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ABSTRACT

Healing justice, as with disability justice, and transformative justice/abolition, has largely been a queer-, trans-, woman of color-led intervention into the rights-based, reform-based, and neo/liberal agendas of whitestream movements. We see each of these movements for justice as deeply intertwined with the others, where interdependence and leaving no one behind are key commitments that are not compatible with the individualism of rights and reforms. In this roundtable conversation, we define depathologization and its relation to (queering) anti-normativity; discuss it as an important coalitional site of liberation; an intervention of abolitionist world-making. We argue that *healing* need not be understood in a corrective, carceral (medical) or ableist lens. Rather, healing justice models a philosophy and praxis of anticolonial resistance, communal interdependence, and abolitionist care. We offer the conversation as praxis and a way of learning and unlearning from each other.

In order to examine these topics, we met in May and June 2021 in a roundtable conversation format. The participants were:

S. M. Rodriguez (they/them) is a Black queer and trans anti-violence scholar-activist living with chronic illness and disability. Their research and organizing focuses on antiviolent and decolonial responses to criminalization, social

exclusion, and interpersonal harms. Although originally from Brooklyn, NY, SM currently lives in London, and works in the Department of Gender Studies at the London School of Economics and Political Science. They are the author of *The Economies of Queer Inclusion: Transnational Organizing for LGBTI Rights in Uganda* (Lexington Books, 2019).

H Rakes (they/them) is a neuroqueer trans fatty with chronic pain and sleep apnea who has been teaching abolition for over a decade in college classrooms and workshops. They live in Portland, OR, on Multnomah, Chinook, Cowlitz, and Clackamas land and work in Corvallis, OR, on Kalapuya land. They are assistant professor of women, gender, and sexuality studies at Oregon State University, and are active in United Academics of Oregon State University. They are working on a monograph called *Uni-Versatile Subjects and the Possibilities of Critical Inflexibility*. They consider teaching \longleftrightarrow learning from, and mentoring trans, crip, and BIPOC students to be a sacred calling.

Kennedy Healy (she/they) is a fat, queer, crip Chicago-based writer and consultant. Her work focuses on disability, accessibility, care, sexuality, media representation, and abolition. She recently founded Crip Crap, a media company that makes media about disability, by and for disabled people. She is a Libra who loves plants, chicken wings, and feminist country music.

Liat Ben-Moshe (she/her) is a queer crip non-American femme, residing in Chicago. She is a scholar-activist working at the intersection of disability/madness, incarceration/decarceration and abolition. She is the author of *Decarcerating Disability: Deinstitutionalization and Prison Abolition* (University of Minnesota Press, 2020) and co-editor of *Disability Incarcerated* (Palgrave 2014). For more information, <https://www.liatbenmoshe.com/>.

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In discussions leading to the roundtable, the theme of depathologization and/as anti-normativity organically arose as a fruitful catalyst to the questions posed by the CFP. We understand depathologization as a way to resist all forms of incarceration as well as curative politics that define healing as fixing or normalizing. We began by queering the questions of depathologizing and healing, according to our particular understandings of and experiences with healing justice as queer and trans people with commitment and connection to the movements and frameworks discussed here:

WHAT DOES DEPATHOLOGIZATION MEAN TO YOU? HOW DOES IT PLAY OUT IN DIFFERENT POPULATIONS, IN YOUR EXPERIENCE?

HOW DOES DEPATHOLOGIZATION CONNECT TO HEALING JUSTICE, AND WHAT'S QUEER ABOUT HEALING JUSTICE?

LIAT: For me, depathologization is part of disability communities and cultures, and disability justice, and is deeply a part of critiquing curative politics. We (disabled/mad/neurodivergent people) are socially and culturally perceived as disposable, a burden, pathologies, people in need of fixing, problems in need of solving, and so on. And there's a whole structure that's around and upholds that. And so, to me, depathologization is incredibly important because it's at the core of trying to understand and value disability/madness, and its relationship to race and gender and sexuality. And for some people that goes all the way to pride (mad pride, disability pride, crip pride, gay pride). But for some people it's really on a continuum and never (or not always) manifests in terms of pride, but it's a rejection of the normative framework around those positioning of queer or disability or madness and their intersections.

S. M.: I define pathologization as ascribing physical or mental "abnormality" to people or behaviors and then setting up a structure that hierarchizes and delineates between people based on that ascribed difference. Projects that pathologize people are designed to regulate people's contributions to and participation in a public. By labeling who can contribute, the state is able to place value upon certain people and to enact harm on others.

Depathologization, to me, is the refusal to look at people in a way that decides for them/changes or alters their reality based on a projection of what they can or cannot do, or how they can and cannot think. Depathologization refuses that process of accepting the kind of boundaries placed upon our personhood, based on socially constructed (racist, classist, sexist) notions of ability. It holds us as we endeavor to think through access, mutuality, and the historical implications of ableist labeling, state exclusion and harm.

KENNEDY: I have been thinking about the ways that the word pathology is medicalized, and historically—whether calling women "hysterical," medically diagnosing disabilities, putting gender identity disorder in the DSM, or the vast body of racist eugenicist science out there—these pathologizing beliefs either already were or became cultural. These medical pathologizations inform and bolster the ways that people think about groups of people or promote the idea that there's something wrong with a group of people. I think, too, that pathology

just ignores root causes of problems and all systems of oppression. Which I think is what ties depathologization to decolonization and healing justice. All these concepts are asking us to dismantle the systems doing the pathologizing and address root causes.

S. M.: Your mention of hysterical women made me think of Susan J. Vincent's *The Anatomy of Fashion*,¹ which was recently reviewed by Alok Vaid-Menon. It describes how dresses were historically considered normative for all Western/European children, as childhood was understood as a neuter (or ungendered) stage. However, when a boy would mature into his capacity for rational thought—i.e., manhood as entered through puberty—he would begin to don pants. Pants, in this way, transformed into a marker of his increased capacity to exist in public life. In that way, I was thinking about how one's ability to show up publicly, is defined based on a very particular human bodymind in the Western worldview that, you know, becomes such an integral part of a colonial project. It draws me to think of the genocidal “re-education” of Indigenous people that was enforced through dress codes, and a logic that pathologized their supposedly inappropriate/inadequate ways of adopting European gender concepts.

When I think of healing or when I think about depathologization, I like to expand outside of really particularized labels and instead think through what parts of ourselves have been harmed by these colonial notions and how do we shake ourselves loose of colonial baggage. Now I'm thinking of one aspect of Liat's argument that upholding various “carceral enclosures”² relies on the subjugation of particular forms of knowledge (Indigenous, embodied, non-Western). Therefore, I'm positioning healing justice as a movement to shake loose these really restrictive and dishonoring ways of thinking about ourselves and our capacities and our relationships to others.

KENNEDY: That makes a lot of sense. I like, SM, also your idea of defining pathology based on what people perceive as someone's ability, capacity, or importance. Because I think these frameworks, similar to how we have been discussing depathology as a coalitional site, give a broader way to look at these concepts that can include all of these more specific, pathologized communities, people who are pathologized because of multiple marginalized identities, and also just people breaking these odd norms that have been formed through colonization.

H: Kennedy mentioned gender identity disorder (GID). I was thinking about classic institutional examples like pathologization as medicalized and institutionalized and so forth. And the way that “homosexuality” gets depathologized in the DSM, and then in the same move, it's re/pathologizing gender

nonconformity, specifically femmephobically and transmisogynistically, and making certain kinds of medicalization of transness possible.³ And that of course implicates all these racist and eugenicist histories of gynecology.⁴ The move basically makes it ok to be gay for (white settler) cis men as long as they are as cis as possible, as masculine as possible, and while there's all this policing of gender in boy assigned children if they even look at the color pink too long, there's a much wider range of acceptable behavior for girl assigned children in terms of playing with trucks and wearing masc clothes etc. and they actually have to say "I have a penis" for medicalized diagnoses and interventions to take place. In other words, of course the "delusion" is pathologized but otherwise there's all this room for desiring to be a boy or a man because implicitly everyone knows that it's supposedly "better" to be a boy or man than to be a girl or woman. And what's "better" or relatively easier about it has all to do with cisheteropatriarchy and colonial modern cis/gender.⁵ So wanting to be a girl or a woman if that's not one's sex assignment is thoroughly pathologized, especially if they are BIPOC.

What I take from these examples is that depathologization has to be an ongoing commitment and recommitment within movements and communities and kinship networks—depathology as coalitional as Kennedy said—because the contexts we exist in want to shift the pathologization to someone else or something else, even if it's supposedly "behavioral" and not attached to a specific group or person. Similar to how institutionalized racism was often a process of criminal racial pathologization as Liat terms it,⁶ whereby laws preemptively targeted behaviors or practices associated with Black and Indigenous bodyminds with "colorblind" language so it could continue targeting those bodyminds when it became illegal to do so directly.

Neo/liberalism and settler colonialism will give a sliver of an increment of change in exchange for re/pathologizing or doubling down on the most marginalized within a marginalized group. That's my answer to the question, what's queer about healing justice: multiracial queer, trans, and two spirit kinships allow us to dream much bigger than the next tiny increment of change that neo/liberalism will allow some of us if we sell out the most vulnerable. Here I'm thinking of how central kinship is to Native Studies, or specifically Indigiqueer work. Likewise Cathy Cohen's *Punks, Bulldaggers, and Welfare Queens*⁷ has been the guiding text for rejecting incremental change and for thinking and dreaming about the coalitional potential of depathologization and healing from pathologization so that we can root out its messages and get to other kinds of healing as well.

And then I was also thinking about how pathologization in a lot of ways is about shame. SM, you mentioned projections, or attributing traits onto people. It's a useful concept that's often part of pathologization. And sometimes people

don't internalize that. But sometimes they do. Healing the pathologization has to do with rejecting shame or transforming it and I think that that's the pride piece, that's how Eli Clare⁸ talks about shame and pride on the continuum that Liat was mentioning, which is really important to reject any kind of teleology. Actually it's not even a continuum; it's something more. Some other visual, *like a web* or something because it's so relational, because that kind of healing requires community and kinship, and those kinds of relational politics to transform and shift things that cause shame.

Shame is very individualizing. At the same time that it paints an entire group a certain way, it's also meant to isolate us and make us feel separate and make us feel like the worst. That's basically classic Disability Studies and disability politics around the social model intervening in the medical model where the medical model is individualizing, and Alison Kafer's⁹ political relational model aims to further complicate and better understand relationality in the individual and the societal realms. The privatization and individualization and isolation that are all tied to each other, which has everything to do with who society thinks should be locked up.

S. M.: Yes, I was actually thinking about how so much pathologization occurs through what would be considered "liberal" or "progressive" claims, so as to determine resource allocation or distribution. So, like you're saying about trans care, where we have to attest to having a pathological, or hyper-individualized "disorder" called gender dysphoria, which then justifies our access to affirmative care (or actually, in this model, "treatment"). When we think about depathologization or when we think about healing from a queer perspective, I think what it does is it leads us to commit to a more radical redistribution and sense of deservingness around support, or around accessing what you need in order to feel *full* or *you*.

I shouldn't have to actually identify myself or think of myself as sick or lacking in order to reach a fuller way of being. So I think that what depathologization leads me to commit to is believing *I deserve this just because I exist*, and *I deserve to experience the fullness of my own being*, rather than I am willing to accept the distributive/segregationist state power embedded in particular labels. Also, I can better understand that rather than think of dysphoria as an individualized, disordered state requiring intervention, depathologization can bring us to a place where we see that there may be rooted, structural causes of some dysphoria in our society and commit to changing that. Simultaneously, we can address that various transitions should be accessible to anyone who desires them.

For me, depathologization takes me out of a scarcity mentality around what resources exist and how I may feel supported as a person, because I'm now

embedded in a community of people who all have needs and all have varied relationships to ability and disability. And that, to me, is the potential queer utopia of healing justice, or that's being made by healing justice collectives and practitioners.

SO WHAT IS HEALING JUSTICE? HOW DID YOU COME TO IT AND TO DISABILITY JUSTICE? HOW DO YOU UNDERSTAND THE RELATIONSHIP OF HEALING JUSTICE TO OTHER FORMS OF JUSTICE-BASED ORGANIZING AND WHAT IS THE ROLE OF COMMUNITY IN SUCH FRAMEWORKS?

LIAT: First, let me stress that disability justice is not “the justice of disability,” and healing justice is not “the justice of healing.” It’s not just two words that have been brought together to say something like “there’s different ways of dealing with the criminal justice system and disability—that’s Disability Justice.” That’s not what these frameworks are. These are frameworks of liberation that are very specific and also came from a particular lineage, of queer people of color, trans, and queer praxis for liberation. And so, I wanted us to talk about what we actually mean by disability or healing justice, and how that relates to depathologization.

H: I think we definitely need to do what you just identified. And this conversation is important in terms of the ways that institutions appropriate movement language. You were alluding to the ways that these terms are getting more widely used, and this tactic that’s an appropriation or adjustment of language and nothing else. It actually reminds me of the way that at some point U.S. settler society just replaced the word sex with the word gender in a lot of institutional contexts, completely missing the point as to why we need the word gender and also how it implicates the constructedness of sex.

By just replacing “sex” with “gender,” many forms of documentation use the same questions that will reinforce the dimorphic sex binary of the colonial modern cis/gender system¹⁰ but use the word gender to do that. (Side note: every form that asks should have an open-ended gender question. Classification and data representation issues be damned.)

I find all of this particularly infuriating; the laziness of “Oh I saw that this is the right word now, so we’ll just adjust the language and nothing else.” In this instance it’s “we’ll just replace the word rights with justice.” And so, I think it may be actually worth talking about how we’re noting that kind of institutional appropriation and just language adjustment causes more harm in a lot of ways, and noting the call out about Disability Justice and its roots in Black and POC

and Indigenous organizing and the ways that white institutions and thinkers have been appropriating it.

LIAT: Appropriating, misusing but we also need to recognize the role of queer-ness, especially in relation to disability and depathologization in creating these movements, like Healing and Disability Justice. For transparency and lineage, the first time I heard of Disability Justice, was from Loree Erickson¹¹ who is a queer white crip/disabled femme living in Toronto, who has the longest standing care collective, I think in North America. I met her in Toronto two or three years after I moved to the U.S. (in 2002). That's when I first heard about disability justice. And I just want to acknowledge that, because I see Loree as one of the (forgotten) originators of that framework, which came from her understanding of care and collectives and also from being a kick ass artist, educator, porn activist, and maker.¹² So disability justice has several origins and in this case came from Loree's understanding of sexuality, of cripqueerness.

This is important to mention, regarding what's queer about disability and healing justice, which, is what SM was saying earlier about queer utopias. And it's your idea of *a web*, H, you know, relationality. Disability justice was popularized and developed by Sins Invalid folks¹³ and others, who also focused on sexuality in their artistic and activist practice. I think it's really important to name these frameworks as modes of queer relationality because it is so different from the kind of pathologization we've been talking about, which is so individualizing, colonial racist, normative, all the things, and even though disability justice and healing justice are not at all the same thing, I think they are both frameworks that counter that and that's why they're different from the justice of disability or the justice of healing or something like that, to me.

I'll say one more thing. This reminds me of how the notion of recovery is discussed in Mad movements. Let me back up and say that I've only encountered the term "healing justice" in the last five to seven years as a *framework*, one that has practitioners and collectives of people that I know, and has a particular formation around it. So this has been kind of a newer thing for me, and not something I am a practitioner of myself. But being a part of disability/mad/anti-psych movements, it does remind me of the way people talk about the recovery framework. So "recovery" was something that some mad people utilized to depathologize, to get away from this notion of DSM (the *Diagnostic and Statistical Manual*), to get away from the medicalization and the psychiatrization of their lives with all of the negative things that come with it.¹⁴ But the point was to recover from psychiatry, to recover from oppression or oppressive frameworks. And then it was taken up, like you were saying H, it was co-opted or appropriated and turned on its head to mean—why don't you recover, you

know—exactly how it was NOT supposed to be, which is again an individualized, sanist, colonial, class based, notion of “here are ways to recover—do yoga, take care of yourself, get over it” etc. And this is not a surprise that it is appearing more recently because it is a manifestation of neoliberalism and health care reform (in the U.S., UK and Canada), as Mad scholar-activist Jiji Voronka¹⁵ reminds us.

And I feel like healing justice is starting to get misappropriated and misused by people who don't understand it and its lineage, in similar directions to self-care, which was another mode of survival and cultivating sustainability of body-minds and has now been commodified to mean things like taking bubble baths. Basically, appropriating knowledge that came from disability communities with high rates of housing insecurity, low income etc. to mean all these individualized privileged and appropriative things that not only lost their radical lineage along the way but are now becoming an ableist and sanist *imperative* (you must do self-care, recover, heal and do it alone, by yourself . . .). And so, to me, that resonates with praxis that came from a place of liberation and critique of the normative and curative and is now taken up as another way of psychiatrization really, like a matrix of recovery, also from drug use, as well. What does it mean to be *in* recovery, what does it mean to be recovered, who or what are we recovering? What does depathologization mean under such a framework, which is white supremacists settler colonial and so on. What lineage do these terms or frameworks have? That's what we should recover or uncover maybe.

H: Yes, these all feel “restorative” to me in the restorative justice where there's a mistaken notion that there was wholeness to begin with, or justice to begin with, and that the status quo isn't injustice. That's probably reductive but I feel like there's a connection between all of those concepts in those ways. There's a thread of this presumed abled and sane, and whole bodymind, and there's a problematic sort of utopian idea that the status quo is fair. And somebody's done harm to themselves or another and we have to restore things back to the good status quo, which never existed.

LIAT: Exactly. This resonates so much now (June 2021) in this COVID moment where so many people are like “post COVID” and are saying “let's get back to normality.” But to us, we were not a part of that normality, and those who were, even marginally, why would we want to go back?! That's the last thing I want to do. Not to mention the privilege that comes with feeling “post COVID” (in terms of access to vaccines, the unacknowledged harm done to essential workers, unevenness of it all in terms of race, nationality, ability). And so I feel, I hope, that some people have some grasp of this that maybe they didn't have before, of

vulnerability, of the importance of collectivity (mutual aid, collective survival) etc. I don't know. I want to believe. We have experienced a global crisis that necessitated a reckoning for a lot of people that were perhaps further away from nonnormativity and being unwell, and I hope we keep some of those connections and openings that this proximity brought forth.

SO WE'VE BEEN TRYING TO DEFINE HEALING AND DISABILITY JUSTICE AND THEIR RELATION TO DEPATHOLOGY, AND I THINK WE ARE UNDERSCORING HOW IT IS AN ABOLITIONIST PROJECT AND HOW IT IS NOT RECOVERY OR RESTORATIVE—SO WHAT THESE FRAMEWORKS ARE AND ARE NOT. AGAIN, THE QUESTION WE BEGAN WITH IS YOUR RELATIONSHIP TO HEALING JUSTICE, AND HOW YOU UNDERSTAND ITS CONNECTIONS TO OTHER FORMS OF JUSTICE-BASED ORGANIZING?

S.M.: My entry into healing justice happened through spaces specifically created by and for people of color. My first time encountering the framework of healing justice was from Cara Page, who is a powerful Black queer feminist organizer. When I had met her in 2012–2013, she was the executive director of the Audre Lorde Project. She's since co-founded the Kindred Southern Healing Justice Collective. From then and over the next few years, at the Audre Lorde Project, I learned a lot from the coordinators of the various working groups: Elliot Fukui—a disabled, trans, Asian activist who coordinated TransJustice; Gina George, a queer South Asian woman who supported community wellness and accessibility through Third Space; and Che Johnson-Long, a queer Black prison abolitionist who organized Safe OUTside the System. I think healing justice is both an abolitionist ethos and practice that's grounded in that juncture of racial justice and disability justice in as much as everyone that I know who practices, offers or educates in healing justice, identifies as both racialized and as having one or many disabilities.

I think of healing justice as an ethos that stresses several things simultaneously. If we're thinking of healing justice as a function of building resilient communities in oppressive, "perpetually colonial"¹⁶ spaces, then the ethos is one that stresses how we can access each other and ourselves (especially when disassociating from continuously violent spaces and society). Lastly, in the face of labeling and punishment: how we can access forgiveness. Surviving harm and committing harm often come from the same places of guilt and shame, self-hatred, internalizing racism, sexism, and colonialism. So, healing means being able to access a space in yourself that is not stuck in that place of accepting limiting and dishonoring projections.

Healing justice, like other aspects of transformative justice and abolition, grounds us in communal relationships and communal forms of support, rather

than state-based forms of support. It's one that emphasizes the sustainability of our engagements and ability to protest or act out against the state and against repression. I think in the last five years alone, we've seen not just prominent discussion of the role of healing justice collectives in racial justice protest and organizations, but an actual proliferation of the practices, resources, and knowledge of anticolonial mobilizations oriented toward sustaining and revitalizing Black, Indigenous and POC community. HJ may include any number of actions: the simple practice of making sure that protestors have water or food to maintain their sugar levels, to setting up the modality of healing required after a transphobic hate-based incident, to workshopping herbalist remedies for chronic pain.

KENNEDY: My introduction to healing justice was through disability justice. I would hear the term get used to refer to the framework, probably sometimes correctly and sometimes incorrectly. The first longer piece I read about it was "Sick and Crazy Healer: A Not-So-Brief Personal History of the Healing Justice Movement" in Leah Lakshmi Piepzna-Samarasinha's book *Care Work: Dreaming Disability Justice*.¹⁷ And I agree that the disability rights framework of the social model and medical model lend themselves to the sort of work that healing justice looks to do in terms of healing outside of the medical-industrial complex. And disability justice then holds this complexity around self-determination in how and when we engage with medical systems. Disability justice really lends itself to healing justice. For example, the ten principles of disability justice that Sins Invalid¹⁸ has laid out and the practices it's brought of sustainability, slowness, accessibility, leaving no one behind, sort of create new ways to do activist work that are related and embedded in healing justice and that healing justice is also longing for and reaching for.

HOW DOES HEALING JUSTICE RELATE TO THE MEDICAL INDUSTRIAL COMPLEX? RELATED TO THIS, HOW MIGHT WE THINK ABOUT DEPATHOLOGY AS A COALITIONAL SITE? HOW MIGHT WE RENDER DEPATHOLOGY AN EXPANSIVE SITE FOR COALITION BUILDING ACROSS MANY MARGINALIZED IDENTITIES AND A VARIETY OF JUSTICE-BASED MOVEMENTS?

S.M.: Kennedy, you mentioning self-determination when engaging with medical systems really made me think of one thing that I've found powerful about healing justice. It has the ability to initiate a conversation about the way that trauma, and particularly intergenerational trauma, postcolonial traumas, manifest in our bodies.

To use a very specific example, fibroids exist as this curse that up to 80 percent of Black ciswomen and people with ovaries experience, which have completely

disabling symptoms. It is so normalized within the medical system however, that I can't actually enter a doctor's office and say (and I've tried): I have fibroids, which pain me so much that I cannot walk, I can't stop vomiting, I bleed half of the month, because they actually think its prevalence within POC makes it LESS important. It's in the system's best interest to label just a small minority of people as disabled—because in a capitalist system insistent on feigning scarcity, that informs resource distribution. Even after centuries of slavery, which encouraged regularized sexual abuse and medical experimentation, the thought that Black people exaggerate pain in order to get out of work persists in our systems. So the catchment of “disability” in disability justice may fail to include an entire population that wouldn't necessarily be considered or labeled “disabled” (debilitated, maybe), even if DJ wins may benefit all.

Black pain is just so regularly minimized, that Black disabled people are still expected to overwork, overperform and provide for a society, and literally be worked until death. So what I really find particularly powerful is the way that Healing Justice, as this particular *junction* of racial x disability justice, can call for modalities of healing that are simultaneously physical, spiritual, intergenerational and immediate (See Adaku Utah's body of work, especially in founding Harriet's Apothecary and the collaborative project of Susan Raffo, Anjali Taneja, and Cara Page).¹⁹ It centers the very real, intergenerational trauma of forced medicalization, of forced surgeries and gynecological exams, of creating this Western medical regime on Black bodies. So I think that—much like transformative justice drops the concept of “criminal” and “law-abiding”—healing justice has a place in abolition as it provides for conversations that can exist beyond labels.

LIAT: Yes, I think it's beyond labels. I think it's about identification and disidentifications (thinking here of José Esteban Muñoz²⁰ and Robert McRuer's²¹ work) versus subjectivity. The processes that you were talking about, SM, are pathologizing processes not only based on identity and identification (disabled, queer, POC, Black), but also making us into particular subjects or objects, under these normative frameworks.

I'm thinking here with Julie Livingston²² and Jasbir Puar²³ and others who discuss capacity and debility rather than disability because of the particular framework that you're talking about, SM, Black women with fibroids or people who are subjected to a variety of forms of state violence. Under these conditions, the violence of it, and the debilitation of it, are so mundane and regularized, that words like disability are rendered meaningless.²⁴ They are also targeted, as Puar states—or in other words, disabling by design. Because those are forms of identification (“I am disabled,” “mad,” “neurodivergent,” etc.) and that's not what's

going on, actually. So I think that bringing discussions of state violence into our conversation, like you were doing SM, is so important. And I think that healing justice and disability justice are a part of trying to underscore this importance.

S.M.: My choice of the word labeled, rather than identity or identifying is in order to point to that process of it being determined for and projected on you—the objectifying process. I see that as fundamentally different from the subjective process of identification which allows for recognition, connection and radical resistance.

My thought is that racial segregation—experienced and enforced in various sites from the plantation, to the town, to entire countries (through the social construction of borders)—is structurally violent and biopolitical, and it has implications on who is labeled “disabled” (and thus, negates the coalitional possibilities of a shared identity as disabled). Whether colonial or postcolonial, segregationist sites are sites of extraction where pathologization occurs in order to suppress liberationism and coalition-building. A higher proportion of people inside of the segregated space actually live madly and disabled than those in more privileged regions. However, the reality of madness and disability in the hood or in the political-economic periphery is completely invisibilized because the racialization that occurred to justifiably produce the segregationist structure operated on an assumed lessened capacity or ability for rational thought in the first place. This is in part what Camille Nelson highlights when she discusses “racialized disablement.”²⁵

KENNEDY: I think it makes a lot of sense and that’s kind of where my thoughts were headed in terms of thinking about depathology as a coalitional site. For a long time, I’ve thought about disability and ableism as a starting point in my work. In her blog post “Changing the Framework: Disability Justice,”²⁶ Mia Mingus writes that “Ableism is connected to all of our struggles because it undergirds notions of whose bodies are considered valuable, desirable and disposable.” Which has really informed my understanding of coalition and how to build across movements or relate my experience to others. Years later, T. L. Lewis²⁷ came out with a working definition of ableism that now reads “A system that places value on people’s bodies and minds based on societally constructed ideas of normality, intelligence, excellence, desirability, and productivity. These constructed ideas are deeply rooted in anti-Blackness, eugenics, misogyny, colonialism, imperialism and capitalism. This form of systemic oppression leads to people and society determining who is valuable and worthy based on a person’s language, appearance, religion and/or their ability to satisfactorily [re]produce, excel and ‘behave.’ You do not have to be disabled to experience ableism.”²⁸

That last line has really shifted my thinking around coalition. And while I hesitate to break down identity categories to the point we cannot name privileges, I know they are really blurry in a lot of people's lived realities and self-identification processes for a number of reasons. Mia Mingus's blog post "Moving Toward the Ugly: A Politic Beyond Desirability"²⁹ discusses this in depth. Her and so many other disabled activists and scholars of color have pointed out various barriers to disabled people of color identifying as disabled. Including (a) the fact that people who identify as disabled are often white and create racist, white disability spaces; (b) people of color with disabilities don't want to reinforce racist assumptions about the physical and mental inferiority of their communities that have brought violence onto those communities; and (c) as you are saying, SM, disability as a result of racialized oppression is common and can become somewhat normalized in communities of color and spaces like the ones you're describing. I consider this work next to things like Eli Clare's book *Brilliant Imperfection: Grappling with Cure*,³⁰ where he really lays out the nuance between both the privilege and harm of diagnosis. So I wonder how we can both push against impairment being pathologized in the long term, without ignoring it altogether. Because we know the spaces you're describing, SM, do this. First, they pathologize by using a supposed lack of ability to justify segregation, colonization, extraction—that violence produces debility and/or disability, and then that lived reality is not met with access or care by those in power, adding another layer of oppression. And both the disabling violence and using impairments acquired from that violence against people are related tools we find being leveraged under colonialism, white supremacy, and capitalism to dispose of people.

There are long held calls by disabled activists and scholars of color, for example, Jina Kim and Sami Schalk in their article "Integrating Race, Transforming Feminist Disability Studies,"³¹ asking white disabled people to identify disability within other movements that don't necessarily use this language. As a white person with a genetic disability, I'm working on how to invite people into work, community, or self-identification with disability if that is useful, without forcing my word, label, or experience onto them. I think the key is to show up for work being done on issues that I understand as disability related and accept that that is not someone else's description of that experience without personalizing that lack of identification as something that is against me or has anything to do with me. Which relates to others' points about pride and its role in depathology. I've written about pride both as something that is important and somewhat intangible and difficult for oppressors to take from communities and as something that has hindered white, rights-based disability movements when it is used in a way that impedes vulnerability. And I think part of that is being so proud of disability that you can't find it outside that word or yourself/your community

or adjust to other's experiences of impairment. So yes, I hope when people find usefulness in pride they allow themselves pride *and* we cannot allow pride to deter the vulnerability required for coalition building.

Having said all that, I think the idea we're considering here about building coalition around depathology and not just identity makes a lot of sense and opens more opportunities for intersectional organizing across multiple groups. When I think about myself and my own marginalized identities, who I want to build with, and what we're trying to destroy—the term “pathology” is everywhere. And often there are layers of pathology based on different marginalizations that cannot be parsed. To depathologize gets to the root of these issues and then can lead to really important questions about what communities need.

LIAT: I love that question, Kennedy. I also want to uplift Stacey Park Milbern's³² idea of the disability “doula” in this discussion about the connection and tensions between identities and depathologization as a political goal—the doula (politicized disabled/queercrip/Mad/Deaf mentor) as a way to politicize you about disability/madness/neurodiversity and deaf culture; and connect you with others similarly situated. This is another connection between healing justice, disability justice and community. In other words, even if some of us are born with or live with a disabling condition, we have to learn to become disabled, as an identity and culture; and to be politicized as disabled.

And who gets identified as disabled? To point back to an earlier conversation about state violence, colonialism and slavery, some scholars say that most or all enslaved people are/were disabled (because of the material conditions they endured). And I think that that's problematic because enslaved people were targeted for debilitation, as Puar calls it, but also at the same time some were disabled. And it could be disabled people who were interpolated or identified as disabled or bodily or otherwise were impaired and were under the violence of enslavement at the same time. If we say it's all the same it doesn't actually give us any understanding of what it was like to be a blind enslaved person, or Harriet Tubman living with an acute brain injury and how it manifested in her activism.

But what I think healing justice frames give us is a different understanding of this—I don't love the word trauma but I don't know how else to say it—of intergenerational trauma or this lineage to not only the designation of pathology but also violence and state violence, before there was a state sometimes (speaking of colonization and settler colonialism). Disability and healing justice underscore a lineage that one has, to communal strength and well-being and survival as well as to violence and pathology, which is related to racialization.³³ That's something we talk about in disability, queer/trans, communities of color and their intersections, about ancestors and they don't have to be biological but this communal

inner strength, because we have these knowledges and because people survived and some people didn't and we also learn from that, but not the kind of "you failed to thrive" learning, but the kind that is embedded in webs of care and maroon knowledge.

I also want to underscore that these conversations, in light of what you are referencing above, Kennedy, about who claims disability especially in relation to communities of color, have taken place in mad communities.³⁴

KENNEDY: Absolutely. I'm using the term "disability" broadly here to encompass crip, mad, sick, ill, neurodivergent, and other adjacent communities.

H: I want to know why you don't like the word "trauma," Liat.

LIAT: Because what I'm finding is that some people take "trauma" to mean another kind of medical term. And especially if you think about these contexts such as Palestine as a site of extraction, as you mentioned in earlier conversations SM, and I think that's true in terms of colonial expansion and land. But I think Gaza is genocidal. I don't know how else to say it. It is meant to annihilate people. What can we call it, extreme disposability? It's words that are redundant. Anyway, people talk about PTSD (posttraumatic stress disorder) in the context of war, this is the etymology of this term, first it was shellshock, then PTSD came to the forefront.³⁵ But what does it mean to talk about trauma in these kinds of contexts like Gaza? It's absolutely absurd. I mean, how do you put that on people and pathologize and individualize and depoliticize this state induced madness?³⁶ So I don't know if when people in healing justice use the term trauma, maybe they're reclaiming it? If so, I think that's great and want to learn more about that. But a lot of people that use trauma, it comes from the genealogy I just discussed, and to me it just masks (state, imperial, nationalistic etc.) violence with medicalization that's seems benevolent but of course it's not. So to me it doesn't make sense to talk about those words in the context of warfare (internal or external).³⁷

KENNEDY: I do think you make a good point about the medicalization of trauma, which rarely understands it as an experience that is ongoing or systemic, but more as one event or a period of interpersonal abuse that is then healed or "recovered." But I do think that people are reclaiming this term or at least taking it out of the context of medicalization in order to describe these and other experiences of ongoing, often life-long oppression. And maybe new language will develop around this to describe different experiences of harm and oppression. But this is sort of the term available right now?

H: That makes sense to me, Kennedy. Liat, is part of your concern that what gets called “trauma” in warfare contexts is that it is unrelenting?

LIAT: Yes, but it’s also not individual. What does it mean to live in Gaza, and have your way of life, survival, or the consequences of living under constant bombardment and extraction of life—be called “trauma.” I mean it seems not just meaningless, it seems violent. But again, I would understand if some people just take that and then reclaim it to mean something else or different (like we did with queer, cripp, mad etc.), something that is politicized and is also connected to dis-identifications, sources of oppression and so on.

SM: That makes me think of Joy DeGruy’s³⁸ work on “post traumatic slave syndrome,” where she argues that the interpersonal violence that people of African descent engage in reverberates through families, especially through methods of disciplining children that reflect plantation punishments (like the still-common practice of using switches). I don’t know if you read that or heard about that, but I think “trauma,” as a term within the transformative and abolitionist lexicon, is meant to kind of acknowledge that the folks who are criminalized for harming people are actually living through sustained, intergenerational harm.

Healing justice is a wave to move toward transformation, because you can’t stop that kind of cycle without thinking through the meaning of healing, and particularly healing from traumas of colonialism, racialization, psychiatrizing and gendering, capitalism, targeted medical experimentation and abuse, etc. I think at the same time, like Liat said, reducing the understanding of what it means to survive an active genocidal project to “trauma” may do a great kind of disservice to any form of expression that could possibly move folks out of that.

LIAT: I don’t disagree with that, within transformative justice for example, but the way healing justice, or disability justice, are frameworks that are more abolitionary is because of what you said at the beginning, SM, which is, we all should have access to these things, through redistribution of resources. Through just existing. Nobody should need to access justice and accountability or understanding or forgiveness or any of those things through this “Mea Culpa, I’ve been harmed and this is my specific harm that I endured.” Which is what the criminal in/justice system does, it makes you do these confessionals³⁹ and it individualizes those things like trauma—you have to have a psychologist testify and they have to examine you and say what kind of trauma you had and the trauma has to be extreme and medically legible and then you get some leniency, *maybe*. I know that’s not what we’re advocating for here but in some way we’re reproducing it. That’s the critique, you were saying H about restorative justice, the kind

of reproduction of the same carceral fantasies that are also entangled in medical psychological fantasies and pathologies, the desire for diagnosis.

H: With the word “trauma,” it’s interesting that I don’t have this same reaction because I did spend a lot of years in graduate school reading Freud and certainly have those allergies to psychiatrist and medicalized pathologizing language. What happened for me is that Aurora Levins Morales’s⁴⁰ definition sort of pushed all the others out of my mind. So when I hear trauma I think oppression. Her book *Medicine Stories* was a tome I read and reread, also in graduate school though it wasn’t assigned, and it’s a thoroughgoing politicization of trauma, understanding it as colonial, social, and relational rather than individualized. And actually, to answer the question this was my own intro to healing justice. In Chicago in the early aughts I was part of a short-lived group called Queer Transformative Justice. We were reading and learning and reflecting, and we were also trying to collaborate with community organizers who were frustrated with the nonprofit industrial complex (NPIC) and with academics frustrated with academia. At the time it seemed like every radical in Chicago was reading *Medicine Stories* (I think this was because of Ann Russo, WGS professor and activist) and specifically quoting the part where she defines oppression as “an avalanche of traumas.”⁴¹

In terms of the issue of reproducing justifications for leniency and so forth, do you mean like, hurt people hurt people kind of reproduces the idea that there has to be evidence or a narrative or story of someone’s trauma that then makes them forgivable or not disposable?

LIAT: Yes, exactly, that it repeats that because it’s the same problem as hanging on to tropes like innocence, for example. In order to be redeemable for just being a person, you have to have some kind of a story, and the story has to be exceptional in its cruelty, it has to be traumatic, an innocence story or specific medical diagnosis, and this is the only pathway to empathy or engagement. And I know we (in this conversation) don’t subscribe to this discourse but I’m worried that even movements that are adjacent, there’s too much of that and I think that’s where trauma to me gets entangled.

H: I want to think about this more because I hadn’t actually thought about it in exactly this way before. I tend to think of those frameworks as radical because, it’s like what Kennedy was saying about pathologization is a covering up or ignoring real sources like systemic and institutional and ongoing colonial harm, that it hides or ignores the real sources of that harm.

And so I think of the claim “hurt people hurt people” in a similar framework, one of refusing to ignore those harms. It’s like, because within marginalized and oppressed communities who is not a hurt person? So I think of it as shifting it entirely. And I totally see what you’re saying and I think it’s a really important conversation.

Maybe this goes right back to what SM said about existing as enough. In a way, “hurt people hurt people” is a response to the mainstream idea that hurt people deserve (criminal) justice. I’m thinking of the role that “victims’ rights” has played in the carceral logics of punishment. So when abolitionists want to reframe it, it is a kind of justice that is deserved or needed, but not the criminal, carceral kind, and instead it’s transformative. And we point to those who do harm as deserving justice as well, because they have been harmed in the past. I do think it’s a way of countering the disposability of someone who does harm, because they’ve been harmed as well before and they probably didn’t get justice. But, not having to be innocent, not having to have been harmed, just existing as SM says, is enough to deserve justice and to not be thrown away.

In a different vein, I believe “hurt people hurt people” comes from an intersectional, Black feminist response to violence. Because white lesbian separatists and domestic violence activists were ok with throwing away cis white men, in a sense, but wrote and thought about it as “men” without intersectional specificity (at best; at worst they thought it was fine to throw away BIPOC men even more so). And that’s part of the story of the domestic violence movement either being co-opted by the state⁴² or of white cis women feminists colluding with the state⁴³ to criminalize domestic violence.

*HOW DO DEPATHOLOGY AND HEALING JUSTICE RELATE TO ABOLITION, THEN?
WHAT DOES IT LOOK LIKE TO PRACTICE THESE TOGETHER?*

H: I think the everyday practices of depathologization and Healing Justice are key to building the world we want as we work toward abolition. These are key to abolition because carcerality is about punishment and disposability. For those of us who know there are millions of people in prisons (and in jails because they can’t afford bail, sometimes for years), for actions that didn’t harm anyone, it’s easy to reject the idea of their disposability. It may be harder to resist the “piece of the oppressor that is planted within all of us”⁴⁴ as Audre Lorde called it, that wants to see harm done to those who have harmed, or at least for them to go away and to not have to face them. And I think for me that brings in the usefulness of the term trauma, where even those who can recognize that trauma (the harms that cause ongoing pain—harm that is ongoing for people who live under occupation, and for those who are ground up and spit out by capitalism,

and many others) is real. But it does get treated as a cause and effect equation that makes people who understand themselves as untraumatized feel entitled to impatience and condescension disguised as concern, as Liat was saying.

KENNEDY: Because abolition asks us to dismantle systems that pathologize, systems that we know people cannot heal within, it directly relates to depathology and healing justice, which asks what needs to change about the world in order for people to heal. And I think conversations about abolition are getting broader and broader, thanks to Liat's work and the work of collectives like The Abolition and Disability Justice Collective.⁴⁵ And of course abolition means no more police and no more prison, and comes from the movement to end slavery. But now we're in this moment where conversations about ICE, psych and other institutions for people with disabilities, foster care, and other programs that often disguise themselves as serving, protecting, treating, caring, are being called into question under an abolitionist framework. If you haven't watched the recent panel "Beyond Alternatives: Disability, Madness and Prison Abolition"⁴⁶ on these topics, I highly recommend it.

Personally, I've been thinking a lot about these conversations and conversations emerging last summer (summer of 2020) about replacing police with social workers next to my own experience using state run in-home care services fifty-five hours a week in order to have my most basic needs met. While I'm privileged to have never been institutionalized and to be alive in an era when institutions for people with physical disabilities remain less common, I know that I, that we, deserve so much more. And that these replacement, alternative programs still perpetuate abuse because of unbalanced power dynamics between me, my care workers, my caseworkers, and the state itself. Both people with disabilities using these services and our care workers are oppressed by these systems, and there remains significant restriction placed on our lives and unmet need because of them. This all reminds me of Liat's work on the deinstitutionalization movement and police/prison abolition movement learning from each other. Looking at the issues with in-home care, group homes, and other alternatives to institutionalization right now might help us to imagine better alternatives to policing.

That is all to say that I think practicing all these things together means thinking in this broad way, and of course leaving no one behind. And I think dismantling capitalism is really central to all of this as well. In terms of the ways we are asked to produce, what the state is looking to actually protect, and our own capacities to care for one another. So I think a lot has shifted in the last year and that there is still a really long way to go that requires a lot of communal thought and action. No one person has an answer, I truly believe that. But I do think

that adrienne-maree brown's work on pleasure activism offers some momentary salve.⁴⁷ As finding sites of pleasure or joy in our current lives can help us start to sort of practice for liberation, and create new ways of living, and sustain ourselves through the work it will take to get there. For me, creating access for one another, caring for ourselves and one another, and finding joy and power in (a) sexuality, desire and consent in all aspects of life, are tools for undoing any internalized pathologization and are not separate from "the work" or praxis.

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We hope the questions we chose to ask each other and the conversation here spark critical interventions and leave you with more questions to explore in community, as it did for us.

Notes

1. Susan J. Vincent, *The Anatomy of Fashion: Dressing the Body from the Renaissance to Today* (Bloomsbury: Berg Publishers, 2009).
2. Liat Ben-Moshe, *Decarcerating Disability: Deinstitutionalization and Prison Abolition* (Minneapolis: University of Minnesota Press, 2020).
3. Eve Kosofsky Sedgwick, "How to Bring Your Kids Up Gay," *Social Text*, no. 29 (1991): 18–27.
4. See C. Riley Snorton, *Black on Both Sides: A Racial History of Trans Identity* (Minneapolis: University of Minnesota Press, 2017). See also Kadji Amin, "Glands, Eugenics, and Rejuvenation in Man into Woman: A Biopolitical Genealogy of Transsexuality," *TSQ: Transgender Studies Quarterly* 5, no. 4 (November 1, 2018): 589–605.
5. María Lugones, "Heterosexuality and the Colonial/Modern Gender System," *Hypatia* 22, no. 1 (2007): 186–209; and Brooklyn Leo, "The Colonial/Modern [Cis] Gender System and Trans World Traveling," *Hypatia* 35, no. 3 (2020): 454–74.
6. Ben-Moshe, *Decarcerating Disability*.
7. Cathy J. Cohen, *Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?* (Durham, NC: Duke University Press, 2005).
8. Eli Clare, *Exile and Pride: Disability, Queerness, and Liberation*, 2nd ed. (Cambridge, MA: South End Press, 1999).
9. Alison Kafer, *Feminist, Queer, Crip* (Bloomington: Indiana University Press, 2013).
10. María Lugones, "Heterosexuality and the Colonial/Modern Gender System," *Hypatia* 22, no. 1 (2007): 186–209, <https://www.jstor.org/stable/4640051>; and Brooklyn Leo, "The Colonial/Modern [Cis] Gender System and Trans World Traveling," *Hypatia* 35, no. 3 (2020): 454–74, <https://doi.org/10.1017/hyp.2020.27>.

11. Loree Erickson, "Transforming Cultures of (Un)Desirability: Creating Cultures of Resistance," *Graduate Journal of Social Science* 12, no. 1 (2012): 11–22, <http://giss.org/sites/default/files/issues/chapters/papers/GJSS%20Vol%2012-1%20Erickson.pdf>.
12. "Loree Erickson on Queercrip Porn," *The Eyeopener*, February 2020, <https://theeyeopener.com/2020/02/loree-erickson-on-queercrip-porn/>.
13. Sins Invalid, "10 Principles of Disability Justice," blog post, September 15, 2015, <https://www.sinsinvalid.org/blog/10-principles-of-disability-justice>.
14. A. Howell and J. Voronka, "Introduction: The Politics of Resilience and Recovery in Mental Health Care," *Studies in Social Justice* 6, no. 1 (2012): 1–7.
15. J. Voronka, "Storytelling Beyond the Psychiatric Gaze: Resisting Resilience and Recovery Narratives," *Canadian Journal of Disability Studies* 8, no. 4 (2019): 8–30.
16. S. M. Rodriguez, "Queers against Corrective Development: LGBTSTGNC Anti-violence Organizing in Gentrifying Times," *GLQ* 28, no. 2 (2022): 165–84; and Savannah Shange, *Progressive Dystopia: Abolition, Antiblackness, and Schooling in San Francisco* (Durham, NC: Duke University Press, 2019).
17. Leah Lakshmi Piepzna-Samarasinha, "Sick and Crazy Healer: A Not-So-Brief Personal History of the Healing Justice Movement," in *Care Work: Dreaming Disability Justice* (Vancouver, BC: Arsenal Pulp Press, 2018).
18. Sins Invalid, "10 Principles of Disability Justice," blog post, September 15, 2015, <https://www.sinsinvalid.org/blog/10-principles-of-disability-justice>.
19. Harriet's Apothecary can be found at <http://www.harrietsapothecary.com/>; and Susan Raffo, Anjali Taneja, and Cara Page, "Healing Histories Project: Disrupting the Medical Industrial Complex," *Healing Histories Project*, 2020, <https://carapage.co/the-medical-industrial-complex-mic/>.
20. José Esteban Muñoz, *Disidentifications: Queers of Color and the Performance of Politics* (Minneapolis: University of Minnesota Press, 1999).
21. Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006).
22. Julie Livingston, *Debility and the Moral Imagination in Botswana* (Bloomington: Indiana University Press, 2005).
23. Jasbir K. Puar, *The Right to Maim* (Durham, NC: Duke University Press, 2017).
24. The term "debility" was used by Africanist historian Julie Livingston to describe the condition of physically impaired miners in Botswana. As she demonstrates, debilitation is seen as a normal consequence of laboring and these impairments and chronic illnesses "were not regarded as disabilities: indeed they were 'normal' and in some cases even expected impairments" (Livingston, , *Debility and the Moral Imagination*, 120). Jasbir Puar builds on this circuit when discussing 'targeted debilitation' by the state ("the right to maim"). But for Puar, disability and debility are not the same because "what counts as a disability is already overdetermined by "white fragility" on one side and the racialization of bodies that are expected to endure pain, suffering, and injury on the other." Puar, *The Right to Maim*, iv. Put crudely, white privilege is a precondition for identification with disability (as identity, pride etc.),

- whereas state targeted debilitation is aimed at Black, Indigenous and communities of color.
25. Camille A. Nelson, "Frontlines: Policing at the Nexus of Race and Mental Health," *Fordham Urban Law Journal* 43 (2016): 615.
 26. Mia Mingus, "Changing the Framework: Disability Justice," *Leaving Evidence*, blog post, February 12, 2011, <https://leavingevidence.wordpress.com/2011/02/12/changing-the-framework-disability-justice/>.
 27. T. L. Lewis, "January 2021 Working Definition of Ableism," blog post, TL's Blog, January 1, 2021, <https://www.talilalewis.com/blog/january-2021-working-definition-of-ableism>.
 28. An updated version of this definition has been released since our conversation and can be found at <https://www.talilalewis.com/blog/working-definition-of-ableism-january-2022-update>.
 29. Mia Mingus, "Moving Toward the Ugly: A Politic Beyond Desirability," *Leaving Evidence*, blog post, August 22, 2011, <https://leavingevidence.wordpress.com/2011/08/22/moving-toward-the-ugly-a-politic-beyond-desirability/>.
 30. Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham, NC: Duke University Press, 2017).
 31. Jina B. Kim and Sami Schalk, "Integrating Race, Transforming Feminist Disability Studies," *Signs* 46, no. 1 (2020): 31–55.
 32. Stacey Park Milbern mentioned the idea of a "disability doula" in various contexts and conversations over the years. In print you can find it in: Leah Lakshmi Piepzna-Samarasinha, "Crip Lineages, Crip Futures: A Conversation with Stacey Milbern," in *Care Work: Dreaming Disability Justice* (Vancouver, BC: Arsenal Pulp Press, 2018).
 33. For example, Jina Kim discussed racialized disablement as: "[T]he ableist reasoning and language underpinning the racialized distribution of violence. In other words . . . the pathologizing language of the state itself, levied through accusations of insanity, criminality, stupidity, or dependency, which justify the expendability of racialized life." Kim and Schalk, "Integrating Race, Transforming Feminist Disability Studies."
 34. For one example in written form, see Rachel Gorman, annu Saini, and Louise Tam, "Mad People of Color: A Manifesto," *Asylum Magazine* 20, no. 4 (December 2013), <https://asylummagazine.org/2013/12/mad-people-of-color-a-manifesto-by-rachel-gorman-annu-saini-louise-tam-onyinyechukwu-udegbe-onar-usar/>.
 35. Tracy Loughran, "Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and its Histories," *Journal of the History of Medicine and Allied Sciences* 67 (January 2012): 94–119; For why PTSD is inapt in the context of war: Paula Caplan, *When Johnny and Jane Come Marching Home: How All of Us Can Help Veterans* (Cambridge, MA: MIT Press, 2011).
 36. In the context of Palestine, check the phenomenal work of Dr. Giacaman and her team: Rita Giacaman, "Reframing Public Health in Wartime: From the Biomedical Model to the 'Wounds Inside,'" *Journal of Palestine Studies* 47, no. 2 (2018): 9–27; as well as Samah Jabr, "What Palestinians Experience Goes beyond the PTSD Label,"

- Middle East Eye*, February 7 (2019). <https://www.middleeasteye.net/opinion/what-palestinians-experience-goes-beyond-ptsd-label>.
37. For example: Dylan Rodríguez, “The Terms of Engagement: Warfare, White Locality, and Abolition,” *Critical Sociology* 36, no. 1 (2010): 151–73.
 38. Joy DeGruy, *Post Traumatic Slave Syndrome* (Milwaukie, OR: Uptone Press, 2005).
 39. See Michel Foucault, *Abnormal: Lectures at the Collège de France, 1974–1975* (New York: Palgrave Macmillan, 2003).
 40. Aurora Levins Morales, *Medicine Stories: History, Culture, and the Politics of Integrity* (Cambridge, MA: South End Press, 1998).
 41. Levins Morales, *Medicine Stories*, 20.
 42. Priya Kandaswamy, “Innocent Victims and Brave New Laws: State Protection and the Battered Women’s Movement,” in *Nobody Passes: Rejecting the Rules of Gender and Conformity*, ed. Mattilda Bernstein Sycamore (Emeryville, CA: Seal Press, 2006).
 43. Beth E. Richie, *Arrested Justice: Black Women, Violence, and America’s Prison Nation* (New York: New York University Press, 2012).
 44. Audre Lorde, “Age, Race, Class, and Sex: Women Redefining Difference,” in *Sister Outsider: Essays and Speeches* (Trumansburg, NY: Crossing Press, 1984).
 45. “The Abolition and Disability Justice Coalition,” *The Abolition and Disability Justice Coalition*, <https://abolitionanddisabilityjustice.com/>.
 46. Angela Y. Davis, Beth Richie, Liat Ben-Moshe, Maya Schenwar, and Victoria Law, “Beyond Alternatives: Disability, Madness and Prison Abolition,” May 21, 2021, <https://www.youtube.com/watch?v=CqaOgVzwCZ4>.
 47. adrienne-maree brown, *Pleasure Activism: The Politics of Feeling Good* (Chico, CA: AK Press, 2019).

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