

BOOK REVIEW

***Sexuality, Disability, and Aging: Queer Temporalities of the Phallus.* Jane Gallop Durham, N.C., and London: Duke University Press, 2019 (ISBN 9781478001614)**

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In *Sexuality, Disability, and Aging: Queer Temporalities of the Phallus*, Jane Gallop brings together aging studies, queer theory, and disability studies to focus on a specific phenomenon: the struggle to be recognized (by self and others) as a sexual being in later life and with late-onset disability. Drawing from her background in feminist psychoanalysis, Gallop analyzes autobiographies, as well as her and her husband's experiences with disability in middle life and beyond, to suggest that aging and late-onset disability causes a kind of castration anxiety as one's phallic sexuality, understood as the power to be seen as a sexual subject and to act on sexual desires, is stripped away.

As Gallop notes at the beginning of the book, queer theory and disability studies have had a productive intellectual union over the last couple decades. Dubbed “crip theory” after Robert McRuer's seminal work (McRuer 2006), much of this scholarship celebrates the potent and sometimes outrageously explicit aspects of disabled sexuality. Disabled bodies that cannot perform heteronormative sex are celebrated as queer; their deviations from the norm are recast as points of charm and perverse pleasure. However, Gallop makes clear that adding “age threatens to undo the queerness of disability,” dampening the newfound appeal of disabled sex (6). Gallop suggests that this sterilizing effect of aging can be seen in the persistent resistance in both queer theory and disability studies to engage in dialogue with aging studies.

Indeed, I have to admit being guilty of exactly this resistance. I remember leading a meeting of the Disability Studies Caucus at the National Women's Studies Association conference in 2013. The leaders of the Aging Studies Caucus attended our meeting and brought up many suggestions for collaboration. I was not opposed to such partnerships, but I have to confess lack of interest. It didn't feel sexy or provocative to me, and my indifference meant that I didn't steer the group in the direction of collaboration with our colleagues. I can see now that my own fear of aging—or in Gallop's terms, my own fear of castration—was at the root of that missed opportunity. I was in my mid-thirties, and though I had just begun to notice the impact of aging on my own body, I was in full denial.

But, as I've crept well into my forties, aging has become an undeniable reality. For Gallop, aging first forced recognition when she was unable to walk without extreme pain because of ligament problems in her feet. This impairment was particularly cutting because high heels and “cute shoes” were one way that Gallop defined herself as a feminine, sexual being. Her own disability was followed by news that her husband had prostate cancer and must have his prostate removed. Engaging in the method she calls

“anecdotal theory” (Gallop 2002), Gallop uses these personal experiences of disability to anchor the two main chapters in the book.

In the first main chapter, Gallop draws on recent theories around queer temporality to explore what she calls the “normative temporality of the phallus,” which is haunted by its potential loss. According to Gallop, it is specifically the threat of lost sexuality that motivates much of our fear of aging and our fear of becoming disabled. In both cases, aging and late-onset disability represent a castration, a permanent loss of the former phallic, sexually desirable, and desiring self. Gallop details her own devastation at realizing she could no longer walk, especially in the high heels that she associated with her sense of female sexuality. She throws out fifty pairs of heels and sandals, resigns herself to buying orthopedic shoes, and then after a few years, resigns herself again to the realization that even with such “clodhoppers,” walking very far at all is too painful, and she begins to use a wheelchair more frequently. But as Gallop adjusts to her new reality, she is surprised to find the phallus reappearing—in her sexual fantasies involving her wheelchair. Whereas the flashy heels once stood in as Gallop’s phallic signifier, the wheelchair rolls in, and Gallop uses this unexpected occurrence to critique the “normative temporality of the phallus.” Rather than following a timeline of having the phallus and then experiencing permanent castration, Gallop shows that for many, including herself, phallic sexuality reappears, either as a repetitive coming and going, or an alternative returning (such as the wheelchair). Aging and late-onset disability do not necessarily represent an end. New, queer, nonnormative phallic sexualities can appear.

In chapter 2, “Post-Prostrate Sexuality,” Gallop examines “phallic physiology, the ordering of sex acts, and the arc of sexuality over the life course” (105). Here, she shares the story of her husband’s prostrate surgery and her own process of adjusting to his new body. Again, she positions her experience against two dominant temporal narratives of aging male sexuality—the “inevitable decline” into impotence on the one hand, and the newer discourse of the “forever functional” male body, on the other. According to Barbara Marshall and Steven Katz, the “forever functional” is the new imperative that older men—with the help of pharmaceuticals—should always be ready for vaginal intercourse (Marshall and Katz 2002, cited on page 100). Gallop critiques the heteronormative “coital imperative,” which culminates in ejaculation and orgasm from penis–vagina intercourse, inherent to both temporal narratives. Instead, she suggests that much pleasure can be found “in the middle” (81). She uses middle here to refer to a space between these two binary discourses, but also more literally to focus on the middle of sex. Rather than focus on “end pleasure,” Gallop emphasizes the joy of the middle: “a state of high arousal, promising more sensation and more arousal” (83).

Whereas chapter 1 draws us into new narratives to focus on the impermanence of both the phallus and castration, chapter 2 asks us to linger in the middle of these temporal states. Gallop makes a convincing argument that “[t]o affirm ‘late-life sexualities,’ to include the old as part of human sexuality, means to insist on sexuality as temporal, as changing over time” (101). Applying queer temporalities to the aging and disabled body is one of the strengths of Gallop’s work, as it helps us think differently about our sexual timelines and functionality.

One of the more interesting and perhaps controversial aspects of the book is that it revisits the contentious *phallus* as a signifier of desire and sexual agency. Although Gallop has reservations about the use of the term, she explains that she is unable to find a more suitable substitute, noting “I wish I could definitively prove that the phallus was not male centered, or I wish I could find a better, more gender-neutral term. . . . But, at least for now, I am stuck with the phallus, and with its sexist baggage” (14–15).

She is similarly hesitant about another key term in the book—castration anxiety—which she uses to describe the threat to one’s sense of sexuality and gender that late-onset disability and aging can cause (15).

Although Gallop also notes in passing that the phallus has been “denatured by three decades of queer theory,” I’m not so sure (14). As a fan of psychoanalysis and the insights it offers to help us think through the unconscious, I am not particularly squeamish about employing the concepts of phallus or castration. However, I also know, through working with thousands of students, that psychoanalysis, and the associated ideas of the phallus and castration, are still viewed as deeply androcentric and thus passé. So, on the one hand I’m excited that Gallop dusts off these psychoanalytic concepts and offers them up for renewed debate. On the other, I worry the terms will simply deflect some readers from engagement. Especially as our understandings of sex and gender have quite literally exploded with possibility with the intellectual contributions of trans and nonbinary people, it feels odd to be returning to the phallus as a way to think through sexual self-images.

Regardless of feminist psychoanalytic insistence that the penis is not the phallus, culturally the association is unavoidable. And that cultural connection is significant as it shapes desire, even for Gallop herself. In the chapter about her experience with her husband’s disability, Gallop is loath to discover her own penis-centered desires. After surgery, her husband no longer ejaculates, and as he slowly recovers, Gallop realizes that she very much wants her husband to be able to have an erection and to experience his pre-cum (which returns for some men after prostate surgery). She is surprised by her penis-centered phallic desires because she had spent a lifetime and much academic writing critiquing the coital imperative—surely she was beyond such penis-centered sexuality!

But as she reflects and works through her negative feelings about post-prostate sexuality, she realizes that she specifically misses erections, not necessarily the “end pleasures” of coitus (85–86). Gallop writes that “his erections have always signified my sexiness to me, had given me an objective correlative of my desirability. Without it, I did not feel myself as sexy and thus could not get aroused” (69–70). Parsing out her own reactions alongside psychoanalytic theory about the phallus and castration anxiety, Gallop is able to unpack the cultural associations of the erect penis. Not only do erections signify the coital imperative and penis-centered desires, but they also signal desire for the partner. And being desired is key to one’s own sense of phallic sexuality. Gallop learns to appreciate partial, slower erections, and the re-emergence of pre-cum as signals of her husband’s desire, and by focusing on these “middle” sexualities she is able to identify subtle, diverse, and diffuse signals of desire.

I found Gallop’s honesty about her own sexual desires—especially when they seem contradictory to her feminist ideals—very refreshing. Because of queer theory and disability studies, sexual theory has moved away from “the phallus” and ideas of “castration,” so admitting in writing feeling castrated by disability and wishing for her husband’s erections to return, is bold and brave. But Gallop’s willingness to reflect critically on her own experiences and reactions is also what makes “anecdotal theory” work. The new insights she offers into the temporality of the phallus and castration reinvigorates feminist psychoanalytic theory, but also productively bridges the silences around aging and late-onset disability endemic to both disability studies and queer theory.

References

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