962, p. 120). Schneider is describing how the “intentional arc” which “projects round about us our past, our future, our human setting, our physical, ideological, and moral situation, or rather which results in our being situated in all these respects” has, in him, “[gone] limp” (Merleau-Ponty, 1962, p. 157).

Because sexuality is continuous with existence, Schneider's sexual problems are a component of his overall symptomatology. His problem manifests itself in his sexual life in Schneider's seeming loss of all capacity for sexual satisfaction. In fact, “the very word satisfaction has no longer any meaning for him” (Merleau-Ponty, 1962, p. 181). The world of women's bodies does not call to him: “a woman's body has no particular essence... physically they are all the same” (Merleau-Ponty, 1962, p. 180). Schneider “no longer asks, of his environment, this mute and permanent question which constitutes normal sexuality” (Merleau-Ponty, 1962, p. 181). This question presumably has to do with whether the object he has settled his eyes upon is a sexually attractive object, or perhaps a sexually available one. He does not see “the visible body... subtended by a sexual schema... emphasizing the erogenous areas, outlining a sexual physiognomy” (Merleau-Ponty, 1962, p. 180). The sensory data he perceives, particularly the visual data, does not coalesce into a whole or an essence. As a consequence, Schneider “no longer seeks sexual intercourse of his own accord” (Merleau-Ponty, 1962, p. 179) and he has no interest in looking at pornography or attractive bodies or sexual conversation. It

seems that “What has disappeared from the patient is his power of projecting before himself a sexual world” (Merleau-Ponty, 1962, p. 181).

Sullivan (1997) elaborates that normally, human beings have a “centrifugal” capacity for projection or to produce a “backdrop of a meaningful world against and in which I live” (p. 2). Schneider's existence is centripetal and “operates against a given background” (Sullivan, 1997, p. 2). That is to say, rather than providing his own meanings, he accepts given meanings. Sullivan (1997) describes Schneider as “constrained” and states that “the meaning of his world is that which presses in against him” (p. 2). Similarly, once Schneider's sexual partners are no longer pressing against him and producing sensation for Schneider, deciding for themselves that the sexual act is over, Schneider does not pursue his own orgasm (Merleau-Ponty, 1962). Schneider's sexual activity is not teleological—he does not appear to be concerned with orgasm (the apparent meaning of “satisfaction” in Merleau-Ponty's discussion), nor is he an aggressor sexually. His centripetal existence appears via Merleau-Ponty's descriptions as a particular passivity. “Close physical contact causes only a 'vague feeling,' the knowledge of 'an indeterminate something' which is never enough to 'spark off' sexual behavior and create a situation which requires a definite mode of resolution” (Merleau-Ponty, 1962, pp. 180-181). Because Schneider does not “require” a “definite resolution” to a sexual situation, he “accepts and thus is restricted by the meaning his partner has given to [the erotic situation]” (Sullivan, 1997, p. 2).

In sum, Schneider's abnormal sexuality is characterized by: a failure to view women's visible bodies in a sexual way generally, a failure to enjoy pornography or to be attracted primarily to the visual body (instead, “...it is, he says, pre-eminently character

which makes a woman attractive” (Merleau-Ponty, p. 180)), not actively pursuing sex and behaving passively in his role as a sexual partner, becoming aroused only in response to a partner's initiation of sexual activity or primarily responding to his partner's desire during sex rather than pursuing a desire of his own (although he will make “active movements... a few seconds before the orgasm” (Merleau-Ponty, 1962, p. 179)—“Exactly how and why a man who has no interest in sex has an orgasm, however brief, neither Goldstein and Gelb nor Merleau-Ponty explain” (Grosz, 1994, p. 108)), and finally, by failing to approach sex as a teleological act with the specific purpose of reaching climax. Based on Merleau-Ponty's way of describing sexuality, Schneider seems to have become non-sexual, as the world has lost its “sexual context” (Merleau-Ponty, 1962, p. 181).

Normative Sexuality

Looking more closely at Schneider, however, it seems that Schneider's sexuality has not vanished nor has he become asexual, but that his sexuality or the sexual dimension of his existence has changed. It is, perhaps, unrecognizable as sexuality in light of the normative sexuality implicitly posited by Merleau-Ponty. Specifically, it seems that Merleau-Ponty's definition of normal sexuality refers to a style of sexuality that generalizes its objects, is based on visual data, and is aimed toward orgasm, as well as being a sexuality that belongs to a strictly heterosexual male.

Butler (1989) critiques this sense of “normal sexuality” set up in contrast to Schneider. She notes that Schneider's deference in sex (described by Merleau-Ponty in the statement, “if orgasm occurs first in the partner and she moves away, the half fulfilled desire vanishes”) “signifies masculine 'incapacity', as if the normal male would seek satisfaction regardless of the desires of his female partner” (Butler, 1989, p. 92). Indeed,

this seems to be what Merleau-Ponty means that Schneider lacks when he describes Schneider as “impotent” (p. 181).^{xii} Butler (1989) also points out that Schneider's lack of visual interest in bodies is presented as evidence of his sexual abnormality (i.e., his claim that women's bodies look the same to him and that personality interests him instead, and his lack of interest in pornography). “Central to Merleau-Ponty’s assessment of Schneider’s sexuality as abnormal is the presumption that the decontextualized female body, the body alluded to in conversation, the anonymous body which passes by on the street, exudes a natural attraction” (Butler, 1989, p. 92). It also seems that this anonymous body is what one may be drawn to in a given partner, in contrast to Schneider's concern with the particularities of his sexual partners. The normal male subject's “sexuality is strangely non-corporeal” by contrast (particularly strange in the context of the significance Merleau-Ponty places on touch and bodily sensation, as opposed to visual input), and Merleau-Ponty emphasizes the “visible body... subtended by a sexual schema” (Butler, 1989, p. 93).

Butler (1989) also notes that Merleau-Ponty's description does not appear to consider the experience of Schneider's sexual partner—“the erotic experience belongs exclusively to the perceiving subject” (p. 93). However, it seems that the most remarkable way in which Schneider's sexuality diverges from the norm Merleau-Ponty establishes, or the most remarkable way that Schneider's sexuality changes following the changes in his physical body, is that his sexuality has become *relational* in a way that it was not before. It is not a production of the perceiving subject, but takes place *between* partners. Schneider's sexuality takes place less “within” Schneider, and more between himself and his partner—his sexuality is even more “in the world” (as in, it is less

Schneider's and more an event between Schneider and another) than it was before his accident. The female subject who is mostly absent as an actor from Merleau-Ponty's account ("female bodies... have an essence which is itself physical [and] designates the female body as an object rather than a subject of perception" and "she is never seeing, always seen" (Butler, 1989, p. 94)) seems to play a significant, if not an orchestrating, role in Schneider's sexuality.

Furthermore, Schneider acknowledges this. He admits that he is drawn to women's characters rather than their bodies, emphasizing the significance of who his partner *is* for his sexual response (Merleau-Ponty, 1962). He also reports that his partners take the lead sexually, and that he responds to their desires. Rather than taking this as evidence that Schneider is sexually repressed or otherwise damaged as a sexual body, one may instead conclude that "Schneider is more true to Merleau-Ponty's phenomenological account of bodily existence than Merleau-Ponty himself" because for Schneider, his partner's body is "expressive of the life of consciousness" (Butler, 1989, p. 95).

Schneider's sexual partner's body is subtended not by a mere physical essence, but bound up in her character, part of a subject whose sexuality, body, consciousness, and existence are inseparable. This relational aspect of Schneider's sexuality, oddly missing from Merleau-Ponty's presentation of normal sexuality, finds a parallel in Michael's experience, detailed later on in this chapter.

Normative Bodies

In Merleau-Ponty's description (as well as in Western culture generally, as will be discussed in the following chapter), a particular kind of sexuality is established as normal, thereby excluding or pathologizing a number of other possible sexualities. In

order to piece together this norm and gather “a concrete description of lived experience, it seems crucial to ask whose sexuality and whose bodies are being described...” (Butler, 1989, p. 98). Before offering an alternative description of the lived experience of sexuality, we must ask, whose body is the ideal body, or, whose body provides the basis for normative sexuality?

In describing the significance of the sensory body in human experience, Merleau-Ponty (1962) writes,

“[If]... we conceive man in terms of his experience... his distinctive way of patterning the world, and if we reintegrate the 'organs' into the functional totality in which they play their part, a handless or sexless man is inconceivable as one without the power of thought” (p. 197).

Merleau-Ponty is here making the point that a human being (or “man”) is not composed of distinct parts which can be separated out, but that the body makes up a whole.

Cognitive abilities are neither separable from nor more important than physical sensation, and cannot be pulled from a body as though cognition were the essence of what it means to be human while the body was merely casing for thought. This idea contrasts with the notion that cognition is a more significant component of human experience than any other human component. This includes body parts—hands or genitals are no more characteristic of what it means to be human than cognition. Therefore, a person missing any of “his” component parts is no longer a “functional totality,” for all of these parts contribute to “his distinctive way of patterning the world” (Merleau-Ponty, 1962, p. 197).

The problem, however, is that Merleau-Ponty implies a *particular* whole. While Merleau-Ponty may not privilege cognition over body parts, he does seem to privilege some bodies, body parts, or ways of living one's body over others. Sara Heinämaa (2003), by way of Simone de Beauvoir, notes that the examples “hands” and “genitals”

are misleading comparisons, as “genitals” is an ambiguous term: “All normal human bodies have hands but not a similar or analogous 'sexual apparatus’” (Heinämaa, 2003, p. 87). To posit a single norm is to overlook the presence of two possible norms of the human body—female and male bodies—and the female body becomes a deviation from the male norm (Heinämaa, 2003). Bodies that fit neither of these norms, such as intersexed bodies, are of course also excluded from the implied norm of embodiment.

Furthermore, the norm appears to be not only a male body, but a specific kind of male embodiment which is “healthy, implicitly athletic,” “externally focused” and “transparent” (“transparent” referring to the body as a means of action rather than an object of attention, as described in chapter 2) (Ihde, 2002, p. 18). Beyond setting up a normative sexuality by way of contrast with Schneider, “Merleau-Ponty sets up a dialectic between what could be called a *normative body experience* and the pathological experience that is only indirectly noted in his famous Schneider” (Ihde, 2002, p. 17, italics added). The normative body “contrasts with the debilities of Schneider—but also by extension with virtually any other form of unhealthy, or even less than well-conditioned sense of body” (Ihde, 2002, p. 18). Disabled bodies are also excluded from this norm, for Merleau-Ponty posits that we all tend toward a particular body, that there is in each of us “an I committed to a certain physical and inter-human world, who continues to tend towards his world despite handicaps and amputations and who, to this extent, does not recognize them *de jure*” (p. 94). The ways in which one diverges from this normal body are presented here as absences or failures for which one strives to make up. In sum, the “normal” body seems to exclude most bodies.

Merleau-Ponty overlooks the particularities of bodies, implying an ideal body or

way of being embodied, such that most bodies (in particular, female bodies, bodies that are not male or female or that are both, and disabled bodies of any variety) are only recognizable as deficient, not as alternative embodiments. The bodies that neither fit the ideal, nor which are attempting to approximate a “normal” human body, are absent from Merleau-Ponty's discussion. There is still room, however, to understand forms of embodiment that are not specifically described by Merleau-Ponty (Fisher, 2000) (and also still by means of Merleau-Ponty's approach to embodiment and sexuality, as will become apparent in this chapter). In describing these embodiments,

If we refuse to establish a singular sexual norm, those who were once 'outsiders' will no longer be considered illegitimate or unnatural. In accepting other sexual orientations as normal occurrences in the world, we also allow for a greater number of accounts of embodiment. (Canode, 2002, p. 34).

It is precisely by reorienting himself, with help, as a new body *de jure*—not a pathological body, nor a deficient male, nor necessarily male at all—that Michael becomes able to develop an alternative sexual embodiment and experience sexual satisfaction anew (Warkentin et. al., 2006).

Alternative Sexualities

By understanding Schneider's case as a snapshot of a particular kind of sexuality, rather than framing Schneider as a sexual failure or deficient body, we may understand more about sexuality generally (rather than normative sexuality alone). Just as Schneider is presented as a pathological alternative to a normal body, Michael initially presents himself in his narrative as a deficient or damaged body. Indeed, Michael has been castrated, deprived of androgens (male hormones) and is unable to develop an erection. Prior to using the strap-on dildo, Michael feels as though all that is left for him is to “give up on life” (Warkentin et. al., 2006). Michael is separated from a component of human

experience, feeling his existence is unbearably limited. He regards his penis, and by extension, himself, as a “functional failure” (Warkentin et. al., 2006).

However, during the process of dildo incorporation, Michael's sexuality not only reappears but expands. His orgasms are more expansive (“radiating across my pelvis”) (Warkentin et. al., 2006, p. 392). Michael acquires more pleasure from sex, describing sex as more purely “playful.” Sex no longer has a goal or particular structure, and does not aim simply for climax. Instead, Michael can enjoy sex without orgasm, have multiple orgasms, and can continue sex after his orgasm if his partner desires (Warkentin et. al., 2006). “Castration” (the effect of hormonal prostate cancer treatment and prostate removal) does not mean that Michael's sexuality has been cut off. Michael had imagined that his world would close once he lost his functioning penis, and that he would no longer have a connection to the world via sexuality. Instead, his world opens broadly. This is similar to the experience of “Dr. A” who identifies as a “eunuch” after undergoing androgen deprivation therapy for prostate cancer. Dr. A no longer experiences himself or his sexuality in the same way, but does not cease to be a sexual body. Instead, he becomes “more open to sexual exploration, as he is no longer driven in a narrow, testosterone-determined, direction to achieve orgasm through coitus” (Wassersug, 2009, p. 635).

In contrast to the way Merleau-Ponty presents the case of Schneider, Michael's loss of functioning ultimately becomes a gain in terms of his ability for “projecting before himself a sexual world” (Merleau-Ponty 1962, p. 181). Michael's horizons expand beyond where they were prior to dildo incorporation. This transformation takes place gradually, from object to instrument to organ to libido-invested image that is both a part

of Michael's body and a part of the world, the mere sight of which is erotically arousing. The following section will elaborate the way in which Michael's sexuality is expanded following what initially appears to be a loss, and offers a description of the role of his partner, the voice left out of Merleau-Ponty's account of sexuality, in mediating this transformation. The next section is also intended to contrast and supplement Merleau-Ponty's description of the sexual body via his discussion of Schneider's sexuality.

II. The Event of Sexuality

Sexuality takes place in the world of others, shaped and co-created by those around us. We are “given over from the start... it would seem that our being beside ourselves, outside ourselves, is there as a function of sexuality itself... not the key or bedrock of our existence, but... as coextensive with existence” (Butler, 2004, p. 33). If sexuality is a phenomenon that takes place in the liminal space between self and other (or indeed, something which emerges in the context of, or because of, the significance of this liminal space in human life), how is it that the sexual body comes to be in this space? What is the other's role in shaping one's sexuality and sexual body?

Michael and Schneider's sexual transformations both illuminate sexuality as a phenomenon that takes place *in the world of others*. That is, sexuality is not located in an individual (neither Michael nor Schneider), but emerges with others. Based on descriptions from Schneider's case, Schneider's sexuality appears to emerge between Schneider and his partner(s). Sullivan (1997) makes the significant point that “Schneider accepts and is thus restricted by the meaning that his partner has given to [the erotic situation]” p. 2). Schneider's inability to “project” means that one could characterize

Schneider as passive: “The ultimate meaning and result of this situation are things that are given to Schneider by his world” because he does not instead “take up the situation and follow it through to its fulfillment (i.e., his own orgasm)” (Sullivan, 1997, p.2), referring to Merleau-Ponty's statement about Schneider that, “If orgasm occurs first in the partner and she moves away, the half-fulfilled desire vanishes.” (1962, p. 179). This also seems to mean that Schneider's sexuality has become more dependent upon his partner's desires. Michael's experience parallels Schneider's here, but he does not regard his passivity or sexual dependence upon his partner as pathological, in contrast to how Schneider's experience is framed by Merleau-Ponty. The following section elaborates the way in which sexuality emerges between Michael and his sexual partner (whom we are calling “Susan”), including Susan's role in helping Michael accept the dildo as a part of his sexual body. It fills in the missing female subject from Merleau-Ponty's account, as well as the missing description of sexual passivity or shared sexual experience that is implicitly present in Merleau-Ponty's account of Schneider. Sexuality may be regarded as an “event,” neither caused nor owned by a single agent. This elaboration follows the spirit of Merleau-Ponty's phenomenology without following the letter; that is, the following is an attempt to present sexuality as “the opening out upon 'another'” (Merleau-Ponty, 1962, p. 194) and the expression of the life of consciousness through the body, but without the biases, described above, that appear in some parts of Merleau-Ponty's account of sexuality.

Sex as Imaginative Play

Michael's narrative presents two people as essential to his ability to achieve sexual satisfaction using the dildo: his lesbian friend, who helps Michael open himself to the

possibility that dildo sex could be sexually satisfying, and his sexual partner, Susan, with whom Michael fulfills this possibility.

Michael's friend sets the stage for the dildo as a tool for play. Michael states that “she insisted I consider [the dildo] a 'toy’” (Warkentin et. al., 2006, p. 391). Michael and Susan also treat the dildo as a toy by approaching dildo sex as playful. In Michael's narrative, Susan comes across as supportive, thoughtful (in terms of planning ahead and surprising Michael in ways that ease his anxiety), and in possession of an affectionate sense of humor. Michael approaches dildo sex initially as an event taking place in “the theater of the absurd” (Warkentin et. al., 2006, p. 391); that is, he is entering a space of imaginative play and acting, in which one may try on different roles. Susan is “ultimately supportive of the exploration,” (Warkentin et. al., 2006, p. 391), also treating dildo sex as an exploratory, improvisational act.

Susan and Michael continue to “accept the dildo as part of our sex play” (Warkentin et. al., 2006, p. 392). It is worth noting that Michael uses the term “play” repeatedly in his narrative to describe the sexual atmosphere between himself and Susan, indicating that they operate within the ambiguous space of sexuality and explore the possibilities of the sexual body. Susan and Michael together extend the boundaries of their play and the possibilities of strap-on dildo sex. For example, Susan “started playing with the dildo in a flirtatious fashion outside of the bedroom” (Warkentin et. al., 2006, p. 393), which Michael experiences as erotic. Susan also performs oral sex on the dildo (Michael states, “My partner and I took on the challenge” (Warkentin et. al., 2006, p. 393)), further extending the range of their shared sexual experience. At one point (though not the only point in the narrative) Susan creatively adds to the playful atmosphere

between herself, Michael, and “our dildo”:

[O]ne morning, after having sex the night before, I went to the bathroom and found the dildo sitting upright on the counter-top wearing one of my favorite neckties. My partner had decided to personify and personalize it. I interpreted this as a signal to me that the dildo pleased her and did so because of its association with me. (Warkentin et. al., 2006, p. 392)

It seems that just as Michael interprets Susan's actions here as indicative of an association she has formed between pleasure, Michael, and the dildo, he has also formed a parallel association between the dildo and pleasure he experiences with Susan. Because of her playful participation, the dildo has taken on a sexual meaning for Michael. He reflects this with the statement, “Each time [Susan and I] use [the strap-on dildo], it becomes further imbued with the knowledge of the previous sexual satisfaction it has provided” (Warkentin et. al., 2006, p. 392).

Michael also gradually comes to refer to the dildo as “our dildo” in his narrative, and says the dildo is “a normal at the same time erotic part of *our lives*” (Warkentin et. al., 2006, p. 392, emphasis added). His sexuality seems not only contained in another object in the world, but in other people in the world; specifically, his sexuality is held in the two-person, imaginative sexual world constructed with his partner. The dildo, as a symbol of this sexuality, is owned neither by Michael nor by Susan. Sexuality is created in the space between partners and shared, an ongoing invention.

“Passivity” in the Creation of Sexuality

Michael observes that when using the dildo, “I find it easiest to achieve orgasms when my partner wants me to, especially in the context of mutually satisfying dildo intercourse, but far more difficult on my own” (Warkentin et. al., 2006, p. 392).

Michael's world appears to be “given” to him by Susan, and he says, “I discussed

extensively with my partner whether she was willing to have sex with me wearing a strap-on dildo. She was at first hesitant but ultimately supportive of the exploration” (Warkentin et. al., 2006, p. 391). Only in the context of Susan's support and collaborative framing of dildo-use as an “exploration” was Michael willing to attempt to use a strap-on dildo. The space of exploration could only come about between them. Michael is surprised and pleased that he “carried the act through to orgasm, to the sexual satisfaction of both my partner *and* myself” (Warkentin et. al., 2006, p. 392), emphasizing the importance of his partner in his sexual encounters. Schneider's sexual receptivity and approach to sex as responsiveness to his partner's desires rather than the pursuit of his own are characterized as disconnection from his own satisfaction. Michael finds satisfaction in this very situation. He states, in contrast to Merleau-Ponty's interpretation of Schneider's lack of focus on achieving orgasm as disinterest in sex or sexual gratification:

When I had a prostate gland, sexual arousal that did not lead to ejaculation was frustrating, and I found it incomprehensible when a woman claimed she had pleasure from sexual stimulation yet had not had an orgasm. After my prostate was removed, I discovered that I too could have incremental pleasure from sexual stimulation and enjoy sex without orgasms. (Warkentin et. al., 2006, p. 391)

Indeed, for Michael (and one may suspect for Schneider), sexual “satisfaction” is not synonymous with sexual discharge, just as Michael discovers (and as his lesbian friend knew all along) that having a functional penis is not essential for sexual enjoyment.

A non-pathologizing way to understand this phenomenon may be to recognize him as the aspect of Michael's body that Feenberg (2003) calls a “dependent body,” explaining that one might supplement Ihde's bodies 1 and 2 (see chapter 2), bodies which describe active dimensions of embodiment, with bodies as they are *given over to* the

world and reacted to by the world. “We live our body not only as actors in the world but also as beings who invite action on our bodies by others” (Feenberg, 2003, p. 103). *This is not to say that these bodies no longer have agency nor that they are entirely dependent or passive*, but rather to acknowledge the ways in which our bodies belong to or are handed over to the world. Human beings are “dependent” in the sense that we depend upon others, to varying degrees at various times, to create our experiences. Merleau-Ponty's concept of “reversibility” helps to illustrate the way in which one may inhabit the dependent aspect of one's embodied existence, yet still remain an agent or a subject:

When I press my two hands together, it is not a matter of two sensations felt together as one perceives two objects placed side by side, but of an ambiguous set-up in which both hands can alternate roles of 'touching' and being 'touched.'... In other words, in this bundle of bones and muscles which my right hand presents to my left, I can anticipate for an instant the integument or incarnation of that other right hand... The body catches itself from the outside... it tries to touch itself while being touched, and initiates a 'kind of reflection' which is sufficient to distinguish it from objects...” (Merleau-Ponty, 1962, pp. 106-107).

One may be in the position of touched and at once be a body that is able to initiate touch. Merleau-Ponty describes this in terms of two hands touching one another, but this seems to apply to two bodies in a sexual encounter, as well. Because Michael can respond to Susan's touch and identify himself as one who is touching back, he is not a lifeless object-body. He possesses the possibility of “reversing” the situation by accepting or responding to Susan's actions, creating an ambiguity between being the one who is touched and the one who is touching. Michael's experiences of himself as a body, including as a sexual body, come from his experience of being an active body, but also from his experiences of his body being acted upon.

The body described here as a “dependent body” is a particular type of *passive body* in which “our time horizon shrinks as we no longer control or plan the next

sensation, yet we remain exquisitely alert” (Feenberg, 2003, p. 103). The dependent body conveys the “lived first-person experience of our own instrumentalized status” (Feenberg, 2003, p. 103). Michael seems to “hand himself over” to the new experience of dildo sex, as well as handing himself over as a dildonic body to Susan, in their first sexual experience with the strap-on dildo. Michael is “caught... by total surprise” (Warkentin et. al., 2006, p. 391) at how “natural” sex feels when he is using the strap-on dildo. It seems that Michael did not have a plan or a goal for this act. Part of Michael's surprise is a response to Susan's actions. Michael describes that during this first instance of dildo sex, Susan “reached down and held my penis in her hand... There was little sensory difference between this act and intercourse—my penis was not in her vagina but it did not know that” (Warkentin et. al., 2006, p. 391). Michael says “I had not expected to achieve an orgasm and was astonished that it happened” (Warkentin et. al., 2006, p. 391). Susan's independent actions provide the first steps to incorporating the dildo into Michael's sexual body and into their shared sexual life.

The dependent body as an aspect of the sexual body seems to be particularly relevant for aspects of Michael's and Schneider's experience that are overlooked in Merleau-Ponty's account of normal sexuality (which seems to emphasize active pursuit of sexual climax). In sex, the body may lose its position as a spectator or object for itself, and instead become a more “immediate” form of consciousness (Feenberg, 2003). In other words, sex is “a relation between subjectivized bodies” (Feenberg, 2003, p. 103). Each subject attempts to bring about this subject-mode in the other, calling the other more into immediate experience and sensation. “Sex is the construction of the dependent body of this other” (Feenberg, 2003, p. 103). Merleau-Ponty's account of normal sexuality

seems to overlook the experience of having oneself called forth as a dependent body, or the experience of being the body that is touched. Again, this body retains subjectivity and is not a mere object-body. In fact, the experience of being called into the immediate moment or experiencing himself as a dependent body is the opposite of Michael's experience prior to dildo incorporation, when he felt depressed and rejected multiple interventions upon his object-body as viable solutions (i.e., "Viagra... a vacuum erection device... a surgically implanted penile prosthesis" (Warkentin et. al., 2006, p. 390)). The experience of a body in pain or disease is described by Drew Leder: "I no longer simply 'am' my body, the set of unthematized powers from which I exist. Now I 'have' a body, a perceived object in the world" (1990, p. 77). The body itself is a clumsy, incomplete, or pathological object viewed from without. Alternately, with the help of his partner, Michael's body goes from being a pathological object to a sexual body, and the dildo goes from being an external object to an extension of himself.

Michael, and to some extent an alternative reading of Schneider's case, give a response to the question of what it is like to be an object of action, or to have the lived experience of sexual passivity as an aspect of overall sexual being. Their responsiveness or receptiveness in sex, rather than demonstrating deficient sexuality, reveal the dependence upon the other that partially characterizes sexuality. Schneider lacks an ability to objectively assess a situation (i.e., to tell the difference between a story and a riddle, to tell the difference between play-acting and reality (Merleau-Ponty, 1962)) and seems stuck in the immediate, to the point that he is unable to think into the future beyond the tasks immediately before him. This seems to place Schneider in a permanent mode of dependent sexual partner, existing in the immediate moment.

Michael describes coming to feel that sexuality is restored after feeling accepted by his partner, or rather, feeling that his dildo-body has been accepted: “sexual satisfaction has become easier, because both of us have come to accept the dildo as part of our sex play” (Warkentin et. al., 2006, p. 392). This acceptance allows his observing consciousness to recede and he simply enjoys sex in the immediate moment. He is immersed in the imaginative sexual realm and experiences the dildo as an extension of his flesh. Michael describes sex using the dildo, even the first time, as feeling “natural” (Warkentin et. al., 2006, p. 391), meaning the dildo has already become a “transparent” part of his experience or “ready to hand” (see chapter 2). Acceptance allows Michael to return to his body and return to immediate experience.

Passing, Acceptance, and Love

Feenberg (2003) elaborates a second kind of passive body which he calls the “extended body,” characterized not by our ability to extend our body schema through incorporation of tools, but by what this incorporation signifies to others. He adds that the body not only “acts through a technical mediation, but also a body that signifies itself through that mediation” (p. 105), suggesting ways for others to respond to one's body (Feenberg, 2003). Merleau-Ponty's example of the blind man whose body schema is extended by a walking stick (see chapter 2), for instance, does not only experience bodily extension in the realm of body activity. “The cane does more than sense the world; it also reveals the blind man as blind” meaning his body is extended “also in the passive dimension of its own objectivity” (Feenberg, 2003, p. 105). This leads others to recognize and respond (helpfully, Feenberg assumes) to his blindness, and the blind man “has a non-specific awareness” of these responses and the general world they compose

for him (Feenberg, 2003, p. 105). The extended body denotes the aspect of experience which is about the “consequences for bodily objectivity and the subject's awareness of those consequences” (Feenberg, 2003, p. 104).

Of course, there are a range of ways that others might respond to one's body, and the way in which a body is instrumentally extended might provide a suggestion to others but does not necessarily elicit a particular response. Butler (2004) writes, “to be a body is to be given over to others even as a body is, emphatically, 'one's own'” (p. 20), and “my body is and is not mine... my body relates me—*against my will* and from the start—to others” (p. 21, italics added). Feenberg (2003) seems to assume that others, upon recognizing the blind man's cane as a signifier of his blindness will respond to his dependent body *helpfully*, but there are a range of responses possible once his body is handed over to the world in this way. We are left quite vulnerable to the responses of others to and upon our bodies. We are our bodies, but our bodies are not entirely our own. The way in which our bodies are given over to others also indicates the limitations of sexual autonomy and how others shape our sexuality. The extended body “signifies itself through mediation” and the subject's awareness of its “bodily objectivity” to others shape experience (Feenberg, 2003). This includes significations of sex, gender, sexual orientation, etc. among other aspects of self-presentation (Feenberg, 2003).

Hale (1998) notes that “the operation” for FTMs, often naively conceived as a phalloplasty or a “phallic cure” for the “transsexual man's... condition” (p. 328) is a “distorting imposition” (p. 329). To conceive of “the operation” in this way is to understand the ftm's “gender identification as being primarily about absence of and desire for a cock” (Hale, 1998, p. 329). Indeed, if the aim of transition is to be one's felt sex or

gender, then one aim of the operation is to change one's signifying, object body such that what it signifies to others is consistent with who one feels one is or desires to be. This is more than a visual change. If the goal of transformations on the passive body (as one aspect of embodied experience, the aspect in which one is given over to others) is to communicate one's identity to others in order that others are better able to co-create one's world, such that one can have a different experience of his own embodiment, then top surgery (removing and reshaping breasts into a male-looking chest) would be more significant than bottom surgery (constructing a penis for an ftm):

The most heavily weighted physical characteristic in making the gender attribution “female” to adults is the presence of breasts, whereas the most heavily weighted physical characteristic in making the attribution “male” is the presence of a penis. (Hale, 1998, p. 330)

Zita (1998) explains that “passing” is not a strong enough term, given the importance of others' responses to the passive body. “Passing' implies pretense and lying, not a new ontological reading of the body's sex,” adding that “when our 'male lesbian' fails to maintain a consistent female identity at all times, this is... an indication of the individual's inability to control overdetermined hegemonic readings from the outside world forced on the body” (Zita, 1998, p. 106). The “new ontology” implies a stable state and something maintained “at all times,” but difficult to maintain when in conflict with hegemonic ideas about how body and identity align. “The very 'I' is called into question by its relation to the one to whom I address myself” (Butler, 2004, p. 19). Consistent reading of one's body by others as different than one desires that it be read, as in the example of the male lesbian, “definitively 'sexes' his body,” (p. 106). Thus, how others read and interpret the body impacts one's felt identity, and leads this identity to waver when one is continually mis-read and affects one's experience from moment to

moment.

It is through Susan's mediation that Michael comes to inhabit his new dildonic sexual body, or through which the dildo comes to signify a sexual extension of Michael's body (rather than a medical device or a means for mockery, as Michael envisions the dildo prior to Susan's mediation). Susan enables particular forms of experience in him, but there is certainly not a single, given way of responding to him. Indeed, Michael seems to sense this with his reluctance to “go into a sex shop to buy a dildo,” fantasizing that he, and the dildonically extended body he had just allowed himself to envision becoming, would be “identified and mocked by someone who knew me” (Warkentin et. al., 2006, p. 391) instead of embraced and adored, as it is by his partner. Beyond this, it is Susan's mediation that allows Michael to form a new sexual identity that includes the dildo. Michael “passes” as a dildonic sexual body through Susan's recognition, or in other words, Susan allows Michael's sexual body to inhabit the dildo, and his transformation begins. This feat is especially impressive given the constraining forces set against alternative modes of sexuality, as discussed in the next chapter.

Walker & Robinson (2010), in their study of heterosexual couples in which the male partner has undergone the same hormonal prostate cancer treatment as Michael, find that these couples continue having satisfying sex lives when they are “unwilling to accept a loss of sex,” are “open-minded about specific strategies,” and “placed great emphasis on increasing relational intimacy” (p. 885). Together, the partners develop a way of understanding and responding to the androgen deprivation therapy and prostate cancer that does not render the male partner asexual or deficient. They become flexible and open to new modes of sexuality and maintain a loving, intimate relationship. In their

analysis of an interview of a woman whose husband had undergone prostate removal, Rennie and Fergus (2006) comment on the way this couple shares experience: “[The love] has taken shape on its own, so that one [becomes] transformed by it” (p. 492). In Michael's case, love is a force of literal transformation, allowing his new body to come into being. Michael's case demonstrates “how a thing or being begins to exist for us through desire or love” (Merleau-Ponty, 1962, p. 178).

Conclusions

Identity and sexualities exist in the world of others and objects, not simply in the individual mind or in reflexive action. As Merleau-Ponty describes, sexuality is a mode of relation. This chapter has been an attempt to elaborate sexuality as a mode of relation by presenting sexuality as an “event” between two people, rather than something that emerges as a purposive action from a single (male) person. This chapter also attempted to discuss sexuality outside of normative ways of viewing the body and sexual behavior, instead presenting sexuality as a complex aspect of self that is bound up with identity. Recognizing the variability of bodies and refusing to establish a body norm also allows bodies to become more playful—they are not attempting to approximate “normal” bodies nor are they resigned to a partial life as partial and broken bodies, but instead offer a new narrative of the self. Michael emerges from his experience with a new body and new sexual horizon.

The following chapter will discuss clinical implications that follow from this view of sexuality and the body as imaginative and co-created. This discussion not only applies to Michael or patients with issues surrounding sexuality and identity, but has implications

for clinical conceptualizations of sexuality and embodiment generally.

Chapter 5: Clinical Implications

This chapter discusses implications for clinical practice based on Michael's experience. It draws together and integrates findings from previous chapters and discusses their clinical implications. It also places Michael's case in the context of the medical model views of human sexuality and masculinity that it defies, and suggests an alternate view of sexuality.

The first part of this chapter places Michael's case in the context of clinical (particularly, psychological, psychiatric, and medical) discourses about sexuality, sex, and gender. It addresses the dominant medical model in particular and its construction of norms in the areas of gendered expression and sexual behavior. This part of the chapter examines clinical perspectives on transsexuality/ gender identity disorder and impotence/ erectile dysfunction in particular, since these conditions/ diagnoses/ disorders/ etc. reveal the medical model's view of sexuality, gender, and the body. This also includes debates about what should be defined as a disease and the problems or advantages of doing so and what it means to think of impotence or transsexual desires as disease (akin to the previous chapter's question about whether it is appropriate to view Michael and Schneider as flawed or deficient). Impasses and problems with the most common clinical views of the body, i.e., views which tend to be pathologizing and grounded in the medical model, are articulated. Elaborating these discourses also reveals how remarkable Michael's case is, and how he and his partner develop a mode of sexuality together that falls outside of these discourses.

The second part of the chapter is a clinical discussion of Michael's case and general clinical implications which follow. It explores how Michael works around some

of the limitations of medical model discourses. This conceptualization is intended to bypass divisions present in the questions: Is his condition a disease or an acceptable form of difference? Is it a condition of the body, a medical problem, or of the mind, a psychological problem? Following Jay Prosser's analysis of transsexuality, this chapter uses Didier Anzieu's concept of the skin ego to talk about Michael's case in an embodied way. Anzieu seems to loosen the definition of what the body “should” be, and what masculinity looks like. The self is returned to the body rather than the abstract norm implied in the medical model and the textual, non-fleshy, theoretical body presented in the extremes of gender flexibility. We might conclude that what Michael's lesbian friend does for him is what this chapter hopes to accomplish more broadly—to offer an understanding of sexuality that emphasizes its imaginative, playful, and transformative aspects.

I. Discourses on Sexuality

Not surprisingly, like so many other cancer patients sexually incapacitated by modern medicine, I was clinically depressed within a few months of starting hormonal therapy.

– Warkentin, K., Gray, R., & Wassersug, R., 2006, p. 391

When Michael begins treatments his for his prostate cancer, he is at odds with but also seems trapped by medical discourses. Although they saved him from cancer, Michael sees medical interventions as enemies of his sexual well-being. He cites “modern medicine” as the source of his “sexual [incapacitation].” Michael's language, “my cancer treatments and the sexual dysfunction they caused,” points clearly to medical intervention (“radical prostatectomy and salvage radiotherapy” in addition to androgen deprivation therapy (Warkentin et. al., 2006, p. 389)) as the source of his sexual

problems. Beyond sexually incapacitating him in the first place, medical interventions leave Michael no useful solutions to his sexual problems. He states, “Neither Viagra nor a vacuum erection device worked for me. I am loath to inject drugs into my penis or have surgically implanted penile prosthesis, the remaining medical options for treating ED” (Warkentin et. al., 2006, p. 390) As the case study authors note, “Patients on antiandrogen therapy are particularly unlikely to find the common medical interventions helpful” for impotence, as these treatments are typically ineffective or deeply unappealing following the medical interventions they undergo to treat their cancer (Warkentin et. al., 2006, p. 390).

This section elaborates how psychology and related fields have approached sex and gender issues historically, up to current debates about the status of sex and gender in the upcoming DSM-V. The focus here is particularly on transgender and transsexual identities and on impotence as a sexual disorder, and what the overlap reveals about clinical and popular perspectives on sex and gender. This section is meant to offer a sense of how sex, gender, and the body are regarded in popular and clinical discourse, and provides background for the next section, which elaborates an alternative approach with findings from Michael's case.

Dysfunctional Male Bodies

It seems that medical approaches not only “incapacitate” Michael in terms of causing his impotence through hormonal treatments, but also sexually incapacitate him in the way the medical model views and constructs sexuality and masculinity. That is, the medical approach seems to view sex as a problem to be solved. All of the interventions suggested to Michael, from Viagra to a penile implant, are focused on helping him to

achieve an erection. The authors of his original case study call this the “coital imperative,” explaining that, “Most treatments of erectile dysfunction (ED) focus narrowly on restoring erectile function and coitus” (Warkentin, K., Gray, R., & Wassersug, R., 2006, p. 390). Michael is “incapacitated” as a man in the medical model, since masculinity is strictly defined as the ability to achieve and sustain an erection, and incapacitated as sexual, since sex seems narrowly defined as coitus.

Angus McLaren, in his historical account of impotence, discusses how impotence came to be constituted as a medical problem, something to be solved via medical intervention rather than explored in the context of a relationship. In 1952, impotence was listed in the DSM as a psychological problem (McLaren, 2007), and it has since moved more in the direction of medical problem. Pfizer, makers of Viagra, retitled the problem “erectile dysfunction” (McLaren, 2007, p. 241), giving the problem a name implying a problem with bodily functioning and also implying that one *should* have functioning erections— that not to have erections meant one was not functioning appropriately.

Masculinity also came to be associated with genital responsiveness (similar to the discussion in ch.3 of this dissertation, in which masculinity is defined in terms of the phallus), e.g. 'he *is* impotent’ (McLaren, 2007, p. 252). This also implies “that sex necessarily meant penetration” by “narrowing the definition of male arousal” (McLaren, 2007, p. 252). This increasingly narrow norm of health means the definition of healthy male becomes harder to achieve and more all-encompassing, the medical model pushes further that men are mostly their erections, or that erections are all that matter in the sexual realm. McLaren notes, “...Biotechnology is being used to 'fix' or enhance heterosexual male confidence and power, and thus avert 'masculinity in crisis.'” (2007, p.

236) and “Men were egged on to take Viagra, not in order to sire children, but to match a certain standard of masculinity” (2007, p. 250).

McLaren notes that, “Urologists turned to male sexual dysfunctions in search of more patients. It obviously served their purposes to medicalize the issue of impotence and exaggerate its extent” (McLaren, 2007, p. 240). The marketing of Viagra changed over time; specifically, toward a younger range of men (McLaren, 2007), redefining normal male sexuality as a sort of “sexual athlete” (McLaren, 2007, p. 248). For some time, the target audience remained heterosexual, advertising heterosexual penetration (McLaren, 2007, p. 252), but gradually moved on to include men who did not identify as heterosexual, as well. Overall, it seems that the discourse has gradually moved in the direction of producing a narrower range of normalcy. While the medical model may recognize more men, i.e., has extended its reach to gay men, in doing so it also imposes its norms on them as a group. “Some critics worried that one was moving from an age of diversity to a 'new uniformity'” (McLaren, 2007, p. 259), in that a new sexual norm was being put forth, sexual diversity was no longer regarded as normal, and the definition of sexual normalcy narrowed to include all sorts of men (young, old, gay, straight). The medical model reinforces a single, narrow norm of masculinity and male sexuality, creating an increasingly large audience for medical intervention. Rather than adapt and change their sexual activities according to context, men are pressed to match an increasingly narrow norm.

Set against this background, Michael's case seems particularly noteworthy. He and Susan are able to conceptualize sexuality not as a problem to be solved, but as a playful process. Michael finds that available discourses about sexuality do not

adequately meet his embodied experience, and he and Susan set about making a new discourse around sexuality. The next major section of this chapter goes into greater detail about clinical implications one may draw from this process and alternate ways of clinically conceptualizing sexuality.

Transsexual Diagnosis

For all of the problems the medical model has with conceptualizing sex and gender, it seems paradoxically to recognize the significance of the body for identity in its urgency to restore erect penises to men; that is, the medical model seems to recognize the significance that maintaining erections has for the masculine identity of some men. The same might be said of the medical model's view of transsexuality (or, "Gender Identity Disorder" or GID, mirroring the language of disorder and dysfunction used to re-title impotence as "erectile dysfunction"), since "...the treatment proposed for the most serious manifestation of GID (transsexualism) doesn't try to cure us of the 'disorder'; rather, it concurs with our own narrative, compelling us into it as a way of resolving it" (Prosser, 2005, pp. 106-07). Prosser (2005) discusses "how transsexual autobiography emerges at a homologous moment: when the transsexual autobiographer seizes on the self as a medicodiscursive object" (p. 126). In other words, transsexuals came to have a distinct identity and the beginning of a means of self-recognition through medical discourse.

Regarding transsexuality as a medical problem also designates it as an embodied condition, acknowledging the physical significance of transsexuality rather than claiming it is "all in the head" (similar to redefining impotence as a medical "dysfunction"). Harry Benjamin is credited with the "invention of the transsexual" (or rather, the recognition of transsexual people as a distinct group), naming transsexuals and distinguishing them from

other categories, such as the category of homosexuals (Prosser, 2005). This distinction informs clinical practice and DSM taxonomy follows suit. The DSM diagnosis of GID “doesn't try to cure us of the 'disorder'; rather, it concurs with our own narrative, propelling us into it as a way of resolving it” (Prosser, 2005, p. 107).

This is a general trend for clinical diagnosis. DSM-III included “premature ejaculation, inhibited orgasm, transsexualism, and gender identity disorder of childhood” and for the first time included “some different criteria sets for males and females” (Widiger, 2007, p. 21). Over time (including up to the present debates around DSM-V) information has become more specific according to gender and sexual identity. This is the first time the DSM acknowledged gender dysphoria as well, with the diagnoses Gender Identity Disorder in Children (GIDC) and Transsexualism (Drescher, 2010). This established “transgender subjectivities as a unique psychological phenomenon in its own right” (Drescher, 2010, p. 437) to the DSM-using community, beyond Benjamin's initial “discovery.”

Prosser (2005) argues for the continuous presence of transsexuals, not as produced by discourse but as productive of it, explaining,

the consistence and continuity of this narrative and its conventions... produced a medical discourse around transgender that led to the writing of a transsexual diagnosis in DSM-III. The diagnosis then stands for a recognition of the 'trans-history'... of trans narratives” (pp. 133-34).

In other words, the diagnosis emerges from a common transsexual narrative (“autobiography in the clinician's office”, Prosser, 2005, p. 104). This is opposed to the idea that transsexual subjectivity is constituted through a diagnosis, or through expert clinical knowledge. Rather than being produced by discourse, transsexuals found a place in discourse through the clinical and medical. Recognition of gender dysphoria as a

mental health concern has the function of presenting “sexual reassignment surgeries 'as a legitimate treatment and not an elective or cosmetic surgery” (Lev, 2005, p. 53, quoting Pauly). The presence of a GID diagnosis brings “some benefit and recognition to an underserved and disenfranchised community” (Lev, 2005, p. 53).

Discursive Elisions

Despite the advantages discursive recognition brings to transsexual, the medical model's narrow views of sex, gender, and the body is reflected in its discourse on transsexuality, just as they are in its views of impotence. Like the medical views of impotence, “the diagnostic criteria of both GID and TF are based in stereotypical sexist and heterosexist assumptions regarding normative male and female experience, as serves to reify a traditional gender-based hegemony” (Lev, 2005, p. 43). For a person to receive the medical interventions involved in sex transition, they must fit a particular narrative. Lev (2005) notes that “many of the diagnoses in the current DSM are the legacy of... early explorations into human sexual deviations from what was presumed common” (p. 38), although Kinsey's research had, at that point, called into question notions about common or normal sexuality (Lev, 2005). Therefore, a major argument against the value of medical discourses for transsexuality is the way these discourses serve to marginalize and restrict transsexual identity. Scientific discourses, such as medical and clinical discourses, establish norms and deviations from those norms, elaborating and describing deviations, and establishing norms and deviations as markers of identity rather than activities.

Even insofar as the medical model provides recognition and distinction for transsexuals, and is a means to providing medical and psychological resources for them,

it nevertheless restricts potential identities (i.e., some people may not be able to recognize themselves in the discourse provided by medicine, or may be specifically excluded from it—even as discourses proliferate, this seems to do more to reinforce a norm than allow for greater varieties of difference). “The medical model has... left a problematic legacy by reinforcing the gender binary and therefore legitimizing only certain kinds of gender dysphoric people, and eliminating, or severely restricting, access to medical treatments for people whose gender-variant expression follows atypical patterns” (Lev, 2005, p. 45). Lev (2005, citing Carroll, 1999) states, “Clinicians and transgender individuals themselves are finding that these categories are inadequate to describe the possible resolutions to cross-gender experience” (p. 45), meaning that the DSM representation of transgender and transsexual experience (“gender dysphoria”) describes, at best, a subpopulation of this overall group—indeed, “the vast majority of research has focused on studying natal males who apply for treatments through approved Gender Clinics” and excludes, for examples, “FTMs, trans-identified butches, genderqueer [populations],” etc. (p. 45).

In other words, in providing a transsexual narrative, the medical model also delimits this narrative. Butler, 2004, p. 71: “...for the most part the gender essentialist position... must be voiced for transsexual surgery to take place, and that someone who comes in with a sense of the gender as changeable will have a more difficult time convincing psychiatrists and doctors to perform surgery.” If one's experience does not fit an established discourse, one will not receive the cooperation of medical institutions.

The gatekeeping system requires that people who desire medical treatments have the same standardized autobiography... Cross-gendered people cannot simply request services, but must fit a proscribed narrative to be eligible for services... Those who are approved and pass through the gate have refined the same

'transsexual narrative,' validating it as *the* transsexual trajectory (Lev, 2005, p. 54). Prosser (2005) notes as well that “the standardization also renders some stories unintelligible... censoring the number of possible legitimate transsexual tales... the diagnosis acts as a narrative filter” (p. 107). The clinician is given a great deal of power to approve or deny the transsexual patient's narrative. Indeed, “The clinician's reading thus officially confers and by the same token may defer transsexual subjectivity” (Prosser, 2005, p. 108). It would seem, then, that the discourse doesn't really flow “up” from transsexual experience (at least not from the experience of all transsexuals), but is reified via expert knowledge. Transsexuality becomes a specific discourse that embodiment is forced to meet.

Towards an Alternate View of Sex

This trend is towards a proliferation of discourses about sexuality. By “transforming sex into discourse” (Foucault, 1978, p. 22) aspects of sexuality are recognized and put into discourse, leading to the recognition of groups that were previously outside of discourse. However, this also leads to narrowing norms within these recognized groups as the groups become more encased in a discourse. Varied experiences are again left outside of discourse. At points when one does not fit,

Modernity has solved this problem by blaming, then erasing the subalterns: if proletarian, we cannot “really” be queer, if queer, not “really” proletarian, if unable to get up the stairs, not really mobile. I suggest that an inversion: we are real, and if the stairs or the categories do not work, they should be redesigned (Jensen, 2009, p. 63).

How, then, do we as clinicians do what works and respond to real bodies and real situations, including those that are not readily taken up by current discourses?

Michael's situation provides an opportunity to explore this question. Michael

observes, in his narrative, that the discourses he knows do not adequately meet his experience (just as some transsexuals may not meet the proscribed transsexual discourse.

He writes,

I knew then that I could not seriously think of this piece of purple plastic as a medical appliance. This was important in my reconceptualizing the situation. Whatever I was going to do with the dildo was not in anyway [sic] a 'cure' for ED nor was it meant to restore my masculine sense of sexuality. If this was going to work, it was because it was something completely different. I had to stop thinking about this clinically..." (Warkentin, K., Gray, R., & Wassersug, R., 2006, p. 391).

Present discourses limit our way of understanding the change in Michael's sexuality.

Discourses about impotence and masculinity are not adequate for Michael's experience, and medical discourses are also unhelpful, in the same way they may fail to serve other sexual minorities. As noted in the previous chapter, imagination and relation are significant for transition, and for the development and emergence of identity. It seems to be the job of psychologists, then, to sustain and encourage this playfulness and broad definitions of sexuality and identity, as well as maintaining an emphasis on what works rather than achieving a socially-imposed ideal. In other words, rather than restoring hegemonic masculinity to Michael, a clinician might find a way to aid Michael in exploring the possibilities offered by his actual body.

The goal of this chapter might also be understood as elaborating alternative discourses on sexuality, as Michael's lesbian friend does for Michael when he tells her about his problems. Clinicians might follow her lead by remaining open to discoveries about sexuality that are obscured by current discourses as well as helping people find their way into their own discourses. The next section reconceptualizes Michael's case based on a more open, playful approach to sexuality and identity, and includes suggestions for clinicians.

II. Clinical Concepts

I myself would oppose the formula: 'the unconscious is structured like a language' with a formulation that is implicit in Freud: 'the unconscious is the body.' The unconscious seems to me to be structured like the body.

– Didier Anzieu, 1990, p. 43

Anzieu and the Skin Ego

The psychoanalytic practitioner Didier Anzieu provides a means for clinically conceptualizing and elaborating findings from Michael's case. Anzieu's approach is helpful for a number of reasons, including his emphasis on the body and other people as sources of identity, and his emphasis on conceptual and clinical imaginativeness and playfulness. This imaginativeness also leads to a more complex, less narrow and normative view of health.

Anzieu's approach also seems to bypass rigid conceptual divisions such as those between material and representation, since he is able to see the body as both, and to see these as intimately related features of the body. This section provides a way of understanding Michael's case that does not overemphasize language or the mind, but recognizes the significance of the body. This discussion will, as Anzieu prefers to do with psychoanalytic texts, follow the spirit rather than the letter. That is to say, Anzieu's concept of the “skin ego” will serve as a starting point for an imaginative psychoanalytic conceptualization of Michael that reflects a clinical way of thinking about bodies which contrasts with the popular views, elaborated above.

* * *

Anzieu emphasizes the significance of the body in identity formation. He explains that “every psychical phenomenon develops in constant reference to bodily

experience” (Anzieu, 1975, p. 84 and p. 96), i.e., that one becomes who one is based on embodied experiences. Anzieu's emphasis is particularly on the surface of the body, the skin. Anzieu presents an ambiguous distinction between “the real organ with its structure and physiology and the imaginary one which the subject constructs as an envelope out of different experiences, including physical and emotional traumas, pain and pleasure, varieties of holding, and fantasy” (Kirshner, 1990, p. 544). In other words, the psyche, the self, or identity, is an ambiguously biological and fantasied entity. This presents a contrast to the over-simplified approach the medical model offers of psyche and soma: “the psycho-physiologist tends to reduce the living body to the nervous system and behavior to cerebral activities by which it is programmed through a process of collection, analysis and synthesis of information” (Anzieu, 1975, p. 3). Instead, the self and the body's surface are more complex and interactive than the medical model may recognize. Recognizing this complexity may help in cases like Michael's, where the living body is clearly more than the nervous system.

Anzieu's concept of the “Skin Ego” emerges from Freud's notion that “The ego is first and foremost a bodily ego” (or “body ego,” in a later work by Freud) (Anzieu, 1975, p. 85). Anzieu posits that tactile, sensory experiences transform into thoughts and symbols (1975, p. 230) and states that “The Skin Ego is a reality of the order of phantasy” (Anzieu, 1975, p. 4). This means that our embodied experiences form our concepts about ourselves and the world, or that the body is formative of the self. It seems that this is what happens in Michael's case, as his embodied experiences permit him to accept the dildo as an extension of his own body. As discussed in chapter 3 of this dissertation, physical bodies, including skin, are “Not simply costumes for our experience

of our bodies, our theoretical conceptions of the body are foundationally formed by and reformative of them” (Prosser, 2005, p. 96). Bodily experience is not predicated upon discourse, but contributes to the formation of discourse (also as discussed in chapter 3).

Anzieu characterizes the ego, like the skin and as it is coincident with the skin, as an “interface.” It is a point of contact between inside and outside, and self and other. “The Ego is at once subject (the pronoun 'I' is used to refer to it) and object (it is called the 'Self’)” (Anzieu, 1975, p. 91). The skin and the ego are paradoxically inside and outside of a body, the surfaces for meeting the world. Anzieu quotes Freud speaking about the formation of the ego (1975, p. 84):

A person's own body, and above all its surface, is a place from which both external and internal perceptions may spring. It is *seen* like any other object, but to the *touch* it yields two kinds of sensations, one of which may be equivalent to an internal perception.

Skin is meeting point for feeling and language, for acting and being acted upon. It is the “point of contact between material body and body image, between visible and felt matter” (Prosser, 2005, p. 72). It makes sense for identity to emerge from this place, and that a change to the body is a change to oneself. The skin is what expands to encompass other objects, to cover new surfaces, akin to a new sensory horizon. Anzieu also recognizes the significance of others in forming identity, which is demonstrated in Michael's experience with Susan (as discussed in chapter 4), and is a major reason for Anzieu's emphasis on the body's surface. The body, particularly the surface of the body, is where one meets others, as the place where “I” am.

In addition to placing an emphasis on shared experience and on embodiment, Anzieu attempts to bypass rigid divisions between the biological and cognitive, between the embodied and the psychological, and between the body and representation. Anzieu

writes, “Western thought has been obsessed with a particular epistemological conception, whereby the acquisition of knowledge is seen as a process of breaking through an outer shell to an inner core or nucleus” (1975, p. 9). This fits the dualistic notion of an “inner self” with an exterior body, as well as the idea of “having” a psychological or medical disorder—the disorder is presented as being contained in an individual, rather than representing a perspective on the way an individual lives her body or a condition that involves others as much as the identified disordered person. Anzieu (1975) relocates significance in the body, particularly the surface of the body, asking “what if thought were as much an affair of the skin as of the brain?” (p. 9). Instead of “breaking through” a surface, thinking is “a matter of relations between surfaces” (Anzieu, 1975, p. 10), a kind of touching and being touched simultaneously. He explains that,

By placing emphasis on the skin as a basic datum that is both of an organic and an imaginary order, both a system for protecting our individuality and a first instrument and site of interaction with others, I am seeking to bring into being another model—one resting on a solid biological foundation, out of which our interaction with the environment arises, and which respects the specificity of psychical phenomena in relation to both organic and social realities. (Anzieu, 1975, p. 3)

This model contrasts with the medical model, instead emphasizing the body and relationality, and offers an alternative approach for formulating cases. Michael's transformation seems to be a process of finding and creating a discourse as well as responding to events that take place on the surface of his body. A change to the body is a change to a person's psyche, for they are intimately connected.

Anzieu places an emphasis on theoretical playfulness, which fits the playfulness that goes into Michael's transformation, and also the playfulness that goes into elaborating an under-explored phenomenon. Anzieu explains, “My idea of the Skin Ego

is, admittedly, a metaphor of very broad scope” (Anzieu, 1975, p. 6). The Skin Ego seems to be a concept open to development and adaptation. In discussing Michael's case, this chapter takes up Anzieu's invitation to be imaginative and to apply his concepts liberally. Anzieu (1975) states, “In these last decades of the twentieth century, psychoanalysis seems to me to have greater need of people who think in images than of learned scholars, scholiasts and abstract or formalistic thinkers” (p. 6) and also, “[The success of] contemporary psycho-pharmacological research... has... brought about a narrowing of both the field of observation and the theoretical field” (p. 3). In other words, theoretical openness and playfulness are missing and concepts are becoming more rigid—Anzieu is calling for imaginative play in clinical theory.

In addition to theoretical playfulness, Anzieu emphasizes conceptual openness and experimentation when applying these ideas to clinical practice. He emphasizes finding and doing what works in clinically. Anzieu states (in a 1975 statement cited by René Kaës),

The question is not to repeat what Freud found when faced with the crises of the Victorian era, but to find a psychoanalytic response to mankind's malaise in the civilization in which we live. Work such as that of psychoanalysis needs to be done wherever the unconscious arises, standing, seated or lying down; individually, in a group or in a family, wherever a subject can allow his anxieties and fantasies to speak out to someone who is supposed to listen to them and is likely to help him understand them.

As noted in the previous section of this chapter, clinicians are over-prepared to reflect dominant discourses, or overly ready to read the familiar into their patients, whether this is a particular narrative (such as those about masculinity or transsexuality), a rigid psychoanalytic perspective, or a rigid “psychophysiological” viewpoint. “The hermeneutics of suspicion are reversed and reflected back on the clinicians themselves”

(Prosser, 2005, p. 113). Clinicians may fall into the position of viewing the world through a given discourse which renders certain experiences from becoming visible or intelligible to them. Anzieu encourages clinicians to stay open and imaginative, which seems necessary for engaging clinically with someone undergoing a transition or adjustment, i.e., someone who is finding her or his own meaning that may or may not fit available discourses. In other words, it is the clinician's duty to adapt practice to fit patients' needs. Clinical concepts cannot be applied too rigidly; it is best to work with loose ideas rather than an inflexible barrier. Analytic concepts are regenerative and flexible, like skin.

Finally, Anzieu writes “I hope the idea may stimulate freedom of thought among psychoanalysts and broaden the range of their interventions in the treatment of their patients” (Anzieu, 1975, p. 6). This discussion of Michael's case follows Anzieu's wish that the broad idea of the Skin Ego open up new ways of thinking and practicing clinically. This discussion accepts Anzieu's invitation to do what works, e.g., take therapy/ analysis in whatever mode and setting works and to explore boundaries of skin, Ego, and practice. References to clinicians are intended to refer to clinicians broadly, as Anzieu refers to the process of psychoanalysis broadly, above—the “analyst” could be a number of people who interact professionally with a patient like Michael, including doctors and psychologists. This is an encouragement to think differently (as Michael and Susan manage to do), and also to practice differently and experiment with technique (again, as Michael and Susan do).

The next section of this chapter further discusses clinical implications that may follow from Anzieu's emphasis on the significance of the body's surface and from the

phenomenon presented by Michael. Anzieu's theoretical playfulness seems to be an invitation for playful therapeutic *technique* and application of his concepts, as well. This playfulness seems to match the playfulness that takes place between Michael and Susan, and which allows Michael's transition to take place. A clinician may help a patient like Michael by employing and modeling this playful and imaginative attitude in the consulting room, and by maintaining a willingness to leave established discourses behind in the realm of clinical practice. This next section is an attempt to bring the body more centrally into therapeutic work, to attend to subjective and embodied cues in addition to discursive cues, including those aspects of embodiment which rupture discourse.

Clinical Thoughts and Suggestions

Michael experiences a rupture in his ego, his sense of self, when his physical body is damaged. The loss of a functional penis means losing a part of his identity and his "masculine sense of sexuality" (Warkentin et. al., 2006, p. 391). Medical model attempts to restore his erect penis do not work. Not only do these solutions fail in their own right, but they frame what was happening with Michael as a specific problem to be solved. Instead of regaining an erect penis or masculine sexuality, however, Michael is restored in a different way. He gains a different kind of sexual pleasure and undergoes changes to the surface of his body. For Michael, and for others in bodily transition, changes in the psychic skin parallel changes in the physical skin. This restoration is possible because Michael is able to experience the dildo as an extension of his sensory horizon. He also receives support from a friend who suggests an alternate way of conceptualizing the sexual body, and engages in mutual exploration with a caring and imaginative partner. Both of these supportive others frame dildo use as play without prior expectations, and

Michael does the same. This playful and exploratory attitude seems to open space for new sensory experiences that allow for a new kind of sexuality and the development of a unique sexuality between Michael and his partner, and a new sexual and personal identity for Michael. The dildo also becomes a kind of common skin between Michael and Susan, a shared nonverbal object of experience that holds memories, “imbued with the knowledge of... previous sexual satisfaction” (Warkentin et. al., 2006, p. 391). The dildo is not merely a symbol of sexuality, but marks an actual change to Michael's embodied experience—the dildo is denser and more substantive than a mere representation. Michael and Susan are able to accomplish a unique sexuality between them despite engrained discourses about sexuality, masculinity, and impotence. The following thoughts and suggestions for clinical practice are based on Michael's case and Anzieu's medical-model alternative way of clinical conceptualization. For the sake of convenience, the following speaks specifically to psychotherapists, but these suggestions may be applicable for many forms of clinical treatment, as suggested in the discussion of Anzieu, above.

* * *

What might a clinician do for Michael, or patients in some way like Michael? First of all, it seems that the clinician must provide a container for exploration. Rather than approaching Michael as a person *with a problem to solve*, a clinician might instead see Michael as a person *with a situation to explore*. The clinician's goal is not to restore to Michael a predetermined wholeness or normativity, but to restore Michael to himself. The clinician may regard the body as an event (see chapter 4), or as always in transition, a *becoming* which constitutes the way a person understands her or himself and the world.

The body is not understood as a merely anatomical entity, nor something separable from identity. Oliver Sacks equates the body ego (here, the skin ego) with proprioception, a sense of one's place and one's boundaries (Prosser, 2005, pp. 78-79). Michael stretches his skin to include the dildo, he undergoes a change in body image, but it takes place via the felt body. Like the body, the clinician might think of “the boundaries of the Ego... 'perpetually changing'... They vary from one individual to another... and in different phases of life, and they encompass different contents” (Anzieu, 1975, p. 90). The clinician’s reading of the body remains open to change and supplement.

Therapy, then, would involve recognizing and facilitating this transitional process. Rather than following a model of “breaking through” a skin or a surface, or of bringing what's inside to the outside, therapy would follow a model of *developing* a skin. Therapy, and the therapist, would act as a containing skin for the patient. Treatment can be a “skin of words” (Anzieu, 1975, pp. 203-04) that helps “re-establish symbolically a containing psychical skin that is able to make more bearable the pain caused by a wound to the real skin” (Anzieu, 1975, p. 205), “traumatic breaches” (Anzieu, 1975, p. 215) in the skin or in the psyche may be repaired via therapy. Therapy would enable the patient to develop a new “skin.”

“Developing a new skin” involves helping a patient to feel whole, or restored to wholeness, but a personal wholeness rather than a normative one (indeed, many practicing clinicians already work from this principle). In cases like Michael's in which someone has endured damage to the body and the ego or sense of identity, the clinician's job may be to help client accept and feel with his new body. The clinician cannot simply convince a patient that she is whole; for example, an attempt to convince Michael that he

is “still a man” if he does not feel like one without having erections would be problematic. Instead, the clinician might explore what the patient does feel like, and begin restoring her wholeness from there. The clinician might view her role as helping the client feel that her or his “skin envelope” is closed and containing rather than damaged, or to help the patient fill in wounds in the skin envelope or stretch the skin in new directions to contain the transitioning self. Anzieu notes that “to be oneself is first of all to have a skin of one's own and, secondly, to use it as a space in which one can experience sensations” (cited by Prosser, 2005, p. 61). Therapeutic space can allow patients to develop complete embodied identities upon which to base new experience, including literal sensory experience as Michael demonstrates.

Developing a skin is particularly important for problems that involve the sexual body:

...For the subject to acquire a sexual identity, two conditions must be fulfilled. One is a necessary condition: he must have a skin of his own, within which he can indeed feel himself to be a subject, to contain that identity. The other condition is that he must have sufficient experience... of the erogenous zones on that skin and the *jouissances* that may be enjoyed there” (Anzieu, 1975, p. 219).

Anzieu explains further, “[one must develop a Skin Ego] not only in order to accede to sexual identity... but in order first of all correctly to identify the site of erogenous excitation” (Anzieu, 1975, p. 221). For Michael, then, experiencing sexual enjoyment with the dildo, or identifying it as “a site of erogenous excitation” (even when it is not attached to him, as discussed in Michael's narrative) allows him to begin developing a new sexual identity, and vice versa—his partner's acceptance of his dildonic body allows Michael to experience greater enjoyment of it.

There are a number of ways for therapists to help create a therapeutic space in

which the patient can experience her own body and begin developing a psychic skin, many of which some therapists do as a matter of course. Simply looking at the patient may serve a containing function. A clinician may maintain a “visual envelope” for the patient's body by looking at the patient during treatment, as opposed to types of approaches which are focused on words only and in which a patient and therapist may not maintain any visual contact, such as when a patient in psychoanalysis lies on the couch. The clinician’s gaze may also simulate the mother’s gaze in early infancy, which serves a significant developmental and supportive function. The “visual envelope” is a way of communicating containment and acceptance of the patient’s body as well as maintaining a unity between body and language or representation.

Further, therapy provides a container or a “holding space” that completes the skin envelope (one of the functions of the skin ego). Creating a safe, containing space might also mean alterations to physical environment of the therapy space. Based on the idea of the skin ego, one might “modify the typical psychoanalytic setting by making a number of possible physical adjustments to it... but also by taking into account the disposition of the patient's body and his/ her representation of the analytic space within the analytic setting” (Anzieu, 1975, p. 12). For instance, a patient who feels inadequately contained by her skin and may regard the analytic space and analytic process as making painful contact with raw, uncontained contents may benefit not only from a modification of technique but may feel more comfortable in an altered space. This patient may, perhaps, wish to sit farther from the clinician. The clinician may find it useful to notice how the patient responds to the therapy setting as well as alterations or modifications of the setting. The therapy space is where the patient “tries on” a new skin or stretches her skin

to contain new life events, and the therapy setting (or at least, the patient's feelings and fantasies about the therapy setting) may influence this development.

Modifications of the environment, or a shift in the patient's feelings about the containing therapeutic space, offer the clinician some notion about shifts in the patient's containing skin ego. Anzieu suggests that a therapist should attend,

not only to the content and style of the patient's free associations, but also to the fluctuations of his/ her Ego; the analyst has to identify the moments when these fluctuations occur and to develop in the patient's Ego a sufficient consciousness (and one capable of surviving beyond the end of the analysis) of the modifications of its own boundaries (p. 90).

This means the therapist regards the patient as someone engaged in a process, not inflexible or tending toward a particular aim or goal. Therapy has to do with helping a patient develop her own containing skin. Again, the goal is not to “restore” something lost (in Michael's case, masculinity or masculine sexuality). Therapy, rather, is constructive. It restores a new wholeness or integrity that has to do with how the patient feels more so than her appearance or behavior with respect to a norm or narrative. This is not to say that physical alterations to the body's actual surface may not also be a part of therapeutic treatment, but that therapy itself aims to facilitate the creation of a complete psychic skin. The clinician may find it useful as well to notice the patient's “tactile reflexivity,” or the patient's experience of her own body (Anzieu, 1975, p. 62), including how the patient lives her body in the therapy setting. For instance, a clinician may observe how a patient uses her body to inhabit the space of the therapy room—whether she tends to withdraw and shrink into her seat, or whether she seems to fill the space.

The clinician may also frame her work in the context of the emerging space between partners; that is, rather than focusing on one individual, the clinician might focus

on what is created in a relationship. Attending to the context of the patient's development of a new skin also means awareness of the patient's social context—the skin is a biological as well as a social entity (Anzieu, 1975). Indeed, the skin is an interface between self and other, and the psychic develops in this space between. In Michael's case, his new identity and new body develop in the context of his relationship with his partner. It seems advisable, then, that a clinician working with Michael or anyone experiencing engaged in a process taking place in a relational context, would choose to bring the patient's partner into the therapy context, since therapy is not the only container for developing a new skin. Therapy might provide a safe, less restrictive space in which partners can explore sexual identity outside modes of dominant discourse.

Conclusions

The space a clinician creates is not only containing, but exploratory and playful. This playfulness and emphasis on constructing something new rather than restoring a patient to a norm also means rejecting conceptual rigidity in exchange for imagination and fluidity. This discussion has drawn out the importance of clinician's task to be open and playful theoretically and in technical application. Michael is open to try out a new way of understanding the body when he accepts his lesbian friend's suggestion that one can enjoy sexual pleasure through using a strap-on dildo. He acquires a new embodied knowledge that transcends medical discourses about the meanings of the body and engrained ideas about gender and sexuality. A clinician, in turn, could aid a patient by opening up new possibilities about the body that draw hegemonic ideas into question. This questioning may empower the patient to construct her own narrative. Various shifts

become possible in the context of a playful attitude toward sexuality. In sum, one might say that the clinician's task is to queer the body such that the patient will have space to develop her own bodily integrity.

Chapter 6: Discussion

Through phenomenological hermeneutic methods, this dissertation elaborated a complex phenomenon with relevance for theorizing human embodiment, identity, and sexuality. These findings were placed in dialogue with various feminist and phenomenological perspectives, both to open up and contextualize the phenomenon, and to challenge and build upon existing theoretical perspectives to increase their scope and relevance. Because the phenomenon explored in this dissertation has previously been relatively invisible (even if it is not uncommon), this primary aim of this dissertation has been to open up this phenomenon. This “opening up” is intended to permit further interrogation and elaboration, and to offer findings that may be applied to studies of related phenomena. This chapter will briefly summarize the findings and questions revealed in this dissertation, the limitations of this project, and directions for further inquiry that this project opens.

Summary of Findings

The basic research questions of this project were “What is happening?,” a question intended to define a phenomenon, and “How is it possible?,” a question about the process that enables the phenomenon to come into existence. The phenomenon this project centers on seems surprising at first—Michael is able to experience sexual satisfaction by means of an external object, the strap-on dildo. Through phenomenological elaboration and close examination of Michael’s narrative, what is happening becomes clearer. Michael is able to incorporate the strap-on dildo into his body schema and experience it as an extension of his own sensory body. The question of how this happens, or what is likely to be true in order for this phenomenon to take place,

leads to multiple questions about human embodiment, sexuality, and identity. For instance, what must be true of the human body in order for it to extend itself with an external object? And what must be true of human sexuality for a person to experience sexual pleasure and orgasm with a dildo? Additionally, what must be true about identity for a person to be able to adapt her body to a new situation, or to situate herself with a new body? The responses to these questions, which follow from the basic question about how the phenomenon takes place, constitute the basic research findings of this dissertation. These findings in turn have broader implications that may be applied and elaborated beyond this phenomenon, both to clinical practice and to develop greater understanding of human embodiment, sexuality, and identity.

In order for the body to incorporate an external object, it seems that the sensory boundaries of the body extend beyond the boundary of the skin. The body possesses a “sensory horizon” which may expand to include objects that are not a part of the body. This implies that the body is something other or something more than the anatomical body. The body is a flexible, changeable entity that may alter its boundaries. Based on Michael’s experience, this flexibility seems to have some limits, for it takes time and practice for the dildo to feel like a part of his body. It also seems that the object itself has some agency in how it is taken up—the dildo lends itself to certain kinds of practices, it suggests being taken up in a way that may make it easier to include in a bodily schema than other objects.

It also seems that in order for Michael to take up the dildo as part of his sexual body, a particular aspect of bodily experience, he had to have a particular context. Michael takes up the dildo as an aspect of his sexual body in collaboration with a sexual

partner; prior to dildo sex, the strap-on is simply a “piece of purple plastic” (Warkentin et. al., 2006, p. 391). It is between Michael and Susan that sexuality emerges. This way of theorizing human sexuality presents sexuality as a co-created event as opposed to something that emerges from a single person without definite context. It also presents sexuality as something that develops imaginatively and experimentally, as opposed to presenting sexuality as something with a template or definite way of emerging. Sexuality, as it emerges through the phenomenon elaborated in this dissertation, has no definite aim, form, or location.

Michael’s identity, particularly his understanding of himself as gendered (whether and how he is masculine or feminine) and the meaning of his sexual practices (what constitutes heterosexuality and what it means to “play the part of the lesbian” (Warkentin et. al., 2006, p. 391)) also reveals itself to have some flexibility and ambiguity, like sexuality and the sensory body. Michael’s experience also reveals the felt body, or sensory experience, as well as bodily appearance and bodily practices, to be irreducible with identity. These findings suggest that embodiment has deep significance for identity, and cannot be entirely subsumed by discourse. It suggests, also, that the body is malleable to a degree and can change the boundaries of its felt experience. Language and discourses are involved in this process, and felt experience cannot be separated from how a person conceptualizes her body, and to some extent how her body is conceptualized by others. Michael’s identity changes as his senses and practices change. It does not seem that identity is simply inscribed upon the body, nor that biology simply produces an identity, but that the body and discourse come together to produce a self.

These ideas challenge some understandings of sex, identity, and embodiment,

including understandings that influence clinical practice. This dissertation elaborates implications for alternative ways of practicing clinically based on these ideas. By acknowledging the significance of the body and felt experience, as well as the significance of imagination and playfulness, clinicians may help patients adapt to new bodies or develop new psychic “skins” to envelop their embodied identities. This approach may be relevant to all sorts of clinical issues related to bodily changes, particularly changes to the sexual body.

Further Implications and Areas for Further Study

This dissertation offers relatively broad findings that suggest ways to theorize gender, sexuality, and embodiment. These ways of theorizing, in addition to having implications for clinical conceptualization and practice, lead to a number of areas for further research. Popular and general clinical understandings of embodiment, identity, and sexuality are limited. There is more to find out based on unique experiences like Michael’s and marginalized experiences like those of transsexual, gay, or people from categories that are not recognized in discourse. It is also important to understand the significance of the material body, that how the body feels is important, whether that means one’s task is to alter the body or erase the dissonance between what one wants to be and what one’s body is (i.e., trying to pretend to be a man without a functioning penis). Reconceptualizing by thought and changing the body by getting a dildo are both important aspects of Michael’s transition and release from depression and dissatisfaction. Therapy can help one conform to what one is rather than what one is expected to be. It is also important to recognize context and how things emerge between people rather than within people; that discourses hold people in place but imaginative space between

partners creates a new context. Clinicians can help support this, help open up space and possibility by drawing into question those rigid categories, and attending to body and relationality in ways that are generally overlooked. A valuable further study could investigate how clinicians are already using a playful and exploratory stance, and how they are not, particularly clinicians working affirmatively with transgender and transsexual patients, in order to build upon current clinical practices.

Prostate cancer is very common, and changes to body form and functionality are universal. Given the frequency of prostate cancer, as well as other changes to the body that are significant for a person's identity and embodied practices, the implications of Michael's experience may be far-reaching. This study has implications for clinically treating people with body and identity issues, including people whose bodies have changed due to accident or natural process, or who feel there is something wrong with their bodies. It shows the adaptability of felt bodies to expand sensory horizons and create a new skin, and how this may be useful clinically and conceptually.

Limitations

As discussed in the introduction to this dissertation, case study research is inherently limited. Findings in this dissertation are drawn almost entirely from a single narrative which is based on the experience of one person. Little is known about this person other than that he is in his late fifties at the time he presents his narrative, that he has gone through prostate cancer treatment, that he has a female partner, and that prior to becoming impotent he had a "masculine sense of sexuality" (Warkentin et. al., 2006, p. 391). These are the details about Michael given by the researchers who collected his narrative, and what Michael shares about himself. He speaks descriptively about his

experience in his narrative, and his narrative is rich and revelatory. It lends itself to hermeneutic analysis and discussion, and speaks to common aspects of human existence—embodiment, relationality, and sexuality. However, because the narrative is circumscribed, it leaves open multiple questions about how the phenomenon would manifest itself in other bodies. Race, socioeconomic status, and cultural background are some of the most noteworthy absences here. These factors are not known, and this dissertation does not address the intersections of multiple other markers of identity with embodiment, gender, and sexuality. This dissertation also has a somewhat limited discussion of gay and lesbian identities and strap-on dildo use, and also has room to grow in discussing transsexual and transgendered identities. How originally female bodies may incorporate the strap-on dildo is an open question, although dissertation findings suggest that female bodies would be able to interpret and incorporate the dildo in their sensory schemas in the same way that Michael did—by taking up the dildo not as a penis or medical prosthetic, but as a toy, and object filled with potential.

The findings in this dissertation are also limited in that they are preliminary. This dissertation explores an under-studied phenomenon in order to open up some basic questions for further exploration. This project therefore offers some basic impressions and ideas that are intended as beginnings. These beginnings may provide foundations for other research questions, guidelines for interviews, guidelines for selecting study participants, and reveal gaps that imply a need for further foundational studies.

Directions for Application and Further Research

This dissertation suggests multiple questions that may be explored with further study, and the dissertation findings may be applied to further studying related

phenomenon (for instance, in the formulation of interview questions, research participant selection, or even in identifying a phenomenon for elaboration). Some potential research questions are listed below. The list is certainly not exhaustive, but is meant to suggest some possible directions.

If the body's boundaries may extend beyond the boundaries of the skin, then what limitations are there to this phenomenon? Can the body extend indefinitely? How might the sensory body interact with other tools, or more complex technologies that may or may not fall into the category of "tools"? And is the reverse possible—can the sensory body exclude areas of the body contained by the skin, and how is this phenomenon possible? Just as extending the skin to external objects has relevance for the sexual body (as Michael demonstrates with the strap-on dildo), what relevance might the phenomenon of contracting the sensory body to exclude areas covered by skin have for the sexual body? What significance might that phenomenon have for sexual and gender identity?

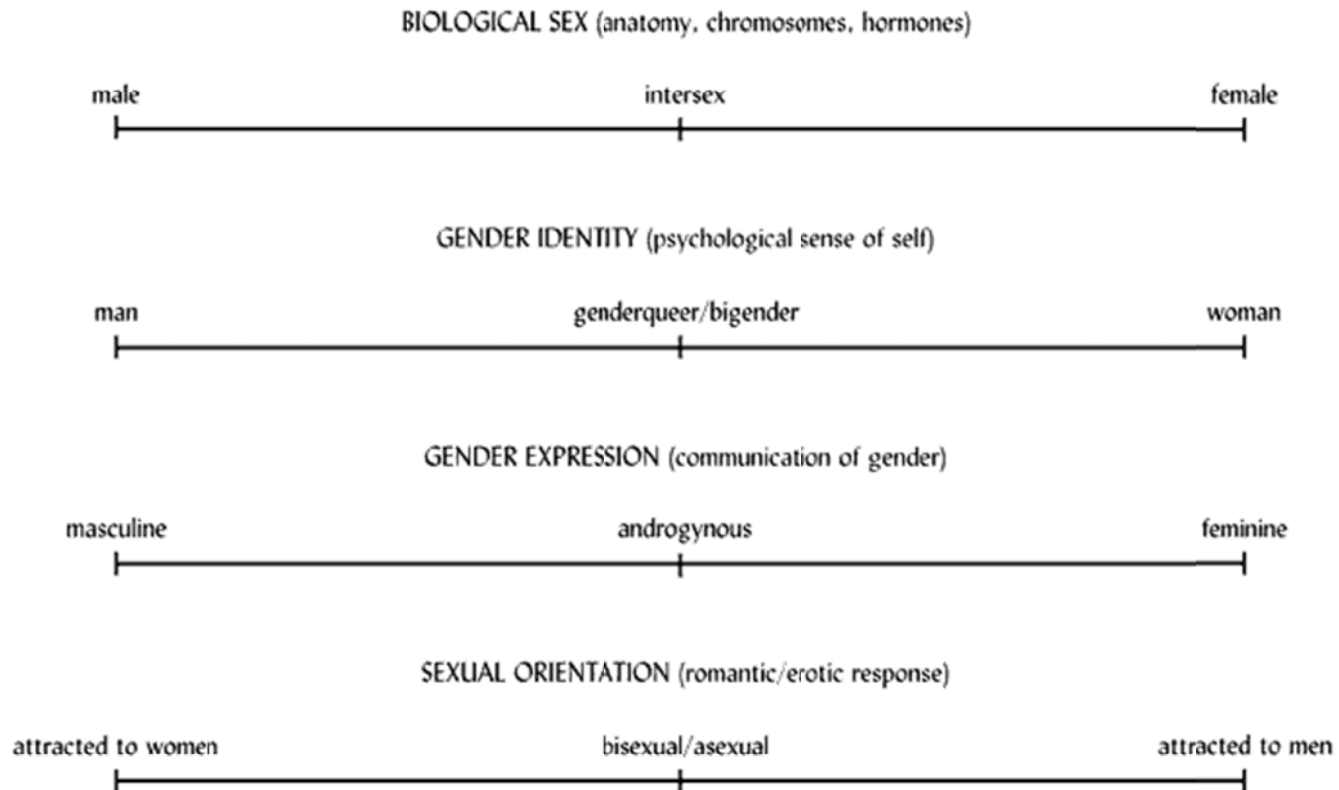
What differences might one notice in a different body, if one were to compare the phenomenon that appears in Michael's case with other cases? For example, what might distinguish Michael from a man who is not willing or able to incorporate a strap-on dildo? What are some alternative ways of sexually adapting taken up by couples in which one partner experiences impotence? What about strap-on dildo incorporation in lesbians, like Michael's friend? What might be learned by elaborating the phenomenon of strap-on dildo incorporation as it presents itself in female bodies? How might a female body take up the strap-on dildo differently than a male body? What effect might strap-on dildo incorporation have on the identity of someone who identifies as a woman? What about someone in a body others might identify as male who identifies as a woman, or in a

body others might recognize as female who identifies as a man? What differences to these variations in gender and sexual identity make for the phenomenon of strap-on dildo incorporation, or adaptation to changes in embodiment?

Closing

This dissertation has been an attempt to open up a significant and underexplored phenomenon. Multiple types of courage have gone into this work; the courage of Michael to confront his changed body and try something new, the courage of his partner and his friend to help create his transition, the courage of the authors of Michael's case study in presenting Michael's narrative before an audience, and I will add my own, to say the unsayable and put language to the phenomenon of strap-on dildo incorporation. By means of exploring one human phenomenon, this project attempts to expand the meaning and complexity of human life generally.

Diagram of Sex and Gender



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Figure 1: Sex, gender, and sexual orientation continua.

ENDNOTES

- i. This dissertation makes use of a number of terms to refer to various identity categories, such as sex, gender, transgender, gender identity and so on. The way these terms are defined are distinguished in this dissertation is clarified in chapter 3.
- ii. “Technology” in this dissertation is used interchangeably with other terms, like “thing,” “object,” and even “nonhuman.” Although the discussions in this chapter may apply to all technologies, even complex and apparently “disembodying” technologies (as the author argues elsewhere: see *Body and Technology: Reframing the Humanistic Critique of Technology* in Janus Head, October 2011), the scope of this chapter only covers simple tools.
- iii. This is similar to the statement I will argue for in chapter 4, in which Merleau-Ponty seems to claim that a changed world is a reduced world (as in the case of Schneider) rather than a different, or in some cases, perhaps an even better, world.
- iv. This is an inversion of Susan Bordo's (2002) statement that “the phallus is haunted by the penis, and the penis is most definitely *not* one... it is perhaps the most visibly mutable of body parts... Mercurial, temperamental, unpredictable” (p. 28).
- v. “Erectile dysfunction” as a failure of masculinity and end of sexuality will be further discussed in chapter 5.
- vi. This inflexibility creates difficulty for anyone who, like Michael, is not able to live up to these expectations, since their sexuality is defined as dysfunctional or impossible. By de-centering the phallus from sexuality (though not from

masculinity) Michael is able to return to sexuality. How Michael arrives at sexuality differently and how this process might be useful clinically is discussed extensively in chapters 4 and 5.

vii. Although the reader or interpreter of the body is particularly important for someone whose body and identity are outside the norm, as the gaze shapes one's experience and one's identity—this point is discussed further in the next chapter.

viii. See previous chapter on Don Ihde's “Body 1” and “Body 2” distinction.

ix. The importance of other people, especially Michael's partner, as context for this transition will be discussed in the next chapter.

x. This is discussed in chapter 5 with regard to how medical and clinical approaches regard relationships between gender identity and the body in cases on impotence and in transsexuality.

xi. Chapter 5 discusses how clinical and medical approaches contribute to transition narratives, rendering some unintelligible and presenting limits to who may alter their bodies based on their recognition of particular narratives of transition.

xii. The next chapter will explore in greater detail notions of sexual failure, impotence, and the construction of male sexuality.

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Appendix 1

Michael's First-person Account (used with permission from the publishing authors)

Neither Viagra nor a vacuum erection device worked for me. I am loath to inject drugs into my penis or have a surgically implanted penile prosthesis, the remaining medical options for treating ED. Not surprisingly, like so many other cancer patients sexually incapacitated by modern medicine, I was clinically depressed within a few months of starting hormonal therapy.

This situation began to change when a close lesbian friend, who was aware of my cancer treatments and the sexual dysfunction they had caused, refused to accept my giving up on life. She told me that she uses a strap-on dildo. She claimed that she got genuine sexual satisfaction from this and thought I could too. I was very skeptical. A dildo is not innervated, and I imagined that sex performed with such an appliance would be wholly contrived and not a sensual act at all. My friend persisted in encouraging me, arguing that sexual satisfaction is as much in the brain as in the groin.

It took me more than a year to act on her suggestion. I was embarrassed to go into a sex shop to buy a dildo. I had never used sex toys. I was afraid that I would feel foolish and humiliated by using a strap-on penis. To do so meant facing fully, frontally (so to speak), the functional failure of my own flaccid phallus. Despite my reservations, I eventually agreed to experiment with a strap-on dildo. My expectations, though, were muted. At most, I thought I might be able to please my partner. But I honestly did not envision recreating a fully satisfying sexual experience.

My lesbian friend took the initiative to get me going on this project. She fabricated a harness that was customized to fit me and took me shopping for a dildo, which she insisted I consider “a toy.” I don’t think I could have even walked into the sex shop without her. I was worried that I might be identified and mocked by someone who knew me. In the store I debated buying a dildo that looked relatively natural or one that was beyond the realm of real anatomy. I finally selected one that was similar in size, shape, and angle to my erect penis before cancer treatments, to the best of my recollection. It is made of silicone, which makes it durable, appropriately stiff, yet still flexible, like a natural erect penis. Beyond that, the dildo that I bought bears little resemblance to a human penis. Granted, it has an expanded “head,” like the real glans penis but a uniformly smooth shaft, with none of the irregular surface texture caused by real-life veins. And it is purple! Clearly, it does not constitute a realistic bio-mimetic prosthesis. I knew then that I could not seriously think of this piece of purple plastic as a medical appliance. This was important in my reconceptualizing the situation. Whatever I was going to do with the dildo was not in any way a “cure” for ED nor was it meant to restore my masculine sense of sexuality. If this was going to work, it was because it was something completely different. I had to stop thinking about this clinically and accept the idea that I was heading into the theater of the absurd, and I was going to play the part of a lesbian!

Before this purchase, I discussed extensively with my partner whether she was willing to have sex with me wearing a strap-on dildo. She was at first hesitant but ultimately supportive of the exploration. We have now used the dildo many times. It

caught me by total surprise how natural intercourse felt with this strap-on device. I discovered that my hip movements with the dildo on were the same as during normal intercourse. Our body contact and embrace was full and natural, as well. The first time that we used the dildo, my partner reached down and held my penis in her hand. She had coated her hand with the same lubricant used to coat the dildo and stimulated my penis in synchrony with my pelvic movements. There was little sensory difference between this act and intercourse—my penis was not in her vagina but it did not know that. It was in a wet, warm place being firmly mechanically stimulated. My hindbrain took over, and I carried the act through to orgasm, to the sexual satisfaction of both my partner *and* myself.

My partner had not discussed with me her plan to hold my glans penis, so I was totally surprised by that action. I had not expected to achieve an orgasm and was astonished that it happened. At first I, thought it was the novelty of her holding my penis that brought me to climax. I thus feared that being aware, and then self-conscious, of this activity would defeat its effectiveness. This, however, has not been the case. If anything, sexual satisfaction has become easier, because both of us have come to accept the dildo as part of our sex play. Each time we use it, it becomes further imbued with the knowledge of the previous sexual satisfaction it has provided. It is thus now both a normal and at the same time erotic part of our lives.

We have both been able to have orgasms many times using the dildo. The knowledge that it will never become flaccid means that my having an orgasm need not prohibit further penetrative sex. The dildo gives me the sexual capacity to serve my partner more reliably than I might have been able to achieve as a potent male (with or without Viagra). Significantly, my partner claims that she could not previously have an orgasm simply by penile penetration. However, with the dildo, I am able to continue pelvic thrusts long and hard enough that she now regularly achieves an orgasm in the missionary position. We have also used the dildo with me lying on my back and my partner sitting on it, so she has control of the movement. This was sexually pleasurable for her, although I have not achieved an orgasm in this position.

When I had a prostate gland, sexual arousal that did not lead to ejaculation was frustrating, and I found it incomprehensible when a woman claimed she had pleasure from sexual stimulation yet had not had an orgasm. After my prostate was removed, I discovered that I too could have incremental pleasure from sexual stimulation and enjoy sex without orgasms. I can also have multiple orgasms! Without a prostate gland, my orgasms are less anatomically focused, radiating across my pelvis. They are of variable intensity but sometimes massively cathartic. When I have multiple orgasms, they are usually 2 or 3 within one minute or 2. I find it easiest to achieve orgasms when my partner wants me to, especially in the context of mutually satisfying dildo intercourse, but far more difficult on my own.

I am fascinated by the eroticism that has developed between my partner, myself, and our dildo. For example, one morning, after having sex the night before, I went to the bathroom and found the dildo sitting upright on the counter-top wearing one of my favorite neckties. My partner had decided to personify and personalize it. I interpreted this as a signal to me that the dildo pleased her and did so because of its association with me.

On another occasion, I was waiting for my partner's arrival and decided to put on

the harness and dildo ahead of time. I covered myself and the dildo with a bathrobe, but there was no mistaking the fact that when I looked down there was sticking out what looked like a large firm erection. For a brief instant, it brought back my fear that wearing a dildo would force me to confront in a demoralizing fashion my own failed phallus, my mutilated masculinity.

But that was not at all what I felt. Instead, I felt joyfully empowered. My thoughts went to a glib one-liner from my lesbian friend: “A dyke with a dildo can outlast a male anytime.” I realized that that was equally true for a prostate cancer patient with a dildo, and I almost started laughing. I was playing a role and doing it better than I ever could before I became impotent. I had acquired a performance capability that surpassed “male” and I was thoroughly enjoying the “play” part of sex.

When I reported this experience to my lesbian friend, she suggested that my partner and I explore oral sex with the dildo. Once again, my first thought was, “That’s absurd.” But since everything else she suggested had worked better than I could have imagined, my partner and I took on the challenge. Simply stated, there has now been enough acceptance of the dildo as a sexual object—and transference from “object” to “organ”—that the visual image of my partner mouthing the dildo was indeed highly erotic in the context of our sex play. On another occasion, in order to tease me, my partner started playing with the dildo in a flirtatious fashion outside of the bedroom. I found the activity erotic and sufficiently distracting that I had to ask her to stop so that I could concentrate on what I was doing.

Appendix 2

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