

The Bodymind Problem and the Possibilities of Pain

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What is a crip politics of bodymind? Drawing upon Rosemarie Garland-Thomson's theory of the misfit, I explain my understanding of crip and bodymind within a feminist materialist framework, and argue that careful investigation of a crip politics of bodymind must involve accounting for two key, but under-explored, disability studies (DS) concepts: desire and pain. I trace the turn toward desire that has characterized DS theory for the last decade, and argue that while acknowledging disability desire, we must also attend to the aspects of disability, including pain, that are sometimes bad. Although I don't argue that pain is always and only bad, I call for recognition of the ways pain complicates disability desire, as well as the possibilities it opens for specifically located, collective forms of care.

Able-mindedness is a term increasingly common in feminist disability studies (DS). Alison Kafer's *Feminist, Queer, Crip* explains its use "as a way of capturing the normalizing practices, assumptions, and exclusions that cannot easily be described as directed (exclusively) to *physical* functioning or appearance" (Kafer 2013, 184; emphasis in original). The term also appears in other locations, including the call for papers for this special issue. I read the recent proliferation of *able-mindedness* (as well as increasingly frequent references to "mind" or "bodies and minds") as attempts to deepen and complicate the theoretical reach of feminist DS. However, at this point, *able-mindedness* and *mind* are concepts more often gestured toward than truly enacted. Indeed, Kafer acknowledges, her work and DS have "only begun to scratch the surface of what *able-mindedness* might mean in relation to *able-bodiedness*" (16). In this article, I follow Kafer's call, as well as calls in pathbreaking works by Andrea Nicki, Anna Mollow, and Elizabeth Donaldson, for more attention to mental disability¹ in feminist DS (Nicki 2001; Mollow 2006; and Donaldson 2011). I am exploring Donaldson's urging that we attend to the "next wave of madwoman theory" by engaging the intersectional questions that arise when we think seriously about bodies and minds, or as I prefer, *bodyminds*.

Bodymind is a term I picked up several years ago while reading in trauma studies (see Rothschild 2000). According to this approach, because mental and physical processes not only affect each other but also give rise to each other—that is, because they tend to act as one, even though they are conventionally understood as two—it makes more sense to refer to them together, in a single term.² I started using *bodymind* freely, mostly because I was tired of saying *body-and-mind* all the time, and unhappy about the implicit division created by the coordinating conjunction. However, I realized eventually that I was using the term more as a placeholder than as a true neologism that carried meaning. In a sense, I said *bodymind* every time I wanted to mark the fact that I believe mental disability matters, that it is an important category of analysis. But I hadn't really moved anywhere with the problem that *body* and *mind* tend to be treated as rhetorically distinct; my use of *bodymind* was simply a marker.

In this essay, I explore the implications of deeply considering *bodymind* as an aspect of feminist DS. I begin by asking, *What is a crip politics of bodymind?*

WHAT IS A CRIP POLITICS OF BODYMIND?

By *crip politics*, I mean a way of getting things done—moving minds, mountains, or maybe just moving in place (dancing)—by infusing the disruptive potential of disability into normative spaces and interactions. I align this essay with the history of crip activism and theory (Clare 1999; Sandahl 2003; McRuer 2006; Clare 2009) that “questions—or takes a sledgehammer to—that which has been concretized; it might, consequently, be comprehended as a curb cut into disability studies, and into critical theory more generally” (McRuer 2006, 35). Crip theory privileges the dis-composed, the contingent, and the mobile; in McRuer's phrase, it “keeps on turning” (63). Clare's, Sandahl's, and McRuer's approaches all draw upon queer theory, though *cripping* is not a simple parallel to *queering*. The two represent different processes, sharing many common points, so that we might think of them as two strands twisted together, unified but also distinguishable. A key distinction of *crip* is the term's sonic, signed, and etymological history, outlined by Jay Dolmage:

The word “crippled” has impediment built into its consonants (in speech requiring the closure of the vocal tract and the use of the lips). See also the ASL sign for cripple, which utilizes the fingers to call up the slowed movement of the legs. The word is also related to the Old English *creopan*, or *creep*, a word with slowness built into its vowels, but also a word that locates bodies, literally, in the dirt—moving with the belly on the ground. But this is a word that has always been used to also connote the slowness of thoughts, as though the speed of thoughts could ever be clocked! The reclamation of the word *crip*, with its clipped sound, directly addresses the metaphor and the linguistic or rhetorical impact of the term. (Dolmage 2014, 103; amplification from Dolmage 2013)

Dolmage's unpacking of the term shows that "crip theory" is not a simple merging of queer and disability studies (as is sometimes asserted). Rather, just as *quare* is part of the history of *queer* (Johnson 2001), *crip* and its precursor *cripple* developed along a distinct historical path.

In similarly twisted-together fashion, *crip* is surrounded by controversies, arising from some similar concerns as those that fuel controversies around *queer* (including race, class, and gender), but they play out differently. In a much-discussed article for *The Feminist Wire*, for example, Mark Sherry argued that "'Crip' is the new fashionable term among disability studies academics," but that certain groups, including those with "cognitive impairments," homeless people, or survivors of violence, "won't use such a trite, trendy cliché as 'crip politics'" and are "offend[ed]" and "alienate[d]" by the term (Sherry 2013). Not long before, a call had come out for a special issue of the *Journal of Literary and Cultural Disability Studies* (Johnson and McRuer 2013), which took a much more optimistic—in fact, deliberately playful—stance. The call proposed the term *cripistemologies* and argued that such a conception was "poised on the tip of our tongues, called for, yearned for." *Crip* is also racialized in specific ways: for example, although the term predates the emergence of the Los Angeles Crips, controversies about racist and classist appropriation regularly arise when it is used in predominantly white, middle-class, academic contexts. Finally, in an effort to reclaim the term's apparent lean toward physical impairment, some scholar/activists, including Erick Fabris, use the term *psychocrip* to designate a resistant identity built around madness and psychiatric survivorship (Fabris 2011). My own use of *crip politics* aligns most closely with Kafer's: it is an attempt to signal a belief in potentiality and flexibility, an effort to occupy a more "contestatory" space that merges activist and academic work, as well as hope for coalition across disability categories (Kafer 2013, 15–16).

Bodymind, the imbrication (not just the combination) of the entities usually called "body" and "mind," is a materialist feminist DS concept. My understanding of materialist feminist DS draws upon work by Liz Crow, Anna Mollow, Tom Shakespeare, Tobin Siebers, Tanya Titchkosky, and Nirmala Erevelles (Crow 1996; Mollow 2006; Shakespeare 2006; Siebers 2008; Erevelles 2011; Titchkosky 2011). Erevelles argues:

While both [Margrit] Shildrick and Titchkosky have carefully recognized the problems of uncritically engaging this [white, upper class, heterosexual, nondisabled, male] humanist subject, their own work, while offering an indictment of heterosexual and non-disabled embodiment, continues to foreground (albeit unintentionally) the bourgeois nonracialized disabled subject with the "material" freedom to offer a more transgressive reading of disabled subjectivity. . . . [But] be-coming disabled is produced within the actual material violence of transnational capitalism. (Erevelles 2011, 38)

Erevelles's reading of materialist feminism, in other words, builds its understanding of disability from three directions at once: from poststructuralist arguments that

identities are ever-shifting and contestatory; from feminist arguments that the body matters (literally and figuratively); and also from materialist arguments that the body is constituted along specific lines of race, class, gender, and nation, and that when racialized, classed, gendered, and nationalized bodies lack “material freedom” to engage in relations with other bodies, the theoretical affection for “rhizomatic” (28) or interdependent relations becomes problematic. In short, the claim that identity emerges interactionally is incomplete if one overlooks the fact that not everyone can access interactions equally. As Erevelles puts it, “bodies encounter each other often in violent collision such that captivity and mutilation are no longer metaphors” (28). Taken as a whole, Erevelles’s use of “body” in *Disability and Difference* is similar to what I mean by “bodymind”: a sociopolitically constituted and material entity that emerges through both structural (power- and violence-laden) contexts and also individual (specific) experience.

Although mentions of mind or compulsory able-mindedness are becoming increasingly common in feminist DS, little has been said about what it might mean to actualize the changes implied by such gestures. Thus far, feminist DS tends to rely on examples and experiential evidence that pull from the realms of the physical and sensory, consistently skirting examples that would bring mind more centrally into our debates.³ In other words, feminist DS tends to make the same mistake that I was making when I first picked up the term *bodymind*: inserting *mind* in a tokenistic way and failing to consider fully its implications. As Sandra Harding points out in *Whose Science? Whose Knowledge?*, we cannot simply “add” a category of difference to an existing conceptual scheme if those categories have been defined against each other in the first place (Harding 1991, 20). Similarly, if we begin tacking “and mind” onto our theories of disabled bodies, we will have to think seriously about what that means. I now turn to a discussion of Rosemarie Garland-Thomson’s article “Misfits” (Garland-Thomson 2011), suggesting that this new concept in feminist DS re-enacts the familiar gravitation to the physical and sensory—but also that its central concept, *misfitting*, opens the way to explore the possibilities of a more fully realized theory of bodymind.

THE VALUE OF MISFITTING

Misfit, as Garland-Thomson explains it, is a materialist feminist concept that directs attention to “the co-constituting relationship between flesh and environment” (Garland-Thomson 2011, 594). Beginning with the straightforward image of a square peg attempting to fit into a round hole, Garland-Thomson then complicates that image to show that misfitting always involves a shifting context: it does not describe a static experience, but rather a contingent relationship perpetually in motion. Garland-Thomson emphasizes the importance of matter and materiality in the concept of misfit, but also its metaphorical potential: a person may *fit* into a particular space, or be judged on a social scale of fitness, “as in unfit for service or parenthood” (594). Fitting, then, is a function of relations of power, for a person’s fit or misfit is

“sustained” or not by changing contexts and attitudes (598). Noting that her theory has potential not only for DS but for any field interested in subjugated knowledges, Garland-Thomson argues that *misfit* points us toward a politics of resourcefulness arising from the dynamic relationship between misfit and environment.

The misfit concept has much to offer a feminist DS interested in bodymind. Garland-Thomson mentions madness specifically, naming it as one of the positions that disabled people have historically been placed into “as outcasts or misfits” (594). Given this, it is surprising that after that brief, early mention of madness, the rest of the article seems to develop *misfit* almost solely in terms of physical and sensory disability. A number of passages offer lists of examples to illustrate fitting or misfitting: we read about walking, rolling, stairs, curb cuts, Braille, blindness, quadriplegia, deafness, print text, dwarfism, lack of “ten nimble fingers” (602), paralysis, and cleft palate. Indeed, at the close of one such list of examples, Garland-Thomson refers to “the physical realities of our lives” (602). Because it is clear from the article as a whole that *misfit* is intended as a philosophically capacious concept—one that can apply not only to disability, but also to race, gender, and even natural phenomena—it seems curious that the idea of mental misfitting⁴ receives so little attention.

What happens, then, if I attempt to supply those examples—that is, to expand misfit beyond “the physical realities of our lives” (Garland-Thomson 2011, 602) and into our mental landscapes as well? The generative potential is quickly apparent. For instance, considering *misfit* in light of mental disability would helpfully emphasize the way that such disabilities are not exactly “visible” or “invisible,” but *intermittently* apparent. As I’ve suggested elsewhere (Price 2011), a better metaphor than vision for some kinds of disability might be *apparition*. Consider the act of stimming, a repetitive behavior such as snapping a rubber band against one’s wrist, or tapping one’s fingers. Stimming in this way might be read by various observers as impolite fidgeting, a pathological need to self-soothe, or an expression of Autistic identity (Yergeau 2012). This example, when considered in the context of audiences who observe the stimmer, illustrates the shape-shifting nature of the misfit. Stimming is a highly contingent phenomenon, contingent not upon a physical metric such as the height of a step, but on the affective response of those who observe and interpret it.

But this example, about stimming, is a relatively easy one, because it does not involve harm nor (usually) an affective judgment of harm. What happens, then, if we push *misfit* further, and delve deeper into Garland-Thomson’s brief mention of the mad subject? Try this thought experiment: Person A and Person B occupy a room together, some ordinary room, containing objects such as chairs and lamps. Person A, who has been labeled mentally ill via medical diagnosis, is experiencing what his doctor would call “transient psychosis,” and is desperately trying to get hold of one of the lamps so that he can strike himself on the head with it. Person B is trying to prevent Person A from getting hold of the lamp, because Person B wishes to prevent Person A from experiencing harm. Person A is fully convinced that hitting himself is the best, most positive course of action at this moment. Indeed—and I will elaborate on this more—Person A is experiencing mental pain of a kind that must be *alleviated* through striking his own head with an object (an act that is painful in a different

way). Person B, meanwhile, is fully convinced that Person A should not hit himself—that such an action is *harmful*.⁵

There are two realities in the room: Person A should, or should not, hit himself. Hitting himself is either a means to *alleviate mental pain* by inflicting a different kind of pain, or an action that will *cause harm*. Both subjects are fully immersed in their own realities. And each one is occupying a reality that is *real*, important, and complete. Who is the misfit here?

I believe Garland-Thomson would say that the misfit inheres not in either subject, but in their relation, including their relative sociopolitical locations. In asserting this (an assertion with which I would agree), Garland-Thomson would adhere to a materialist understanding of DS that emphasizes the inseparability of bodily/individual and social/environmental elements. However, even if we categorize the misfit in the Person A/Person B scenario as emergent and relational, we cannot avoid the fact that the situation demands a *judgment*: a person either *should* or *should not* hit his head.⁶ From a theoretical point of view, we could allow the lamp to hover in the air indefinitely, a Schrödinger's lamp, which might or might not strike Person A. But in everyday life, an action must be taken. (And if you've ever had a "psychotic break" or been around someone having one, you know that action in such moments tends to unfold *fast*. Crip time is not necessarily time slowed down. Sometimes it is accelerated to a terrifying cadence.) What, in the scenario of Person A and Person B, represents the step, and what the wheelchair? In what ways is the "round peg, square hole" concept applicable to this example, and in what ways might it demand further thinking?

The misfits illustrated in Garland-Thomson's article are fairly straightforward in the affective sense: environments are described in terms like "a flight of stairs, a boardroom full of misogynists, an illness or injury, a whites-only country club, subzero temperatures, or a natural disaster" (Garland-Thomson 2011, 600). The adaptability and resourcefulness of the misfit are directed, in other words, toward projects whose affective value is clear, at least to a feminist and justice-oriented audience. Misogynists, whites-only spaces, natural disasters—these are marked as *bad*. But what if the affective dimension of the situation is murkier: for instance, the misfit wants to injure himself for no reason other than being compelled to do so? Whom should we applaud in that case—the person who successfully accomplishes the desired injury, or the person who restrains him?⁷

I use *value* in the above paragraph to signal that, if we fully consider the Person A/Person B thought experiment, we are brought squarely against the problem that it requires an affective judgment of harm—or, put more simply, of what should be considered bad or good. In the terms of stasis theory, we are forced to ask the third stasis question, *what is the quality of the thing?* This is a question of urgent concern in feminist DS, but one that thus far—like the question of bodymind—has mostly been gestured toward rather than dived into. The question boils down to this: *Are some disabilities worse than others?* We might as well ask, *Is disability sometimes bad?* Well, no, disability itself is never bad; rather, the conditions of oppression that give rise to the category "disability" are bad. Moreover, one disability should never be described

as “worse” than another; this invokes the “Oppression Olympics,” the futile attempt to compare experiences of oppression (see Siebers 2008, 28–30). But how then do we confront the point that impairment is sometimes bad, especially impairment that involves pain (Crow 1996; Mollow 2006)? Does this force us to return to a split between impairment and disability? If we resist that split, then what shall we do with pain?

DESIRE, PAIN, AND BADNESS

What shall we do with pain? This is a difficult question to ask, particularly at this historical moment, for the march of DS toward its current status as “a field emerged” (Garland-Thomson 2013) has been built in large part upon arguments for the importance of desiring disability. In the following section, I sketch the connections between DS and desire, and suggest that understanding what it means to desire disability cannot be achieved without full consideration of desire’s counterpart and sometimes co-conspirator: pain.⁸ I then turn to Alyson Patsavas’s “cripistemology of pain” (Patsavas 2014) to suggest that DS needs to pay more attention to the place of pain in the world of disability—in fact, that such attention may help resolve the bodymind problem by enabling us to begin incorporating bodymind in ways that go beyond the gestural.

I trace the beginning of the current turn in DS toward “disability desire” to the 2003 special issue of *GLQ* titled *Desiring Disability: Queer Theory Meets Disability Studies* (the same issue that includes Sandahl’s pathbreaking essay on “cripping” [Sandahl 2003]). In their introduction, editors Robert McRuer and Abby Wilkerson explain what “desiring disability” means. First eschewing three definitions they wish to “guard against” (for example, fetishistic appropriation), they suggest “a resistant sense” of desire, in which DS might “work to realize a world of multiple (desiring and desirable) corporealities interacting in nonexploitative ways” (McRuer and Wilkerson 2003, 14). This definition is hopeful; it looks toward a future world that values difference and resists dualisms such as straight/queer or abled/disabled. However, it is also somewhat vague. In *Crip Theory*, published three years later, McRuer further develops what “desiring disability” means, and (via Eve Sedgwick and Judith Butler) ties the definition more specifically to de-composition and repetition. A crucial element of crip theory is its emphasis on—its desire for, we might say—de-composition rather than (fictitious) wholeness. McRuer emphasizes that the value of crip theory lies in its ability to reject stable identities (queer, straight, disabled, nondisabled) and instead to draw meaning from transient “moments” (McRuer 2006, 157).

Theorizing crip as an endless stream of shifting and repeated performances of queerness/disability could easily lead to the trivializing question “Well, then, we’re all queer or disabled, aren’t we?” In response, McRuer elaborates to explain the ways that this question undermines, but also queerly supports, crip theory:

Recognizing that the question “aren’t we all queer/disabled?” can be an attempt at containment and affirming that I resist that containment, I nonetheless argue that there are *moments* when we are all queer/disabled, and that *those disabled/queer moments are desirable*. In particular, a crip theory of composition argues for the desirability and extension of those moments when we are all queer/disabled, since it is those moments that provide us with a means of speaking back to straight composition in all its guises. (McRuer 2006, 157; emphasis in original)

Thus, in my words: Queerness and disability occur all the time, everywhere—in moments—for everyone. And desiring disability involves affirming the ways that disability blurs the boundaries between power and abjection. In such moments scarred skin is beauty; slurred speech is music; the tapping of a cane is power. The desire approach takes the older slogan “Piss on Pity” and flips the script of that pity onto the normate: “*Don’tcha wish you could be disabled like me?*”⁹

I do not reject the turn to desire. In fact, in my everyday practice, I’m a frequent proponent of it. For example, I sometimes wear a “Neurodiversity Pride” button, which affirms both my queerness and my neurotypicality with a rainbow infinity sign. I “Like” (in the Facebook sense) the recently launched campaign “This is What Disability Looks Like,” which shows disabled people in all sorts of modes, but especially in those that signal desirability (in a Western, neoliberal metric): shopping, traveling, sharing sunlit moments with family, striking sexy poses. When I dance among the dancing bodies at the Society for Disability Studies conference each year, I am conscious that the energy flowing around and through us is not just the energy of joy and pride (not to mention weariness, anger, and resistance) but is also distinctly erotic. These manifestations are critically needed in a world that has undesired disability both in terms of sexuality and in terms of our very existence.

But here’s my concern. As I take on, work with, and think about all this desire that has poured into DS in the last ten years or so—and as I compare that desire to my own lived experience—I wonder: To what degree does the turn toward desire in DS move too quickly past the question of undesirability? Of pain? Of, well, *badness*?

Feminist DS, particularly in its American iteration, has not yet contended much with pain. An early and important contribution, from the UK, is Liz Crow’s “Including All Our Lives,” which crisply lays out an argument for refiguring the social model in a way that acknowledges the potential negativity of impairment:

Impairment is problematic for people who experience pain, illness, shortened lifespan or other factors. As a result, they may seek treatment to minimise these consequences and, in extreme circumstances, may no longer wish to live. It is vital not to assume that they are experiencing a kind of “false consciousness”—that if all the external disabling barriers were removed they would no longer feel like this. We need to ensure the availability of all the support and resources that an individual might need, whilst acknowledging that impairment *can* still be intolerable. (Crow 1996, 217; emphasis in original)

Carefully, Crow specifies that her argument does not mean that all impairment is intolerable, nor that all disability arises from impairment. She is asking simply that we “recognise peoples’ experiences of their bodies” (217); or, as I would put it, she is asking simply that when people experience pain, their experiences should be treated as *real*. And in some cases, as *really bad*. Crow’s emphasis on the importance of pain and suffering has been picked up by a few feminist DS scholars, including Mollow (2006), Erevelles (2011), and Patsavas (2014). Unfortunately, despite these scholars’ work, the larger DS turn toward desire seems unsure of what to do with pain. In particular, it seems unsure of what to do with what I would call *unbearable pain*—that is, the sort of pain that impels one to self-injure or to consider or attempt suicide.

Here I want to return to a statement from Kafer that highlights, with characteristic candor, a problem of feminist DS as it currently exists. The problem is one of judgment: We wish to celebrate difference, or at least to avoid saying that one manifestation of personhood (being disabled) is worse than any other. Yet, at the same time, merely by positing desires, we *a priori* cannot help mapping the undesirable. Typically the undesirable goes unmentioned, but Kafer refers to it directly:

“A future with disability is a future no one wants”: while I find it absolutely essential to dismantle the purported self-evidence of that claim, I can’t deny that there is truth to it. Not only is there abstract truth to it, there’s personal, embodied truth: it is a sentiment I myself hold. As much joy as I find in communities of disabled people, and as much as I value my experiences as a disabled person, I am not interested in becoming more disabled than I already am. (Kafer 2013, 3–4)

In saying this—“I am not interested in becoming more disabled than I already am”—Kafer is acknowledging that not only are there *descriptive* differences between conditions of disability; there are also *evaluative* differences. Such evaluation is, of course, subjective; one person’s intolerable circumstance could as easily be another’s joy. But even when this judgment is practiced individually, it is still a radical departure from the broadly positive strokes in which “disability desire” or “disability gain” are usually painted. Patsavas makes a similar move to link pain with compulsory able-bodied/mindedness: “To be clear, I would not necessarily turn down medical advances that alleviate or eliminate my chronic pain, but the uncomplicated quest for a medical cure makes curing pain not only desirable but also compulsory” (Patsavas 2014, 208). Kafer’s and Patsavas’s willingness to delve into their own un-desires is rare. For all that feminist DS scholars unite personal, political, body, and mind, we rarely look closely at the possibility that some aspects of disabled bodymind are distinctly undesirable. And by “aspects,” I don’t mean the oppressive structures acting on those bodyminds, but rather, the bodyminds themselves.

There is a strange essentialism to this line of thought. I seem to be suggesting that some manifestations of disability, such as severe mental distress or chronic pain, are in and of themselves undesirable. Crow emphasized impairment in her discussion of pain because she wished to point out that some forms of suffering due to physical pain are not imposed upon us by social/political contexts (Crow 1996). I am

extending her argument to suggest that the same may be true of some forms of mental suffering as well. So I must ask: If we (crip theorists) are riding through the twenty-first century in a foment of emergent meanings and desirable moments, what do we do with pain?

As I follow this train of essential-ish thought, I want to pause and clearly acknowledge that much—in fact most—of human pain is not the unusual kind I am exploring here, but rather is the result of violent oppression practiced in transnational contexts (Erevelles 2011). But in the context of this argument, I'm deliberately trying to focus on exceptional experiences of disability, those that are (or seem to be) painful in and of themselves. These are the kinds of situations sometimes called "limit cases."

LIMIT CASES AND GETTING SPECIFIC

Limits are, well, limiting, but *limit cases* are broadening—or appear so. Thus, it is helpful to look at a limit case—unbearable mental pain—in this discussion of bodymind because it opens the possibility of a more capacious form of crip theory.¹⁰ However, imagining Persons A and B as abstracted figures, as I did in the previous section, takes us only so far. If we accept, as Titchkosky (2011; 2012), Erevelles (2011), and other feminist materialists argue, that personhood emerges through interactive spaces between sociopolitically situated individuals, then consideration of limit cases must be accompanied by articulation of those spaces as well as their inhabitants' identifications; that is, a sense of location must stick to *both* persons and spaces.¹¹ For example, as Mollow demonstrates in her reading of Meri Nana-Ama Danquah's depression memoir *Willow Weep for Me*, Danquah's stance toward her depression cannot be read separately from her race, class, and gender identities; only through an intersectional reading can Danquah's radical challenge to the conventional social model of DS be understood (Mollow 2006, 71). So I'm going to circle back and get specific¹² about the Person A/Person B scenario, on the assumption that this might teach us something about this limit case I've raised, the question of mental pain so severe that self-injury appears to be the best possible response.

Person A is me—white, female, middle-class, a US citizen, a tenured professor, queer femme, abuse survivor, diagnosed with a range of DSM labels ranging from the mundane (major depression) to the sensational (borderline personality disorder, or BPD). Person B is my partner, white, genderqueer, disabled, and possessing deep experience with people who self-injure, as well as people who have been hospitalized for mental distress. These positions shape every aspect of the scenario. For example, the fact that I placed Person A in a private or semi-private space (presumably a home, or perhaps an office—at any rate, a place with lamps and chairs) speaks to my various privileges. Even my diagnoses are shaped by the particulars of my position: as much as I don't appreciate being labeled by the psychiatric profession, my access to its diagnostic labels means that I can obtain therapy and medication. Such access is not so consistently available when the "patient" is not white, middle-class, American, and endowed with employer-subsidized health insurance (see Mollow 2006; Erevelles 2011).

Importantly, although I am getting specific about Person A and Person B, I am not suggesting that pain should be regarded as (only) an individual concern. Patsavas identifies this individualizing tendency as a “dismissive discourse” (Patsavas 2014, 210); it is another form of the bootstrap mentality encouraging those in pain to “overcome,” perhaps by trying yoga, an herbal supplement, or a new dietary regime. Rather, drawing upon Patsavas’s astute “cripistemology of pain,” I am suggesting that considering the specificity of Person A’s and Person B’s locations opens the possibility of talking about compulsory able-mindedness, pain, and desire in more productive ways. Patsavas argues:

When we recognize the leakiness [Shildrick 1997] of pain, we can begin to conceptualize bodies, desires, and experiences (painful, shared and otherwise) within a system of connectivity. My experience of living with pain leaks onto those around me.... Any borders that do exist are as much a *product of active negotiation* as they are flesh. (214-215; emphasis added)

Using the term “borders” instead of “limits,” but making an argument closely aligned with those of Titchkosky (2011; 2012) and Lewiecki-Wilson and Cellio (2011), Patsavas here argues that a cripistemology of pain must recognize both structural oppressions—the “dismissive discourses” (Patsavas 2014, 210) that govern our understanding of pain and desire—as well as individually negotiated relations through which the “truth” of a livable life emerges.

That is, and to paraphrase Patsavas further, our *experience with one another* matters as much as power and privilege when considering the implications of bodymind in feminist DS. My partner has seen me injure myself on multiple occasions, and has a fairly good idea of how much danger (of long-term harm) I am in at any given moment. Ze also has long-standing knowledge of how to communicate with me during a break, operating both according to everyday metrics of rationality (“Margaret should be prevented from incurring major, lasting harm”) as well as metrics based on hir intimate experience with incarcerated “crazy” people (“Margaret is expressing a valid emotion and should not be denigrated for doing so”). These issues of intentionality, experience, and will are central to the judgments made in/around the Person A/Person B scenario. Such judgments are called for both from the actors within the scenario, and also by those who regard it from a more peripheral position. I suggest that a helpful response to the affective dilemma presented by the two people and the lamp is to move away from judgments of desirability and instead to consider the pain of the situation in terms of a *feminist DS ethics of care*.

CARING FOR BODYMINDS

Having argued that a crip theory of bodymind must incorporate serious and specific attention to pain as well as desire, I want to end (for now) with some thoughts on what I mean by *care*. Feminist DS includes an enormous and sometimes contentious

body of work on care (see Kittay 2002; Carlson 2010; Wong 2010; Kelly 2013). The meaning of care I adhere to draws upon work by feminist scholars, but also and especially by collectives, including the Autistic Self-Advocacy Network, the Azolla Story, and the Crunk Feminist Collective, all of whom emphasize a central tenet of collective self-care, articulated this way by Mia Mingus: “If you can’t go, then I don’t want to go” (Mingus 2010; see also The Azolla Story 2011; Yergeau 2011; Crunk Feminist Collective 2010–2014.) In other words, care means moving together and being limited together. It means giving more when one has the ability to do so, and accepting help when that is needed. It does not mean knowing exactly what another’s pain feels like, but it does mean respecting each person’s pain as real and important. Finally, care must emerge between subjects considered to be equally valuable (which does not necessarily mean that both are operating from similar places of rationality), and it must be participatory in nature, that is, developed through the desires and needs of all participants.

To be “considered equally valuable” when I am in the midst of a violent break means to be treated as someone who is having a meaningful experience, even if my actions are not always safe (and thus sometimes need to be curtailed). That my experience is meaningful does not imply that the person or people with me *are* able to understand it, but rather that they take for granted it *should* be understood. Striking my head with a lamp may be undesirable in the sense that it is physically dangerous (and frightening or triggering for those who observe it); however, it is desirable in the sense that it is a meaningful form of communication, a “voice on the skin” (McLane 1996, 115). That may seem like quite a fine hair to split, but let me now describe the difference in feeling it entails.

If a person is with me when I have a violent break, and they try to restrain me while saying (in effect), “Stop that right now! You’re acting crazy! You’re hurting yourself!” and so on, the feeling that imparts is that I am completely insane, that is, radically separated from all other meaning-making subject/objects.¹³ This in turn exacerbates the feelings of isolation, anger, and panic that gave rise to the episode in the first place. However, if the person with me tries to restrain me while saying (in effect), “I can see you’re in pain! I’m here! I want to help!”—in other words, if their reaction emphasizes that what I’m doing is real and valid, though not safe—I am more likely to feel cared for. (And, in practical terms, the episode is often shorter.) It is so critical, at least for me, that the words and gestures during a violent break be directed toward *witnessing* and *desire to help alleviate pain* (rather than denial and eradication of the pain) that I gave my partner a printed phrase book shortly after we began dating. This handwritten document contains phrases that almost always calm me down (“I can see you’re in pain”; “I’m here”; “I want to help”) as well as ones that almost always escalate my panics and violent breaks (“You’re acting crazy”; “Calm down”; “Stop it”). The phrase book has become a kind of joke between us (for example, “Well, *that* wasn’t in the phrase book”), but we also both know how serious it is: deadly serious.

The first time my partner witnessed one of my breaks, it was—as usual—unexpected, loud, violent, and terrifying for us both. Afterward, I was—as usual—mentally

and physically depleted. My throat was sore, my head hurt, I was dirty from rolling on the floor, and we were both crying. What happened next surprised me, and continues to surprise me, a little, to this day: My partner helped me up, took off my shoes, put me on the couch, and got me a blanket. Ze brought me water and, after a while, asked if I wanted some soup. I asked hir why ze was acting this way (I was not used to being treated gently after a break), and ze explained, simply, “You’re not okay right now.” I was still shaking as I ate the soup, and I was thinking about what it means to be treated with great kindness immediately after doing something usually considered bad, even shameful.

I didn’t come up with any answers—and the scenarios I’ve explored here should raise many questions beyond the ones addressed in this essay. Here are two tough ones for going forward:

- What if “Person A” tends to strike out at others, rather than himself, during a meltdown or break?
- What if Persons A and B inhabit very different positions of power, especially those that tend to be enacted through transnational violence (such as war)?

Crip theory is never finished, but must “keep on turning” (McRuer 2006, 63). For now, I will pause—not finish—with this provisional truth: Being witnessed and cared for, even in the midst of unbearable pain, makes me think there may be some hope for all of my bodymind.

NOTES

1. I use *mental disability* as an umbrella term encompassing cognitive, intellectual, and psychiatric disabilities, mental illness, m/Madness and a/Autism, as well as brain injury or psychiatric survivorship. *Mental disability* is not intended to replace any of these more specific terms or to erase differences, but rather to enable coalition. See Price 2011.

2. It should be noted that non-Western philosophies took up the subject of bodymind prior to the later trauma-oriented approach mentioned here as my own first encounter. For example, Shigenori Nagatomo’s *Attunement through the Body* develops a theory that allows for “provisional” (Nagatomo 1992, 181) separation of mind and body (for conceptual purposes), but ultimately views the subject as a field through which body and mind, internal and external experience, assume an integrated and mobile state called attunement. Rooted in Buddhist philosophy, attunement shares with Rothschild’s trauma theory the notion that we can refer meaningfully, if tentatively, to “mind” and “body,” but ultimately the two are so fully integrated that they should also be considered one.

3. Important exceptions to this tendency, discussed more fully elsewhere in this article, include Nicki 2001; Mollow 2006; and Donaldson 2011.

4. When I refer to something as “mental” in this paper—as in the phrase “mental misfitting” or “mental landscapes”—I do not mean to reify the notion that minds are essentially separate from bodies. Rather, I am referring to a constructed notion of “the mental,” as articulated by Lewiecki-Wilson 2003 and in Price 2011. This conception of

“mental” does not claim that bodies and minds *are* separate, but rather that a provisional recognition of them as such acknowledges the way they generally operate in everyday life (Nagatomo 1992).

5. I have chosen this example deliberately. Head-banging is a behavior commonly described by persons diagnosed with autism, borderline personality disorder, and psychosis. In other words, my thought experiment is a limit-case example, but it is also ordinary.

6. By “judgment” I mean a social process that exposes relations of power as well as affective notions of what is good or bad, desirable or not desirable. This definition is drawn from Kennan Ferguson’s *The Politics of Judgment*, and particularly his point that judgment “is part of how [our] identities come about; it is part of the public working through of various kinds of community and dissimilarity” (Ferguson 1999, 148).

7. Most accounts of self-injury fail to recognize just how “rangy” the misfit becomes—borrowing Garland-Thomson’s term—when a person wishes to self-injure for palliative reasons (Garland-Thomson 2011, 600). This is why I hesitate to refer to behaviors such as cutting or head-banging as “self-harming.” In this essay, I use the term “self-injury” instead, reserving *harm* for occasions when negative outcome to the harmed subject is more certain. When I refer to self-injury, I am not referencing the death drive nor a desire for self-annihilation. Authors who take a more complex approach to self-injury include McLane 1996; Johnson 2010; and Yergeau 2013.

8. The notion of “desiring pain” more literally, that is, in a BDSM or other erotic context, is outside the scope of this essay; however, it has been explored by DS scholars including McRuer 2006; Kolářová 2010; and Bednarska 2012.

9. The original song I’m echoing here is “Don’t Cha” by the Pussycat Dolls (2005).

10. I am indebted to the important work on limits, ends, and marginal cases in Titchkosky 2007; Carlson 2010; Lewiecki-Wilson and Cellio 2011; Titchkosky 2011; and Titchkosky 2012.

11. Thanks to Andrew Sydlik and Nancy J. Hirschmann for their thoughts about specifics, intentionality, and will.

12. The book title echoed here is Phelan 1994.

13. My use of subject/object here, rather than “humans” or simply “subjects,” follows Eunjung Kim’s discussion of queer inhumanisms, “an effort to refuse to make the human the central condition required in building a community, for any inclusive claim of humanity never fully represents or describes all humans’ characteristics” (Kim forthcoming). In other words, having a meaningful and valuable presence does not necessarily require that one be human.

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