

Dating, Relationships, and Disability: An Autoethnographic Study

By

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Abstract

This study utilizes the autoethnographic method of research to examine and reflect on dating and disability while focusing on themes of sexuality, body image, and masculinity.

Dating with a disability is sometimes deemed controversial or even inappropriate, and there is a slight societal awkwardness and discomfort when the topic arises. This research intends to act as a first step in breaking this awkwardness and shall act as a catalyst in helping to dismantle ableist attitudes surrounding in-person/online dating.

Since research is rarely done on such an intimate field as dating, this study aims to give a unique insight into the struggles and successes of the joint topics of dating and disability. Through this autoethnography readers shall have the opportunity to reflect on their own dating experiences and will be given the chance to challenge their own ableist attitudes. Lastly, I hope that this study inspires more research into dating and disability, particularly research focused on themes of sexuality, masculinity, and body image.

Chapter I: Feeling Alone

On a random day and at a random time I began to contemplate life with an intimate partner. This was probably prompted by people in my life that had found love, random couples making out in public, and relationships portrayed on various media platforms. While contemplating, I specifically thought about the kind of attributes I wanted in a partner. The following came to mind: someone who is kind, funny, charismatic, smart, and a good cook—someone like my mom but without the devout religiosity. As I grew from a child to an adolescent and then to a young adult this list would constantly evolve to include someone who is adventurous, humble, financially wealthy, etc. The list evolved once again with the acquisition of my disability and now includes someone who is aware and mindful of disability issues and who is an advocate of the disability movement, which is geared towards empowering people with disabilities. In addition, this person must be a caring motivator who enjoys spontaneity and who would be there if my condition begins to deteriorate. One crucial attribute that I should not fail to include is a lack of desire for children. This preference is personal because I did not want offspring to see my disabled body and its limitations, nor did I want the responsibility of caring for children. I selfishly wanted to be my partner's responsibility and vice versa.

Making a detailed list of partner attributes is one thing and was quite easy once I started, but aiming to bring them into reality is a completely different and tedious affair. A part of me felt it would be easy to write about it in a book (which I also did) and to fantasize about it as one of my periodic lucid dreams, but there was another part of me that was determined to try and manifest this partner by any means necessary. Every now and then this part of me would win, and I would spend time crafting a way to win over my current crush of the month. My most-renowned method of getting my crush's attention was finding a way to sit close to her until our thighs were brushing against each other. Then, I would write a note with a funny message and

pass it to her. If the sense of humour was shared, I would then pursue with requests to hang out; these later led to going out to movie, food, or bowling dates—sometimes all three. The first success at dating using this approach started towards the end of grade 11 at my Ontario Catholic high school: St. Francis Xavier Secondary School. However, this approach had a 70-30 success rate; this rate would decline as my efforts to try out new approaches also weakened.

Below is an excerpt of a journal entry regarding my first crush:

Beatrice

Beatrice was her name. blonde hair, not blinding blonde but closer to dirty blonde. I can't remember the actual colour of her eyes, but let's say they were blue (blue is my favourite color. Sky blue to be exact). She was the first person that I crushed on, and I took the steps to actually do something about it. I did the most romantic thing that I could think of. I wrote a note, 7-year-old me, wasn't a Romeo but he knew how to point out the beauty in someone. He could make you blush in 101 ways by just writing 'you are the prettiest girl ever' in the best cursive he could muster out. 7-year-old me, also never gave it to her, instead he hid it, in a spot that he knew she would definitely find it. I don't know if she ever found it. But I dreamt about her finding it and reciprocating some form of affection. What that would look like, I did not know. A hug. A kiss. Holding hands. Sitting together at lunch. The good thing about a crush is that it does not last. Eventually you move on. And I did move on. My family was on the move back to Nigeria. My dad got a new job. Eventually, I went on a hiatus from in-person attempts at dating and distracted myself with hobbies, school, and work. These distractions still did little to fill the void that was unconsciously growing within me. Before I knew it, this void became a need to be loved intimately by someone other than family. When something becomes a need, I constantly obsess

over it until the point that it becomes the sole focus of every conversation and engulfs any spare moment of thought. This led to broadening my search and to veering into the world of online dating. Online dating promised me a multitude of options, open-mindedness, and a great expression of freedom. I believed these would also act as a buffer from being rejected unlike in-person dating, which has very few buffers and plenty of judgmental attitudes.

In my search for this ideal partner, I also had to look inwards into the traits I would be bringing to the relationship. I obviously did not fit society's heteronormative ableist concepts of masculinity, body image, or sexuality, since, in most cases, once an individual is disabled, they become less conventionally attractive and are less likely to find an intimate partner (Hanna & Rogovsky, 1991). I was therefore limited to my charming personality and unwavering intellect but still resolved to find this intimate partner as it was my only hope to fill this uneasy void.

Loneliness as a Motivator

First, it is important to distinguish between being alone and loneliness. An individual like me enjoys being alone, which consists of enjoying one's company, being comfortable with one's thought processes, and being able to explore new places by oneself. Loneliness from my perspective is more of a feeling, a void, or an emptiness that seeks to be filled. Macdonald et al. (2018) further explain that "loneliness is a subjective interpretation of a person's day-to-day interactions" (p. 1140). They then differentiate between social and emotional loneliness by stating that "social loneliness refers to the absence of an acceptable social network, that is, a wider circle of friends and acquaintances that can provide a sense of belonging, i.e., isolation, and emotional loneliness refers to the absence of an attachment figure in one's life and someone to turn to" (p. 1140). Lastly, although this section portrays isolation and loneliness (emotional and social) as interchangeable subjects, Macdonald et al. (2018) point out that:

social isolation is concerned more with environmental impoverishment or restrictions than with the individual's ability to create and maintain social relationships.... From this perspective social isolation is underpinned by environmental factors that relate to the breaking down of social networks.... Loneliness can occur due to social isolation because of a lack of contact with family members or friends, but it can also occur even when people do have significant contact with other social groups but feel a lack of desired quality of social engagement. (p. 1140)

Here it is imperative to note that being alone is actually encouraged as a means of getting to know oneself or simply as a means of recuperation. Feeling lonely, on the other hand, is discouraged because of its correlation with depression and suicide. In addition, loneliness has a significant impact on the health and well-being of people with disabilities. For some disabled people, risk factors that result in loneliness include "having little control in personal affairs, becoming a widow, having low self-esteem, and poor engagement with social activities outside the home" (Macdonald et al., 2018, p. 1145). These risk factors become more prominent as individuals age, become unemployed, or lose access to their social networks. According to my autoethnographic observations, loneliness is correlated with not being in physical proximity to people you care about and who care about you. Therefore, the closer you are with people you care about the less lonely you feel. The opposite is felt when farther away from these people. Lastly, loneliness can be a motivating factor behind exploring a potential relationship, like it was for me with my current partner.

As mentioned, disability of any kind is a significant factor in the experience of loneliness (Macdonald et al., 2018). However, the acquisition of a physical disability, especially as an adult, can lead to more severe feelings of loneliness. It can also lead to the feeling that the

impairment/disability is the fault of the person. Macdonald et al. (2018) note that upon this acquisition, individuals can lose their jobs, friends/family, and intimate relationships—tools which were used to combat loneliness. Furthermore, this acquisition is often associated with peer rejection (especially from same-sex friendships), which can then “lead to issues of alcoholism, long term disability, low self-esteem, anxiety/depression and even acts of suicide” (pp. 1142–1143). Furthermore, according to my autoethnographic observations, individuals with acquired disabilities tend to exhibit damaging self-alienation due to a constant comparison to one’s able-bodied self. This is further compounded by society’s disapproval of the imperfect body and of imperfect couples (i.e., disabled people in relationships). For instance, Macdonald et al. (2018) discovered that relationships between disabled people were often discouraged and stigmatized in United Kingdom (UK) professional practice, and disabled people were encouraged to develop relationships with their nondisabled peers rather than with other disabled individuals. This results in people with disabilities being excluded from workplaces and from romantic relationships. This further adds to feelings of loneliness.

Loneliness is further exacerbated by having a low income. Through my autoethnographic observations, low income does not necessarily mean homelessness, but it can refer to not having expendable income. For instance, I am considered a low-income earner based on my income statement. Due to this status, I can pay rent, buy medications, and buy groceries, but I would not be able to own a car, go for regular shopping trips, or engage in social activities/travel with friends, etc. My situation is coincidentally similar to many with acquired disabilities, but it is important to note that many others do not have their own income and have to rely on government welfare programs (e.g., the United Kingdom’s Disability Living Allowance). According to Macdonald et al. (2018), being a low-income earner also means having “very little choice over

living arrangements and social networks” (p. 1145). For instance, many disabled people have to live in institutional settings or in group homes partly because they cannot afford to live elsewhere. These places usually have restrictions on intimate relationships and are notorious for promoting isolation (Bogdan & Taylor, 1989). For example, a participant from Spain “explained that her partner was forbidden from going to her house and that breaking this rule would mean her losing her right to live in a group home” (Rojas et al., 2016, p. 61). Furthermore, it is often difficult to escape this low-income field because workplaces are generally hesitant in hiring an individual with disabilities, often stating that they cannot accommodate the individual’s newly acquired disabilities. People with disabilities are also unable to work because they will no longer qualify for welfare programs. This all leads to cases of high unemployment, which can “have an extensive impact on disabled peoples’ professional networks and access to new friendships” (p. 62). Once again, this leads to loneliness.

Loneliness is also a result of a lack of personal networks (i.e., family or friends). According to my autoethnographic observations, some individuals note that upon acquisition of their physical disability, intimate partners, friends, and family members abandoned them, often due to discomfort with the disability. Macdonald et al. (2018) corroborate this as they found that “disabled participants from Sunderland City were less likely to have daily contact with family and friends (44.3%), compared with 63.2% of the nondisabled group” (p. 1143). They further observed “that disabled participants were more likely to want access to increased social activities (70.8%) than their nondisabled peers (46.1%)” (p. 1142). However, they were often uninvited/unwelcomed at social gatherings. This meant that people with disabilities were more likely to spend the majority of their time being alone and feeling lonely.

I conclude this section by first including the following excerpt from my journal regarding the topic of loneliness:

Loneliness creeps up on me in very random and unnerving ways. I could be surrounded by ten of my closest friends but feel like I am the only one in the room. Loneliness is usually the driving force behind some of my deepest existential crises. Loneliness is one of the reasons I chose to explore the world of dating. This dating world has been filled with a lot of trials and learning and continues to remind me that as a disabled man there are still many challenges yet to encounter and conquer. Loneliness helped me in finding a girlfriend who I love dearly.

Secondly, I echo the fact that “loneliness has been shown to lead to a decrease in one’s health and to contribute to premature death” (Olsen, 2018, p. 1160). In addition, Macdonald et al. (2018) observed “that the mortality rate was 12% higher among disabled participants from Sunderland City UK who had experienced high levels of loneliness (i.e., social isolation) than among participants who had never experienced loneliness” (p. 1141). Knowing this, it is important to emphasize the need to wholeheartedly support disabled people who are not only fighting for their right to be included but are also working hard to educate those within their social circles about the barriers they encounter, both of which are greatly exhausting tasks. It is also important that non-disabled friends advocate for co-workers/friends with a disability and find ways to include them in accessible activities that are designed to reduce loneliness (e.g., exercise).

Thesis Introduction

First and foremost, I am writing this autoethnographic study from the perspective of a disabled, racialized, heterosexual man who has been indoctrinated into the Canadian way of life

by way of immigration (from Nigeria) with my family at the age of 13. Therefore, the topics of masculinity, body image, and sexuality, as related to the fields of dating and disability will undoubtedly be presented from this point of view.

Dating is a milestone experience where most individuals are looking for an intimate partner encounter. It first occurs on a serious level as a young adult (between 17 to 25 years), and it is originally centered around getting acquainted with a lifelong partner (Sinnema, 2011). Dating has evolved over the years, especially since the world continues to become more globalized and technocentric. For instance, it is no longer centered around getting acquainted with a life partner because people date for different reasons such as finding a non-heteronormative relationship (e.g., same-sex relationships, asexual relationships, and polyamorous relationships) (Sinnema, 2011). This change became more profound towards the end of the 20th century and has created a dating culture geared towards pre-marital sex and the exploration of multiple partners (Ali & Wibowo, 2011). According to Sellwood et al. (2022), these relationships' durations also vary as people are dating for short-term (ranging from three weeks to approximately three months) to more long-term periods (ranging from approximately two to three years). Here it is important to note that Sellwood et al.'s (2022) findings involved participants from Australia, Canada, the United Kingdom (UK), and the United States (US). Relationship durations might be different based on the individual and the society that individual lives in.

Additionally, dating has moved from a strictly in-person affair to a more technological one thanks in part to the work of many online dating sites. Sites in the US such as Tinder, Bumble, OkCupid, Badoo, HINGE, Plenty of Fish, and eHarmony offer users the opportunity to meet many potential dates (Alexopoulos et al., 2020). They all offer unique approaches to

finding a relationship; however, there are many mixed reviews pertaining to their success rates. For instance, in Alexopoulos et al.'s (2020) US-based study of 395 users of dating apps/sites, it was observed that infidelity—when relationships aimed to move beyond the apps—was associated with an increase in perceived self-desirability. In addition, Duguay's (2017) US-based case study of the dating app giant Tinder attributes success to the displaying of one's authentic self, especially if this self can be verified through other social media platforms. Lastly, due to these sites operating on digital platforms, people from all over the world are able to interact with potential partners from anywhere. This is game changing for people with disabilities who have been (and still are) ostracized from the dating community for so long (Sellwood et al., 2022).

Dating Themes

Important to dating, whether online or in-person, are themes of body image, sexuality, and gender disparity (i.e., masculinity). These themes have a unique compounding effect on people with physical disabilities like me. First, body image, which deals with an individual's positive and/or negative perception of their physical body, is highly dependent on factors such as society's appreciation of that specific body type, an individual's upbringing, and an individual's self-esteem (McCabe & Taleporos, 2002). Furthermore, Boman et al. (2013) found that the Swedish disabled body with its "imperfections" is considered less ideal and will have less value in the dating world. Owners of this type of body are forced to try harder to receive affection and will often have to work on their personality and intellect so that their bodies can be overlooked (Boman et al., 2013). This often leads to a negative perception of their physical body (i.e., a negative body image). Nevertheless, McCabe and Taleporos (2002) note that a positive body image can be instilled in an individual when surrounded by people and ideologies that celebrate disability. In addition, they note that a disabled person needs to be raised in an atmosphere of

self-acceptance to create a source of internal comfort in case they exist in a society that abhors a disabled body (McCabe & Taleporos, 2002).

Second, sexuality pertains to feelings of sexual attractiveness and physical intimacy with oneself and others (Addlakha et al., 2017). Addlakha et al. (2017) also note that sexuality is strongly associated with body image in that a positive body image corresponds with positive views on sexuality of self. This theme of sexuality is significant in today's (2000s) hypersexualized dating scene (Liddiard & Slater, 2018). Liddiard and Slater (2018) note that many individuals in England's dating scene report physical intimacy as the number one determinant in the success of their potential relationships, and even more have reported forgoing long-term relationships while choosing short-term, primarily sexual relationships. This focus on sexualization observed by Liddiard and Slater (2018) is explained by several factors including a shift from reproductive sex to pleasurable sex and an increase in options (i.e., sexual partners and sexual means of expression).

Individuals with disability are sometimes made to feel excluded from this North-American hypersexualized dating scene, but at other times (due in part to the Internet) they are included through more radical methods such as fetishizing (Addlakha et al., 2017). To fetishize a disability means to be sexually aroused by an individual's disability and/or their assistive device (Staples, 2011). According to Addlakha et al. (2017), dating for a disabled person now means being mindful of individuals who genuinely like one's personality and cautious of those who are just interested because of their disability. Belonging to a fetish still means that people with disabilities are on the fringes of the hypersexualized dating scene and would only be considered when other options have been exhausted. People with physical disabilities (in North America) are therefore bound to explore other sexual alternatives such as self-intimacy and virtual

intimacy (e.g., phone sex or cybersex) (Addlakha et al., 2017). While these ensure that many disabled people are not neglected from the sexuality spectrum, it does guarantee that they are still ostracized and not recognized as mainstream sexual beings.

Third, gender disparity plays a major role in the dating sphere, especially in the new North-American gender-fluid climate of the 2000s. This climate has given rise to individuals identifying as different genders and has raised questions concerning the gender binary of masculine and feminine. Given that these are broad topics, this study focuses on masculinity. According to Sünbüloglu (2022), being a traditional and stereotypical masculine figure means being stoic, physically strong, independent, protective, and logical. Unfortunately, according to the ableist society of Turkey, a man with disabilities will not fit all these criteria and would be seen as ineligible to participate in the dating scene (Sünbüloglu, 2022). In addition, Shuttleworth et al. (2012) state that “masculinity and disability are in conflict with each other because disability is associated with being dependent and helpless whereas masculinity is associated with being powerful and autonomous” (p. 174). Thankfully, with the slowly changing views of masculinity due to evolving gender norms, men do not have to conform to traditional definitions of masculinity (Staples, 2011). This gives hope to men with disabilities in the dating scene.

Statement of Purpose, Study Goals, and Research Questions

The purpose of this study is to explore primarily physical-disability-centered literature on virtual and in-person dating, relationships, sexuality, body image, and masculinity. The study also has an additional focus on online dating, my experiences navigating the dating world as a physically disabled man, and a few experiences of other people with disability. The goal of this study is to challenge ableist ideologies surrounding the Global North’s (i.e., Western society’s) current dating culture and to find more nuanced ways of making this dating culture more

accessible for people with disabilities. This purpose is inspired primarily by gaps in the literature, identified by Martino and Moumos (2022), concerning the accessibility of dating sites/apps.

Inspiration is also drawn from my personal journals, memories, and research done by and with certain disabled people concerning their sexuality, relationships, dating, body image, and masculinity. In addition, the interview-based study by Mazur (2022) encourages researchers like me to invest in new ways of assisting people with disabilities in their quest to find fulfilling relationships and positions in society. Concomitantly, my autoethnographic study will hopefully create a pathway into more sustainable relationships for many disabled people, which will add to an increased level of their participation in society and an increase in independent/interdependent relationships. Lastly, I firmly believe in Shuttleworth et al.'s (2012) sentiments, which state that “autobiographical and auto-ethnographic literature written by disabled men continue to be a rich source for sociological analysis and interpretation” (p. 187). In all, the goal of this research is to highlight different types of relationships and how they are navigated by some persons with disabilities and to explore more ways of making virtual and in-person dating sites more accessible, thereby reminding sites of the disabled audience that is often forgotten. Another goal of this research is to challenge ableist ideologies surrounding masculinity, body image, and sexuality, which prevent some persons with disabilities from fully accessing the dating world.

Research Questions and Discussion Points

- How can societal definitions/expectations of body image, masculinity, and sexuality be altered to be less ableist?
- How can dating culture be more accessible?
- How do people with acquired disabilities find relationships online/offline?

These research questions are examined in order to expose and challenge the attitudes

ableist society has towards disabled people accessing dating circles whether in-person or online. The questions aim to inspire a comparative analysis into traditional and contemporary dating and to show the positive and negative experiences of some disabled people navigating the Global North's dating culture. In addition, the questions are inspired directly from my own experience and the experiences of peers with disabilities. Since my circumstance is similar to that of many others, in answering the above questions using my own experience I aim to give readers of my study hope that people with disabilities can find and maintain relationships virtually and in real life. Furthermore, the answers will be informative and will serve as a resource for future creators of dating sites.

The above questions are considerate of the fact that dating sites are designed with the intention of assisting people in finding a partner. Initially and ideally, this partner was a long-term intimate partner (i.e., a husband or wife), but through time, technological evolutions, and an increase in globalization, the definition of a partner in Canada, according to researchers Martino and Kinitz (2022), has changed to include strictly sexual partner(s), friend(s), asexual partner(s), etc. In order to maintain their relevancy, dating sites have also evolved to provide different options for the ever-changing population and its interests. These sites (examined individually) attempt to cater to every demographic but still fail to be properly accessible and meet proper web standards for accessibility. These sites are therefore inherently ableist and implicitly segregationist in their design (Martino & Kinitz, 2022). They also implicitly subscribe to the stereotype that states that persons with disabilities are asexual beings devoid of sexual drives and unneeding of romantic relationships.

In addition to the above, the advent of North American, European, and Asian technologies, such as dating apps, sex robots, and online/virtual reality (VR) platforms, that

provide instant intimacy has created a debate concerning the obsolescence of in-person dating ideologies/culture surrounding perfect bodies and minds, long-term partnerships, monogamy, physical intimacy, and heteronormativity (Bacigalupe & Lambe 2011). This is inherently a positive for a person with disability. However, in many conservative areas of the world (especially in the Global South) there is still a firm belief in traditional dating and a strong inclination towards ableist and masculine ideologies (Valentine, 2006). The questions for this study aim to further challenge ideologies of the Global South.

Lastly, there is a consensus that disabilities are often on a spectrum, and they tend to be a comorbidity of disabilities at any given time within any individual (Valentine, 2006). Therefore, the questions for this study note that it will be a challenging endeavour to make dating environments completely accessible to anyone with disability. Even if one was to focus on physical, mental, or intellectual disability, there is still a tendency to miss a certain specification that would have greatly improved the usability of the online platform or contributed towards the dismantling of ableist ideologies (Martino & Moumos, 2022).

Potential Challenges

In choosing to conduct this study by way of autoethnography, I am willingly exposing a very intimate part of my life to strangers and loved ones. Readers are presumably going to discover details about me that they knew nothing about, and this may or may not change their attitudes towards me going forward. On this point, I am often tempted to alter my story significantly so that I can portray myself as more relatable or as an ideal role model, but I remind myself of academic integrity and the unfairness to my readers who would be consuming falsified/incredulous information. I will, however, use pseudonyms and alter/omit descriptive traits of individuals who wish to remain anonymous and unidentifiable in the study. Furthermore,

I will attempt to describe the topic of dating, relationships, and disability through the perspective of other kinds of disability/disabling conditions (where applicable), because I heed Shuttleworth et al.'s (2012) belief that "there is also a critical need for impairment-specific research with men with sensory impairments, degenerative diseases, transient impairments such as mental illness and impairments that affect social functioning such as Aspergers" (p. 187). The narrative of these individuals will undoubtedly add to a more transformative experience for many disabled people navigating contemporary dating culture.

Thanks to detailed journal entries and guided self-introspection, readers are bound to receive an unfiltered exposition into my previous dating experiences as a disabled man who continues to battle with themes of sexuality, body image, and masculinity. These themes will be explored through a dichotomous lens involving significant comparing and contrasting. Unfortunately, due to the breadth of these themes, I will not be able to provide an in-depth analysis but shall do my best to provide an overall analysis that will hopefully be enough to instigate future research. Lastly, I am choosing to conduct this autoethnography through my most comfortable style of writing and speaking (i.e., storytelling). I find this to be more representative of me as an individual and a better way to involve my audience in the study. In the future it will be interesting to know of other study approaches and writing methods concerning the subject matter. For instance, there would likely be a significant difference in research organization if this was a quantitative study. As always, I trust that future research will be inclusive of persons with disabilities, will ensure their consultation and involvement as participants, and will guarantee that the results have a meaningful impact in their lives.

Chapter II: Literature Review

First and foremost, there is a scarcity of autoethnographies on the topic of dating, relationships, and disability with an exploration of the themes of masculinity, body image, and sexuality. I have noticed that most researchers pick one area to explore, and very few mention disability as their key focus. This scarcity is partly due to the level of vulnerability authors must expose themselves to during the writing and consultation process. The scarcity can also be attributed to society's assumptions that persons with disability are not a prevalent part of dating culture due to stereotypes pertaining to them as asexual, agender, and incapable of finding romantic partners (Martino & Kinitz, 2022). Furthermore, although there is a significant literature on dating and its themes of sexuality, body image, and masculinity, less research has been done with the intersectional element of disability, thereby making this autoethnography even more significant.

In exploring dating, relationships, and disability along with its themes of sexuality, body image, and masculinity, I will first focus on literature that explores three models of disability (i.e., the medical, social, and charity models) through the lens of disability and the dating experiences of individuals with disabilities as told by research. Lastly, throughout the literature review I shall incorporate some of my experiences as a disabled man navigating the world of dating and relationships. The literature review provides support for my experiences and serves as a reminder that I am not alone in wanting to be included in research.

The Medical Model

The medical model believes that disabilities can be cured and that, when cured, an individual can finally resume a normal life and be welcomed into society as a normal person (Marks, 1997). According to Bogdan and Taylor (1989), this model is also notorious for its use

of “clinical labels that define [disabled] people in terms of deficits rather than positive characteristics... [these] labels can strip the person of his or her unique personality” (p. 142). In addition, it can be quite individualistic in its approach because it blames individuals for being disabled and for doing nothing to improve their situation (Shakespeare, 2006). This model has evolved to include a biomedicalization of disabilities that focuses on the use of medicines and rehabilitative technologies to treat and cure a person with disabilities. This is a popular model because of constant propaganda against the inclusion of disabled people and the ableist doctrines that are dominant in the world (Marks, 1997). However, in the Global North there is a renewed resistance to the medical model; Hahn and Belt (2004) note that people with disabilities are refusing treatments involving overmedication and are rejecting medical authority because “they do not want to be ‘cured’ and fade into the mainstream. Instead, they want to be accepted and appreciated, to have society make room for them as they are” (p. 453).

In dating culture, the medical model becomes evident when people are encountered with the crucial decision of disclosing their disability (Retief & Letšosa, 2018). Certain concerns arise such as being prodded with questions about their disability and being physically examined as if they were a patient. These concerns tend to manifest in a potential relationship between a non-disabled individual and a disabled individual. In addition, due to the ableist society in the Global North and South, people in the lives of these individuals (with disabilities) will tend to use the medical model while trying to comprehend the relationship (Retief & Letšosa, 2018). An instance might involve thinking that a couple is not together because the able-bodied person is perceived not as an intimate partner but as a caretaker. Unfortunately, the only way to minimize the influence of the medical model is to keep relationships permanently virtual. This eliminates having to disclose disability and minimizes interaction with the ableist world.

The Social Model

The social model focuses on society's role in causing disability. It explores a variety of intersecting elements (including the environment, belief systems, and prevailing attitudes) that prevent the full inclusion of disabled persons (Shakespeare, 2006). The social model has been the inspiration behind many social movements centered around accessibility, equity, and inclusion. According to Hahn and Belt (2004), this model led to the disability rights movement, which began "by students [refusing] to live in nursing homes... many participants in this movement have made the difficult transition from a self- image filled with shame and denial to an understanding of disability as a source of dignity and pride" (pp. 454–455). In fact, Shakespeare (1999) states that this model's main feature is "to challenge social restrictions and campaign for equal rights: access to employment, education, and to all aspects of society and polity" (p. 54). Hahn (1987) further adds that "many problems experienced by people with disabilities can be ascribed to the effects of a disabling environment rather than personal deficiencies" (p. 363).

Proponents of the social model are inspired to create a society that is widely accepting of disability (Degener, 2017). Their mission is to engage in changing the environment and making disability an easy subject to discuss (Degener, 2017). According to this model, an ideal dating society contains no inappropriate questions in an attempt to examine a disability, accessible dating venues (i.e., restaurants, movie theatres, parks etc.), open mindsets regarding disability, etc. (Degener, 2017). Lastly, this model encourages those with disability to take up space in public and to draw attention to issues of injustice (Degener, 2017).

Rivalry

There is a rivalry between the two models; the medical model has been vilified due to its exploitative and dismissive approach towards disabilities, while the social model is deemed

flawless due to its encompassing approach to disabilities. However, it has been argued that these approaches need each other and should in fact be combined into one copacetic model, i.e., a biosocial model (Shakespeare, 2006). This model encourages an active participation of persons with disabilities in their rehabilitation processes and demands that society should be inclusive regardless of disability. Many are not able to reconcile both models, in part because of the dark history that shrouds the medical model. For instance, upon an inspection of the Industrial Revolution, one notes a time where an individual's worth was determined by their production value, which resulted in many with disabilities being taken out of communities and placed in institutions (Marks, 1997). These institutions became places of exploitation and examination to the point that the ownership of the disabled body was no longer under the individual but of the state. In sum, the state could enforce forced sterilization, perform medical experimentation (i.e., lobotomies, electrotherapy, and over/under medication), and use the people as forced labour under the guise of contributing to the economy of the state (Marks, 1997). In comparison, the social model's history arguably began after World War 2 (WWII). Here, veterans with missing limbs (due to combat) fought for recognition and proper integration into society (Degener, 2017). They were wary of receiving meagre welfare checks, committing suicide due to being ostracized, and being treated as second-class citizens for a country they had fought so hard for. They advocated for more wheelchairs, rehabilitation and treatment facilities, prosthetic limbs, more accessible job opportunities, and for an increase in government financial aid (Degener, 2017). Advocacy occurred in the form of mass protests, which involved public disruption. Advocacy also included the involvement of many allies, and it served as an inspiration for future disability activists.

The disability movement continues to be inspired by co-occurring civil rights and

feminist movements. It demands:

Citizenship rights and participation, contests disabled people's incarceration in institutions, draws attention to the exclusion and discrimination disabled people encounter in daily life. Furthermore, the disability rights movement is best characterized as a movement "from below" with most of the leadership in the hands of persons with disabilities. This emergent notion of self- advocacy was reflected in the motto of the disability rights movement during the drafting process of the Convention on the Rights of Persons with Disabilities – "Nothing About Us Without Us!" (Sabatello, 2014, p. 14).

Leaders of the disability rights movement aim to continue these demands and do their part in keeping up the fight of inclusion despite North-American claims that the disability movement has reached its peak and plateaued. These leaders constantly remind us that "the emergence of the disability movement also provided disabled people with an opportunity to develop a sense of attachment to the disability community... and to develop a positive sense of personal identity as disabled individuals" (Hahn & Belt, 2004, p. 455). They also advocate for interdependency, which promotes the ideology that a disabled person is in control of situations in their life and is consulted in all matters concerning their livelihood (Retief & Letšosa, 2018). Note that this is different from the state of dependency encouraged by the medical model and the state of independence encouraged by early visionaries of the social model.

The Charity Model

The charity model regards disabled individuals as victims of their circumstances, and in a disabled person it elicits fear, pity, and/or guilt of oneself/others (Tsai & Ho, 2010). It also adds to the hierarchy of disabilities where a disabled individual is glad that they have one disability and not another or sees their situation as worse than or better than others. The charity model

invites those who are able-bodied to give, wholeheartedly and out of pity, to the disabled because this is their only hope of survival (Tsai & Ho, 2010). The charity model manifests in dating society, where individuals date one another purely out of pity or guilt. In most cases, the able-bodied individual feels it is their moral obligation to date a disabled individual (Trefethen, 2007). In addition, there is often an inability to reject offers to go on dates, and there is always a moment during the dating phase where one partner finally acquires enough courage to end the relationship. According to Retief and Letšosa (2018), proponents of the charity model tend to engage in the infantilization of disabled people. This, from my autoethnographic observations, is made obvious in conversations, in paying for dates, and in intimate activities. Negative and demeaning assumptions surrounding the disabled individual's employment status, physical and mental capabilities, and familial background further add to the charity model (Retief & Letšosa, 2018).

Nigerian society is a firm believer in the charity model, which, in Nigeria, is also described as a unique mixture of the medical model and faith/spirituality (Iguh & Ugwu, 2023). In their review, Iguh and Ugwu (2023) also state that “medical and charity models of disability have led to development interventions based largely on impairment needs assessed by ‘expert’ personnel, involving specialist services that are often severely limited in geographical, age, and impairment reach, as well as generally being expensive to run” (p. 156). In addition, it is believed that the financially able should give alms to the disabled, thereby creating a perpetual state of dependency. Like Nigeria, many enforcers of the charity model in East Africa quote religious texts as the reason behind their goodwill towards the disabled who they consider as “unfortunate” or “underprivileged” (Iguh & Ugwu, 2023; Stone-MacDonald & Butera, 2012). Furthermore, “the Nigerian media still [addresses] disability issues as a charity issue rather than

a public policy concern. As a result, the political class often use persons with disabilities to mop up sympathy votes to win elections and neglect them after” (Iguh & Ugwu, 2023, p. 160). Lastly, based on this charity and medical model,

disabled persons in the crisis-prone area of North-Eastern States of Nigeria reported that their rights are violated in different ways including opposition by communities against marital relations with non-disabled persons, denial of medical services due to inability to pay bills, denial of access to opportunities (such as participation in pilgrimage trips to holy lands), and denial of access to participation in school competitions. They are also denied the opportunity to rent houses and commercial properties in some cases and they persistently face stigma, discrimination, and barriers to accessing basic social services. (p. 160)

Globally, dating sites also subscribe to the notion of the medicalized and charity model of disability by promoting messages of self-pity and making users believe that finding a partner is the “cure” that is needed for their disability (Martino & Moumos, 2022). When sites have a requirement for users to upload medical documentation and to list symptoms and medications related to their disability, users are forced to become overly self-aware of their disability to the extent that they feel like they are on display. Oddly, sites have a hierarchy when it comes to disabilities. Moreover, it is inadvertently recommended that before accessing these sites and to avoid succumbing to the notion of finding a “cure” in a partner, individuals need to build a strong community affirmation and personal self-identity, which is “based on an individual’s cognitive and emotive views of himself or herself as a disabled person in a community of disabled people” (Hahn & Belt, 2004, p. 454). Lastly, Martino and Moumos (2022) observed that sites in the Global North will have poster adults in manual wheelchairs and will rarely feature

other types of disability or assistive devices. Most images also include white heterosexual couples where one of the two is visibly disabled. Disabled users of these sites have complained about the exclusivity they feel when recommended these sites (Trefethen, 2007). They also feel the sites are not geared towards their sexuality, gender, or race. In sum, the overall structure of these sites that are meant for certain persons with disability end up producing an unwelcoming atmosphere and ultimately an inaccessible place for finding love, especially when incorporating the medical and charity models of disability.

This brief history of these two prominent models of disability is intended to act as a resource and as background information for the topic of this autoethnographic study. It is also placed in this literature review in recognition of all the hard work of visionaries of the disability movement. The medical, social, and charity models are crucial parts of this autoethnography because of my upbringing, my acquisition of a physical disability at the start of my adolescent phase, and my relocation to Canada with my family. Lastly, these models often have the same manifestations in-person and virtually irrespective of the themes of body image, sexuality, and masculinity.

Relationships

People with disabilities seek positive and rewarding relationships like everyone else. The majority of these relationships are acquired through family ties, in-person interactions, or online interactions. These interactions can occur between two or more people, such as co-workers, relatives, or friends. In addition, these interactions are sought after because of the rewards associated with them, including information, intimacy/companionship, and money. In my experience, relationships also tend to have an element of reciprocity, such as the mother being cared for in her old age because she provided love and affection for her children when they were

young. Another instance is when a co-worker buys lunch for their fellow worker because they covered their shift for them. For me, the first essential relationship begins with the family. Here children create bonds with their parents, siblings, and relatives and vice versa. Lastly, through my autoethnographic research, the success of other relationships (e.g., professional or intimate) are dependent on the positiveness derived from familial relationships.

In my country of Nigeria, the family is an important social unit and plays an important role in community building and prosperity. Here, even with a disability, family members are meant to constantly contribute to the wellbeing of the family either by providing income, caring for the household, or caring for siblings/distant relatives. In Nigeria, since about “25 million persons are with disabilities, it is estimated that at least one out of seven family members has a mild to severe disability” (Ajuwon & Brown, 2012, p. 62). The literature on familial relationships in the Global North and South further notes that many families often encounter some kind of relationship strain when one of their members has a disability. This strain could be minor or major. For example, with the occurrence of a disability, relationship strains occur when families have to find out how to redistribute tasks among family members and when they might have to save money for medical expenses. Carr et al. (2019) also add that “disability is a chronic stressor for families because it necessitates a fundamental reorientation to daily functioning and renegotiation of participation in the social world” (p. 730). Lastly, according to Ajuwon and Brown (2012), family relationship strains can be further compounded by economic hardships and the political instability of the country. Farrell and Krahn (2014) add to this by noting the following:

poverty (a major social determinant of health and quality of life) is more frequently a characteristic of families with disabilities compared to the general population. Economic

hardship is more evident among racial and ethnic minority households, single-parent families, and households that have multiple members with disabilities. (p. 3)

It is important to highlight here that countries like Nigeria do have “some residential centres, public school programmes, workshops... and a number of professionals recruited to provide training” for families with individuals with disabilities (p. 62). These are designed to reduce the strains that a disability might have on family relationships. However, the literature on familial relationships stresses that more needs to be done in order to assist families, especially those in poverty and in rural communities.

In familial relationships, my experience is that the mother–child relationship is the most crucial, especially for proper psychological and physical development. Ajuwon and Brown (2012) concur with this by mentioning that “in 97.5% of families, the main caregiver was the biological mother, followed by the stepmother in the remainder of families while siblings acted as caregivers in 56.3% of families... the mother and father as a couple (17.5%)” (p. 64). These percentages tended to remain the same whether or not there was a disabled child in the family. Nigerian fathers, on the other hand, were seen as the primary providers of income and were not expected to provide much care. Interestingly and on a different note, “sibling relationships that include disability are rich and meaningful components of family life” (Carr et al., 2019, p. 5). For instance, my siblings definitely learnt patience, understanding, and responsibility from having to take care of me while I was undergoing rehabilitation. Regardless of the division of caregiving roles, the literature notes that familial relationships remained strong when families spent quality time together. For families with disabled members, Ajuwon and Brown (2012) indicate that Nigerian familial relationships remained strong and resilient when family members were also educated about the disability, were able to enroll their disabled child in vocational

training, and when they did not succumb to superstitions or cures for disability. The literature further notes that family support buffered the detrimental effects of stress, anger, and frustration that manifested when children married or entered into relationships outside the home (Carr et al., 2019; Farrell & Krahn, 2014). Lastly, the literature notes that weak family relationships can lead to future antisocial behaviours. For instance, Adegboyega et al. (2017) indicates that “weaker parental attachment and low parental supervision in Nigeria are related to bullying behaviour, and that students from broken families (i.e., divorced families) tend to have anti-social behaviours” (p. 243). There are also behavioural problems from children when parents are constantly busy at work and spend little time with their child. Here, Carr et al. (2019) mentions that “work-to-family spillover and working in a position with schedule inflexibility was more detrimental to the health of children especially those with serious mental illness” (p. 4).

In North America, the literature notes that many relationships have a regular online component. Starting in the family, my youngest brother (who was raised in Canada) was trained on how to use his iPhone to contact our mom and dad. This has proven beneficial since my dad travelled for work. As children in North America become teens and expand their social networks, the literature shows they use online platforms like Facebook, Snapchat, and Instagram to stay in touch with their friends. According to my autoethnographic observations, this is beneficial, especially when teens have to relocate and want to remain in contact. For instance, my youngest brother was able to develop more online relationships with like-minded individuals using Snapchat. My brother also mentioned that many of these online relationships can be long lasting provided constant communication occurs. Schellenberg (2021) notes that online relationships are so appealing to users because they allow “easy access to meeting people with a minimal amount of effort” (p. 2). For instance, many apps have video and picture-sharing functions, which add to

their easy usability. However, this easiness and effortlessness also means that many of these relationships will remain on a superficial level and may never amount to anything other than brief online communication(s).

These online platforms can also serve as means of developing/sustaining intimate relationships. For instance, the Facebook app has a feature called “Facebook Dating” where you can flirt with individuals (some of whom may be Facebook friends). In addition to the flirting done through Facebook, apps like Instagram have a direct messaging feature, which, as my friends have highlighted, can be used to flirt. My friends also mentioned that apps like Snapchat can be used to send flirtatious images. In addition, Schellenberg (2021) notes that apps like Bumble are downloaded “because there [is] a feature to find friends in the area” (p. 3). Again, many of these apps are designed so that relationships are easy to form. On this point, Schellenberg observes that “some apps force the user to show their location, pick an age range, and fill out other information about themselves” (p. 6). The literature notes that there is significant superficiality on these primarily Global-North online platforms. For instance, Schellenberg indicates that “there is so much a dating app cannot tell you about a person... height is one of the most common things men lie about” (p. 10).

From my autoethnographic observations, individuals with certain disabilities might have difficulties maintaining relationships of any kind, but this does not mean that they do not seek relationships and their rewards. Trento’s (2023) research in Finland adds to this through the finding that individuals with autism who identify as neurodivergent are often stigmatized as unable to empathize and seek relationships; this causes significant isolation and loneliness. When these individuals finally engage in relationships, they still “face loneliness due to the incessant masking they perform to be tolerated by their neurotypical partners” (p. 22). Other

neurodivergents with sensory issues are assumed to be unable to display emotions or are assumed impolite because of strategies they have developed to survive the ableist world such as “wearing headphones and listening to music while working or avoiding the perceived superabundance of social interaction by taking breaks alone” (p. 23). These strategies and their accompanying stigmas hamper the maintenance of certain relationships, especially since research considers these traits as signs of a lack of trustfulness and empathy.

Literature from the Global North also highlights that individuals with physical disabilities combined with neurodivergence have an increased chance of being stigmatised as asexual, loveless, and apathetic. This further makes it difficult to maintain relationships (in-person or online), especially once it has been made clear that the individual is disabled. Furthermore, when individuals are not able to maintain eye contact or engage in typical physical bonding activities because of their disability, they are further ignored in the formulation of relationships. This is especially the case since “eye contact is commonly understood as a highly functional bodily sign that aims to “(a) provide information, (b) reregulate interaction, (c) express intimacy” (Trento, 2023, p. 23). On this note, Adegboyega et al. (2017) reiterate that “students with [disabilities] had fewer friends and were teased significantly more than [non-disabled] peers” (p. 244).

Many of my relationships (past and present) focused on doing things together (e.g., eating together, going to the park, holding hands, etc.). These were seen as great ways to create a lasting bond together. Additionally, many of my more-intimate relationships considered sexual relations as a major part of building a solid bond. These relations were seen as a way to improve relationship satisfaction and strengthen the relationship bond. Again, the literature notes a common misconception that people with disabilities cannot engage in sexual relations or that they are asexual. People are quick to assume that disability equates to asexuality. For instance,

Trento (2023) notes that “autism is still discursively related to asexuality through the processes of stereotyping and media portrayal” (p. 25). This is an example of ableist thinking, and it impinges on the ability of some persons with disability to seek these relationships. An anti-ableist frame of mind would consider the fact that a person with disability might simply just be “overwhelmed by the social and sensory challenges associated with sexual experiences to the point that they became disinterested in partnered sexual activity” (p. 25). This thinking would hopefully lead to the exploration of sex in less-overwhelming ways and would allow for the enjoyment of this type of intimate relationship.

Some disabled people who do not fit the standards of heteronormativity (i.e., non-binary and queer individuals) experience even more stigmatization and ostracization when trying to explore relationships outside of the family. According to literature from the Global North, this can first be noticed in childhood whereby children who constantly choose to participate in activities of the opposite sex/gender (despite being of the opposite sex/gender) are ridiculed and/or ostracized. Research also notes that neuroqueer (i.e., neurodivergent and queer) individuals experience greater rejection by their peers online. On this point, Trento (2023) indicates that “neuroqueer individuals experience ghosting (commonly described as unilaterally cutting off contact with a partner and ignoring their attempts to reach out) even on online platforms especially when individuals find out about their disability” (p. 28). This ostracization is noted to also occur by some persons with disability who seek non-disabled individuals because they “deliver good performative and instagrammable displays to societal networks” (p. 29).

It is important to note that, for Global-South countries, which are not as saturated by technology, there is less of an issue of forming relationships online or encountering rejection. In some remote parts of my country, Nigeria, people form friendships with individuals within their

local communities that result in marriage. This is sometimes advantageous for a person with disability because of the guarantee that they will be married off; people will rather marry a disabled person who is familiar than a stranger. In these communities, communal relationships continue to exist to the point that everyone is cared for by the community (whether married or not). The literature also notes that in some Global-South countries pre-ordained relationships, whereby two individuals are partnered together as babies, still occur. In Nigeria, for instance, this occurs primarily because both families stand to benefit from the relationship. For example, their eventual marriage might be needed to reinstate peace in the land. In this type of relationship, entire communities are involved, which helps guarantee the success of the relationship. Even when individuals from the Global South seek online friendships or transcontinental relationships (which are becoming popular due to Western influences), the literature notes that parents and community members are still heavily involved in the success of the relationship, especially if it is to become an intimate, long-term relationship. Here parents act as one of the final obstacles that prospective suitors must past. This happened when my sister wanted to marry a man from France. They are now thankfully married after many family negotiations. If my sister was not successful in bringing home a great suitor, my parents would have become involved in the matchmaking process. I find (through my autographic observations) that this goes against the North-American (specifically Caucasian) individualistic system of forming relationships where individuals seek relationships that are pleasing to them with sometimes little thought of its effect on their family/communities.

Prior to online dating, the literature notes that many intimate relationships started in-person. For instance, people met through church, work, school, or by mutual connection. Even when “the first online dating website Match.com launched in 1995 and transformed the way

single people meet” people preferred in-person meetings because they seemed more authentic (Schellenberg, 2021, p. 1). Schellenberg (2021) also notes that “while technology has made meeting people easier, the result is that dating has become harder, and [the] new methods of communication hinder the way [in-person] daters communicate” (p. 1). In addition, in order to receive success from using online sites for dating, Schellenberg notes that individuals need to have “clear intentions, expectations, and communication” (p. 3). This prevents time being wasted and/or prevents confusing, awkward, or unsafe situations.

Many relationships culminate in marriage. I believe this is sometimes viewed as the all-encompassing step in intimate relationships and a way to recreate the initial familial relationship. Other than the tangible rewards of marriage (e.g., tax breaks), the literature notes that many people get married because they find happiness in their partner. Carr et al. (2019) note that this “happiness is a positive state encompassing feelings of joy, contentment, and meaning” (p. 731). Additionally, according to my parents, marriages where partners promote a full exploration of sexuality and accept one another’s body image are seen to be those that last longer. Lastly, supportive marriages also help to “bolster one’s mood during stressful times, add to one’s resilience, foster a positive reinterpretation of adverse experiences, encourage and facilitate goal pursuit, and provide resources to alter or adapt to stressful situations” (p. 731).

Sexuality, Intimate Relationships, and Disability

Most of the literature surrounding sexuality and intimate relationships is inspired by the World Health Organization’s (WHO) framework for action concerning everyone’s right to a healthy sex and marital life. It states the following:

There must be effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood, and

relationships, on an equal basis with others... the sexual rights of all persons must be respected, protected, and fulfilled. (World Health Organization, 2010)

Although this is an important call to action and alludes to equality and equity for all, the literature notes that many countries are hesitant in applying it. Some of these Global-North countries do not have the necessary funding to instill and enforce social policies with their respective adequate programmes, while other countries have citizens who are not comfortable addressing the topics of marriage and relationships with their disabled family member (Robertson et al., 2014). For instance, Bates et al. (2021) observed that even though United Kingdom (UK) social care programs/providers exist as a means of assisting persons with intellectual and developmental disabilities in their quest of finding love, there are still conflicts from parents who are worried that their child/children could be taken advantage of and/or might not be able to comprehend relationships and all their expectations. Many parents also expressed their discomfort addressing the topic of sex and sexuality with the child. Lastly, in order to uphold the WHO's framework of action concerning everyone's right to a healthy sex and marital life, some Global-North countries aim to continue to increase funding for sexual health programs for persons with disabilities. They also aim to reinstate sexual agency for persons with disability. This sexual agency refers to disabled individuals receiving education about pregnancy, sex/sexuality, and their civil rights to be treated with respect and consent (Addlakha et al., 2017). The goal is to create a society where disabled people are not deemed asexual, agender, and infantile (Addlakha et al., 2017). Here disabled people's sexualities are not questioned or doubted but discussed and accepted.

Being in Canada has allowed me the chance to explore my sexuality to its fullest. In fact, I have participated in acts that my religious community and my family (both local and

international) would never approve of. Acts such as engaging in gay sex, engaging in a threesome, having multiple sexual partners, and engaging in intercourse out of wedlock could have me completely ostracized. Moreover, I have no remorse for partaking in these acts because they have led to a more-fulfilled life in Canada. It is also important to note that “by including disabled people in the Charter of Rights and Freedoms, Canada seemed to provide a more effective instrument for creating a genuinely barrier-free environment than has been available in the United States or most other countries” (Hahn, 1987, p. 366). For this reason, I am grateful to be a Canadian and to be part of a nation that aims to uphold the WHO’s action framework concerning everyone’s right to a healthy sex and marital life.

The literature further notes that parents are afraid of their child’s discovery of their sexuality because they are uncertain of the right ways of teaching their children about intimate relationships and how to control their sexual behaviours. In fact, when I was younger and wanted a family, my parents were uncertain on how to discuss my unwavering desires to get married and have a family, especially since they knew I would have trouble in taking the steps to establish a relationship. For me, formal sexual education did not begin until I was nineteen and enrolled in post-secondary education at the University of Winnipeg. I had attended a fun workshop on sex, sexuality, and changing bodies. It was also quite interactive and a mentally stimulating experience. We discussed topics on sexual pleasure, sexually transmitted diseases (STD), pregnancies, contraceptives, and types of sexual identities. Prior to this, much of my sexual knowledge was derived from pornographic sites recommended by friends. These were helpful in building knowledge but unfortunately only focused on sexual pleasure. I never shared any sexual knowledge with my parents and would never tell them that I attended a workshop or a class regarding sex as it was considered a taboo subject in our household, and regardless of how open-

minded my parents claimed to be I never felt comfortable talking to them about sex. I also did not show any open curiosity towards the opposite sex so as not to create an avenue to discuss sex. My parents did not mention topics on sex and sexuality until my early twenties when I was preparing to move out of the family home. Here, we sat down and talked for hours about abstinence, the dangers of pregnancy, and the responsibilities of parenthood. To this day, I have not told my parents that I am not a virgin or that I have a girlfriend for fear of awkward conversations. I find comfort in them continuing to think that I am asexual.

Moreover, parents (in England) who opt to use social care service programs and disability dating agencies, which have staff whose sole intent is to give intellectually disabled people freedom and independence in growing their own intimate relationships, have stated that staff need to do more in assisting with the growth of these relationships, such as educating clients on sex/sexuality and the etiquette of relationships, driving clients to see their prospective partners, or joining in on dates to help facilitate social interactions (Robertson et al., 2014). Staff have responded to this by stating a lack of resources and a discomfort in assisting with intimate relationships. The literature also notes that some citizens of the Global North are against the idea of people with intellectual disabilities being involved in intimate relationships because the persons with disability might not be able to provide care for the child that comes out of the relationship or be able to provide full consent to sexual activities due to a perceived lack of understanding. According to my autoethnographical observations, sometimes the severity of disability played a role in the attitudes of the parent when it came to their child's intimate relationships. For instance, people from England with mild intellectual and developmental disabilities (IDD) (i.e., a learning disability) were allowed more freedom in seeking and maintaining relationships (e.g., they could create online dating profiles) than those with severe

IDD (Robertson et al., 2014). They were also consulted by family and staffers concerning important decisions pertaining to a potential relationship. However, Robertson et al. (2014) note that there were still situations of immense control, such as preventing access to certain online sites or denying partnering with an individual that was too disabled or too able-bodied. There were also restrictions on spending time with a potential partner such as having a curfew or not being allowed to engage in sexual intercourse/foreplay. In all, the literature observed that families and staffers need to do more in becoming more comfortable regarding topics of relationships and sexuality. There needs to be a more hands-on approach in researching dating sites for disabled people and in putting more effort in assisting in the success of intimate relationships among individuals with IDD. As mentioned before and as stated in my autoethnographical observations, I did not have a social care program, but someone I dated was in an independent-living program; prior to that her parents acted as scrutineers of her friends and potential partners. Unlike me, she displayed a strong sexual drive as a pre-adolescent, and this terrified her parents who spent countless hours trying to teach her self-control, especially in public. I am certain that if Winnipeg had a social care program that had support workers that specialized in intimacy and sexuality, then her parents would have taken advantage of the program as their daughter was a lot to handle.

There are also critics concerning the type of sex education received, especially surrounding themes of sexual suppression and containment. US sex education usually featured people who were white, able-bodied, and heterosexual, which implies that only these individuals should be engaging in sexual activity and reproducing (Blanchett & Wolfe, 2002). Classes were also gendered (i.e., girls' sexual education was focused on pregnancy and prevention while boys' sexual education focused on abstinence and anatomy) (Blanchett & Wolfe, 2002). Many of

Albury's (2014) UK participants noted that the majority of their learning about sexual activities occurred when they became older and came from pornographic sites, which included all kinds of people. Unfortunately, pornography did not teach self control; as a result, consumers were at risk of exhibiting inappropriate sexual behaviour in public (i.e., inappropriate touching or kissing) (Albury, 2014). Some participants also expressed their frustration in their city's lack of accessible positive spaces for people with disabilities to explore and practice their sexual knowledge. For example, many restaurants, bars, and clubs, where people go to explore their sexuality and flirt, are inaccessible (Albury, 2014; Liddiard & Slater, 2018).

Accompanying the above, there is also literature that highlights sexual expression, especially via dating sites. The majority of the literature emphasizes the importance of portraying one's sexual identity clearly on dating sites in order to attract the proper partner. For instance, Bates et al. (2021) noted that bisexual-identifying people in the UK were more successful at finding other bisexual or sexually fluid persons when they clearly mentioned their sexual identities in their profile. This success resulted in greater in-person dates and long-term relationships. Research also notes that people with disabilities used these apps/sites as a way to discover their own sexual expression/identity. However, Bates et al. (2021) note that not everyone's sexual expression online matched their in-person persona. For instance, online, individuals could portray themselves in a very hypersexualized way (i.e., by having a stereotypically sexy appearance or communicating in stereotypically sexy tones), while, in-person, this portrayal is completely reserved, with these individuals being unable to exhibit any stereotypical sexiness. The literature further mentions that although sexual expression is a fundamental element of dating sites/apps, it is not always a deciding factor in the discovery of a potential partner. This gives hope to people with disabilities who are unsure of their sexual

identity/expression.

The literature further notes that some persons with disability sometimes have difficulties in containing and/or repressing their sexual urges. For instance, some (in the Global North) have issues containing bodily (dis)functions, which end up affecting their sexual desirability (Felkins, 2022; Rugoho, 2019). Research also adds that body disfunctions such as uncontrollable body spasms, uncontrollable bowel movements during sexual intercourse or arousal during personal care, and uncontrollable genital pain affect a disabled person's ability to feel sexy (Liddiard & Slater, 2018). These body disfunctions have also led to a withdrawal from seeking intimate relationships. My least-sexy moments happen to be when I am with another person. With another person I feel like my body is being judged, and I do not feel very suave. Before sex, I find I have to consume a considerable amount of alcohol to the point of being tipsy so that I also do not overthink my actions, especially when I am needed to be spontaneous. Even when my girlfriend and I had sex for the first time, I let her be in charge because I knew my uncoordinated body could spasm out of control and injure her.

Lastly, the research highlights a major criticism concerning the type of sex education received, especially surrounding themes of sexual suppression and containment. US education usually featured people who were white, able-bodied, and heterosexual, which implies that only these individuals should be engaging in sexual activity and reproducing (Blanchett & Wolfe, 2002). Classes were also noted to be gendered (i.e., girls' sexual education was focused on pregnancy and prevention while boys focused on abstaining and anatomy (Blanchett & Wolfe, 2002). Once again, the literature notes that the majority of education about sexual activities arrived when people with disabilities became older (i.e., in their late 20s or early 30s) and came from pornographic sites, which include all kinds of people. Unfortunately, pornography did not

teach self control; as a result, consumers were at risk of exhibiting inappropriate sexual behaviour in public (i.e., inappropriate touching or kissing) (Albury, 2014). Furthermore, research also notes that society has a lack of accessible positive spaces for people with disabilities to explore and practice their sexual knowledge. For example, many restaurants, bars, and clubs, where people go to explore their sexuality and flirt, are inaccessible (Liddiard & Slater, 2018).

Although the literature on disabled people's sexual expression/identity is scant, it is an important topic that will be explored further in subsequent chapters. The research is hypothesized to be scarce due to the assumption that many disabled people are assumed to be non-active participants in the hypersexualized dating scene of the Global North. The research is also scarce because citizens of countries in the Global North (i.e., parents and caretakers) display a certain discomfort around the intertwining topics of sexuality and disability. However, this literature review is still a great way to learn about the challenges many people with disabilities encounter when exploring the concept of sexuality.

Navigating Virtual Dating Scenes

According to the literature, dating sites are often used by people with disabilities as a way to find love, one or more sexual partners, and/or a friend (Mazur, 2022). Mazur (2022) states that by being in a Global-North digital world, many disabled people now have the opportunity to interact with virtually anyone across the world. People with disabilities also now have control over how people view them and can control the amount and intensity of the online relationships that they form. Nevertheless, Holmes and O'Loughlin (2014) note that many dating sites still have many alienating features that prevent its users with disabilities from attaining their desired level of success. These sites include both those primarily intended for disabled people and those

that did not explicitly state their intention for persons with disabilities. I can attest to the inaccessibility of some of these online sites. There is a site named “Zoosk” whose text was too small, and which lacked a zooming-in feature (at the time I used it). This made it quite frustrating to use. For an individual, such as myself, whose finger dexterity is poor, operating an inaccessible app can be quite daunting. Inaccessible sites such as these make it clear that individuals like me should not be using these apps and arguably should not be using apps as a means of finding an intimate partner.

In the same way that dating sites/apps are becoming more accessible, literature from the Global North notes that in-person dating is becoming more accessible. Ableist attitudes are facing more public scrutiny; physical environments (i.e., restaurants and theme parks) are being mandated to be more accommodating of persons with disabilities; and there is greater pairing of couples of different dis/abilities (Cabañes & Uy-Tioco, 2022). In addition, couples in the Philippines are more comfortable expressing their disability in public, which shows an increase in their positive body image and concepts of sexuality (Cabañes & Uy-Tioco, 2022). Lastly, the literature shows that some disabled people are becoming more comfortable in expressing their gender identities, which adds to further enjoyment of dating culture. This primarily US societal shift is occurring largely because of years of activism from the disability movement and its allies (Heinze & Horn, 2014).

I have been able to benefit from this societal shift in a plethora of ways. For instance, I have had the opportunity to go on dates to many accessible venues. I especially like places with automatic door openers, which have enabled me to take part in the chivalrous and manly task of holding the door open without having to exert too much effort. I am also made comfortable by being able to engage in gender-bending activities or by attending queer events at local gay clubs

in downtown Winnipeg. There have also been little to no awkward gazes at my disability or that of my dates. It is easy to take these little things for granted, but I know it would not have been possible without the efforts of those involved in the disability movement. However, it would be overly optimistic of me to think the world is accepting of the topic of dating and disability, and I know from experience that there are some microaggressions that some disabled people encounter as they navigate the dating scene. For instance, I was on a date with an able-bodied woman at a local restaurant, and I heard a man boast about how he could easily steal my date because he believed that she deserved better and that I would not put up a fight.

According to the literature, these existing microaggressions (of the virtual realm) stem from the fact that many dating sites are created by individuals who do not identify as having a disability. In addition, Sellwood et al. (2022) observe that a creator (from the Global North) of a dating site that is intended for persons with disability (PWD) is often a close friend or family member who has been motivated by their disabled friend or family member. This means, consciously or not, many of these sites inherently will contain ableist ideologies and sentiments. They are ableist in the sense that they will create a divisive dichotomy between abled and disabled, where the former is deemed as the ideal, while the latter is not. I feel that a site/app created by a person with disabilities will be better equipped for the needs of an individual with disabilities. However, this site might have to be particular to that specific disability. Through my experience using various dating platforms, I find that once a site begins to overgeneralize to be inclusive of all disabilities, ableist attitudes also tend to get introduced.

According to Saltes (2013), many users (who were from Canada, the US, and the UK) of these sites also found themselves subscribing to ableist attitudes and would often downplay their disability while promoting their abilities to do things in a normal way. Many (especially those

from North America) would also refrain from introducing their disability early on in relationships and still others would never include their assistive devices (i.e., wheelchairs, communicative devices, braces, etc.) in their profile pictures (Duguay, 2017). Personally, I thought of my disability as something scary that I did not want to expose anyone to for too long. For this reason, when I initially created my profiles, I would state that I was looking for casual flings/hookups or short-term relationships under the section “looking for.” Many of my friends with visible disabilities reported greater success in starting conversations with potential partners when they did not include their wheelchairs, crutches, or disfigured legs, and I did the same, believing that I would also attain success. I made sure that my posture was always upright in order to hide the awkward curvature in my spine and did my best to appear manly in my photos (i.e., posing next to cars).

Duguay (2017) further notes that many users in the Global North, especially those that have acquired the disability later in life, have an internalized ableist attitude that might prevent them from interacting with people who have disabilities. These individuals are more likely to search for partners that are non-disabled. Research, however, shows that some individuals (especially those from Australia, Canada, the UK, and the US) are still quite proactive about their disability status and are likely to use every opportunity to mention and elaborate on their disability (Sellwood et al., 2022). Most of these individuals have been disabled since birth and hence know no other reality—they choose to find pride in their identity and seek individuals who are also proud of their identity. They also more actively resist the British narrative that “disabled men are never ‘real men’... [who] do not have access to physical strength or social status” (Shakespeare, 1999, p. 60)

Prior to this literature review, I was confident in my anti-ableist attitudes, but the research

has revealed to me that I still have internalized ableism, which consciously or unconsciously has influenced my dating choices over the years and has possibly influenced the selection of my present girlfriend. Ableism in the context of this autoethnography is defined as “prejudice and discrimination toward individuals simply because they are classified as disabled – regardless of whether their impairments are physical or mental, visible or invisible” (King et al., 2019, p. 2). By being selective of people with disabilities and using their disability (including the severity of it) as a determinant of whether I wanted to date them or how long I wanted to date them for, I was expressing a form of internalized ableism. Regarding my current partner, I am pleased that she is also physically able to assist me when my abilities are limited, and I sometimes wonder if this factored into my selection of her as a girlfriend. If so, then that also adds to the aspect of internalized ableism within me.

The literature regarding navigating virtual and in-person dating scenes further states that some disabled people with communicative disorders are ostracized from dating sites. For instance, dating sites (especially from Australia, Canada, the UK, and the US) are not always compatible with user’s communicative devices; this has inhibited users from having fulfilled and free-flowing conversations (Sellwood et al., 2022). Even on dates and other romantic situations, it is observed that these devices are not able to capture the full range and desires of the user. For further assistance with communication, some individuals (in the UK) would ask for assistance from their support worker. This worker is permitted to accompany them on dates and even assist in intimate scenarios (Abbott & Howarth, 2007). I have not had a formal support worker, nor did I know that there were support workers who assisted with intimate relationships. My assistance in terms of building communication skills came in the form of my older sister, Anna, who would instruct me on the proper things to say/do while on a date. From her, I learnt about social cues to

lookout for, especially those that indicated boredom. She noticed that I would get so fixated on explaining every intricate detail of a familiar topic that I would not notice cues concerning someone's boredom. She and her boyfriend would also join me on double dates, which was helpful as she would provide me feedback on how to improve on the next date.

The literature notes that there is exhaustion felt at always having to explain disability when navigating the virtual dating scene. However, other literature from the Global North explains the feeling of relief when dating sites create a mini page on different disabilities so that people can become informed (Saltes, 2013). Moreover, the literature agrees that most users enjoyed the fact that they were able to control information regarding their disability. They chose what to disclose and where to disclose, sometimes choosing to use this information as a way to ward off uninterested/ableist visitors to their profiles (Sellwood et al., 2022). I admit that I was one of those users who preferred sites that allowed me to choose when to disclose my disability. Since my disability was acquired in Nigeria and is so rare in its origins and its manifestation, it is hard to explain it to someone in Canada. Out of frustration, I usually say it is a mild form of cerebral palsy because that is a condition more familiar to Canadians. When sites force me to identify before I can complete my profile, I often select cerebral palsy, which I feel does not accurately describe my situation yet is the only option that fits. Sites like these unfortunately limit a proper expression of disability and might serve to discourage some disabled people from using them. Once again, since disability is not always overtly discussed in the public sphere and since there is the assumption that a disabled person is not sexually active and does not use dating sites, Canadian creators of these sites sometimes do not take the extra step in making their sites accessible and informative about disabilities (Bivens & Hoque, 2018).

According to the literature, when navigating virtual and in-person dating scenes people

with intellectual disabilities face different challenges compared to those with physical disabilities. These challenges were mainly observed through the usage of dating platforms such as Plenty of Fish, Christian Mingle, OkCupid, Tinder, and intimate phone lines (Martino & Kinitz, 2022). On these platforms, research notes that individuals with intellectual disabilities are often stereotyped as being incapable of maintaining fruitful conversations or being unable to maintain relationships. They are also assumed to not be educated enough to provide consent or participate in adult matters, regardless of their age (Martino & Kinitz, 2022). Although I do not have an intellectual disability that seriously impedes my ability to access the dating world virtually or in-person, I do sympathize with friends in a similar situation, and I did date a young woman with Down syndrome for a month. Her communication range was quite limited, but this was perfect because I enjoyed being quiet and had a speech impediment that led to a stutter or slurring of words. However, it was frustrating having to explain things in very basic ways so that she could understand, which meant I could not always text her but would have to call to properly explain things. We did enjoy spending time with each other and enjoyed many activities together. Her name was Martha, and she was so full of life. She knew if people were making fun of her and was always quick to advocate for herself. She was about five years older than me but was not allowed to use dating apps or go on dates alone until she was deemed mature and responsible enough by parents and caregivers. Luckily, I met her when she was considered ready to date independently—it would definitely have been frustrating making out in a supervised household or going on dates with a caretaker listening in on our intimate conversations. By the time I met her, she was participating in an independent-living program and was allowed many freedoms.

In navigating virtual and in-person dating scenes, the literature highlights genuine fears

concerning virtual dating, particularly from the perspective of parents and caretakers of people with disabilities. For instance, research has noted that many parents and caregivers would not allow the person in their care to access apps/sites for fear that the disabled person will not be able to process the information on the sites and handle interactions with potential matches. There was also the fear that the individual could be taken advantage of (Martino & Kinitz, 2022). Another area of fear pertains to sites' payment options. In order to access chatting options or to view potential partners, Sloan et al. (2006) observe that some sites require users to pay a monthly fee. Unfortunately, Martino and Kinitz (2022) show that individuals with intellectual disabilities might not always have access to expendable income and might not be employed or in the possession of credit cards. Having this feature creates alienation for these individuals and implicitly suggests that they do not belong on these dating sites. Apps that reserve most usability options for people who pay their premium were the ones that were quite frustrating for parents and caretakers alike. Apps like eHarmony significantly limited one's ability to interact with real matches unless a fee was paid. This meant I could not afford to be on the app. Any expendable income I had was spent on bills or on food, and with the increasing price of goods and services, this kind of income transformed more into necessary income.

The accessibility of these sites is also dependent on how user-friendly they are for individuals with a comorbidity of disabilities. The literature observed noted that some individuals were not able to maneuver through the sites' different pages because of the layout, design, and fine print. It was also observed that, for many, this inaccessibility contributed to users' inability to build their sexual capital, which refers to the ways one describes themselves to appear more attractive to potential partners (Martino & Kinitz, 2022). Furthermore, Martino and Kinitz (2022) discovered that individuals who did not have a problem with accessibility chose to

dwell on their physical-activity levels, their ability to secure and maintain jobs (i.e., financial security), and their ability to be social and likeable. Choosing to highlight these areas made them feel like they would be a suitable match. Many would also refrain from mentioning their intellectual disability for fear that it would chase away potential partners. This occurred primarily on sites that did not cater specifically to disabled people. As mentioned, I do not identify with having an intellectual disability, but I also went through great efforts to highlight my abilities, whether through pictures or through written text, rather than mention things I could not do or things I needed help doing. Furthermore, the literature also notes that when navigating virtual dating scenes people did not want to disclose their identity as a person with disabilities for the fear that they would be viewed as less of a person. Many felt that if the disability was not too prominent, then there was no need to disclose information about it.

In navigating virtual dating, some disabled people that fall under the LGBTQIA2S+ spectrum experience extra challenges. For instance, the literature notes that belonging to a sexual minority made it harder for individuals with disability to find dating sites that had options for them to disclose their identity (Sloan et al., 2006). My autoethnographical observations also suggest that sites often provide limited options for sexual expression. In addition, many sites have heteronormative designs such as featuring pictures of heterosexual couples prominently on their home pages and in advertisements (Mazur, 2022). Sites will often limit sexual expression to three options, and people who do not subscribe to any of the options are forced to be described as “other.” Some sites’ questionnaires and match-finding questions were also exclusive of those who did not conform to heteronormative ideals. The literature also observed that many sites that catered specifically to sexual minorities did not engage in proper marketing campaigns; hence, people were not even aware that they existed (Mazur, 2022). Since I subscribe to

heteronormativity because of my upbringing and do not belong to any oppressed sexual identity, I unfortunately can only sympathize with sexual minorities and openly show my allyship wherever possible. However, being in a relationship with a queer person automatically means I am in a minority relationship, and by engaging in queer activities we could be victims of hate crimes, especially in the city of Winnipeg where many drag communities and clubs for LGBTQIA2S+ folks have been under attack (Dick, 2014).

Nevertheless, online dating did provide an easier and safer way to meet prospective partners, especially since there can be difficulties in accessing in-person locations like bars, let alone bars that are inclusive of LGBTQIA2S+ folks (Martino and Kinitz, 2022). Furthermore, Mazur (2022) observed that many sexual minorities participated in online dating because of boredom, stories of success from their friends, curiosity, and the need for a partner or partners (as in a polygamous relationship) who understand(s) and/or experience(s) disability. On this point, my autoethnographical observations note that stories of success and boredom are also relatable reasons for my downloading and redownloading of certain apps (including Tinder, OkCupid, Plenty of Fish, Dating4Disabled, and Lemonayde). It was a common practice to have at least two apps downloaded at a time. This was hypothesized to boost the probability of my success in finding a partner. Five apps were the most I would have on my phone and computer at a time, and I knew others were doing the same thing as I saw users of the same profile on different apps.

Regarding the construction of their profiles, Mazur (2022) noticed that sexual minorities with disabilities chose to focus on their personalities, abilities, and sexual orientation. Most would not mention their disability except if they were looking for a partner that could also provide care for them. The few that did mention their disability referred to it as a burden or an

inconvenience (Porter et al., 2017). According to my autoethnographical observations, this was attributed to the internal ableist ideologies that many of them held. Although more users of disability-centered dating sites embraced their identity as a disabled person, there were still ways they refused to accept/portray their identity, such as by not including their wheelchair in their profile picture or by showing more pictures of themselves as able-bodied individuals (Porter et al., 2017). Some participants made a point of noting that their disability was only temporary and that they would soon overcome their situation (Mazur, 2022). As I became more comfortable with my disability and started looking for a long-term partner, I began to realize that there was no changing myself or my abilities, and I would openly mention a few details about my disability when appropriate. I compared my situation to my job application process where I would only mention my disability if it was advantageous or if I was already close to securing the job position and wanted to ensure it was the right fit for me.

When looking for a partner, the literature notes that Canadians with disabilities are looking for individuals that are attractive, humorous, kind, open-minded, and intelligent (Martino & Kinitz, 2022; Mazur, 2022). Some were adamant on finding a partner who displayed fewer disabilities and who were not intellectually disabled to the point that they could not engage in intelligent conversation or give consent. Most, however, were open to any kind of partner, fearing that if they were too meticulous, then they would be alone (Mazur, 2022). According to my autoethnographical observations, this idea of being too meticulous applied strongly to my situation, especially after coming back home from a bad date. These were situations where I thought I was going to be single forever, and, sure enough, the next time I downloaded an app, I reduced my standards/expectations. This ensured my saying “yes” to situations I would normally have turned down.

Furthermore, I have noted that upon being paired with a potential partner, the person with disability is often the first to initiate messaging; however, reciprocated messages might not come from a place of positivity. For instance, there are messages with explicit language, nudity, and rudeness (Mazur, 2022). From experience, some of the people who messaged me turned out to be “skeezy disability chasers” who sexually fixate on a person’s disability. Lastly, in situations of success, the literature notes that many Americans with disabilities are able to find sexual partners, but few can find long-term romantic relationships (Mazur, 2022). When they ended up in relationships after online dating, they felt like they were contributing more to the relationship, while some felt a lack of respect, a sense of growing apart, and discomfort with the disability of their partner. From my autoethnographical observations, whenever I redownloaded an app after promising myself that I would take a hiatus, I knew that my standards would be lowered, and I would need a confidence boost, so I was taking the initiative to message people first and instantly. I would double/triple-text people and would switch to sending them memes (i.e., funny pictures with words) if they were not texting back quickly enough (which in hindsight is quite an ableist assumption because people might be slower to respond due to their disability and their comfort with technological devices). This undoubtedly deterred some individuals from dating me as my actions were deemed as those of a desperate individual, which is an unattractive trait in the dating world. However, this was the only way I knew to show that I was interested and would do anything to be dated whether for the short or long term.

In addition, Milbrodt (2019) observes that Americans with disability seek long-term relationships online because online platforms allow a certain anonymity where disabled people are allowed to assume any identity of their choosing. According to my autoethnographical observations, this anonymity becomes an area of solace and tends to keep the relationship(s)

virtual forever. I have had entire relationships online, which I classify as “one-week relationships” because they are so short and compressed. During this time, I learn everything about them through instant messaging and their social media platforms. I tell myself it is not cyberstalking since the other person is probably doing the same thing. This surface information is enough to keep the both of us entertained for the first two days, after which we switch to calling and then to swapping memes and other funny/trendy artifacts we find online. The pinnacle of these relationships is when we begin to develop an infatuation with each other’s faces and bodies. In this penultimate phase there is a significant exchange of cute/silly pictures via any picture-sharing app (i.e., Snapchat). Lastly, most of my online relationships have ended in cybersex, which could be experienced in different ways. For me, it has involved mutual masturbation, exchanging of lewd photos, and/or dirty talking. Once this happens, the relationship begins to expire, and there is never an actual meeting up in real life despite plans to do so early on in the relationship. There is a certain comfort felt in these online relationships because I can easily frame myself into whoever I want to be. I can create a fantastic allegory of mythical yet believable proportions. For example, I have pretended to have different prestigious jobs (i.e., doctor or lawyer) or hold certain positions in society (i.e., a volunteer at soup banks). I also love the anonymity that the online world provides, and with the rate of technological advancements and with the permission of my current partner I may choose to explore an immersive virtual-reality dating experience.

The anonymity enjoyed through online dating unfortunately attracts scam artists. For instance, Holmes and O’Loughlin (2014) observed that Britons with disabilities are often prone to scams and explicit messages, especially on dating platforms. Through my autoethnographical observations, I have noted that certain people look forward to tricking individuals into giving

them money virtually with the promise of love and/or friendship. My friend who has autism and a learning disability—characterized by a lack of communication skills and an inability to decipher social cues—explained that “they are often approached by strangers virtually, with one proposal or the other, sometimes they are invited to an unknown address and coaxed into doing questionable and/or inappropriate actions” (Holmes & O’Loughlin, 2014). On this note, the literature further expresses a need for social-networking sites and dating sites to create a more-thorough vetting system in order to eliminate scam artists. The British site “specialfriends.com” was created in response to this need, and it specifically caters to individuals with learning disabilities (Holmes & O’Loughlin, 2014). Holmes and O’Loughlin (2014) state that this site recognizes that individuals with disability tend to fall for scam artists because of a need to appear as a provider and/or someone who is financially and socially stable. Using this knowledge, it creates easily comprehensible information on scams and scam artists and how to block or unfriend unwanted people; this is a feature that other sites do not do in a user-friendly way for individuals with disabilities.

As someone that has experienced a fair share of fraudulent activity, I would also have benefited from sites that informed its users about the dangers of succumbing to scams and scammers. As a naïve and desperate man in search of virtual love, I was easy prey to a beautiful picture and persuasive messages concerning being trapped in a foreign country. A scam artist by the name of Feza Daniel was the first of many. According to her profile, she was a Canadian and approximately 5’9” in height and 170 pounds with a gorgeous face and body, pretty blue eyes, and shoulder-length blonde hair. I was in extreme disbelief when the eHarmony app matched us together, and I was prepared to do anything to prove I was the man for her. Months of texting later, and I would be deeply in love with this fabricated woman and would be sending her money

from the very meagre funds I had. Before I knew it, I was taking out loans, and I was quickly falling into debt. Luckily, the realization I had adamantly forced myself not to believe began to set in, and I ended the relationship. I cannot stress enough the importance of online safety, but I know that people with disability like me are easy prey to scams/scammers in the dating world.

The literature on navigating dating sites concludes by highlighting the missions and visions of dating apps. For instance, some American sites were open to disabled and non-disabled members because the idea of segregation was not the sought-after goal (Milbrodt, 2019). However, these same sites glorified non-disabled users and dubbed them as saviours of persons with disability. The important thing was that the non-disabled members were not just trying to fetishize the person with disabilities. Furthermore, in order to market themselves as the ultimate service, many websites prided themselves on being a safe space where potential partners can be explored without worries of physical barriers. Here, Martino and Moumos (2022) noted that many Global-North sites chose to focus on the physical aspect of disabilities. This was also evident in many of their questionnaires and in promotional messages.

The literature also notes that many sites had unique ways of framing disability, often veering away from the term “disability,” as though it consisted of nothing but negative connotations (Martino & Moumos, 2022). They would instead use words/phrases such as “differently abled,” “handicapped,” “people with special needs,” and “adults with unique abilities” (Martino & Moumos, 2022). In my autoethnographical observations, I noted that in many mission statements disability is described as an impediment to finding love, but these statements also suggested that, with the assistance of the site, finding love would be made easy. I must confess that I also abstained from using the word “disabled” when creating my profiles, especially on apps not focused on disability. I did not use any of the euphemisms (e.g.,

“differently abled”) either; I believed that as long as I did not mention it, it would not be a problem or a center of focus. Furthermore, I already had conjured up a list of excuses as to why I could not do an activity or why my body moved in a certain way. I thought of many more-honourable ways to explain my body’s defects, such as my fighting off an aggressive dog who tried attacking my sister.

In my autoethnographical observations, I note that when choosing a site to spend the next few weeks dating on, I make sure to carefully read the reviews because these inform me of glitches that need to be fixed, the mission statements of the apps, and the challenges experienced with other users. Sometimes these reviews act as just a warning sign because I still find myself downloading the app with the aim of gaining my own experience. I have downloaded apps that are disability focused but that allow an integration of non-disabled people despite reviews stating that not every user is searching for love but instead are aiming to satisfy a sexual fantasy of theirs. Here, when using the app Udolly (despite negative reviews), I was fetishized because of the colour of my skin as well as my disability. I was contacted by a bisexual male who was intrigued by my disabled body and who was obsessed with the stereotype that states that black men have large penises. Although many of my friends regarded this behaviour as wrong and disgusting, I enjoyed receiving the comments and received such a boost of serotonin that I met up with this man, went for a couple drinks, and hooked up at his place.

In sum, the literature on navigating virtual dating scenes helps to highlight the challenges and successes that people with disabilities encounter. They show that dating apps/sites are a great option for finding a partner (even if this might not be a long-term partner). They also show that these sites could still do more in terms of becoming more accessible and user-friendly. Lastly, the literature highlights the unique ways people with disabilities use online platforms to promote

and/or hide certain aspects of their disability.

Body Image and Acceptance

In addition to the issues of navigating dating sites, the literature examines body image as a concept that further affects the access of the Global-North dating culture. According to McCabe and Taleporos (2002), “body image is defined as the combination of an individual’s psychological experiences, feelings and attitudes that relate to the form, function, appearance and desirability of one’s own body which is influenced by individual and environmental factors” (p. 971). Through my autoethnographical observations, this definition is inspired by society’s expectations concerning an unrealistic beauty ideal that is practically unattainable even by non-disabled individuals. As a disabled man, I have attempted to attain this beauty ideal and have failed every time. I obsessively exercise about twice a day for seven days a week and practice different dietary restrictions, but I am always left with more body pains and aches and more health problems. I know my actions are unhealthy, but every time I access social media, I am bombarded with perfect bodies. There are even disabled bodies at peak performance levels, and then I am reminded of how imperfect I am and how I must continue to torture my body. I found myself to be a sucker when it comes to sayings like “if he can do it, so can you,” and there is always a picture following it of a disabled athlete in peak physical form.

From the interviews conducted in the literature, disability is mostly seen as being in opposition with attractiveness. For instance, an individual could be smart and talented but upon seeing the device used for mobility prospective suitors are automatically repelled. Despite harsh reactions from strangers, McCabe and Taleporos (2002) observed that people with disabilities from Melbourne, Australia made an extra effort to find something they liked about themselves. Here, their research notes that people with disabilities mention liking things they could control

such as their hair, face, or fingernails (McCabe & Taleporos, 2002). They saw these as areas of comfort. In addition, one of their participants was quoted as saying: “I have the greatest set of nipples on earth, cause they’re really sensitive and they give me a lot of pleasure, and I feel the same way about my clit(oris) . . . I feel sexy when I’m wearing really sexually provocative clothing” (p. 977). Moreover, other participants report difficulty loving and accepting their bodies and sometimes wish they could switch bodies with an able-bodied individual (McCabe & Taleporos, 2002). Through my autoethnographical observations, I note that I have had many situations where I wished I simply could trade bodies with an able-bodied person or where I would wish to die so that I can be reincarnated without disability. When I go on dates, many “what-if” scenarios race through my mind (e.g., what if I was not disabled? Would I have a higher standard for the people I date?).

According to the literature, when body acceptance does arrive, it occurs due to the passage of time; for some (in Portugal, for instance), this time began right from diagnosis and lasted until they did not fight their identity as a person with disability (Almeida et al., 2020). Body acceptance is often difficult to attain because people are wondering if they would ever return to a state of normalcy. For instance, research notes that American adults with newly acquired disabilities are unsure if they would ever be able to express their sexuality (Hill, 2022). According to Hill (2022), these adults will also go through great lengths to deny their disability. However, the literature notes that after an average of five years (from acquisition), a slow acceptance begins to occur. This acceptance primarily consists in dispelling significant negative internalization concerning disability that had accumulated because of their upbringing and exposure to an ableist society (Almeida et al., 2020; Hill, 2022). McCabe and Taleporos (2002) also observed that the three most-experienced emotions when accepting body image in relation

to physical disability are frustration, betrayal, and anger. These are more pronounced in individuals who acquired a disability versus those born with a disability.

Lastly, in terms of body acceptance, the literature stresses the importance of supportive family and close friends, positive feedback, a positive mindset towards disabilities, and positive role models (McCabe & Taleporos, 2002). Through my autoethnographical observations, solace in my disability was also derived from the fact that even non-disabled friends of mine are dissatisfied with their body and that many suffer from a negative body image. I unfortunately cannot classify myself as a positive role model for people with disabilities because I struggle daily with my identity as a man in a disabled body. It is true that I have come a long way in terms of accepting my disability, but if there was a medical procedure that completely erased the disability, I would take it. Since this possibility does not exist, I am forced to accept my situation and to find things about my body that I do like. For instance, I really like my smile and the way it wins people over. I am also grateful towards the changing narrative that Shakespeare (1999) implies when he states that “men are now expected to use body-care products, be well groomed and well dressed” rather than rely on their ruggedness, “strength, potency and physical activity” (p. 56). This shift in men’s body image feels like it will be more attainable. I must also admit that one of the reasons for completing this autoethnography and ultimately obtaining a Master of Arts in Disability Studies is to further assist in the journey of self-acceptance.

Boman et al. (2013) further add to the literature on body image by observing that body image is correlated to psychological adjustment and quality of life. Interestingly, they observed that females (disabled or not) in Sweden experienced a greater decline in body image partly because of society’s unrealistic pressures on the female body. This poor self-perception is noted to become worse as an individual ages. Through my autoethnographical observations, something

that I had not been prepared to handle relates to the impact that body image would have on my mental health. In the first two years of my disability acquisition, post-coma, and rehabilitation, I was diagnosed with depression because I was so ashamed of my body's incapacabilities. I barely got out of bed, and I cried myself to sleep each night. It was an awful experience. Lastly, although much of this autoethnography focuses on physical disabilities, it is important to note that individuals with intellectual disabilities do experience issues with their body image. Research concurs that if one has been socialized according to certain societal ideals and if one cares about another's perception of them, then they are likely to have a concept of body image and a sense of what constitutes a positive versus a negative one (Bates et al., 2021).

Experiencing both a North-American and Nigerian upbringing, I have observed that there are many similarities concerning the ideal type of body. Both places seem to glorify physically fit bodies because they signify good health and prosperity. Moreover, in North America, there is an added emphasis on a lean/muscular physique and artificial beauty, which has led to an increase in the use of cosmetic products and surgeries and weight-watch programs and the scrutiny of fat and disabled bodies. For example, Canada's beauty magazines and film industry indicate "that the ideal male body should be tall, muscular, and mesomorphic and the ideal female form should be thin and pretty" (Morry & Staska, 2001, p. 269). Here, Morry and Staska (2001) note that individuals who are constantly bombarded by the unrealistic ideals set by the media are those "who exhibit more disordered eating behaviours and develop body shape dissatisfaction" (p. 276).

In contrast, Nigeria and many other African countries have a greater acceptance of bulkier physiques. For instance, "black South African women traditionally regard being fat as a symbol of prosperity and status" (Otakpor & Ehimigbai, 2016, p. 71). There was also a report

stating “that overweight was the most socially desirable body size among 301 Senegalese women aged 20 – 50 years, that one-third viewed the overweight category as normal, and that the term ‘overweight’ made no sense to them” (p. 71). However, due to increased Western influences in Nigeria, especially through the media, there is a renewed perception that “thinness equals beauty” and that “physical perfection” is synonymous with beauty and success. In Benin City, for instance, “37.6% of respondents felt physically unattractive, whereas 46.2% were not satisfied with certain aspects of their body and thus were dissatisfied with their physical appearance when constantly exposed to media of presumably perfect bodies” (p. 75). In addition, in Enugu, Nigeria, “one-third of the participants regarded thinness as advantageous because it is less prone to developing chronic non-communicable diseases” (p. 76). It is important to note that there are still situations where the ideal Nigerian body needs to meet certain cosmetic standards such as being of a certain skin complexion. Here there seems to be better treatment of individuals who are fairer (i.e., lighter) in complexion; they are given more job opportunities and are deemed as otherworldly/exquisite. Lighter skin (skin with less melanin content) is viewed as a standard of beauty amongst the dark-skinned population. Many black women believe that having a fair skin color makes them more socially acceptable, enhances their beauty, and increases their chances of finding desired male partners and life opportunities than having a darker skin color (Ayandele & Popoola, 2019, p. 110).

Lastly, both regions (North America and Nigeria) consider the disabled body as non-ideal. This body must be improved at all costs (i.e., through prosthetics) or must be hidden. It is important to note that these ideal bodies are often sought after by women and men, often glorified by the media, and are often unattainable by majority of the population.

In terms of interacting with dating culture, the literature shows that body image has a

major effect on many disabled peoples' decision to join dating sites/apps. Hill (2022) notes that disabled people (from the Global North) who have a positive body image gained through body acceptance are more likely to explore dating apps. These individuals have also been observed to go on more in-person dates and have better responses to negative comments regarding their body, and they are more assertive regardless of whether they are dating someone with or without a disability (Hill, 2022). In contrast, those with a negative body image are slightly more hesitant in accessing dating sites/apps. McCabe and Taleporos (2002) note that these individuals often feel less desired by themselves and others. According to my autoethnographical observations, when friends with a negative body image finally access the dating apps, they do so in an attempt to boost their concepts of a positive body image. They find themselves feeding off of compliments received and rely on constant attention from potential partners. The literature sadly notes that reliance on compliments from strangers on dating apps is not enough to build a lasting concept of body acceptance and a positive body image (Hill, 2022; McCabe & Taleporos, 2002).

In sum, the literature on body image and acceptance acts as a reminder of the importance of a positive body image in being able to attain proper fulfilment from dating sites. Full body acceptance can take years to attain. Although research alludes to an average of five years, many who are constantly bombarded with Western society's concepts of a lean and symmetrical perfect body might never attain full body acceptance.

Masculinity, Dating, and Disability

The literature on masculinity has primarily focused on individuals with physical disabilities due to a degenerative/progressive illness or amputations. According to Sünbülöglü (2022), masculinity presents a stark contrast to an individual with disability. This is because to be considered masculine in the traditional sense, an individual must be able to protect oneself

and others and must be self-reliant. Unfortunately, the disabled person is unable to fit this ableist concept of masculinity. Some disabled people are often unable to be self-reliant due to their dependence on assistance from welfare. Moreover, Sünbüloglu (2022) notes that some Turkish veterans with disabilities strive to regain their masculinity by taking advantage of government-provided employment opportunities, interest-free mortgage loans, and accessible public service (i.e., related to transportation). These benefits also assist them in relearning how to contribute to their families and society. Through my autoethnographical observations, once a man such as myself acquires a disability society still labels us as “freeloaders” and consumers of taxpayers’ money. We are forced to then do more to be considered “real” men.

Being a real man for some means being willing and able to fight for the nation, while, for others, it means being able to have and provide for a family. For others still, it means earning a certain amount of money or living a certain lifestyle. Relatedly, Sünbüloglu (2022) observed that single Turkish men with a war-inflicted disability did not view themselves as masculine because they could not help out their fellow soldiers. It was further noted that individuals who perceived themselves as emasculated due to their disability had trouble finding a wife and resuming leadership positions in their communities (Sünbüloglu, 2022). Since I grew up in a very patriarchal community and a patrilineal household, I have had certain masculine expectations bestowed upon me. For instance, prior to my disability, I was constantly reminded about being the “man of the house,” especially when my father went on one of his business trips. In addition, when I was 10 years old, I was sent to a boarding school in Abuja, Nigeria where they further instilled what it meant to be a man. For instance, other than the school curriculum, they taught discipline and suppression of emotions. They also enforced hard labour, which was meant to toughen me up and make me more manly. Acquiring a disability from a bout of malaria

(medically referred to as “cerebral malaria”) caused me to lose all this manliness and the privileges surrounding masculinity such as holding leadership positions in my peer group or being allowed to watch over my young siblings. In retrospect, I aligned with Shuttleworth et al.’s (2012) statement that “having a disability is seen as synonymous with being dependent, childlike and helpless—an image fundamentally challenging all that is embodied in the ideal male: virility, autonomy and independence” (p. 175).

The literature also notes that there exists a correlation between disabilities and masculinity (i.e., the less disabled an individual is, the more masculine they are). According to Sünbüloglu (2022), this correlation has resulted in a hierarchy of disability whereby having one disability makes one individual better (or more masculine) than the other. This tends to also reflect on intimate relations. For example, when disabled people (in the Global South) felt a rejuvenation in their masculinity, they could contribute more to their families and to their significant other (Ogundola, 2013; Sünbüloglu, 2022). Based on the origins of the disability, individuals might also have certain stigma attached to them. This stigma can further affect an individual’s masculinity. For instance, there are Indian stereotypes that surround leprosy (which can cause a loss of limbs and body tissue). Here, people assume the individual is always dirty and is cursed (Staples, 2011). The leprosy-inflicted man is excluded from many tasks such as engaging in the community and its discussions. The literature further notes that Indian men (with disabilities) who are not able to assume masculine roles are mistreated by family members, unable to maintain relationships with their spouses, and are generally viewed as unmanly (Dasgupta & Gokulsing, 2013). In order to overcome the disability hierarchy men with disabilities go to great lengths to hide their disability by using prosthetics (Dasgupta & Gokulsing, 2013). This helps to restore their sense of masculinity. The literature also shows that

men in India strive to regain their masculinity through finding means of entrepreneurial employment and/or repairing household items (Rao & Suneetha, 2018).

Through my autoethnographical observations, I note that my way of reclaiming my masculinity has been through academic excellence. Each outstanding achievement has been used to slowly show that hope is not lost for my masculinity; through academics I can secure a job, provide for my future family, and help build my local and international communities. This is an ideal way to also prove my worth to potential partners. This is why I am extra hard on myself if I do badly on a test or assignment because I know it is the only thing securing my masculine place in society. According to Shuttleworth et al. (2012), my perspective on masculinity and disability means I belong to the category of “disabled men [who] continue to rely on hegemonic masculine ideals for their sense of self” (p. 177). I do hope to belong to other categories such as the disabled men who “reformulate these [masculine] ideals in line with their limitations... and others [who] reject hegemonic masculinity, formulating instead an alternate masculinity for themselves” (p. 177). I feel that these latter categories will be better for my mental and physical wellbeing because they teach me to be more accepting of myself rather than be something I am not.

Lastly, according to the literature, masculinity plays a predominant role on dating sites and can act as a determining factor concerning the longevity of relationships. Much of the literature compares individuals that subscribe to the heteronormative and patriarchal concept of dating and those who do not subscribe to it. For instance, Albury (2014) notes that those in the UK who subscribe to a heteropatriarchal concept of online dating believe that the man should send the first message, that he should be more certain of what he wants from online conversations, and that he should be the one suggesting a place to eat or an activity to do. In

addition, Rugoho (2019) notes that this man must also convey dominance and confidence through his profile, his messaging, and his pictures. Adhering to these traits and actions is often seen to be a successful strategy in finding prospective partners online. Moreover, those in the US who do not subscribe to the heteropatriarchal concept of online dating (about 30% of dating-app users) are slowly becoming more prominent and provide hope for disabled men who struggle with their masculinity or who simply no longer want to subscribe to traditional masculinity (Felkins, 2022). According to Rugoho (2019), these Global-North individuals enjoy redefining the concept of masculinity and are careful not to force any masculine expectations onto others.

In sum, the literature on masculinity informs us that being disabled takes away traditional aspects of being a man. Many disabled people often have to find new ways to show their masculinity or find ways to redefine the concept of masculinity, which is intrinsically ableist. Lastly, the literature notes that masculinity plays an important role in dating culture and can inherently decide who ends up with a prospective partner.

Summary

The literature on dating, relationships, and disability, with a focus on themes of sexuality, masculinity, and body image, is robust only when looked at individually. However, research integrated with the subject of disability is still scarce. From the literature, one can see how disability and dating is examined through the models of disability and through dating themes such as sexuality, body image, and masculinity. Once again, it is important to note that most of the literature explored examines the topic of dating, relationships, and disability from a Global-North perspective.

Literature on the medical model highlights the fact that dating sites are geared towards making sure that all bodies fit into a certain category. Sites such as these constantly want

individuals to list all the factors that make them disabled so as to be able to find a partner. The medical model is closely associated with the charity model, which frames the individual as a victim of disability. These models subscribe to the notion that disabled people need rehabilitation and pity from able-bodied people in order to participate in the dating world. In stark contrast is the social model, which looks at integrating disabled people into everyday life and sees dating as a normal activity that people with disability should be allowed to partake in, whether independently or interdependently. This model advocates for the destruction of ableist ideologies that surround the creation of online and in-person dating spaces.

The themes of sexuality, body image, and masculinity explored in the literature are important when it comes to the intertwined topics of dating, relationships, and disability. Disabled individuals in general tend to struggle with the above themes with varying degrees of success. The literature further makes a distinction between people who have acquired a disability at some point in their lives (i.e., in adulthood), those who were born with a disability, and those who had an early onset of disability. For instance, Hahn and Belt (2004) note that individuals (in the Global North) who have an onset of disability prior to adulthood are more likely to have a stronger personal sense of identity as being disabled, which, in turn, leads to rejection of a medical cure. The authors point out that these individuals “have also experienced more failures in medical treatment and have become more skeptical of promises of cures” (p. 460). In addition, those born with a disability are generally seen as more in tune with their sexuality, with a positive concept of their body image and comfort in their masculinity. Those who acquire their disability often struggle with these concepts because they are still battling with feelings of denial, anger, and fear. However, when acceptance of their situation (i.e., realizing/acknowledging that the disability is permanent) begins to manifest, they become more accepting of their sexuality,

body image, and masculinity (Hahn & Belt, 2004). Shuttleworth et al. (2012) further note that:

This acceptance leads to rejecting the hegemonic imperative for biological fatherhood by acknowledging that what is really important is the relationship between father and child... concluding that sex is more about the emotional [rather] than the physical... and [rejecting] or [redefining] the hegemonic masculine standards of career orientation, activeness, physical strength and athleticism, and independence and control. (p. 180)

Although highly informative, the above studies lack diversity. For instance, Bates et al.'s (2021) study had mostly white participants. It would be interesting to see the perspective of diverse communities. Other studies focused on individuals from high-income countries (i.e., countries of the Global North). Many studies also lack a fuller exploration of different disabilities, especially invisible disabilities. In addition, Addlakha et al. (2017) encourage more research on:

the day-to-day experience of raising a disabled child; disabled women acting to maintain or abort pregnancies; disabled people who identify as or want to explore queer and non-hetero-and non-gender-normative identities and desires; people living with psychosocial disability and the impact on their sexuality. (p. 8)

On the subject of virtual dating, Sellwood et al.'s (2022) study in the Global North further highlighted some necessary and practical steps that need to be implemented so that these dating sites can be a more-enjoyable experience for users with disabilities. These steps include providing more disability-centered sex education to teachers and schools, creating more specialized support workers that are willing to assist in any facet of the dating life with permission of the disabled person, and updating sites so that they become more compatible with assistive communication devices. Furthermore, most studies were based on small sample sizes,

were too specific in terms of their demographics, and lacked the element of generalization. In addition, many authors identified with a disability and as cisgender men, meaning that the studies could be biased in certain directions. This also means that women and people of other sexualities/genders might have inadvertently been prevented from interacting fully with the research.

The literature is determined to encourage future researchers to make more-focused follow-up questions to allow for a fuller exploration of gender and sexuality. It also wants future researchers to look at the accessibility of online and in-person dating spaces. For instance, Holme and O'Loughlin's (2014) study in Britain further alludes to the greater need for more Community Learning Disabilities (CLD) virtual teams, which will discuss concerns and issues that are experienced virtually. It was noted that users of online support groups were more confident about discussing and problem solving issues around online use. Therefore, the CLD team(s) will focus on teaching online users how to build their self-esteem, to be assertive, and to say "no." It should also include sessions on how to deal with cyberbullying and how to maintain privacy. Lastly, Martino and Moumos's (2022) Global-North study encourages future researchers to examine non-English sites and mobile apps to see if their design encourages holistic ideas concerning disability. They also mention that many with disabilities do not have access to technology and that research needs to be done on how these individuals look for love/intimate relationships without technology.

Chapter III: Methodology

First and foremost, the intention of this autoethnography is to give a new and unique perspective into the rarely studied field of dating, relationships, and disability while exploring relevant themes of sexuality, body image, and masculinity. I chose this form of accessible qualitative research because, according to Douglas and Carless (2013), it allows and welcomes different types of evaluation, reflection, and dialogue rather than asserting itself authoritatively like other research does. I also assume that pioneers of the disability movement will be proud to know that more autoethnographic research is being produced. After all, according to Berger (2016), the movement has fought for research done by and for disabled people and for more inclusion of the voices of people with disabilities. This research therefore adds to the disability movement and will further empower persons with disabilities.

Richards (2008) plainly describes autoethnography as a form of scrupulous storytelling supported by facts. As a fellow researcher, I also feel it is a unique way to give an unfiltered insight into dating culture, especially due to the intimate weight dating carries. Nonetheless, Svendby (2021) notes that sceptics and novices alike have argued against this form of research because it permits a significant amount of subjectivity and is inherently biased. They would prefer traditional research, with its exclusionary practices and its objectivity (Douglas & Carless, 2013). Moreover, autoethnography provides a more-sincere approach to the subject matter while still conducting formal research.

Autoethnography also allows people with disabilities to properly interact with the research on dating. Svendby (2021) expands on this by stating that disabled people rarely find research that comes from a personal perspective, especially in terms of dating and relationships. This academic research usually focuses on studying disabled people through an exploitative and

medical lens (Svendby, 2021). At the end, Richards (2008) adds that disabled people are rarely consulted in research, rarely impacted by the research, and are rarely informed regarding the results of research supposedly done in their favour. Hence, an autoethnography allows for a disabled person's perspective to make its way in the ableist world of academia and for it to become known as a credible source. In all, autoethnographies, which originated in the late 1970s, arguably paved the way for disabled voices to be more renowned/recognized in academic literature (Douglas & Carless, 2013).

Autoethnography is arguably the best approach to studying the intimate field of dating, relationships, and disability because it gives readers a first-hand perspective that many will find relatable. Additionally, the subtopics of masculinity, sexuality, and body image explored through autoethnography allow a more-thorough exploration into themes that fully affect people with disabilities. Compared to autoethnography, Berger (2016) observes that other research is always convoluted with extra data and data analysis, making it perplexing and inaccessible. Furthermore, according to Ellis (2007), autoethnography is a great foundation for future research that actually impacts many disabled people.

As an autoethnographer, this research is undoubtedly influenced by personal reflection and hindsight as a previous member of the dating scene, with the aspiration that outsiders (i.e., those unfamiliar with dating and its intersection with disability) can truly understand dating from a disability perspective. I will be analyzing my experiences thematically as well as comparing/contrasting it with literature surrounding dating and disability. I intend for this research to be engaging by using Ellis et al.'s (2011) conventions of storytelling such as character, scene, and plot development. For my literature review, I aim to investigate research that examines primarily online dating culture, relationships, and themes of masculinity,

sexuality, and body image from a communal perspective in the hopes of inspiring community building and social interventions.

In the autoethnography, I implement moral ethics (which consists in looking out for the wellbeing of myself and others involved in the research) and relational ethics (which consists in being mindful of individual's descriptions and making sure to alter these if/when needed) (Ellis et al., 2011). In recollecting personal stories, I need to ensure that people are aware that they are being written about—this would avoid any internal/external conflicts that might arise with these individuals. According to Ellis (2007), engagement in relational ethics is founded on the basis that I value the respect, dignity, and connectedness of the community being researched and of the person(s) that are described in my research. On this note, in the aftermath of my study's publication and despite efforts to engage in process consent (i.e., constantly reminding individuals of their inclusion in my study), I unfortunately am unable to control or predict the reactions of others to the research, but I can keep a line of communication open for all those who wish to continue interacting with my study (i.e., through their questions). I also hope that the value that this research contributes (i.e., providing them a fuller understanding of the social world of dating) surpasses any discomforts that individuals might feel.

This study will involve an exploration of self and an application of this self to other stories and research. However, I must acknowledge Douglas and Carless's (2013) implied criticism regarding autoethnography as a fallible research method due to the flaws in the processes of recollection. Moreover, I still aim to conduct research that is reliable, valid, and generalizable (to the extent permitted through the form of autoethnography). Regarding reliability, my stories need to be credible (i.e., believable) considering my current capabilities. In terms of validity, consumers of my stories need to find it believable and relatable. I aim to also

show readers the usefulness and applicability of my research and stories. Lastly, regarding generalizability, I want readers of my research to be able to relate to my study and to think of someone the research could be applied to.

The decision to use autoethnography as my research method was based on practicality. Proposing other types of studies involved the construction of an ethics proposal and meeting with the University of Manitoba Ethics Board. This would undoubtedly result in a longer, tedious process that might not provide adequate space for attention to the subject matter. Proposing a study of this magnitude would have also required securing participants, acquiring their informed consent, and following up with them in order to share the results (Berger, 2016). These steps are avoided by engaging in an autoethnographic study.

The voice used in this autoethnographic study is at times informed by reason, where logic and research are used to support arguments. At other times, passion is more dominant because I become angry or excited at a memory to the extent that certain vernacular must be used. Throughout my classes in the Master of Arts program, I have always been reminded that these two voices are important because, through them, the dismantling of ableist ideologies can continue to occur. Furthermore, there are undoubtedly times where I wondered if this topic was the right one to explore; after all, there are so many more-pressing and more-applicable issues that would be beneficial to more people. However, I remind myself that this topic of dating, relationships, and disability, and its themes of masculinity, sexuality, and body image, is such a rarely examined area. In my opinion, it is in personal areas like these that microaggressions and negative attitudes towards some persons with disabilities still exist. Therefore, by focusing on this topic, I assist in keeping the disability movement alive and add to the dismantling of ableist ideologies.

This study takes an autoethnographic approach because dating is a personal situation, and readers of the study will appreciate it coming from a personalized perspective centered on real experiences. According to Mazur (2022), this type of personalized research tends to be more enjoyable to read and elicits deeper modes of reasoning. The study is significant because it shows that people, regardless of their disability, can indeed find love/intimate relationships or any other kind of fulfillment through dating sites/apps. In addition, it explores relevant and current dating themes of sexuality, body image, and the gender disparity surrounding masculinity. It is also significant because it will highlight the contributions made by some persons with disabilities in creating more-accessible dating sites. These contributions are often unheard of or credited to someone else (Mazur, 2022). It is also significant because it will highlight the inherent flaws in current dating sites, particularly in terms of accessibility. These sites are, according to Sloan et al. (2006), often heralded as being quite accessible solely by doing the bare minimum according to the web accessibility guidelines. Lastly, this autoethnographic study is important because it pertains to an applicable and current problem that people with disabilities encounter on an ongoing basis when trying to establish fulfilling virtual/in-person relationships. Through this study, future generations will hopefully be inspired to invest time and effort into making dating sites and the overall dating culture more accessible.

My research questions are all fueled by personal curiosity. They are:

- How can societal definitions/expectations of body image, masculinity, and sexuality be altered to be less ableist?
- How can dating culture be more accessible?
- How do people with acquired disabilities find relationships online/offline?

The questions above were also inspired by the gaps in the literature, especially those that could not give a clear and concise way of tackling ableist ideologies or applicable approaches to the issues encountered by disabled people navigating the world of dating and relationships. It is also my hope that these questions serve as a template for questions that readers might ask me about my thesis and research. I encourage as many questions as possible and will be open to evaluations from all directions.

This autoethnography is inspired by self-introspection, interactive introspection, diaries, and free writing. In addition, I have used rich data sources, including detailed journal entries, pictures, medical reports, voice memos, a contact list, and, of course, memory banks. Since it addresses the sensitive and intimate topic of dating culture, I have used a variety of genres to portray the research such as memoirs, diaries, short stories, and fiction novels. Since this is an autoethnographic study, I (Ugonna Chigbo) am the only active participant. However, it is important to state that the stories of others are included, making these individuals more like passive participants in this research. For instance, by informing previous partners that I included them and their words in my study, I have made them participants and consulted them on a regular basis to ensure the accuracy of this autoethnography. I know this is not orthodox, but I have kept in touch with certain partners because of the impact they had on my life and simply because things ended amicably.

In terms of the instruments used, a self-interview and reflection was conducted. This included consulting my doctor's notes regarding my disability and the accommodations needed, remedies from my physiotherapists, and detailed experiences from journal entries regarding my experience with contemporary dating culture. It has focused mainly on the accessibility of online/in-person dating and relationships and has explored topics of masculinity, sexuality, and

body image, which pervade the field of dating. These topics have been examined from my perspective and that of others who identify with disabilities. Furthermore, I compared/contrasted my stories of dating and disability, especially related to the themes of sexuality, body image, and masculinity, with the literature of other people.

I conclude this chapter on methodology by stating that, in writing this autoethnography, I do not claim to be an expert on dating, relationships, and disability nor to be an expert on the accompanying themes of masculinity, sexuality, and body image. In addition, being out of the dating world for nearly two years might appear to disqualify me from writing on the thesis topic, but I would counter by stating that I am in the perfect position to write via introspection and reflexivity. After all, from my outsider view I have looked inward into previous experiences and bring my readers a relatable perspective on the topic of dating, relationships, and disability.

Because this is an autoethnographic study, it has included real and unfiltered experiences that my target audience would be able to relate to. I am enthused to share my successes and challenges using dating sites and hope to inspire more accessibility in these sites. It is crucial to note that since my disability was acquired, my experiences might not be relatable to individuals born with disability. These individuals rightfully will have a different perspective, but I hope they will find some intersecting elements in my study. Lastly, I have been successful in finding a partner through the dating site Bumble. At the time of this study, we will have been officially together for nearly two years. For this reason, I might be biased towards the success of dating sites, and this will likely present a skewed representation of dating sites.

Chapter IV: To Date or Not to Date

Not everyone dates. Some have social phobias that prevent them from dating (i.e., agoraphobia). Some believe that the dating lifestyle is not suitable for them. Some (in the United States), according to Fujino (1997), were simply never introduced to the concept of dating for religious or cultural reasons. In the Global North (particularly in the US), research speculates that one in five adults aged 22–36 choose not to engage in typical dating rituals (Hill, 2020). Some of these adults mentioned that stories from their peers was all that was needed to deter them from the dating culture, while others indicated being too busy (Fujino, 1997).

Dating, also known as courting, is an act of getting to know someone with the intent of starting an intimate relationship with them (Owens, 2007). This definition is applicable to both the online and in-person aspects of dating. Dating (in the US) requires a great deal of time and effort and usually has a certain aspect of vulnerability that accompanies it (Hertlein & Ancheta, 2014). For instance, one has to be prepared to reveal personal information about themselves in an attempt to relate with their potential partner and create grounds for intimacy. In addition, dating (in the Global North) can last from a few hours to a couple years, depending on the level of interest from both partners (Owens, 2007). Lastly, dating requires a commitment from both partners and a willingness to exert efforts in activities. Furthermore, some people are excited about these aspects of dating, while others find them daunting. However, Hertlein and Ancheta (2014) recommend that dating is a good way to find out if a relationship is worthy of time and effort. Their surveys in the Southwestern US find that individuals also date to ensure that the person is right for their health and wellness. Lastly, they noted that the longer people spent dating different individuals the more certain the person was of the qualities they were looking for in a long-term partner.

Dating, whether online or in-person, is also expensive. The average in-person dater from the US spends approximately “\$100 per date night which typically includes dinner, wine, movie tickets, and a taxi ride... and another \$80 on appearance” (Olson & Rick, 2022, p. 70). Strictly online daters from the Global North average \$60 a month on dating apps (Rosenfeld, 2018). One might think this is cheaper, but it is important to remember the bills that need to be paid for Internet/data usage, texting and calling, and virtual-reality experiences. These subtle expenses do add up. The dual dater (online/in-person), which is about 39% of all Global North daters, spends an average of \$400/month on dating and its accompanying experiences (Anderson & Emmers-Sommer, 2006).

Dating is also discouraging because of its low likelihood of success. Only about 32% of North American daters end up finding the type of partner/relationship they are searching for, and this is achieved after an average of six to eight dates (Belk & Coon, 1991; Gibbs et al., 2006). Despite its moderately low success rates many people are enthused to engage in it because it is such a normal milestone, and people frequently convince themselves that it will be worth it. The few benefits gained from the experience seem to be just enough to keep people wanting more. These include a boost of confidence, the promise of intimacy, and the excitement of dressing up, which all seem to be adequate in bringing people back even after multiple failed attempts (Gibbs et al., 2006).

Knowing the research now and experiencing it myself makes me wonder why I chose to date. One of the reasons I chose to date was to explore many cute areas of the city of Winnipeg. These were considered the “must-go” places to see with a partner. On this list were themed restaurants, clubs, casinos, pubs, and gaming rooms (i.e., pool houses, board-game cafes, and escape rooms) (Frohlick & Migliardi, 2011). In addition, there are some places to visit and

activities to partake in/around Manitoba. This includes going to the beach, the amusement park/a pop-up carnival, or the Forks Market Square; rock climbing; exploring a museum or a national park; going for a spa treatment; walking or biking on a trail; going to an outdoor movie/music festival; bungee jumping; and skydiving.

It was obvious to me that many of these activities demanded a certain level of physicality, but I was determined to try at least one new activity, ascribed to me by different city and provincial guides, with my date, whoever they happened to be at the time. Sometimes I found myself contacting venues in advance just to make sure that they had proper accommodations in place. For instance, for a skydiving date, which costs a total of \$1000, I had to call and make sure that I would be safe and that there would be many areas for me to sit and calm my nerves before jumping off the plane. The folks at Skydive Manitoba were extremely helpful and answered all my questions. They also assured me that I was not the first person with a disability that wanted to experience the thrill of skydiving at their Gimli location. I had a wonderful experience, and my date definitely saw me as cool. Although our relationship did not work out like I thought it would, I am sure I would not be forgotten anytime soon.

It is imperative to highlight that not all accommodations will be as accessible as Skydive Manitoba. For instance, some restaurants I have been to do not have working automatic doors and elevators/ramps as an alternative to stairs, despite fully stating that they were accessible when I called or examined their website. I shall not mention names because hopefully they have been able to modify their physical environments since my visit with them. Going to these inaccessible/partially accessible locations really damaged my confidence levels, especially when I was on a date with someone I was trying hard to impress. There is something completely unsexy when I stumble on the steps or cannot open a door. These have, at times, cost me a

second date. To prevent these moments of humiliation, I go to places in advance, ask for a table for one, and really experience the environment, paying close attention to any hazards the environment holds for a disabled man like me.

Falcon Lake's beach is another accessible venue that was strangely surprising. There was a ramp straight from the grassy area to the lake! This is handy for anyone with a wheelchair or with mobility issues. For someone like me who has balance issues and cannot properly walk on sand, this ramp was a godsend. I am glad that many more places in Manitoba are aware that disabled people are customers too. Many of us like to explore physical dating scenes and like to look cool and sexy in front of our date. We also do not enjoy being infantilized or put in infantilizing situations (without consent). So, when we demand automatic doors or ramps that allow us adult-like freedoms, we ask that that these venues please provide them to us.

In answering the question this chapter poses, I strongly recommend the dating experience, especially for those looking for a long-term partner. Dating is indeed a bittersweet adventure, but it is worth it. It is also important to note that dating is a great way to learn about oneself. For instance, it has taught me assertiveness and confidence and has granted me many social skills, including the ability to start random conversations with strangers.

Chapter V: Identity

I identify as a Nigerian Canadian with a disability. I describe it as a situation where my cerebral cortex received residual damage due to a bout of cerebral malaria experienced when I was ten years old. To further elaborate, it caused me to enter into a comatose state for three weeks, which resulted in what my doctor described as a human factory reset. It was as if I had forgotten how to do everything except breathe. According to Dr. Tinubu and his team, my MRI scans showed severe residual damage on certain areas of my frontal lobe. It was at this moment that they told my parents that I would not have a very meaningful life and might just be confined to home care for the rest of my life. However, these were the same doctors that hypothesized that there was a ninety percent chance that I would not come out of my coma. Thankfully, I proved them wrong on both accounts and had one of the quickest responses to physiotherapy and speech therapy. Today, I still have residual damage that impairs certain gross and fine motor abilities, but I am still taking life one step at a time and living everyday to its fullest.

I have struggled with my identity as a disabled person and sometimes would never mention it unless the situation demanded it or if it was deemed advantageous to mention it, such as when applying for a job or asking for accommodation during exam season. Since I contracted malaria in Nigeria during an era in which the label “disabled” was not given out except in severe circumstances, I did not have a record of being disabled. When my family migrated to Canada in 2008, it was not always easy to claim the title “disabled” or apply for accommodations. It is crucial to note that since I was only 13 at the time and since my parents showed they were financially able to care for me, there was no issue with me migrating to Canada. My parents also never accepted the term “disabled”—they always felt that I was a constant work in progress and that if I continued physiotherapy and adhered to my exercise routine, I would definitely attain a

level of normalcy and not subscribe to the title “disabled,” which seemed to have a certain permanency to it. I hypothesize they maintained this philosophy due to the negative stigma surrounding persons with disability in Nigeria, where many still believe that being disabled is a curse and that the victim shall not excel in life (Awolalu, 1976; Ogundola, 2013).

In Canada, I had to undergo many tests in order to identify as a person with disability and receive all the accommodations needed to complete my education. To this day, I still must go to the doctor in order to receive certain accommodation or government benefits. This requires an examination of my physical capabilities, which makes me feel quite medicalized in a way similar to my first years in the hospital post coma. For these reasons, I constantly felt (and still feel) that my identity as a disabled person would remain in constant limbo. This is why I resisted disclosing my identity on dating sites and during dates until I became more comfortable with my disability and understood my date’s thoughts about disability and its potential effects on our relationship. It is important to note that becoming comfortable in my disabled identity was primarily a result of the Canadian schooling system and positive role models in local disability communities.

Chapter VI: Masculinity

I identify as masculine and fit into many male archetypes as described by Boman et al. (2013) such as being unable to express a full range of emotions, having a domineering personality, and being adventurous. Coming from Nigeria, where, according to Ogundola (2013), there is a rigid gender binary of male and female, I have been groomed to be a traditional Nigerian man who must be ambitious, protective of his extended family and the legacy the family name holds, and strong emotionally, mentally, physically, etc. As the first son, this masculinity also extends towards continuing the work of my father and his ancestors. Moreover, when I acquired a disability, there was a shift of some of these duties towards my younger brothers; it was not until I proved myself, by working on my academics and body, that I was then reinstated as a man—a masculine being who could make my father proud. My feelings of emasculation due to my acquired disability is similar to Shuttleworth et al.'s (2012) description of individuals faced with their new status as “impaired [where] their [previous] masculine sense of dominance, assertiveness, and aggression is being challenged” (p. 182).

According to my autoethnographical observations, acquiring my disability in Nigeria meant not having the label “disabled”; “handicapped” was more widely used (Ogundola, 2013). In Nigeria, my doctors and physiotherapists were highly focused on making sure I had the right medications and had the prescribed rehabilitation sessions, but they rarely looked at recommending me to external resources where I would learn skills for proper integration into society. According to them, if I was not able to be cured from my disability through medication and rehabilitation, then life going forward would be unfruitful. Unknowingly, this idea of a “cure” transformed me into one of those “individuals who lack positive affirmation... and are more likely to seek a cure for their disabilities due to the fact that they do not derive affirmation

from their disabilities” (Hahn & Belt, 2004, p. 460). Even the occupational therapist assigned to me was unsure of the proper path for me to follow. He said he was more used to working with adults and therefore had no resources for me to use. My parents had to search for resources to ensure my integration into hegemonic masculine society, and this, in part, led them to relocating to Canada. In retrospect, my parents believed in Shuttleworth et al.’s (2012) words concerning disability as being “associated with personal and physical weakness” (p. 176). These were traits unworthy of a first son who is meant to provide care for his parents in their old age. My parents also believed in Shuttleworth et al.’s (2012) words pertaining to “hegemonic notions of masculinity such as independence and bravado” (p. 176). These concepts of masculinity along with parental expectations have undoubtedly come into conflict with my identifying as a disabled man.

I always wonder what life would have been like if I remained in Nigeria, but, through a friend of mine, I can speculate. This friend did not have the luxury of moving to Canada and had to struggle with his acquired disability status. Like me, he acquired cerebral malaria, went through physiotherapy, and even stayed at the same hospital as I did. Although he made quick progress in terms of regaining his physical abilities, he never quite regained his ability to speak. His name was Camsy. Camsy’s family was unfortunately not able to afford to relocate, so Camsy had to drop out of school and be tutored at home. Here, he was viewed as a burden because he was unable to assist around the house. When he was finally enrolled in school, he was bullied because he was not as active as other boys were, and his masculinity was constantly questioned as a result.

In preparing for this autoethnography, I consulted with Camsy and shared some of Shuttleworth et al.’s (2012) recommendations concerning redefining our identities as disabled

men such as:

viewing [our] difference as aesthetically pleasing... exhibiting strength of character through embracing [our] physiological weaknesses; and by pursuing both personal and political relations with people who are more interested in sensitivity, purpose, and commitment [rather] than in [idealizing] masculine characteristics of personal power and physical strength. (pp. 176–177)

I trust these recommendations were helpful to him, but, from my experience, they can be hard to implement.

The Masculine Dilemma

It is worth noting that the inherent definition of masculinity is quite ableist and heteropatriarchal, and it creates unhealthy/toxic expectations for males and male-identifying persons (Lindemann & Cherney, 2008). For instance, due to societal expectations to remain devoid of certain emotions, men in the Global North are forced to suppress feelings or experiences, which could be hazardous to their health. These suppressed feelings are often transformed into emotions of rage, anger, or jealousy (Harrington, 2021). In addition, many men avoid discussing their mental health, and some would ignore issues surrounding their physical health, fearing that they will be viewed as less manly if they chose to engage in certain discussions on health (Lindemann & Cherney, 2008). In support of this, Höhn et al. (2022) note that in Denmark:

men engage in the postponement of treatment-seeking due to their sense of stoicism and self-reliance.... [also] men's reluctance to engage with primary healthcare may be reinforced by restricted opening hours, long waiting times, and the perception that healthcare environments are 'feminine.' (p. 577)

In fact, talking (in the US) is seen as more of a feminine affair, whereas the more masculine thing to do is to act or engage in a physical activity (the more rigorous the better) (Van Gilder, 2019). This toxic approach to masculinity does not only cause harm to the individual but harms family members and other external parties (i.e., co-workers or potential friends). Furthermore, the European toxic male is likely to demand the gender binary and its rigid rules, promote heteronormativity while shunning/denying other ways of being, and advocate for misogynistic attitudes (Simões et al., 2021). This individual also tends to be insecure in their masculinity and would go out of their way to point out supposedly non-masculine behaviours in other men (Simões et al., 2021). Another area of toxic masculinity manifests through the theme of self-reliance, which is defined as “the belief that one should be independent and solve their own problems” (King et al., 2019, p. 2). Although this seems like a positive trait and a must-have feature for a disabled man like me, King et al.’s (2019) US study demonstrates that high self-reliance is “associated with greater levels of suicidal ideation, depression, poorer mental health and emotional control... and more experiences of patterns of social isolation due to difficulties engaging in interpersonal relationships in the broader adult male population” (pp. 2–5). In essence, according to King et al. (2019), my aim to depend on my own resources, display a sense of competency and autonomy, and not disclose a need for assistance, in a world that already excludes and disempowers me, may be disadvantageous and hazardous to my wellbeing.

Interestingly, more and more women in the Global North are identifying with masculinity and its toxicity due to the success that tends to accompany it (Spence & Helmreich, 1980). For instance, US women have used stereotypical toxic masculine traits to rise to the top of their companies or to amass huge wealth (Spence & Helmreich, 1980). In addition, Shakespeare (1999) notes that “masculinity and femininity are in a process of transitional change within

western societies [the Global North]” (p. 55). It is therefore easy to note that certain (masculine) women are feared because they do not show emotions of sadness but rather display aggression. In addition, many of these Portuguese women became dominant individuals in their communities and were devoid of sympathy towards others because that was the only way for them to hold onto power (Simões et al., 2021). Simões et al. (2021) go on to mention that “although sexist, misogyny is not a male-exclusive trait/phenomena... much of this contempt against women and girls has been put forward by men and women, framed and legitimised by patriarchal frameworks and beliefs” (p. 172). Masculinity and its toxicity unfortunately will not be obsolete anytime soon due to its popularization in pop culture (i.e., social media, movies, and comedy) and its glorification in societies in the Global North (Simões et al., 2021).

Chapter VII: The Man in the Mirror

When confronted with the topic of views on body image, Ben-Tovim and Walker (1995) have observed that a staggering amount of people with physical disabilities from the Global North have a negative body image. Here, Australians who had a facial and/or muscular disfigurement shared that they felt this way because of the unrealistic standards set by the society around them (Ben-Tovim & Walker, 1995). Societies in the Global North greatly value certain bodies and capitalize the body. Some examples of this capitalization can be seen in the sex-worker industry, the construction industry and the trades, and in the advertisement and modeling industry (Luck, 2016). Society also does not have many places where disabled people can view themselves in positive ways (Hevey, 1993). For example, there are few or no mannequins in the store that represent disabled people (i.e., a mannequin of someone in a wheelchair) (Forrester-Jones et al., 2016). Lastly, society (particularly in the Global North) chooses to ridicule the disabled body (Zhang & Haller, 2013). This is more pronounced on many media platforms and in movies (like *Forrest Gump*) where a character is made fun of because of their disabled body and the way it moves (Zhang & Haller, 2013).

Zhang and Haller (2013) note the media often uses three models to describe disability in the media:

The medical model, the social pathology model and the supercrip model. In the medical model, persons who are disabled are shown as dependent on health professionals for cures or maintenance. In the social pathology model, people with disabilities are depicted as disadvantaged and have to turn to the society for support. In the supercrip model, people with disabilities are represented as 'superhuman' because they achieve unexpected accomplishments or live a normal life just like people with no disabilities. (p. 321)

In my experience, popular comedians and comedy writers are sometimes notorious for using the social pathology model to make fun of certain persons with disabilities. All these contribute to the negative body image that people with disabilities experience. Forrester-Jones et al. (2016) also point out that both people with acquired disabilities and those born with disability (in the UK) experience a negative body image, but those born with disability are quicker to find ways to boost their body image. These ways include reclaiming jokes about their situation and creating their own media so that they can control the narrative regarding their own body image (Forrester-Jones et al., 2016; Zhang & Haller, 2013).

Related to my masculinity (explained in the previous chapter) is my body image, which has seen its fair share of positivity and negativity. I do not recall the relationship with my body prior to my acquisition of my disability, but I do know that there are times when I hate my disabled body and other times where I fully accept it. I speculate that as a male child I was not meant to care too much about my appearance. In fact, I was expected to get dirty and engage in rough play with other boys in the neighbourhood and only had to wear clean clothes when visiting families or going to church. Additionally, my body had no defects; it enabled me to be as physical as I wanted, and it allowed me to grow big and strong like all the other boys.

Currently, the hardest part for me has been to love my body completely. Many times, I wish my body would do the things expected of a “normal” body such as running and walking properly, performing fine motor movements, and engaging in athletic events requiring hand and eye coordination. I feel let down by my body because I was groomed by my parents and the medical team at the hospital in Nigeria to think that with consistent physiotherapy, speech therapy, and rehabilitation, I would not have any feature that made me stand out negatively and would not have been a victim to negative comments regarding my speech or physical gait. This

is an instance of the medical model's prevalence in Nigeria's healthcare system because the onus was on me as an individual to become cured from my disabilities. I feel like the only time I was able to feel confident in my own body was when I had a chance to exercise or dance. Here, people would always compliment the unique movements I made and admired my body. I do fear the days where I no longer derive confidence from these activities because of my aging body or a worsening of my condition.

An Ideal Body

According to Shepperd and Strathman (1989), the US stereotypical heterosexual masculine body that is sought after by women is taller than the average male height of 5 feet 9 inches. This man is also funny and well groomed, has significant expendable income to pay for dates and gifts, and exhibits proper etiquette when in public (such as opening doors or pulling out the chair) (Hitsch et al., 2010). He is also protective and is in healthy shape. This man is further hypothesized to serve evolutionary needs and have the best genes. He is the ideal mate that will ensure that the female and their offspring are well protected and secure in all matters of survival (Sear, 2006). To support this concept of evolution, the media constantly bombards women with images of this stereotypical man (i.e., through movies), and any man that does not meet the above criteria is forced into some form of ostracization (Shepperd & Strathman, 1989). The exception is if this man can really stand out by maxing out in one area of the criteria (e.g., by being extremely rich) (Hitsch et al., 2010). Sedgewick et al.'s (2017) Global-North research done on the dating profiles of heterosexual women observed that, when looking for a man, many women state the following criteria: being six feet tall, educated, employed, funny, and childless and having a dad bod but still being fit. In my experience, some women may even go out of their way to state: "short kings need not apply, or exceptions made if you work for an oil company."

In addition, many of these apps are photo-based, and research has found that American heterosexual women are drawn to pictures of men engaging in masculine activities, which includes pictures taken with an animal, pictures with cars, pictures taken while surfing, etc. (Hitsch et al., 2010; Sedgewick et al., 2017)

As a disabled man attracted to heterosexual women, I have falsely claimed a faux hypermasculine persona (which is called “catfishing”) using the stereotypical male criteria of the previous paragraph, but I know that the façade will be easily broken the instant we arrange to meet up for a date. Many times, I have “ghosted” (a slang used to describe a situation where communication abruptly stops with no explanation) a woman just because I got too scared to meet in-person and reveal my true self and my accompanying disabled body. I do not condone “catfishing” (pretending to be somebody you are not) in any way, but I do admit that it felt good conversing as a six-foot, able-bodied, successful, and funny man. In addition, Simmons and Lee (2020) show that “catfishing” is harmful to an individual’s mental health. They concur that both US perpetrators and recipients of the act of “catfishing” exhibit a plethora of issues with trust, have low self-esteem, and can begin to display signs of psychopathic tendencies (Simmons & Lee, 2020).

A Healing Body

I took a break from online and in-person dating for six months to become more comfortable in my masculinity, sexuality, and body image. This break happened in my first two years of university. It was here that I sought professional therapeutic help. In my opinion, having an anonymous professional assist with my problems will always be better than talking to a close friend or family member who might treat me differently knowing my problems. After some sessions, my therapist noted that I was exhibiting symptoms of a disillusioned and destructive

self. In retrospect, my therapist's aim was aligned with Shuttleworth et al.'s (2012) recommendations of "resisting hegemonic notions of masculinity and sexuality [especially] in the context of negotiating sexual relationships" (p. 184). Shuttleworth et al. (2012) further noted "that acting strictly in terms of the hegemonic standards for masculinity was often not an effective way for [disabled men] to be successful in love" (p. 184). They go on to suggest that "disabled men need to expand their masculine repertoire to include and emphasize dispositions and practices that stresses sensitivity and interdependence" (p. 184).

On this prescribed break, I was forced to rediscover my masculinity and to love myself. This led me to journaling, which was described by my therapist, Dr. Kim, as an act of reflective writing. At first, I was opposed to journaling because of the task of writing. I lack fine motor skills in my hands, and writing is a painstakingly long process that results in highly illegible texts. In fact, whenever writing is mentioned, I think back to my early days of rehabilitation where I had to relearn how to hold a pencil and scribble out large letters or draw endless circles for hours. It was like flashbacks were triggered when told to write journal entries! It also made me recall an embarrassing moment when I handed in a paper in high school that my peers thought was written by a kindergartener. However, Dr. Kim informed me that I could type on my special computer or even record voice memos. According to him, these were all forms of journaling. Further research into journaling mentions that it can involve poetry, speaking in the third person, and drawing (Baleghizadeh & Mortazavi, 2014).

My first entry was centered on what it means to be a disabled man; it occurred after a frustrating day, so it was quite macabre. Below is an excerpt:

I want to die. Cease to exist. Not be disabled any more. Being disabled sucks! You can't go anywhere without having people supervise you. I feel like a child! I have to stagger

everywhere I walk; I can't be coordinated enough to do the simplest tasks. I hate my life. I hate how I stammer when I talk. I hate the way my body randomly spasms. I will never amount to anything. I feel trapped in a life I did not choose. I am sure if I die people would be glad that they are relieved of the burden that is me. I hate how fragile I am. What kind of man has to ask for assistance with everything. How can I father a child with this weird body. I am angry and frustrated at the awful card that the world has dealt me. What did I do to deserve such a disabled body!!!!

I would later go back to write a date and sign my name as a way to own the text and to properly document it as prescribed by Dr. Kim. Dr. Kim always recommended to write anything that came to mind as soon possible so that the actual raw emotions could be "plain as day" on paper. This form of journaling allowed for a rapid expulsion of emotions and allowed Dr. Kim a unique opportunity to truly access my feelings and examine the deeper reasons behind them. In our sessions, we would also practice more soul searching and mindfulness. This taught me how to soothe my depressive and suicidal thoughts, especially after particularly frustrating days. So, with guidance from my therapist, I wrote a more mindful journal entry where I sought to find comfort in my masculinity and body image. Below is an excerpt:

I like how my mind is geared towards protecting others. I like how I am able to make others feel safe and comforted just by saying the right words. I appreciate the ruggedness of my hands including the calluses, bruises, and cuts that have never truly healed. I appreciate the deepness of my voice and how it commands authority. I like the fact that I can grow facial hair. I enjoy physical activities such as fixing things around my apartment. I have an apartment where I pay rent. I can cook. I am educated. I am slightly taller than the average man. I can go to the gym. I can grow body hair. I can walk in

public without getting harassed sexually. I can walk around publicly without a t-shirt. It is socially acceptable for me not to have kids. I don't have to get married if I don't want to.

I can't get pregnant. I am a man, and no one can take that away from me.

Reasserting my masculinity and a positive body image through journaling did feel good and helped me to assert myself in real time. I felt so in-tune with my masculinity and body image that I felt more comfortable staring at my nude body in the mirror, letting my current partner see me naked, writing more, exploring my creative side (i.e., drawing, colouring, and knitting), partaking in gender-bending activities (i.e., kissing a man, twerking [a form of sensual dancing usually performed by women], and dressing up glamorously), and mindfully developing my allyship with Winnipeg's gay and queer communities. I also started surrounding myself with women who were interested in effeminate men (i.e., men in touch with their feminine side). I found this to be healthier for my mental health. In fact, women who explicitly stated that they were interested in traditional masculine men and bodies were considered "red flags" that were to be avoided at all costs because, in my opinion, they were toxic, and I was unprepared to handle that level of toxicity. In sum, although Fitzpatrick (2022) alludes to the ableism inherent in the societal definition of masculinity and body image, it does not mean that being disabled causes a complete loss of masculinity resulting in a negative body image. It does mean that masculinity and a positive body image need to be rediscovered and/or redefined by the individual.

Chapter VIII: Meet My Girlfriend

The site I met my current partner on is called Bumble. Like other phone applications (apps), it is downloaded through the app store, and it provides individuals with a questionnaire where one must indicate who they identify as and what they are searching for. Then, one is required to complete a profile that is made up of two main parts: pictures and a biography (bio). Once all this is completed, potential single individuals, within the area specified, are made available. Similar to other apps, one swipes right on individuals that one likes and left on individuals that one does not like. A match occurs when two individuals swipe right, and it is an exhilarating feeling when the app notification zone mentions a new match. In my opinion, liking an individual is mostly based on physical attraction followed by shared interests. As a disabled person, I swiped right on every profile because I knew it was a better way of increasing my chances of matching with single women.

Out of the 39 percent success rate in finding a successful dating partner online in North America, there is an increasingly lesser rate of establishing a long-term relationship (Sharabi & Caughlin, 2017). This statistic holds true whether dating online or not. The only difference that strictly in-person dating presents is that there is a stronger, authentic support network for individuals to navigate. When Sharabi and Caughlin (2017) refer to strictly in-person dating they state that the relationship must have begun in the real world. This would include, for example, bumping into a potential partner at a bar, getting introduced to the potential partner at a gym or during a business meeting, being referred to by a friend of a friend, going on a blind date, and, in extreme cases, meeting in elementary school and starting a relationship as best friends (Rosen et al., 2008; Sharabi & Caughlin, 2017). These are considered to be more organic ways of meeting potential partners where the influence of online sites/apps is non-existent. Of course, some of

these organic ways still require a great deal of effort to keep the relationship going, such as constant communication and engagement in activities. In addition, Ali and Wibowo (2011) state that the disadvantage of these more-organic ways is that if they end up not coming to fruition, people are bound to run into each other because their networking circles intertwine frequently, resulting in more awkward situations. There is also an increased chance of damage to networking circles, which might be done through physical stalking or domestic abuse (verbal or physical), if things do not work out (Temple et al., 2016).

All the above is compared to strictly online dating where, with the protection of the Internet, people do not have to engage with potential partners until the person has been fully vetted via their online platforms. For instance, Ali and Wibowo (2011) note that the Global-North online platforms most often checked when curious about starting a relationship with a potential partner are Instagram, Twitter, and Facebook. These sites are checked to obtain a better perspective on a potential partner's views on certain current topics and/or trends, to view the person's pictures and their friends, to check their employment status, etc. (Ali & Wibowo, 2011). When satisfied, the person feels more informed and can safely decide whether they want to pursue a relationship with this potential partner. Wijaya et al. (2022) further add that this is not a failproof method because even if many people share thorough information about themselves online, there is still a chance that crucial information is missed. For instance, it is difficult to tell if certain photos are fake due to the over-usage and normalization of filters, and it is difficult to know if certain environments or situations might trigger certain unacceptable mannerisms.

I experienced a few organic first meetings and in-person dates. For example, I had an organic relationship with Trinda. Trinda was a friend of my friend Heather. Heather knew I was single and ready to mingle and believed Trinda was the perfect match for me. In Heather's

words, “Trinda is smart, so beautiful, absolutely gorgeous, Nigerian, works downtown so you can see her regularly, is fit, and so nice. You would love her. Here’s her number, call her at 12pm. I told her to expect your call.” I was excited by this matchmaking effort as it rarely occurs for me, a disabled man. So, I called at 12:01 because I was having trouble getting over my nerves and had to write down the things I had to say so that I would not forget or stumble over my words, which often happens when I try to be spontaneous. She was indeed waiting for my phone call, and we joked about Heather’s persistency. From there we went on many coffee dates, two picnics, and one date to the beach. Unfortunately, the budding relationship did not go too far because she found another job outside of the city, and, because I could not drive due to my disability, I could not see her frequently. As a result, the relationship deteriorated. Subsequent organic in-person dating did not go as smoothly as the one between Trinda and me. Most occurred either at a bar, gym, or networking event but quickly depreciated to the point of extinction for one reason or the other.

Miron et al. (2022) note that people with disabilities (in the Global North) are more likely to rely on the agency and control of online dating because of the often-inescapable harms organic in-person dating presents (e.g., inaccessible venues and unbearable people). However, they also prefer to quickly meet up as this is the final means of making or breaking a potential relationship (Miron et al., 2022). Participants from the US, Canada, the UK, Australia, and New Zealand in Roth and Gillis’ (2015) study stated that meeting in-person once all the proper online scrutinization has taken place allowed for the quick exposure of ableist attitudes and allowed for the display (subtle or not) of one’s perception towards disabilities.

When asked the question “so how did you meet?” Custer et al. (2008) note that people want to be able to state a romantic way. One of their American participants mentioned that they

met their partner at a library in the comic-book section, and they immediately knew they found the love of their life because they were both in the superhero section (Custer et al., 2008). These stories tend to receive wider societal approval because individuals (in the Global North) have been groomed by media platforms, the “love-at-first-sight” narrative, and stories from parental generations to think that this is the most ideal way of meeting a potential partner (Zsok et al., 2017). Zsok et al. (2017) further add that couples (after consulting with themselves) even go to the extent of fabricating a “first meeting” story to avoid public judgement. Hopefully with the world becoming more technocentric, there can be an increased acceptance in stating that the first meeting place was on an online platform.

Thryn (aka Ryn, Bebe, Baby, Snuggums, My Love, My Precious, Cutie Pie, Sugar)

I met my current girlfriend online on Bumble. Unlike other dating apps, Bumble’s concept is unique because women are the ones that are meant to initiate the conversation (Bivens & Hoque, 2018). Here, women are given the opportunity to feel empowered in a society that is very male dominated. I specifically liked this concept because I was tired of opening a conversation with the usual “Hey you,” “Hi beautiful,” a knock-knock joke, a comment about an interesting picture in their profile, or a random fact. Furthermore, I was curious about the creative ways women started the conversation. I now know that, based on Morgan and Zurbriggen (2007), the simple, direct-yet-creative first message is likely to give a good first impression, grasp the attention of the recipient, and lead to more fulfilling virtual conversations. Most participants in their West-Coast US qualitative research mentioned that starting a conversation with a phrase or sentence that shows one’s sense of humour is the best way to start a conversation and provide insight into what you are like (Morgan & Zurbriggen, 2007). This is similar to icebreaker questions asked in public such as “what does your favourite colour say

about you?”

On Bumble, the only control men have in the initiation of conversations is the ability to extend the time with their match in the hopes that she would emit a reply (Pruchniewska, 2020). As with other dating apps, there is a paid area that allows the user to view more profiles, be more prominent, and potentially obtain more matches (Bivens & Hoque, 2018). In my experience, the discouraging thing about the app is that matches had an expiration window of twenty-four hours. If the woman has not initiated a message, her profile simply disappears, which, in a way, is reflective of real life. For instance, when a woman is not interested in me, they move on. Additionally, I believed that if my match did not start the conversation in the allotted 24 hours prescribed by the app, then she was not interested and that there was no reason to pay for extended time.

I downloaded and redownloaded Bumble about five times in a year until I swiped right on the profile of my current partner. On her profile, I noticed she was gorgeous and enjoyed similar activities such as exploring the outdoors, going to music festivals, and eating at local restaurants. She also indicated her hatred of toxic masculinity and her love for all things queer. We matched, and her first message was a comment on my profile. To be specific, she asked, “what is the one thing you can’t stop talking about?” and my reply was “radio.” I ended up calling her that night and spent a full three hours talking about all things radio, particularly local radio as that was the area I worked in. From there, the conversation kept on going, and it became richer and more fulfilling. The endorphins in my brain would be activated whenever I received a message from her. Eventually we moved to video calls and to other forms of communication such as exchanging pictures on Snapchat (a picture-sharing app).

It was on one of our lengthy phone calls that I informed her of the disability I had. I

explained its origins, the coma I experienced, rehabilitation, and the impact my disability has on my daily activities. She was an attentive listener and was happy that I disclosed that to her, especially since she knew it took a lot of courage to do so. She also shared her depression and anxiety and mentioned how they have a debilitating effect on her daily activities. Most of all, she talked about her coping mechanisms. I am not sure if the outcome would have been different if I had explicitly stated my identity as a person with disability in my profile's biography (bio). I did have pictures with some assistive devices and my adult trike (which is called "Lazy Susan"), but I do not know if that carries the same weight as explicitly explaining one's disability. It gives me comfort to think that she would have matched with me regardless and would have seen my disability as a unique and celebrated part of who I am.

Our in-person relationship began in August of 2021. I felt nervous because I knew she would be exposed to a disabled body and all its limitations. It turns out that I had nothing to worry about. She had done her research on malaria and its potential effects on the cerebral cortex but still did not assume she was the beholder of all knowledge; rather, she asked about ways she could assist and how she could be considerate to my needs. I felt blessed to be in the presence of a woman who was so kind and passionate. Similarly, she told me about her struggle with mental illnesses and the things I can do to assist in situations where she might need extra attention. Our relationship would go on to evolve from a friends-with-benefits situation (solely based on sexual intercourse and outings) to one of conventional labelling (i.e., boyfriend and girlfriend).

Interestingly, my girlfriend does not identify as someone with a disability, and I attribute this to North America's disability hierarchy, which places certain mental disabilities as superior to physical disabilities because of the visibility factor (Thomas, 2000). Thomas (2000) stipulates that certain mental disabilities in the Global North are often categorized as illnesses due to their

treatability factor. My girlfriend, for instance, takes prescribed medication that enables her to function as a “normal” person. Thomas (2000) also observed that once an individual can “pass as normal” they tend to get denied accommodation, and their physician will not be permitted to mark them as “disabled.” This divide between mental and physical disabilities continues to be prominent and has excluded members of each group from being involved in each other’s causes (Deal, 2003). In truth, Deal (2003) argues that there are many comorbidities between disabilities (in the Global North and South), but the binary nature of the world forces individuals to be on one side or the other.

Duguay (2017) has noted that many men with disabilities in North America often seek women without a disability or women who are deemed less disabled than they are. Their research states that this is often because they want someone who is an intimate partner and a support provider (Duguay, 2017). However, I tried to be different by downloading apps specifically for persons with disabilities. This was in an attempt to broaden my horizons and dating options. I downloaded the app called “Udolly - Dating for Disabled.” It had the most downloads and many positive reviews and recommendations, so I figured it would be worth a try. Unlike other sites that had people in a wheelchair as its basic model of disability, Udolly just had a simple cloud icon (shaped like a heart), thereby encouraging participants of all kinds of disability to use the site (Saltes, 2013). The first prompt it provides concerns a prohibition of scams and includes encouraging messages to present one’s ideal self. Through this, it shows awareness of the struggles people with disability encounter, especially in terms of identity and encountering scams. Next, I had to indicate whether I identify as a man, woman, or non-binary. I applaud it for being non-conservative when it comes to gender; however, one is prohibited from modifying the gender section later on. This can be unfortunate, especially with the fluid gender stratifications

that encompass people's lives (Saltes, 2013). Next, it provides a rudimentary list of common disability categories that I had to pick from. The options provided were: "none," "physical," "deaf," "visual," "intellectual," "mental," "autism," "Asperger's," "Down's Syndrome," "mute," and "care for disabled person" (Saltes, 2013). Unfortunately, one cannot choose more than one option nor select an "other" option in case one's disability did not fall into any of the aforementioned categories. I selected "physical" because that suited my situation best. Next, it wanted confirmation as to what I was searching for. I had the option of choosing between "serious relationship," "chat and make friends," "casual dating," "flirt," and "I'm not sure" (Saltes, 2013). Once again, individuals are not allowed to select more than one option. Here, it is crucial to note that I experienced a glitch in the birthday drop-down menu that prevented easy scrolling on my phone. Lastly, like other apps, it provides single individuals with a chance to upload pictures or to take a picture. This demands some steady hands, but, luckily for me, I received assistance from a friend.

From here, the usual swiping right for profiles you are interested in and swiping left for those you are disinterested in resumes. My age range was between 18 and 30 as this range includes those that I find are searching for companionship through disability-focused dating apps. Additionally, I must warn users to be prepared for an ad bombardment since it is a free app and makes money through ads. For the premium version, users are guaranteed: unlimited video and voice calls, the ability to see who likes you, invisible mode, discovery of others' social media, the ability to find verified profiles, unlimited swipes, usage of the app without ads, etc. (Saltes, 2013). The price of this version ranges from \$10.99 for 1 month to \$4.50/month for 12 months. I never paid for the premium version because I could not afford it, but I would encourage people to pay if they could as it would decrease the time spent on the app because of

the amount of success on the app (as promised by the app's creators) (Saltes, 2013).

Furthermore, many of its users are in the United States, meaning many individuals that I matched with remained online friends. The few that were local did not share my interests but wanted to meet up, talk about random subjects, and have sex. As someone willing to try anything in a safe manner, I would always accept an invitation to meet up and enjoy some companionship no matter the level of awkwardness that would ensue. Perhaps if I stayed longer on the site or explored others specifically for persons with disability, I would have ended up in a serious long-term relationship with a disabled person, but I believed that other disability-focused sites would be the same and would probably be restricted to a small group of people. Through this belief, I browsed sites/apps designed for the general population.

Like most of my friends, I did try other apps (often simultaneously). It was almost like a self-experiment because I was keen to find out my success rate. The number of apps would often positively correlate with my level of loneliness in the present moment. This loneliness usually peaked in the month of February where I once had a maximum of five apps—three on my phone and two on my laptop. The apps/sites used were a blend of those for the general population and those that targeted persons with disability. Many of them had a similar interface and promised similar benefits. Most of them were user-friendly and accessible, but there are many areas that I feel they can improve in. Lastly, throughout my history of using dating sites, I have opted to pay for the exclusive member benefits twice, once on the site eHarmony and once on the app Tinder. This allowed me the chance to meet more real users rather than bots (i.e., fake profiles intended for scamming individuals). For Tinder, the paid option allowed me to “super-like” profiles and find matches in other provinces (which was helpful whenever I travelled and got lonely), and it was my go-to app for finding local hook ups. Tinder also had features that allowed me to remain

on top of the eligible bachelor's list for about an hour. I consider myself to be privileged enough to have had disposable income, and I sympathize with those who are not able to afford such a luxury.

Accessibility

For me, online accessibility refers to how user-friendly the app/site is and how welcoming it is. Being user-friendly relates to the design of the site (Bivens & Hoque, 2018). Using this definition, I check to see if the fonts are legible or at least can be magnified. I take note and observe if the site is compatible with other devices, such as a smartphone or desktop computer. I am also concerned with how much hand dexterity/coordination is needed for me to maneuver through the site. Furthermore, most sites/apps have reviews from previous users, which provide me with knowledge about different updates that are still required of the site or about issues that people have had when using the site.

As a master's student in disability studies, my concept of accessibility has continued to evolve. I specifically attended a course titled "Disability and the Media" taught by Professor Nancy Hansen that had a section that focused on web content accessibility guidelines and the different regulations and policies created to ensure that all with disability could access the Internet safely, easily, and efficiently. Therefore, accommodation needs to be made so that individuals with low vision or blindness can be able to use screen readers or so they can magnify texts or images. Sites need to have an audio version with adjustable volumes for individuals that are hearing impaired. There needs to be easy navigation options for those with limited finger mobility. There needs to be options to increase/decrease the brightness or change the colour theme for individuals with photosensitivity issues. Lastly, there needs to be an easy-to-comprehend site tutorial for individuals who might have a learning disability and/or a cognitive

impairment. Since there is often a comorbidity of disabilities, Sloan et al. (2006) indicate that there is a certain difficulty in abiding by the various accessibility guidelines. However, I believe that more effort can be made to ensure that different sites/apps are abiding by these guidelines, especially since we live in a world that is constantly becoming more technologically reliant (Sloan et al., 2006).

To summarize, the accessibility guidelines of Sloan et al. (2006) consider four main areas: perceivability, operability, understandability, and robustness:

Perceivable: Provide text alternatives for non-text content. Provide captions and other alternatives for multimedia. Create content that can be presented in different ways, including by assistive technologies, without losing meaning. Make it easier for users to see and hear content.

Operable: Make all functionality available from a keyboard. Give users enough time to read and use content. Do not use content that causes seizures or physical reactions. Help users navigate and find content. Make it easier to use inputs other than keyboard.

Understandable: Make text readable and understandable. Make content appear and operate in predictable ways. Help users avoid and correct mistakes.

Robust: Maximize compatibility with current and future user tools. (np)

Sloan et al. (2006) further mention that without adhering to these guidelines, sites create digital spaces that are exclusive of some persons with disabilities. Digital domains that were once deemed as a way for disabled people to interact freely have now become riddled with obstacles (Bivens & Hoque, 2018). Rimmer et al. (2005) add that accessibility also pertains to the dismantling of ableist attitudes that prevent disabled people from full participation in life. In addition to the needs expressed in the paragraphs above, I also concur and believe that ableist

attitudes need to be challenged; popular dating venues need to be made more accessible; and society (i.e., North-American/Global-North society) needs to create educational programs to ensure that persons with disability are safe and educated as they explore the dating/relationship world and battle with themes surrounding body image, sexuality, and masculinity.

Chapter IX: Sex and Sexuality

My disability studies professor Dr. Hansen, a disabled woman, once said, “disability is very sexy.” According to Nelson et al. (2015), Canadian wheelchair users also concur with this statement but note that it takes a great deal of effort to reconnect with their sexuality. The participants further defined sexuality as a capacity for sexual feelings and sexual expression (Nelson et al., 2015). On this note, Milbrodt (2019) found that Americans born with cerebral palsy note that since disability is not portrayed as sexy in general society or in the media or on the Internet (i.e., on pornographic sites, etc.), they sometimes have difficulty convincing themselves and others of their sexual nature. In addition, global stereotypes that frame disabled people as sterile, asexual, or conventionally unattractive make it hard for general society to see sexiness in disability (Shakespeare, 1996).

Sexuality is strongly connected to gender. Shakespeare (1996) speculates that there is a highly significant tendency for individuals to first identify as a certain gender before seeking to explore their sexuality. However, this is not a completely streamlined process because of the fluidity of the gender construct and the relative unpredictability of life events and their impact on one’s gender identity/expression (Coleman et al., 2015). For instance, hormonal changes as one develops physiologically can lead one to choose to identify as male despite being female at birth (Holmes, 2008). Another instance might be exposure to North-American drag culture, which might lead curious males to engage in crossdressing (Rupp et al., 2010). This is why people like me engage in different forms of gender-bending activities and explore various sexualities throughout their lifetime.

Shakespeare (1999) also notes that sexuality, especially British male sexuality, “is conceived traditionally in a phallogentric (i.e., penetrative) and oppressive way” (p. 57). Men

like me who do not fit the traditional male archetype of sex/sexuality are often ostracized by society and portrayed negatively in the media. For instance, Shakespeare (1999) observes that “Lady Chatterly’s Lover, and other films such as *Waterdance*, *Forrest Gump* and others reinforce the idea of disabled men being excluded from sexual activity because of erectile failure, and consequently of being less than men” (pp. 53–64). Here, it is important to state that I identify as a sexy cisgender man who is a strong ally of the LGBTQIA2S+ movement and that I am an active participant in gender-bending activities (i.e., cross-dressing). Additionally, I enjoy the privilege of fitting in with the majority and have been overly indoctrinated in heteronormative ideologies. Nevertheless, I have had the pleasure of experimenting sexually and intimately with people on all areas of the gender and sexuality spectrum, including with my current partner who identifies as queer and bisexual (i.e., sexually attracted to both men and women).

My sexual journey began at a much later stage in life in part because sexuality is such a taboo subject in my familial home and in my country, Nigeria, but mostly due to undergoing physiotherapy, rehabilitation, and becoming reacquainted with my disabled body, which occurred throughout my adolescence and early twenties. My indoctrination into my sexuality started through the world of adult erotic videos and masturbation, which, according to Gill (2012), is a typical pathway for many North Americans with disability to figure out/start their own sexual journey. In addition, like many with disability, I was not expected to be a sexual being and so was not enrolled in sexual education nor given the “sex talk” from my parents. Nonetheless, I am comfortable with my sexuality, and I am happy that I have been able to explore it in Canada where all kinds of exploration are encouraged (Gill, 2012). In Western society, i.e., Canada and Britain, there is also more of a slow and steady shift from “the mechanics and biology of male sexuality to explorations of feelings and emotions” (Shakespeare,

1999, p. 58). Moreover, there are times when I do not feel sexually desirable by myself and with others; this is usually connected with my body image, but this is easily fixed by dressing up glamorously and going out to party.

Lastly, I want to note that the topic of sexuality and dating explored in this chapter centers the Global-North perspective, specifically that of North America. From a disability perspective, Global-North countries are deemed as better equipped to assist many persons with disability live fully independent/interdependent sexual lifestyles (Meekosha, 2008). These countries are further categorized by having higher incomes, less unemployment, access to better healthcare, lower populations, and more-equitable opportunities (Odeh, 2010). Additionally, sexuality and dating in the Global North starts earlier and sometimes never ends because of the multitude of options (Odeh, 2010). Lastly, according to Shakespeare (1999), the Global North is in greater “recognition of the continuum of sexual practices—of which penetrative sex is only a part... [there is also] a greater willingness to embrace diversity, experimentation and the use of sexual toys and other alternative techniques” (p. 58). However, these areas of comparison should not negate countries in the Global South and the different intersecting factors affecting their livelihoods but should inspire research into disability, dating, and sexuality in the Global South.

The Art of Making Love

Sexual expression does not automatically translate to sexual intercourse with a partner. This is supported by most Global-North research on sexuality, which highlights the fact that people (disabled or not) have sex in all kinds of ways. The most popular is sex by self through masturbation (Jackson & Westrupp, 2010; Kontula & Haavio-Mannila, 2003). Americans in the research by Döring and Pöschl (2018) also mentioned that they incorporated usage of sex toys, nude/suggestive pictures and/or texts, and/or household items (i.e., cucumbers, pillows, and

couch cushions) to further add to the pleasure of their masturbatory experience. Döring and Pöschl (2018) further mention that engaging in sex-by-self activities allows one to discover likes and dislikes surrounding sex. Other than the typical areas of pleasure surrounding the genital area, UK participants who identified as tetraplegics due to a spinal cord injury noted that they felt intense erotic pleasure and arousal in unconventional erogenous zones, such as their neck; certain areas of the thigh, elbow, and wrist; and certain areas of the back, mouth, and nipples (Dunn et al., 1979). From a different review, one participant from the UK was quoted as saying: “it didn't occur to me that it felt good to have the back of my neck licked, or that it felt good to have my arms stroked lightly. Stroking the wrists, then to the arms, then up the arms, is a sequence that I've since learned can be very exciting” (Shakespeare, 1999, p. 58).

Sex with a Partner

Depending on one's disability, conventional sexual intercourse with a partner might not always be possible. According to Higgins and Hirsch (2007), this conventional sex does not have to be done for reproductive purposes, but it involves a process where at least two people are involved in the act of copulating. In terms of heterosexual and homosexual (involving males) sex, this usually involves the act of penetration via genital pathways and typically incorporates mutual, consensual, and sensual enjoyment (Higgins & Hirsch, 2007). Participants in Damon's (2003) Global-North research also add that, in conventional sex, someone must be dominant (dom) and the other must be submissive (sub). These roles are reversible and do not necessarily need to be assigned to a specific gender, but, according to societal values, the male is usually the dom, while the female is the sub (Damon, 2003). With my current partner, I frequently enjoy switching roles as it feels demanding being the dom all the time. I also encouraged her to really get into the dominant persona, which gives her the permission to choke me and slap me and use

preapproved paddles and sex toys. I have found it important to have a safe word (an agreed-upon word that, when uttered, means that all sexual activity must halt) and to check in with the feelings of one's partner(s). According to Khan (2009), this safe word was created because people tend to get carried away in the throes of sexual activities, especially when their kinks are involved. The participants in Kukla's (2018) Chicago research also noted that the best safe words were ones that were silly and out of place because this tended to break through to the partners immediately. In addition, Herbenick et al.'s (2022) US participants also noted that it is important to change the safe word so that partners do not begin to over-associate that particular word in mundane activities. My partner and I's first safe word was "bamboozled."

People with disabilities in the Global North (who have difficulty engaging in conventional sex with a partner) still find many creative ways of engaging in sexual intercourse (Tellier, 2017). This might involve having a support worker assisting with the act of copulation, using medical devices or medication, having a partner's touch one's erogenous zones, engaging in cyber/phone sex with a partner (which is great, especially in a long-distance relationship), and sexual exploration with a sex robot/doll (Rohleder et al., 2021). Thankfully, society (especially in the Global North) has shifted from the ableist thought of sex as a means of reproduction to a more-inclusive mindset of pleasurable and consensual sex for all (Gunning et al., 2020). This undoubtedly aids in the sexy and disabled mindset. However, Watson et al.'s (2021) research on the North-American hypersexualized era of the 2000s aims to inform disabled people (especially those of multiple sexual expressions) of the fetishes that people have towards disabilities. Canadians in this study stated that, due to the normalization of fetishes, they have become weary and wary of individuals who are turned on by a disability, by their bisexuality, or by their assistive devices. One participant who identified as disabled noted that previous partners

confessed to feeling aroused because of their constant state of helplessness, and there was a loss of attraction when independence was slowly reinstated and when less assistance was requested from their partner (Elman, 1997). Another participant (from the US) mentioned how important it was for her to wear a prosthetic arm during sexual intercourse with her partner (Ebrahim, 2019). Ebrahim (2019) indicated that the participant did this despite the discomfort and that the participant solely wanted to please their partner. In addition, the participant chose to remain in the relationship because they felt valued and sexually desired (Ebrahim, 2019). In light of the research, one can note the struggles encountered by some disabled people as they navigate their sexuality, sexual expression, and sexual intercourse.

Erotica

I feel that one underutilized and underrated means of sexual expression is to engage in erotica. This can be done through written or visual formats (i.e., drawing). One of my personal hobbies involved writing erotic fiction based on real-life experiences and characters. This writing style, which is similar to journal entries, allowed me to express strong sexual emotions and desires, to relive sexual moments, and to further discover my sexuality as a disabled man.

Chapter X: Disability and Relationships

All my familial relationships (in Nigeria and Canada) are categorized by love and affection. There has always been an involvement of my mother and father, and siblings, and I am forever grateful for all they have done in my life. In addition, my parents are stellar role models who provide moral guidance and financial support for my siblings and I. In Canada, I came to learn that parents are also legally bound by the descriptions of role model, moral guide, and financial provider until the child turns 18 and is officially an adult according to the law. At this age, children can leave their parental homes and have independent lives. However, when children decide to remain at home, most parents instinctively continue their parental roles. This happens often in Canadian immigrant households where children can stay home into their 30s, with some staying until they get married (Haan et al., 2023). In terms of my role as a child, I was expected to be obedient to my parents and siblings, assisting in the maintenance of the home (i.e., through regular house chores) and caring for my youngest siblings. Haan et al. (2023) also add that most families tend to sustain this parent–child relationship as long as the living situation remains the same (i.e., living in the same house).

In terms of developing secure intimate relationships, families are crucial. First, the values learnt from my familial relationships are usually the values I have sought after in intimate relationships. Examples of these values include honesty, loyalty, and dedication. In addition, when parents provide adequate care and discipline for their child, the child grows up with great morals (Haan et al., 2023). The same is true when parents allow their child to make mistakes and use these as teaching moments. It is important to note that biological parents might not always be there; instead, there might be a grandparent, a relative, or a sibling. However, as long as they

provide care, discipline, and room for mistakes, then the child will develop properly and will be able to secure intimate relationships in the future (Haan et al., 2023).

Intimate relationships are not always characterized by sexual relations and can even start in prepuberty. Through experience, this type of intimacy is further characterized by spending time together, sharing food, and being vulnerable with one another. According to a participant from a Spanish study by Rojas et al. (2016), a relationship between couples is characterized by its closeness and its foundations of trust and mutual respect. Here, all parties need to have mutual “respect, sensitivity, understanding, and... sincerity” in order to have a successful relationship (p. 58). According to my autoethnographic observations, there are many instances of successful relationships based on mutual respect and understanding (especially for persons with disabilities). These are generally characterized by a length of time (i.e., a month, a year, 10 years etc.) and are often celebrated as anniversaries or milestones. Another trademark of a successful relationship concerns the amount of constant open communication between individuals in the relationship. Traditionally, this successful relationship stems from a heteronormative foundation (i.e., consisting of a man and a woman). In the 21st century (especially in the Global North), there seems to be a more profound shift from this heteronormativity, which has resulted in the increase in alternative relationships, such as same-sex partners or polyamorous relationships (which consist of multiple partners) (Rojas et al., 2016). All these have the potential to be a successful relationship. Lastly, an important feature of a successful relationship is one where disability is not perceived as “a trait that discredits an individual’s identity or respectability” (Bogdan & Taylor, 1989, p. 135). A successful relationship can involve both individuals being disabled or just one. Individuals, according to Rojas et al. (2016), could also “start their

relationships at 30 years or older and do not need to have had sexual relations prior to the relationship” (p. 59).

According to my autoethnographical observations, for some, the pinnacle of a successful relationship is marriage and the production of children. This process assures legitimacy in society and tends to come with certain benefits (e.g., tax benefits) (Crossley & Jeon, 2007). Additionally, this legitimacy sometimes allows for the assumption of certain societal roles (e.g., being a godparent). Alternatives to marriage include being common-law couples or just deciding to cohabitate (and being committed to one another). Alternatives to having children biologically include adopting or fostering children. Children for my parents are also seen as a symbol of wealth and a means of guaranteeing that they will be taken care of in their old age. However, it is important to note that having children is not always a defining feature of a successful relationship, and many people are opting out of the idea of having children (biologically or by any other means). In fact, having children has been noted to sometimes correlate with a decline in relationship satisfaction because of a presumed inequality in the sharing of tasks. In addition, Mitnick et al.’s (2009) United-States meta-analysis showed “declines in relationship satisfaction for both men and women from pregnancy to 11-months post-birth” (p. 5).

Contrary to successful/happy relationships, people with disabilities unfortunately fall into toxic or abusive relationships. An abusive relationship involves the use of physical or verbal violence to communicate with a partner (Olsen, 2018). Here, it is important to note that despite the myth that disabled people are innocent, fragile, and docile, they can be the instigators behind abusive acts. They can be manipulative, deceitful, conniving, and physically aggressive. Anybody can be a perpetrator. However, many people with disabilities become the victims of these toxic relationships because there is no way for them to physically escape and/or they have

become too reliant on their partner(s) (Olsen, 2018). Those that happen to leave these relationships are left traumatized and may never want to find themselves in a relationship for fear that the abuse might return. Lastly, from my autoethnographic observations, an abusive relationship often stems from a power imbalance. For example, I was in a brief intimate relationship where my partner displayed more power because they were 7 years older than I was and had access to a lot of resources including the ability to manipulate and take advantage of my very gullible persona. Through this they cause a lot of self-esteem issues and made me constantly doubt myself. Another example might be the able-bodied person in the relationship not allowing the disabled person to express their freedom of movement by hiding their prosthetic limb. Another example could be a disabled person using guilt to get their partner to join them in certain activities. Relationships like these could continue for years and could lead to death via suicide or acts of passion (e.g., manslaughter) (Olsen, 2018).

In order to avoid these unsuccessful/abusive relations, Rojas et al. (2016) suggest that society makes a conscious effort to extinguish/control this aspect of the lives of disabled people rather than invest in educational programs that will alert individuals to the warning signs of abuse or to teach how to maintain successful relationships. Instead, society's education is focused on topics about "reproductive organs, sexually transmitted diseases, and contraception. Rojas et al. (2016) further stress that society's "ableism' discourse operates in the definition of what is possible or imaginable for people with disability.... it privileges able-bodiedness; promotes smooth forms of personhood and smooth health; creates space fit for normative citizens" (p. 59). Through ableism, society inherently promotes the relationships of normal couples and denies disabled people sexual relationships/opportunities to live as a couple, which, according to Rojas et al. (2016), are supposed to be "their rewards for other accomplishments

such as having studied, getting a ‘steady’ job and being independent” (p 59). In all, society needs to stop this ableist mindset where “sexual relationships, living as a couple or having a family [is] considered as being just another mirage of inclusion” (p. 61). Society needs to stop putting disabled people “in a state of constant preparation in which they suffer the postponement or suppression of rights such as the possibility to live on their own, to start and maintain sexual relationships, or to have children” (Rojas et al., 2016, p. 61).

Monoamorous versus Polyamorous

Successful or abusive relationships can be present in either polyamorous or monoamorous relationships. In fact, there is no concrete research drawing a connection between which type of relationships is likely to be successful or abusive. A monoamorous relationship consists of love and mutual understanding between two partners (Rojas et al., 2016). This is a traditional and widely accepted type of relationship. Polyamory consists of love and mutual understanding between more than two partners (Rojas et al., 2016). People choose this unconventional relationship because of a need to find a relationship that is more fulfilling and truer to their expressions of love. Furthermore, there is no concrete research regarding the percentage of people with physical disabilities in a polyamorous or monoamorous relationship. I assume that as long as the relationship makes the individual happy and they feel that all their needs are being met, then the relationship should continue. Lastly, it is important to note that these mono/polyamorous relationships are not defined by sexual relations. In fact, these relationships receive the moniker of an “accepting relationship,” which Bogdan & Taylor (1989) define as “one that is longstanding and characterized by closeness and affection” (p. 137).

Due to my religious and traditional background, I am more used to the idea of monogamy, especially under the seal of marriage. My current partner was actually fairly

adamant that we practice strict monogamy, whether married or not. In her past experiences, she never received the attention she deserved from a polyamorous relationship and found herself constantly giving to the relationship but receiving nothing in return. Interestingly, research shows that people might choose to switch from a monogamous to a polyamorous relationship (and vice versa), especially after thorough discussion and reaching a mutual understanding (Bogdan & Taylor 1989; Rojas et al., 2016). Switching relationships might occur out of necessity (i.e., as a last resort to save the relationship) or out of a core curiosity that needs to be satisfied so that partners gain a sense of fulfillment.

I conclude this chapter by stating that one of the reasons my partner and I have been together for as long as we have is because we believe in the exchange-theory mindset, which states that “people with equal resources (i.e., social worth, talent, material resources) tend to form enduring relationships” (Bogdan & Taylor, 1989, pp. 143–44). This means that we always find tangible ways to contribute to the relationship and always reciprocate words of affirmation. However, exchange theorists also highlight that “when one person does not have much to offer, the relationship suffers from disequilibrium,” which can lead to a dissolution of the relationship (p. 144). Society further agrees with these theorists by noting that since “disabled people appear to have so few resources, so little of social value, talent, and material resources to exchange” they are bound to have unsuccessful relationships (p. 144). Although there is some truth to this societal sentiment, individuals who chose to remain in intimate relationships with their severely disabled partner mentioned that they did not expect anything tangible from their partner. In fact, according to Bogdan and Taylor (1989), several people mentioned how their disabled partner “expanded their lives by simply causing them to meet new people and learn about aspects of their communities they had not been in touch with previously” (p. 144). It was further mentioned

that North Americans with severe disabilities brought a unique companionship and allowed for the exploration of new social relations/cliques. Lastly, many non-disabled partners were satisfied with the “sense of accomplishment derived from contributing to their disabled partner’s well-being and personal growth” (p. 144).

Chapter XI: Conclusion

Dating, relationships, and disability along with the accompanying themes of sexuality, masculinity, and body image must be studied beyond this autoethnography. Research has shown that material is often scarce in this area because of ableist attitudes towards disabilities, such as the assumption that people with disabilities do not make up a significant section of the dating pool because of their assumed asexuality (Elman, 1997). In reading this study, I hope that people become aware of how their language and actions support the medical and charity models and their influence on the dating scene. In making this realization, I trust people will veer away from these models, especially when they explicitly vilify disabilities or make a person with disability uncomfortable.

Constructing this autoethnography is undoubtedly the pinnacle of my thesis program as a disability studies student. Nevertheless, through the writing and research process I have learnt that I am still on the journey of self acceptance, which was not my expectation. In fact, I believed this qualitative study of a chapter in my life would end with positivity, optimism, and many answered questions. However, as readers will observe, there are many parts where I reveal vulnerabilities, insecurities, and utter pessimism. Even the language used is sometimes vulgar and discouraging. I apologize for this, but I believe this presents a more realistic and provocative perspective that I trust my readers and the current disability movement will appreciate.

To restate, my research questions were:

- How can societal definitions/expectations of body image, masculinity, and sexuality be altered to be less ableist?
- How can dating culture be more accessible?
- How do people with acquired disabilities find relationships online/offline?

I note the difficulty present in finding ways to make societal definitions/expectations of body image, sexuality, and masculinity less ableist, but through this autoethnography I strive to encourage people to be more mindful of the medical and charity models and to instead focus on the social model, which stands to empower individuals with disabilities by advocating for their fuller inclusion in society.

Through this autoethnography, and in further answering the above questions, I have observed that dating culture can be made more accessible especially through the targeting of microaggressions of persons with disabilities. Dating culture needs to be more accessible to allow for an increase in diverse options and to assist people with disabilities in finding love. Lastly, the majority of this autoethnography focused on acquired physical disabilities and has provided resources on finding and maintaining online/offline relationships. Tips such as a sincere presentation of the self, rather than hiding behind faux presentations is ideal in creating a sense of self. I hope you, my reader, find a tip that works for you as you explore the world of dating and relationships.

My recommendations for further research will be to include more people with disabilities in the construction and implementation of research. The goal with this will be to add to the knowledge base for individuals considering joining the dating pool. Through this, dating will also be a less-daunting experience. I also recommend that further research is done into older adults with disabilities (50+); this will reassure those concerned that age should not be a deciding factor in deciding not to date. Further research will also act as a guide for parents who are unsure on how to give advice to their child who has a disability. In all, society will continue to benefit from further research into dating and relationships with the intersectional element of disabilities;

this undoubtedly will ensure that many disabled people are fully included within the dating and relationships sphere. It will also ensure that society's explicit and implicit ableist attitudes decline.

In writing this autoethnographic study, I have experienced a metamorphosis of significant proportions in particular in the areas of masculinity, sexuality, and body image. I started my writing and research journey with a very pessimistic and narrow mindset which was further infuriated by the lack of research material available. I also did not feel confident in the topics above due to the lifelong challenges encountered (including the ones yet to come) and being very keen on fitting society's (Global North) demanding expectations on masculinity, sexuality, and body images (as stated in the previous chapters). However, now at the end, I realize that it is through my willingness to being vulnerable that I have been able to write such a thought-provoking study and investigate an area that is very understudied. I cannot say that my personal confidence is fully reinstated in the topics above, but I am certain that I will be creating my own personal definitions of masculinity, sexuality, and body image, rather than allowing society to do so. Through having my own definitions, I aim to be empowered and to fully resist society's often ableist definitions. Through this study, I am reaffirming that I belong within the disability community who will undoubtedly find value in the research done here. In the journey of writing, I have also been able to renew relationships with important figures who have and continue to assist in my formative years. In addition, I have been able to rediscover my own internal standards and values which are crucial in giving my life direction and meaning. This rediscovery is essential for my personal growth especially in terms of seeking challenges, developing insight into my own potential, and feeling a sense of continued development. Most importantly, structuring this thesis has encouraged me to hold more positive attitudes toward myself. Lastly,

although I will not be rejoining the dating pool in order to really test some of the arguments and theories highlighted in the chapters above, I will be using this study to further strengthen the relationship I have with my partner.

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