Disabling Trauma:
Toward A Crip Critique of Post-Traumatic Stress Disorder

A Dissertation

SUBMITTED TO THE FACULTY OF THE UNIVERSITY OF MINNESOTA BY

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IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

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August 2019
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Acknowledgments

As both a disabled person and a Buddhist practitioner, I believe deeply in the truth of our interdependence. We do nothing on our own. Nothing about who we are, or who we become, is a singularity. Our multitudes not only support one another in ways we cannot always know, they intertwine in ways we cannot begin to imagine. I am here today because of a multitude, a multitude of others.

It began with the Ronald E. McNair Program so many years ago - so I must begin with acknowledging the folks there who first told me this was possible. Dr. Harker and Sarah Hass - I quite literally would not be here without you. Christine, thank you in particular, for being the first person to truly teach me how to think, write, and analyze. You opened doors I didn’t know existed and for that this dissertation is your success as much as it is mine. Joan and Dr. Minner, how can I ever thank you? There just aren’t words for the people who adopt you when you most need to be adopted. Thank you.

Thinking (and becoming) happens in community and I could not have thought these thoughts without the disability communities I have found. I cannot begin to name all the people I need to name to truly acknowledge everyone who has supported my process. From the folks who have been at the various the Disability Studies conferences and panels, to my friends here in the Critical Disability Studies Collective, to my colleagues at the Disability Resource Center, I am a better scholar, teacher, and person, because of disability community.

Even if they didn’t show up in the bibliography, my scholarship would not be what it is if it wasn’t for the support and mentorship of Margaret Price, Eli Clare, Alison Kafer, Ellen Samuels, Mimi Khúc, Kim Nelson, Melanie Yergeau, Corbett O’Toole, Tammy Berberi, Johnna Keller, Liat Ben-Moshe, and Nirmala Erevelles.

I wouldn’t have made it to or through the dissertation stage of graduate school if it wasn’t for my queerworld cohort (QAUREL for life). Karisa, thank you dear friend, for all the feminist life coaching and Taurus real talk. Raechel, we’ve got each other in this you and I, this dissertation has shown me that. Thank you for reading drafts and talking me through it. eWill, we may never agree on *A Little Life*, but my chapter is better because you read it, thank you for your help. Eli, Libby, and E.G. thank you helping me process all the ways that I am more than the words in this document.

Logan, Jason, and Jessica – Thank you so much, especially for all the support you gave me throughout the last year of the dissertation. From making me food, to listening to me process, to checking in on me, to helping me with edits and formatting - I don’t know where I would be if it wasn’t for you three. This dissertation certainly wouldn’t be where it is today. The words thank you don’t go far enough. Thank you for being my family.
I want to take a moment to acknowledge my students – especially those in the *Bodies That Matter: Feminist Approaches to Disability Studies* and the *Sex Love and Disability* classes that I have taught. My students have kept me grounded, kept me thinking, and kept me moving forward throughout this writing.

I would be remised if I did not thank Kim Clarke the GWSS subject librarian who helped me so much as I learned new methods and new modes of research for this project. Thank you, Kim, for your excitement and support about my project. Librarians like you make writing dissertations so much more fun.

I’d also like to be a bit unorthodox and acknowledge my first mentor, Mr. Pointer, who taught me what it means to put your everything into something. It was Mr. Pointer who taught me what hard work, dedication, and determination looked like – I am here today because of the foundational mentorship he gave me so many, many years ago.

I cannot thank my family enough for all that they have held while I’ve been doing this work. To my brother and my sister, thank you for believing in me when I didn’t believe in myself. To my mother, thank you for all your patience and understanding. Thank you for talking through so many things that are so hard to talk through, but so important. To Maddy, thank you for reminding me daily that all the things I’ve learned in the last fifteen years of school mean nothing if I can’t say them succinctly and connect them to your lived experience. You keep me real kid, and I’m a better scholar, teacher, and person because of it. To Gabe, my partner and my love, thank you for holding everything together. Thank you for every cup of coffee and every stolen moment. I am here because you’re beside me. Thank you.
Lastly, thank you to my committee members (both past and present) for pushing me to be more and do more than I thought I ever could. Jennifer, the beginnings of this project are rooted in the thinking I did with you. Thank you for guiding my time in coursework and for helping me develop all that this has become. Reg, thank you for being the first person to encourage me to write about these things, even before I was ready to accept that this was my project, you saw it. Thank you for helping me find a vision. Thank you, Naomi, for helping me find a home here at the U and helping me stay in touch with my love for philosophy. Thank you, Aren, for challenging me to find the nuances in my argument and for all the ways you’ve provided formal and informal mentorship for me throughout these years. Edén, thank you for supporting my passion for teaching and my desire to bring Disability Studies into the GWSS classroom. When I teach, I teach with the goal of becoming an instructor just like you.

Margaret – thank you for introducing me to the world I needed to find. It was about six years ago when you were knitting and tweeting through the panel I was speaking on. Afterward, you introduced me to Critical Disability Studies and other crip scholars. My world changed. Thank you. Thank you for all the support and guidance you’ve given for this project, of course, but more importantly thank you for helping me become the scholar and person I am today.

And finally, Jigna, here we are. Thank you for every meeting. Every hug. Every word you read three times. Thank you for email. Every text message. Every time you made me do it again and again and again. Thank you for all the patience you had with my
processes and all the work you did to drag me to this day. This dissertation is as much yours as it is mine. I hope it is something you are proud of.
I dedicate this dissertation to its ghosts, both living and dead:

Susan B. Carter
Sharyn Eastly
Helene “Lanie” Jones
Jesús Estrada-Pérez
Helga B. Riddle
Willem “Ed” Riddle
Oma Helene Wolfe
## Table of Contents

Acknowledgements.........................................................................................i

Dedication........................................................................................................vi

List of Tables......................................................................................................viii

List of Figures.....................................................................................................ix

Introduction........................................................................................................1


Chapter Two: Toward a Feminist Queer Crip Theory of Trauma, or: When Emma González’s Silence Said Everything.................................................................79

Chapter Three: Trauma and the Trigger Warning Debate: Toward a Feminist Disability Studies Pedagogy.................................................................119

Chapter Four: The Cripistemologies of Trauma: A Feminist Queer Crip Interpretation of Hanya Hanagihara’s *A Little Life*..................................................150

Conclusion........................................................................................................202

Notes..................................................................................................................220

Works Cited.......................................................................................................225
**List of Tables**

Graph A: Time Magazine Reporting on Trauma, 1980-2016………………………45
Graph B: Pre- and Post- 9/11 Reporting on Trauma……………………………………46
Graph C: Origins of Trauma, 1980 – 2016……………………………………………48
Graph C1: Origins of Trauma, Pre - 9/11………………………………………………49
Graph C2: Origins of Trauma, Post – 9/11………………………………………………50
Graph D: References to War/Military 1980-2016……………………………………53
Graph E: Whose Trauma is Recognized, 1980-2016………………………………59
Graph E1: Whose Trauma is Recognized, Pre - 9/11…………………………………60
Graph E2: Whose Trauma is Recognized, Post - 9/11………………………………61
Graph F: Pre- and Post- 9/11 Recovery Narrative……………………………………64
Graph G: Pre- and Post- 9/11 Socially Unacceptable Consequences of Trauma——67-68
List of Figure

Figure 1: Chip Kidd’s 1996 NYT Magazine Cover……………………………………167
Introduction

There is no good beginning to stories like mine. Or to dissertations like this one. If I tell you about my disabling trauma, I risk falling into the exact ideological trappings I aim to critique. You’ll see me either as a victim of my own circumstances—as someone who is attached to their own woundedness. Or, you’ll see me as an inspiration—as a survivor, who never gave up. I am neither. But if I don’t tell you about my trauma—if I don’t narrate my experiences—how can I tell you about the embodied, situated knowledges that have come to frame this project? How can I tell you about the many lives—and deaths—that give rise to this project? There is no good place to begin when you’re trapped in a narrative bind.
Trauma is everywhere. We see it on every news report: pictures of “natural” disasters; personal stories of wounded warriors; images of accidents and catastrophes; and innumerable accounts of violence both at home and abroad. Crisis narratives flood our newsfeeds and social media accounts. When the “real world” becomes too much, we switch to cable or our streaming devices only to find that fictional trauma animates most of our favorite TV shows and our most awarded films. Indeed, in the years since its official recognition by the American Psychiatric Association as “Post Traumatic Stress Disorder,” trauma—as a phenomenon—has been transformed from a “suspect condition” contained within the psychologist’s office, into a notion so ubiquitous and presupposed that it is now embedded in everyday life (Fassin and Rechtman 4-6), so much so that media theorists contend that we live in a “trauma culture” with the ever-present opportunity for “dark tourism” (Rothe 3; Lennon and Foley). What’s more, with the increasing possibilities of digital technologies, it is now becoming harder to separate individual experiences of trauma from these representations and cultural responses. Not only do we, as a culture, routinely stand spectator to “mass media employments of the pain of others,” we may now experience a kind of “secondary trauma” through our overexposure to “so-called mediatized trauma” on our televisions and on our newsfeeds (Rothe 4; Kaplan 2).

This ubiquity of trauma—especially alongside the triumph of neoliberal economic and social policies, the continual shrinking of the welfare state, and ascensions in climate change—seem to position trauma as inevitable, especially for society’s most vulnerable. As a result, leading cultural critic Lauren Berlant calls for a move “away from the
discourse of trauma ... when describing what happens to persons and populations as an effect of catastrophic impacts” (9). For Berlant, the ubiquity of trauma renders it no longer useful or effective as social analytic, cultural framework, or hermeneutic device. Berlant argues that “a traumatic event is simply an event that has the capacity to induce trauma” and that such happenings are better described by her notion of “crisis ordinariness” (Berlant 10). Crisis, Berlant reminds us, is not exceptional under neoliberalism but rather “a process embedded in the ordinary” (10). She therefore argues for replacing trauma theory—with its misplaced insistence on the exceptional—with “crisis ordinariness” as a better way to describe the systemic navigation of modern life’s overwhelming affect (10).

While I agree with the critique of traditional trauma theory’s focus on the exceptional, as well as the prevalence of crisis both socially and individually, Berlant’s analysis is limited in two specific ways. First, call it whatever you’d like, but the affective pain that becomes lodged in the bodymind through crisis or trauma is not ordinary, even if it occurs regularly. Second, we must ask why, as Berlant notes, “in critical theory and society generally, ‘trauma’ has become the primary genre of the last eighty years for describing the history present” (Berlant 10). Why is it that trauma has become so prevalent? What is it about this discourse that is so appealing to both critical theorists and the general public? Especially, if it is, as Berlant argues, so inaccurate? So while I share Berlant’s critique of the ubiquity of trauma discourse, I believe that it is precisely because trauma has become so pervasive that we must not abandon it.
How can we abandon trauma when culturally it is as though we cannot stop talking about it? The question becomes: what is it that we are saying exactly? Who gets to know about trauma, and who counts as an authority on trauma? How are we even defining the term? Moreover, how do these discourses impact those who are living with trauma in their bodyminds? Whose trauma is recognized as trauma and whose is dismissed, neglected, and/or criminalized? What narratives of trauma are supported and what narratives are foreclosed? How do race, class, gender, sexuality, citizenship, and ability play out in our cultural understanding of trauma and traumatization?

Berlant’s move to “crisis ordinariness” leaves those impacted by the weight of these pervasive trauma discourses without recourse or reprieve. Berlant—like so many others who study trauma—begins her analysis of trauma through a critic of the event. But whether the event is understood as exceptional or ordinary, whether it’s called traumatic or a crisis, misses the point. Shifting away from trauma leaves unattended the uneven distribution of resources and systems of power and oppression that structure not only the embodied experience of trauma, but the narrations that follow. By focusing on the event, and not on the embodied, psychological, somatic and deeply affective experience of trauma, scholars like Berlant leave undertheorized the dis-abling experience of trauma. This mimics the move of able-bodied people who claim that “we’re all disabled” or “we’ll all become disabled” without considering the drastically different ways in which bodyminds come into the experience of impairment and disablement—depending upon social location. While it certainly is true that crisis is ordinary within the everyday of late
capitalism, we do not all have the same capacity to respond to these crises. The
distinction is in the difference: trauma is what happens when you do not have the material
resources and affective capacity to respond to these “ordinary” crises.

So, Berlant is correct: trauma is not exceptional in that, just like other kinds of
disabilities, it is common. Indeed, in this way it is quite ordinary. However, trauma is an
exceptional experience because of the ways that society’s ableism and sanism dis-able
those who experience the embodiments of trauma.

Thus, as this dissertation will argue, the ideologies embedded within the popular
discourses of trauma make it so that we must not abandon it as a social analytic, cultural
framework, or hermeneutic device. Its pervasiveness demands our attention. The social
constructs of race, class, gender, sexuality, ability, and citizenship intertwine to inform
who gets to claim trauma, what kinds of trauma are recognized, and what approaches of
life and healing after trauma are viewed as appropriate. Thus, we must ask: Why is
trauma as a cultural frameworks surging in popular discourse in the contemporary
American moment? What does the concept of trauma do in American popular culture?
What is it that discourses such as these are telling us and teaching us about trauma? Who
benefits by and who is left out of these narratives? Which narratives are heard, and which
ones are foreclosed? What systems of oppression are challenged and what systems of
inequity are perpetuated by these popular trauma discourses? And lastly, what ways of
knowing and approaching trauma might help us care for one another when we’ve
experienced something(s) traumatic? Are there new or other knowledges, modalities,
collectives, coalitions, and affinities possible if we imagine trauma otherwise?
Theories and Methods

To address these questions, I engage with a number of multidisciplinary and interdisciplinary methods and theories throughout the dissertation. Primarily, I stage a theoretical intervention between two interdisciplinary fields of inquiry: Critical Disability Studies (CDS) and Critical Trauma Studies (CTS). Bringing these two fields together allows my project to better attend to the social, discursive, material, and embodied realities of trauma. In the section that follows, I first outline CDS and detail how this field conceptualizes the bodymind within systems of power and oppression. Next, I outline CTS and detail how this field approaches its subject matter. Lastly, I conclude by explaining why I find it pertinent to bring the two fields of study together in order to fully attend to the nuances and complexities of trauma as both an individual and social phenomenon.

While Disability Studies as a field has existed since the 1980s, the mid-2000s saw scholars reevaluating the major “explanatory paradigms” dominating the field (Meekosha and Shuttleworth 49). These reevaluations served as the beginning of today’s Critical Disability Studies. In their 2009 article, “What’s So Critical About Critical Disability Studies,” authors Helen Meekosha and Russell Shuttleworth argue that there were four main theoretical tensions influencing the development of Critical Disability Studies as a maturation of the field of Disability Studies (50).

First, traditional Disability Studies critiques a Medical Model of Disability, or the understanding of disability as a strictly medical issue in need of a “cure.” As an alternative, Disability Studies presents the Social Model of Disability, which argues that
it is society’s ableism and inaccessible environments that dis-able people. However, the creation of the Social Model created a binary between the Social and Medical Models of Disability, and the Social Model itself relied upon a binary between “impairment” as physical/mental limitation and “disability” as societal discrimination.

Emerging scholars in what is now called CDS call for a “move away from the preoccupation with binary understandings” (Meekosha and Shuttleworth 50): rather than debating which model or perspective is the correct one, a CDS approach instead considers a variety of “key ideas about disability” beyond the binaries, as they aid in a “more complex conceptual understanding of disability oppression in our work” (Meekosha and Shuttleworth 50). CDS understands that these models often blur, overlap, or co-occur, and further that it may be politically or analytically useful to use one model in one moment and another model in another moment.

Moreover, CDS approaches the study of disability by questioning the category of disability all together. In other words, rather than assuming we know what we mean when we say “disabled” or “disability,” CDS thinks through the ways in which the terms themselves are contestable. CDS begins with the understanding that disability is determined by society—our location in culture, time, and place. What counts as a disability in one context may or may not count as a disability in another. CDS understands that the definition of disability is socially determined or socially constructed through systems of power and oppression. Furthermore, this social construction is deeply intertwined with other systems of power and oppression—like race, class, gender, sexuality, and citizenship. From the CDS perspective, disability then cannot be
understood without full consideration of these other vectors of inequality and social rubrics of meaning-making.

Because CDS begins by troubling the category of disability itself, and instead looking at the systems of power and oppression that create the categorization, it's easy to think of CDS as a method of study rather than an object of study. As a methodology then, CDS “involves scrutinizing not bodily or mental impairments but the social norms that define particular attributes as impairments, as well as the social conditions that concentrate stigmatized attitudes in particular population” (Minich). So, while CDS can certainly study disabled people or experiences, it can also be utilized to study other scrutinized and chastised peoples and embodiments (Minich).

Second, Disability Studies has deep roots in disability activism and remains attentive to the social, economic, and political struggles of disabled people. However, while this work continues, CDS also calls needed attention to the “psychological, cultural, discursive, and carnal” impacts on disabled people (Meekosha and Shuttleworth 50). Put another way, in Disability Studies’ efforts to identify and critique the sociopolitical barriers to disabled people, it often overlooks the actual material, physical realities of the bodymind. Indeed, in focusing on social barriers and political climates, much of the foundational Disability Studies work failed to address the role of the disabled bodymind and its relationship to mental disabilities, pain, fatigue, and illness. CDS takes up this work centering the bodymind while also attending to the political, social, cultural, and discursive.
In fact, CDS calls attention to these material embodied realities through the use of the term “bodymind” itself. Throughout the dissertation, I use this combined terminology following Margaret Price’s materialist feminist disability reading of Barbara Rothschild’s work on trauma (Price, Hypatia 269). Refusing the Cartesian split of western thought, this approach emphasizes that the “mental and physical process not only affect each other but also give rise to each other” (Price, Hypatia 269). I am specifically pulling from Price’s theorizing of bodymind, not just Rothschild’s, because Price extends the term to encapsulate the belief that “mental disability matters” (Price, Hypatia 269).

A third tension within Disability Studies that gave rise to Critical Disability Studies grew out of concern about the cooptation of the language of disability studies by “applied disciplines” like rehabilitation and special education (Meekosha and Shuttleworth 51). Here, CDS critiques how institutions and systems map meanings on to bodyminds in a way that produces a hierarchy where the more abled you are, the more worthy and valued you are in society. This hierarchy is then used to justify an unequal distribution of life chances based on the meanings we’ve put onto bodyminds. CDS centralizes understanding and critiquing the meanings that are mapped onto the bodymind in order to attend to a study of power and oppression.

Here, I take up Sami Schalk’s use of “(dis)ability” when referencing “the overarching social system of bodily and mental norms that include ability and disability” (Schalk 6). Like Schalk, I do this to differentiate between the system of oppression and the individual experience. Throughout this dissertation, (dis)ability will be used to signify the social system of privilege and oppression and “disability” will be used to signify the
identity or experience of being disabled. I also appreciate Schalk’s use of the parenthetical, rather than a hyphen or backslash, as a visual reference to the “shifting, contentious, and contextual boundaries between disability and ability” (Schalk 6).

Fourth, and last, CDS came about through the influence of other emerging interdisciplinary fields of study such as critical race theory, critical legal theory, and critical queer studies (Meekosha and Shuttleworth 51). With this, CDS is also deeply interdisciplinary, meaning that it thinks about disability as a vector of privilege and oppression and category of meaning-making that simultaneously moves through society, history, art, literature, culture, language, philosophy, politics, medicine, etc. As such, CDS cannot be bound to any traditional disciplines but instead it always multidisciplinary, transdisciplinary, or even antidisciplinary in nature.

I didn't know it had a name, this Critical Disability Studies business. I came to graduate school thinking I was going to do Queer Theory and narrative theory and study how we dealt with the struggles we face when society tells us our body is one thing but we experience our body as another thing altogether. The only place I had found that kind of work was Trans Studies/Queer Theory. Then I found Disability Studies and Critical Disability Studies and the community that is there, and it felt like my heart exploded. This matters because it’s lonely here. As a disabled grad student. It was lonely as a disabled undergrad student. I hear it's lonely as a disabled faculty member. Finding people—my people; finding scholarship—scholarship that speaks to my world—made me realize that maybe I could do this. Maybe I could find my own path and forge my own way, and
maybe there would be people along that path that could help me. It made me realize I wouldn’t be so alone. That matters. That has to be included because these words wouldn’t be here. I wouldn’t be here if it weren’t for finding the theory and the people. I always quote bell hooks—I know people are tired of hearing me quote bell hooks, but it’s so real—“I came to theory because I was hurting—the pain within me was so intense that I could not go on living. I came to theory desperate, wanting to comprehend—to grasp what was happening around and within me. Most importantly, I wanted to make the hurt go away. I saw in theory then a location for healing” (59).

Like Critical Disability Studies, Critical Trauma Studies begins by questioning the social categorization of trauma itself. Since the mid- to late-nineteenth century, trauma has been framed—through one term or another—as a “disease of the mind” (Casper and Wertheimer 3). Whether it was “traumatic neurosis,” “shell shock,” or “PTSD,” trauma was firmly a biomedical and psychiatric concern (Casper and Wertheimer 3). I argue that in dominant discourses trauma is still understood in this manner. To be traumatized was/is to be seen as “psychically wounded and vulnerable, unwhole” and “therapeutic practices were aimed at ‘restoring’ normalcy or stasis” (Casper and Wertheimer). In other words, trauma has been rooted in the Medical Model of Disability, and CTS seeks disrupt that understanding.

Indeed, CTS challenges these biomedical and psychiatric understandings of trauma by positioning trauma as a cultural object worthy of study in its own right (Casper and Wertheimer 3). Early CTS scholarship began questioning trauma’s history and
relationship to memory; trauma narratives and their limits; the memorialization of trauma in culture and society; representations of trauma; and genealogies of trauma (Casper and Wertheimer 3). Through these framings, CTS allows us to see that trauma is primarily a “product of history, and politics, subject to reinterpretation, contestation, and intervention” (Casper and Wertheimer 3).

However, the majority of this early CTS scholarship remained focused on European and U.S. histories, as well as overshadowed by theories of trauma derived from Freudian psychoanalysis (Traverso and Broderick 3). As CTS developed in the mid- to late-2000s, scholars sought to “redress the balance” of the field. In 2010, Antonio Traverso and Mick Broderick co-edited a journal volume ushering in new work that first focuses on “diversity of regions around the world,” and second, “seeks to interrogate the methodological limits of the dominant theory of trauma” (4).

Their journal volume, and CTS more broadly, questions how the concept of trauma is “used—often problematically—to theorize the cultural representation of human suffering and atrocity” (Traverso and Broderick 4). CTS questions the cultural processes by which events that happen are denoted as traumatic events. What does this categorization and response do? Open up? Foreclose? CTS asks: “What does it mean to use the discourse of trauma? To represent events as ruptures, breaks and other deviations from the normal? And what, then, is normal?” (Casper and Wertheimer 3). Again, like CDS, CTS is interested in disrupting the binaries created by the systems of power and oppression that come to define people and populations.
Furthermore, like CDS, CTS is also interdisciplinary and intersectional. However, unlike CDS, CTS has “little structure coherence” which is to say that there is—as of yet—no uniting organization or broader institutionalization of the field (Casper and Wertheimer 4). In their anthology, *Critical Trauma Studies*, Monica J. Casper and Eric Wertheimer argue that the field “such as it is” has come together through shared intellectual considerations and processing through a set of conceptual tensions (4). CTS establishes itself through its approach to “modern catastrophes such as war, genocide, forced migrations, and 9/11, alongside everyday experiences of violence, loss and injury” (Casper and Wertheimer 4). What's more, Casper and Wertheimer note that the “conceptual heart of critical trauma studies,” if there can be one, is found “between the everyday and the extreme, between individual identity and collective experience, between history and the present, between experience and representation, between facts and memory, and between the ‘clinical’ and the ‘cultural’” (4).

With this last tension, CTS make gestures at attending to the bodymind. According to Casper and Wertheimer, “the material body in not absent from the imaginings of critical trauma studies” in that “the body has always been present if not fully theorized, its material insistence grappled with through investigations of somatic ruptures, such as railroad accidents and traumatic brain injuries” (4). Casper and Wertheimer’s own language is telling— “not absent” and “present if not fully theorized”—speaks directly to the level of theoretical attention the bodymind receives in CTS.
Therefore, my project calls a merging of CTS with CDS, as CDS is the field of academic inquiry that attends directly with both the cultural and material realities of the bodymind. Moreover, there is conceptual overlap between the two fields because CDS examines how society maps meanings onto bodyminds through the category of (dis)ability, and Trauma has historically been situated as a mental illness or psychological disability with somatic renderings. As I’ll explain in more depth in Chapter Two, for various reasons the two fields have not historically engaged with one another. However, if CDS is to fully consider the socio-cultural and psychosomatic realities of mental disabilities as disabilities, it must engage with trauma and CTS. Thus, I am arguing for an extension of each field through a conversation with the other. It is only through the utilization of both lines of inquiry together that we may simultaneously attend to the social, material, discursive, and embodied realities of trauma as an individual and cultural phenomenon.

A merging of CDS and CTS will also, by necessity, be an intersectional project. CDS insists on analyzing (dis)ability as a vector of privilege and oppression that intersects with other forms of privilege and oppression, most notably race, class, gender, sexuality and citizenship. CTS similarly looks at how trauma disproportionately impacts people and populations across axes of socially constructed differences, with a particular emphasis on the politics of trauma transnationally. Taken together, the two fields demand an approach to trauma that centers both the embodied realities of traumatization and its socio-political renderings.
Lastly, when theorizing about trauma from an interdisciplinary CTS and CDS perspective, it becomes important to distinguish between the various discourses that are circulating. I contend that there are at least two kinds of discourse about trauma circulating within contemporary U.S. culture. First, there are ways of knowing/knowledge about trauma that come from studies of trauma by experts, theorists, clinicians, psychologists, etc. Second, there are ways of knowing/knowledges about trauma that comes from the experiences of trauma—the embodied, often subjugated knowledges traumatized folks hold. Of course, sometimes both kinds of knowledges can be held at the same time or become produced together (i.e. traumatized theorists/experts). These knowledges and discourses are deeply intertwined, and co-constitutive of one another. However, because of the power of language, it can be necessary to break them apart to analyze how power is operating in the given moment.

Therefore, I will use the lowercase-t “trauma” to signify the aforementioned embodied knowledge that may or may not be recognized socio-culturally, politically, or medically as Trauma. One example of what I am calling lowercase-t “trauma” would be the trauma people of color experience living in the U.S. police state that has given rise to the #blacklivesmatter movement. As I will elaborate in Chapter Four, I understand trauma not as an event, but as an embodied affective structure that falls outside the hegemonic norms that constitute social recognizability—even as it is inscribed into and held deep within our bodyminds.

When I use the capital T “Trauma” I will not be speaking about an affective or embodied experience, but rather about the culturally mediated category—the rubric for
meaning-making—often extrapolated from the affective structure. In other words, I use Trauma to designate the pathologization, medicalization, categorization, and theorization of experiences of trauma that have been recognized, legitimized, and valued by U.S. culture. What I am referring to as Trauma is also commonly known as or referenced by terms like: Post-Traumatic Stress, Post-Traumatic Stress Disorder, Post-Traumatic Growth, Complex Post-Traumatic Stress Disorder, or even Developmental Trauma Disorder. Regardless of the name, Trauma, as a category of meaning-making, is deeply embedded in systems of inequality, wherein ideologies of race, class, gender, sexuality, ability, and citizenship are both interpellated and contested in order to reinscribe hegemonic ideologies.

Of course, an experience and/or affective structure can be both trauma and Trauma at the same time. Indeed, as many disabled people have argued for decades, navigating the medical-industrial complex itself is traumatic. However, it is from within the rubric of meaning-making ascribed by Trauma knowledges that trauma knowledges so often become rejected, erased, foreclosed, dismissed, partial, and subjugated. This is despite the fact that trauma is common. It is an everyday-ness of trauma for people of color, queers, women, immigrants, disabled people, poor folk. Furthermore, the extent to which trauma is recognized as Trauma so often dependent upon political and social access and proximity to resources, chiefly recognizability and whiteness. Consequently, trauma is often pathologized in other ways—criminalized and managed via other technologies of biopower.
Overview

This dissertation seeks to investigate these broader questions regarding trauma/Trauma discourse and Trauma theory that Berlant’s work gestures toward. In doing so, there are four primary goals. First, by analyzing the popular discourses of trauma/Trauma through CDS and CTS this project seeks to understand what Trauma, as a concept, does in contemporary American society. I do so in order to understand how power is circulating in dominant discourses about trauma/Trauma. Second, I aim to bring together disparate fields of study and activism around the critical study of trauma, as I situate trauma as a coalitional site for affinity groups and political connections. Third, this project works to imagine trauma otherwise, specifically to reimagine trauma/Trauma theory in ways that disrupt the current circulation of power and oppression within its discourses.

... And lastly, I do this work with the desire to create more breathing room for all of us. I do this work make space for more narratives about trauma. More kinds of narratives including fractured narrative, and anti-narratives, and futuristic narratives, and no narratives at all. I do this work to break the weight of the narrative. It’s that weight that crushed me. I say it all the time: It wasn’t the semi-truck that killed me. That made me undead, or unalive for so many years. It was all the narratives that I was forced to carry. “You’re so lucky you’re not ‘really disabled!’” ... “I can’t even tell you had an accident!” ... “You’re just the same as you’ve always been” ... “Well if you work really hard, you’ll overcome all that!” ... You’ll never be able to finish college, let alone go to grad school. People with your ‘challenges’ certainly don’t get Ph.D.’s.” ... “Have you
considered a more ‘realistic’ path?’” ... “I think maybe you’re determined to your own
detriment” ... “But I don’t know why you need an accommodation—you write such smart
papers?” ... “But hasn’t it been, like, a bunch of years?” ... “But you’re not a veteran?”
... “Have you tried yoga, acupuncture, or CBD Oil?” ... I’ve been writing this
dissertation for decade because these trauma narratives are still killing me...

To do this work, I have chosen four sites of analysis. I begin the dissertation
looking broadly at public discourse and analyzing TIME Magazine and a well-known
political rally. I chose these discourses of Trauma because of their movement through and
potential to influence, as well as reflect, mainstream American culture. I then move to
analyzing a situated discourse—analyzing how higher education discusses potential
traumatization in the classroom and on campus. This allows me to analyze our cultural
responses to trauma when the conversation gets specific—when we are asked to do
something about trauma, rather than just read about it or listen to its stories. Moreover, as
an educator, the classroom is of particular personal importance to me because I believe
profoundly in the power of an education to challenge social inequalities. Lastly, I turn to
literature as a site of analysis because of the possibilities within the literary genre for
imagining otherwise. Through literature we are able to imagine ways of being, ways of
knowing, and ways of connecting that push us beyond what we might “know” of now.
Literature is a space for other world-making, and as such, a space for remaking this
world. If trauma theory tells us that this world needs to be remade with less suffering,
than perhaps a literary approach to theorizing trauma will help us come to imagine how.
And so, I begin in Chapter One by analyzing thirty-six years of *TIME* magazine through both quantitative methods and close readings in order to understand how the popular discourses of Trauma and PTSD have shifted since the diagnosis was incorporated into the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Through this analysis, I conclude that the last few decades have given way to the emergence of what I am terming a *traumatocracy*, or a socio-political discursive regime wherein the rhetorics and narratives of Trauma/PTSD are utilized not only in service of broader hegemonic ideals, but also certain forms and figures of U.S. citizenship. Moreover, my readings of the data show that while narratives of Trauma have always been deeply hegemonic, it was not until after 9/11 that they become wedded to the veteran and the U.S. Military in this manner. I then outline the three major tenets of traumatocracy, which include but are not limited to: 1) who can claim Trauma, what counts as Trauma, and what narratives of trauma are recognized as such are determined by and work in service of normative citizenship; 2) the refusal to consider or critique—let alone work to change—any of the systemic, institutionalized causes of trauma; and 3) the wide dismissal of cultural differences/preferences in understanding and processing both traumatic events themselves and living life afterward.

Chapter Two of the dissertation, “Toward a *Feminist Queer Crip* Theory of Trauma, OR: When Emma Gonzalez’s Silence Said Everything” works to imagine trauma otherwise by presenting my full theory of trauma. Guided by Alison Kafer’s work, I begin by proposing a *Feminist Queer Crip* approach to trauma as the necessary bridge between Critical Trauma Studies and Critical Disability Studies. What’s more, I
contend that it is this particular interdisciplinary trifecta that allows for a critical approach to both to the sociocultural implications of trauma and the embodied material realities of traumatization that are not otherwise available. Next, I analyze Emma Gonzalez’s “March For Our Lives” speech from March 24, 2018, through this Feminist Queer Crip approach. In doing so, I offer my reconceptualization and working definition of trauma as an embodied, affective structure that must be taken out of the medical model of disability. Here, I argue that Gonzalez’s speech allows for alternative frameworks to emerge for understanding trauma itself; for recognizing its knowledges; and for situating its political and coalitional potentiality. Lastly, I situate González’s speech, as trauma writ large, within Kafer’s Political / Relational Model of Disability, and detailing the four tenets of such an approach to trauma (Kafer 4). When trauma is approached in this way, I conclude that both personal and collective healing become possible—not through overcoming or individualized recovery, but through collective modalities like disability justice, restorative justice, and broad-based social transformation.

Chapter Three turns from the looking at mainstream discourses of Trauma to analyzing how a specific institution responds to claims of trauma/Trauma. Here I analyze the recent debates in higher education regarding trauma/Trauma and trigger warnings in the classroom. When contextualized within the intersecting politics of disability and feminist pedagogies, three fundamental misconceptions within this debate become apparent. First, grave misunderstandings remain regarding practices of accommodation, politics of access, and the possibility of establishing the classroom as a “safe space.” Second, resistance within the academy toward understanding trauma as a pedagogical
issue illustrates a failure to consider experiences of and responses to trauma as issues of disability (in)justice. Lastly, the backlash against student requests for trigger warnings reflects a final misunderstanding about what students were actually requesting: recognition of their lived experiences and institutional support of how those experiences influence their education. Through an exploration of these contentions, this chapter argues that the conflicting approaches to trauma in the classroom demand the praxis of a more integrated, collaborative “Feminist Disability Studies Pedagogy” (FDSP). When approached through this hybrid pedagogy, the conversation shifts from whether we should use trigger warnings to why trauma itself is an imperative social justice issue within our classrooms.

In Chapter Four, I return to imagining trauma otherwise through a close reading of *A little Life* by Hanya Yanagihara. Here I argue that, through Yanagihara’s writing style and in particular through her depiction of the main character of the novel, Jude St. Francis, *A Little Life* presents “cripistemtologies of trauma” that push against the dominant, mainstream narratives of Trauma and PTSD explored in previous chapters. Through a Critical Disability Studies-informed close reading of the novel, I show that Yanagihara’s work privileges disabled and traumatized ways of knowing and being. In particular, this chapter explores three elements of crip trauma knowledge that appear in the novel. First, crip narratives of trauma are woven in both Yanagihara’s writing style and in the ways in which Jude does and does not speak of his past. Second, the experiences of instability that come along with trauma are illustrated throughout the novel without perpetuating the common narratives of the supercrip or the helpless
dependent. Third, and last, the novel shows in great detail what a crip affect of trauma might look like through an outlining of Jude’s affective structure. Taken together, the chapter argues that even with its limitations, the novel presents a cripistemologies of trauma that subvert the dominant narrative frameworks of trauma that are so popular today.

*I’m supposed to tie the dissertation up in a conclusion that brings everything together somehow or shows a final creative approach to the topic in some way. I’ve been told some people gesture toward future questions to be asked or the next steps in the project. I just need to write a few pages that bring closure for the reader and for me, the writer. But that’s not what trauma does. So why should a dissertation on trauma do that work? Maybe my conclusion will start at the beginning and explain where the project came from and what I hope it will do in the world. Maybe my conclusion will refuse to conclude but instead list all the unanswerable questions this work brings forward. Maybe my conclusion will be a letter to one or of all the ghosts of this dissertation—including the ghost of myself—who haunted me and guided me as I wrote. I’m supposed to end this dissertation with a conclusion, but I don’t know how to do that. Trauma doesn’t conclude, so, how can I?*
Chapter One:

“Wounds That Don’t Bleed”:

News Media, 9/11, and the Discourses of U.S. Traumatocracy

These symptoms, now commonly recognized by the American public as signs of Post-Traumatic Stress Disorder (PTSD), are reported in a 2004 TIME article not as symptoms of PTSD, but instead as “wounds that don’t bleed,” a phrase coined by Major David Rabb of the Amy’s 785th Combat Stress Company (Zabriskie). The article, that takes the phrase as its title, reports “how severe stress is taking a toll on U.S troops in Iraq—and what Washington is doing about it.” In it, Major Rabb—a mental health practitioner working at the front lines—notes that the Army has mobilized various “psychiatrist, psychologists, occupational therapists, social workers, chaplains, and nurses” in order “to let troops know they’re not going crazy because they have some emotional and physical and psychological aftereffects of the traumatic events that they witnessed” (Zabriskie). Rabb goes on to describe the “restoration zone” where his company is based as a space serving soldiers or Marines who need a few days “off line” to get some rest, have hot meals, and “talk through their problems.” While some are sent home, TIME reports that “the prime purpose is to prepare them to re-enter the fray, ‘healed’ enough to undergo combat again.” Although TIME cannot get Major Rabb to provide a number of troops with “combat stress injuries,” Rabb does tell TIME that “his team of counselors alone conducts up to 800 informal visits a month to troops in and around Bagdad” (Zabriskie). Later in the article, psychiatrist and Navy Captain Bill Nash
explains that the biggest issue is that “most soldiers and Marines engage in denial and
dissociation to get through.” Still, Lieutenant Troy Fiesel, a social worker in Major
Rapp’s unit, says that they are seeing more and more soldiers ask for help all the time.
Major Rapp contends that it’s because his team makes the rounds “‘just smoking and
joking, letting them know we’re available’” (Zabriskie).

While the specifics of military trauma and the war in Iraq serve as the contextual
background for this particular TIME article, I propose that the complexities and
paradoxes within both Major Rabb’s account and TIME’s reporting epitomize broader
dominant discourses of Trauma/PTSD in the post-9/11 U.S. context. In this chapter, I
begin with a close reading of this article to illustrate these popular discourses of Trauma,
and then turn to a broader historical/archival study to demonstrate the pervasiveness of
these discourses. Using the archival material, this chapter does two things. First, I
demonstrate the changes that have occurred in the dominant narratives of Trauma/PTSD
since 9/11 that have sutured Trauma to certain forms and figures of U.S. citizenship.
Second, I provide a close reading of how Trauma is narrated in relation to the most
paradigmatic figure of the solder. Through these close readings of dominant discourse, I
argue that Trauma is made hypervisible and simultaneously erased as part of a socio-
political regime of U.S. nationalism that I call traumatocracy. ¹
In only 1,650 words, “Wounds that Don’t Bleed” foregrounds a number of paradoxes and contentions about psychological trauma and traumatic events that are now ever-present within post-9/11 U.S. discourses. First, with his use of metaphor, Major Rabb relies on an assumed cultural understanding of physical injury (wounds) to make sense of an assumed cultural misunderstanding and mistrust of psychological suffering. Yet, while he wants to make the soldiers’ struggles knowable and “real” in this way, he doesn’t want it to be made too real. Unlike others who may experience similar symptoms, the TIME article reports that the soldiers are not “going crazy” because they are experiencing “some...aftereffects.” In using the determiner “some,” and reassuring the soldier’s of their sanity, Rapp minimizes the soldiers’ experiences—distancing them from their own symptoms—and, in doing so, also shrewdly re-centering able-mindedness as the default and norm.

Moreover, the article in its entirety shows that the military works to distance the psychological struggles of its soldiers from those of others who have experienced similar traumas and/or mental anguish. Historically, PTSD was first incorporated into the Third Edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorder (or, DSM-III) in 1980, after decades of advocacy by Vietnam veterans toward “recognition, treatment, and compensation” for the atrocities they experienced (Kutchins and Kirk 116). Yet, 24 years later, the TIME article reports on the psychological suffering of these soldiers in Iraq as “classic symptoms of combat stress:***
the emotional, physical, and psychological fallout from living through—or under the extended threat of—traumatic events” (emphasis added). In carefully chosen language throughout the piece, TIME refrains entirely from using the diagnostic term PTSD, despite its decades-long history and deep military legacy. While there are numerous socio-political reasons why the military—and TIME’s reporting of the military—might do this, its many effects include segregating traumatized populations and consequently, if even inadvertently, creating a hierarchy of traumatization.

In yet another nuanced moment of distancing, Major Rapp notes that the soldiers are experiencing these aftereffects because of the “traumatic events they witnessed” (emphasis added). Discursively, trauma is once removed. It is not that the soldiers have experienced or endured trauma, and it is certainly not that the soldiers unquestionably enacted trauma on the lives of countless Iraqis. Rather, trauma is positioned here as something the soldiers observe, as though they are passive spectators in the very war they are waging.

Then, in only a matter of sentences, the TIME article reports that the primary purpose of mental health units, like Major Rapp’s, is to help soldiers return to service, not aid soldiers in processing and managing their distress. The wording here is telling; the goal is to help soldiers become “healed enough to undergo combat again” (Zabriskie, emphasis added). Healed “enough” does not mean having found peace with the psychological and somatic symptoms listed above so that your life is more livable, but rather it means being able to work—to serve the U.S. military in its neo-imperial endeavors. Furthermore, the use of the word “undergo” suggests that TIME at least
acknowledges that it is military combat itself that is traumatizing, and that returning to service will likely mean enduring further trauma, even if military officials like Major Rapp use distancing rhetoric and refrain from giving official diagnostic statistics.

Lastly, there is a move toward victim-blaming in the attention paid to soldiers’ denial and dissociation. While there was one short paragraph noting the increase of soldiers using mental health services (70 words), there were two larger paragraphs describing the denial and refusal of services by the majority of soldiers (232 words). It is as though TIME’s article says that all of the resources are readily available, just waiting for the traumatized soldiers to utilize them, and that the soldiers themselves are not interested in attending to their own suffering. Not only does this ignore both the everyday, material realities of life in deployment and the psychological embodied nature trauma itself, it also fails to consider the effectiveness of military’s methodological approaches toward recovery. Perhaps there are other more effective ways to approach processing, or even ending, cycles of trauma beyond “smoking and joking.”

In this way, this particular TIME article epitomizes the national narratives surrounding Trauma/PTSD in a post-9/11 world. Over and over again, the archive shows a limited understanding of mental health issues, a distancing of trauma from other kinds of disabilities and mental illness, and a re-centering of able-bodiedmindedness as the default, or norm. There is a continued hierarchization of Trauma, including what kinds of trauma are recognized, who is positioned as an expert on trauma, and who gets to claim traumatization as such. It is not coincidental that only men were quoted in the TIME article. As my analysis will show, men—particularly white male veterans—are positioned
within the mainstream news reporting on Trauma/PTSD as the most traumatized population. Relatedly, as in the article above, the U.S. Military and U.S. Government are routinely positioned as altruistic caregivers, arriving on the scene, resources on hand, ready to save their passively traumatized soldiers. Rarely do dominant discourses question the U.S. Government’s role in traumatizing its own citizens, never mind populations aboard (Klein 2012). What's more, the problem of trauma within these discourses is found not within the intense suffering it brings into the lives of those who endure it, but, just as in the TIME article above, within the ways it disrupts the traumatized person’s (and population’s) ability to perform productivity in service of U.S. citizenship and late capitalism.

These themes—a distrust of psychological suffering; a centering of ablemindness; a hierarchicization of Trauma; a distancing from the systemic causes of trauma itself; a focus on returning to work as evidence of recovery; and victim blaming—dominate the current discursive landscape. In order to gain a fuller understanding of the development and prominence of these narratives within contemporary U.S. discourse writ large, the chapter that follows analyzes 36 years (spanning pre- and post-9/11) of articles from TIME magazine, such as this one. In doing so, not only do these themes become apparent as paradigmatic, so too do the hegemonic ideologies and institutionalized inequalities that serve as their foundation.
**Trauma Culture**

Cultural and media theorists have argued that the U.S. has lived in and thrived on a “trauma culture” since narratives of horror, suffering, and survival began crossing the Atlantic after the Holocaust (Rothe 7). While the U.S.’s history of trauma far precedes the 1940s, and indeed is based on violence and trauma, these theorists argue that U.S. *consumption* of trauma in mass media began or became widespread in the late 20th and early 21st centuries.

According to Ann Rothe, since “the popular stage and film adaptations of Anne Frank’s diary in the 1950s, American Holocaust discourse shifted in focus from victims to survivors with the television broadcasts forms the Eichmann trial and the rise of Elie Wiesel to preeminent Holocaust representative” (7). With this shift in discourse, critics began to question the ethics of mass media productions that project the suffering of others as plot devices and entertainment commodities, and challenge the commonplace self-help inspired overcoming narrative where “weak victims” are transformed into “heroic survivors” (Rothe 4-5). Theorists like E. Ann Kaplan have further considered the implications of trauma culture by interrogating “the complex interconnections between individual and cultural trauma—such that, indeed, where the ‘self’ begins, and the cultural reactions end may seem impossible to determine” (2). In her work, Kaplan argues that the distinction between consumers of Trauma and experiences of trauma becomes blurred as we are “‘hailed’ into the dominant images and discourses of trauma” from mass media (2). In the introduction to her book *Trauma Culture: The Politics of Terror and Loss in Media and Literature*, Kaplan focuses particularly on the “political-
ideological shaping of 9/11 through the United States media,” and from her position as a New Yorker she argues that, as a traumatic event, “9/11 produced a new subjectivity”—not only for herself but for New Yorkers and Americans more broadly (2).

Building on scholarship which has interrogated “trauma culture,” I analyze the discourses of Trauma/PTSD within popular news media using an archive of 36 years of TIME magazine articles before and after September 11, 2001. I do so in an effort to track what discursive changes may have occurred because of the events of 9/11. By comparing pre-9/11 reporting to post-9/11 reporting in the TIME archive, I show that the national response to the terrorist attacks of 9/11 altered the frameworks for who can claim Trauma, what counts as Trauma, and what narratives of Trauma are recognized as such. In these and other related ways, the archive I analyze shows that Trauma/PTSD within the U.S. imaginary is deeply rooted in hegemonic notions of U.S. citizenship. Despite the overwhelming prevalence of trauma in the lives of marginalized peoples, the archive illustrates that the social construction of Trauma/PTSD is predicated on ideologies of whiteness, masculinity, cis-heteronormativity, neoliberalism, capitalism, ableism, and U.S. exceptionalism.

Thus, through both quantitative and textual analysis of the TIME archive, I contend that a traumatocracy has emerged in the post-9/11 era. I argue that under a traumatocracy, the discourse of Trauma/PTSD eclipses the embodied experiences of trauma which can do irreparable harm to the vast majority of those who are traumatized. The devastating and lasting impact of this rhetorical maneuvering, on both traumatized individuals and historically traumatized populations, cannot be understated. I conclude by
reviewing some of the material and ideological consequences of life under our current traumatocracy for those most who are vulnerable. In doing so, I aim to better understand how trauma is shaping the contemporary socio-political moment so that we might imagine—and build—a different future.

**Research Methods**

While much can be (and has been) said regarding fictional accounts of trauma, in both literature and cinema, I turn to popular news media as a leading producer of cultural discourse on PTSD in the U.S. imaginary for a number of reasons. First, where fiction and social media can be more easily dismissed as sensational or melodramatic, news media purports to offer accurate and verifiable accounts of the phenomena it reports. The reporting at hand is regarded as carrying a particular kind of truth value. Second, and consequently, journalistic standards ensure that the U.S. public will also regard such reporting as a serious and substantial investigation of legitimate problems within U.S. culture and society, regardless of whether or not the reader agrees with the reported assessment. In other words, news reporting not only determines what counts as “real” trauma, but also what kinds of trauma are considered causes of concern for the U.S. public. Furthermore, news reporting both dictates and represents what counts as a “real” or serious consideration of said trauma by its implicit endorsement of and collaboration with various national and international institutions (the U.S. government, The United Nations, the National Institution of Mental Health, various research universities, the military, etc).
I chose *TIME* magazine specifically because of its important historic and contemporary influence on American news culture. With its publication in 1923, *TIME* became the original weekly newsmagazine—indeed creating the genre itself (Angeletti 7). Its founders, Henry R. Luce and Briton Hadden, conceived of *TIME* as a place to aggregate, “synthesize, edit, and make sense of” the news for the everyday reader, a reader “who had other things to worry about” (Angeletti 7). Though *TIME* has struggled with the impacts of the digital revolution on print journalism, with this founding emphasis on news aggregation and synthesis, *TIME*’s reporting style still stands a precursor to today’s ever popular smartphone news feed (Angeletti 320-323). I chose *TIME*, in part, because of such appeal to today’s busy “everyday” reader. *TIME* is a quick and easy read, often in a doctor’s office waiting room or a hotel lobby. With its variety of sections, *TIME* attracts readers from across demographics with varying interests. The writing is not dense or difficult, and with its brevity, the articles can be read in full within short amounts of time.

Indeed, this is precisely how the magazine was designed 95 years ago (Angeletti 22). Although the specifics and nuances have shifted over the course of the last nine decades, *TIME* is still praised because of this iconic writing and editorial approach, known as *Timestyle* (Angeletti 32). Among other things, *Timestyle* emphasizes a summarized style of writing with limited verbiage, short and concise reporting, and a focus on the people within the news, or “newsmakers” themselves (Angeletti 32). I contend that it is because of this approach that *TIME* has remained one of the most-read news magazines in circulation. In fact, *TIME* was notably the only national news
magazine listed in the top 25 magazines in circulation in the U.S. in 2012 (Byers). Furthermore, because of *TIME*’s long history of photojournalism and the cultural significance of its single-topic special issues, particularly the “Person of the Year” issue, *TIME* has established itself as one the world’s most influential magazines—as a magazine that “not only mark[s] history but make[s] it too” (Stengel in Angeletti 7). It is for these reasons that I turn to *TIME* as a kind of popular journalistic authority in American news culture.

In doing so, I am situating this project within disability media studies and feminist/cultural media studies. Simply put, these interdisciplinary fields approach the study of cultural production as a study of the circulation of discursive power and ideological formation, and they centralize questions of normativity and marginality. Within disability media studies, this chapter is direct conversation with work like Aly Patsavas’s 2014 article, “Recovering a Cripistemology of Pain: Leaky Bodies, Connective Tissue, and Feeling Discourse.” Patsavas’s project offers critical readings of cultural discourses of pain—alongside personal narratives of pain—in order to make important claims about the knowledge production of pain within/through the bodymind (203). In the context of feminist/cultural media studies, this chapter pays reverence to work such as Catherine A. Lutz and Jane L. Collins’ *Reading National Geographic*. Following Lutz and Collins, this project too seeks to explore how representations and cultural narratives of “the Other” reinforce the norm.

There are, of course, limitations to my choice in *TIME* magazine as an archive and cite of cultural production. First, as recently reported by the Pew Research Center,
news media is continuing to shift from print journalism to digital content, and *TIME* remains most-read in print form (Mitchell 87). In 2016, *TIME* reports a total U.S. print readership of 17,400,000, 52% of this which is reported as male and 48% is reported as female, with the average age of this audience noted at 50 (*TIME* mediakit). Second, *TIME* has been known to back Republican lawmakers, and it has been highly criticized for the decades of time it took for women to reach its highest offices, and then for their short tenure in those positions. Similarly, it has had—at any given point in time—“a very limited number of writers of color on staff” (Angeletti 11). Taken together, these acts and attributes constitute *TIME* with a more conservative reputation within the American news media landscape. However, while this may certainly show the archive to have an ideological slant toward the right, these characteristics and ideological slants are indicative of those currently holding positions of power within American institutions, both public and private, if not reflective of American culture at large. Thus, I see *TIME* as not merely a reporter or reflector of U.S. news, but perhaps more importantly as a major actor within the formation of U.S. news discourses and culture.

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Using the University of Minnesota Library system, I used six databases for my research: Masterfile Premier, Academic Search Premier, Time Archive, Factiva, Gale Expanded Academic, and LexisNexis. From these databases, I searched articles pertaining to Trauma/PTSD in *TIME* magazine from January 1, 1980 to December 31, 2016. I chose this 36-year time span to capture the discourses of Trauma/PTSD both in
the 15 years before and after September 11, 2001, while also capturing the official introduction of PTSD into the DSM-III in 1980. I center this analysis in the years surrounding 9/11 because of the ways in which this event was and continues to be described as a national trauma (Kaplan). Focusing the analysis on this time frame allows me to establish how trauma was conceptualized prior to, in relation to, and following this major event.

In every database, I used the following variations of seven search terms to locate articles tagged by the databases as having the noted term in either the title, keywords, subject line, or used within the body of the article itself:

1. Post-Traumatic Stress Disorder; Post Traumatic Stress Disorder; Stress Disorder, Post Traumatic.
2. Post-Traumatic Stress; Post Traumatic Stress, Traumatic Stress Syndrome
3. PTSD
4. Trauma; Trauma (Tragedy); Emotional Trauma
5. Traumatic Neuroses
6. Post Traumatic Growth
7. National Trauma

From this archival search I collected 198 articles from TIME magazine. TIME certainly reported on many more than 198 potentially traumatic or traumatizing events in this thirty-six-year time span. However, my archival search shows that this reporting was done without the aforementioned language of trauma or PTSD. This illustrates one limitation of this methodology: I rely on the databases’ coding system to identify these articles. It is possible that TIME reported more frequently on Trauma/PTSD, but the databases did not tag the language used in the articles accurately. Knowing this, I still
chose to use the search terms and databases noted above because I wanted to make sense of how Trauma/PTSD was understood in the specific and shifting cultural contexts of 1980-2016. Not only would it have been impractical to go back through the entirety of *TIME* magazine and determine what articles discussed Trauma/PTSD according to my contemporary understanding of the terms but doing so also would have compromised the integrity and aims of this analysis.

After collecting the 198 *TIME* articles, I conducted a three-part coding process. Using NVIVO coding software, first I went through all 198 articles coding for the language of trauma. I noted the language used to discuss trauma, in order to determine the types of trauma being reported. I coded each article for: 1) the use of the word “trauma” in a general sense; 2) the use of some variation of the term and diagnostic category PTSD; 3) the discussion of medical or physical trauma, not psychological trauma; 4) the discussion of traumatic brain injury specifically; 5) the metaphorical use of concept of trauma; and lastly, 6) instances where psychological trauma was alluded to, but not directly named.

This coding process identified 38 articles that discussed medical trauma (i.e., discussing trauma solely in terms of medical jargon), and 2 articles that briefly used trauma as a metaphor. In the first part of my analysis below, I include all 198 articles to show the increase in coverage post-9/11. For the latter part of my analysis below, I excluded these 40 articles given my focus on the experience of trauma, leaving 158 articles for analysis.
I then conducted a second round of coding. To begin, I noted the type of articles within the archive in order to determine the kind of reporting space given to the topic. I made distinctions between four kinds of articles: cover articles, feature articles, letters, updates/reports, and articles pertaining to the various aspects of the entertainment industry, or popular culture. Given TIME’s historic writing style and reputation for brevity, any article over two paragraphs was deemed a feature article (Angeletti 34). Out of the 158 articles, 3% were archived as cover articles and 74% were feature articles. Thus, nearly 80% of the archive presented substantial coverage of the topic at hand. From there, I continued my readings through the 158 articles coding for each of the following categories using the NVIVO software:

- Origins of Trauma (gun violence, sexual violence, war, etc.)
- Personal Responses to Trauma (denial, suicide, therapy, etc.)
- Public Responses to Trauma (disbelief, search for cure, victim-blaming, etc.)
- Symptoms of/from Trauma (nightmares, flashbacks, dissociation, etc.)
- Intersections with Other Systems Oppressions (discussion of race, class, sexuality, geopolitics, disabilities, etc.)
- Who is Traumatized (note subject of the article: children, veterans, first responders, etc.)

In my third, and final, round of coding, I went back through each of these categories, double-checking the articles that were coded for accuracy, and also making sure that all 158 articles had been accounted for within the terms of each category. While doing so, I also edited and rearranged the categories to better reflect the ways the archive presented itself that I had not anticipated. For example, in this third round, I deleted the subcategory of “disabled people” under “Who is Traumatized” because there were zero
references to disabled people experiencing trauma. I also added in the subcategory of “financial cost of PTSD” under “Public Responses” because of the high number articles I noted while coding that mentioned the great expense of treating PTSD.

After completely these three rounds of coding, I used the quantitative data provided by NVIVO to analyze trends across time and category. This quantitative review provides a particular kind of data that allows us to ask specific questions about the sociopolitical and cultural forces within a historical moment, or across time. While there has been a great deal of scholarship on popular trauma culture (Rothe; Kaplan; Farrell), to my knowledge there has not been a quantitative study on representations of Trauma/PTSD in popular media. Hybrid, quantitative-qualitative analyses, such as this one, provide a definitive foundation for an analysis of the dominant discourses and ideological formations of Trauma/PTSD that surround us. Such methodologies provide evidence to support what is understood as common knowledge or even “common sense”—that certain figures or subjects are overattributed to experiencing Trauma while others are erased. My goal is not to “even the playing field” and allow for more trauma narratives to be recognized, but rather to illuminate the ways in which particular narratives of Trauma/PTSD are mobilized to perpetuate violence within and through citizenship.

Throughout the chapter I use the information provided by my analysis of the quantitative data to inform my qualitative analysis and theorization of the archive. For example, Trauma/PTSD is commonly understood within U.S. public discourse as associated with veterans and the military in an almost ahistorical manner. However,
quantitatively the archive shows that before September 11th, 2001, children were the dominant subject of Trauma narratives, not veterans. It was only after 9/11 that popular narratives of Trauma/PTSD became fixated on veterans. This quantitative data opens up numerous questions, including but not limited to: Why were children the primarily subjects of Trauma/PTSD in the years 1980-2001? Why did 9/11 shift Trauma/PTSD narratives in this way? What systems of power were served by narratives of childhood Trauma/PTSD? What systems of power are currently being served by narratives of veteran trauma/PTSD? How do these narratives inform what kind of trauma is recognized as Trauma and by whom? How do these dominant narratives of Trauma inform what kinds of trauma are erased, dismissed, or disregarded? Lastly, how do these narratives shape how we come to “know” what trauma and recovery look like in the first place?

Traumatocracy Defined

As this archival analysis shows, in the post-9/11 era, Trauma/PTSD has become much more than an event, an experience, or even a diagnostic category; it is now an ideology. In fact, I am arguing that this analysis of TIME magazine shows that we live in a full-scale traumatocracy: A socio-political discursive regime wherein the rhetorics and narratives of Trauma/PTSD are utilized to mobilize certain figures and forms of U.S citizenship. More specifically, the popular narratives and dominant discourses of Trauma/PTSD work to uphold what Amy Brandzel theorizes as “the violence of normative citizenship” (5).
In her work, *Against Citizenship*, Branzel rejects notions of citizenship that centralize ideals such as membership and belonging, and instead presents citizenship as “a normativization project… that regulates and disciplines the social body in order to produce model identities and hegemonic knowledge claims” (5). This is precisely what appears throughout the narratives of Trauma/PTSD within the archive. While the articles appear to be raising awareness and affectively seeking belonging within the U.S. imaginary, they work to normalize, regulate, and discipline traumatized subjects. They produce a model traumatized subject and hegemonic knowledge claims about trauma. In doing so, they subjugate countless Others who cannot (or will not) narrative their trauma in this manner.

Along these lines, Brandzel argues that citizenship—as a set of practices that sorts, distributes, and assigns rights, resources, and social value—stands as “not only the central structure for reifying the norms of whiteness, heterosexuality, consumerism, and settler colonialism within the United States” but also as a nexus where “these norms are brutally enforced against nonnormative bodies, practices, behaviors, and forms of affiliations through oppositional divide-and-conquer logics” (4). I am arguing that under our current traumatocracy, the discourses of trauma are now deeply intertwined with these violences of normative citizenship as Brandzel has defined them.

Branzel goes further to position claims to citizenship as violent in two main ways. First, demands for inclusion by some automatically reproduce and extend the subjugation and exclusion of abject others (Brandzel 15). Second, following Foucault, Brandzel writes that “inclusion always comes at a cost, whereby recognition spawns
regulations, and becoming a subject begets subjection” (Branzel 13). In other words, in order to gain recognition and inclusion one must submit to the processes and standards of the social norms.

Under the citizenship project of traumatocracy, at least three core tenets are at play:

1. The frameworks for who can claim trauma, what counts as trauma, and what narratives of trauma are recognized as such, are determined by and work in service of normative citizenship.
2. There is a refusal to consider or critique—let alone work to change—any of the systemic, institutionalized causes of trauma.
3. There is wide dismissal of cultural differences/preferences in understanding and processing both traumatic events themselves and living life afterward.

By looking at trauma systemically—even while it is discursively structured as an individual issue—I am drawing from Jasbir Puar’s theorization of debility and maiming. In her book The Right to Maim, Puar discusses the biopolitics of debilitation as “the slow wearing down of populations” and “the violence of what constitutes ‘a normal consequence’” (xiv, xvi). She situates debility as an “in-between-space” for “those whose inevitable injuring is assumed by racial capitalism” (Puar xvii-xviii). While Puar does not directly address psychological trauma in her work, the archive shows these same biopolitical forces at play. As I understand it, trauma is a form of debilitation, and the
systemic enactments of trauma on marginalized populations serves as a form of psychosomatic maiming, wherein maiming works as “a source of value extraction from populations that would otherwise be disposable” (Puar xviii). I am not arguing that the U.S. government is purposefully plotting to traumatize us all through a top-down sovereign form of power (although that point is debatable), but rather I am understanding power in a more diffuse, Foucauldian, multi-directional manner where impact matters more than intent. Following Puar, I see these current biopolitical forces of debilitation mobilizing in nuanced ways, and in the post-9/11 era, the discourses of Trauma/PTSD have become cemented to the narratives of normative citizenship in such a matter that can only be described as a traumatocracy.

More specifically, just as the myths of meritocracy obscure the legacies of institutionalized oppression, the ideological frameworks embedded in this traumatocracy similarly shift the responsibilities of psychological crisis and adversity away from broader socio-political forces that subjugate, and onto the citizens (and populations) who experience the subjugation. As with the “bootstraps mentality” of the American Dream, Americans internalize and perpetuate the myths of this traumatocracy (McNee and Miller 2). Through it, we have been taught how to understand trauma, what kinds of trauma are “real,” who we should honor as survivor-heroes, and who we should question as untrustworthy drains on the nation-state. We have been taught to see the U.S. government, and its subsidiaries, as fundamentally humanitarian and doing the best they can to improve the lives of those to experience trauma—especially our “Wounded Warriors”. We’re taught that the problem of trauma lays in the individual. It is up to us to
overcome our hardships and become a fully realized person—a fully legitimized
citizen—because of it. Lastly, just as with the ruse of meritocracy, we have been taught to
overlook the systemic inequalities and intersecting matrices of oppression that so often
cause trauma in the first place.

What 36 Years of *TIME* Shows Us: The Emergence of a Traumatocracy

In the twenty-one years prior to September 11, 2001, *TIME* magazine published
relatively fewer articles each year related to Trauma/PTSD. After 9/11, there was a
dramatic increase in reporting (Graph A). The medical and social constructions of war-
related mental disorders have shifted after every major U.S. military conflict. What came
to be known clinically as PTSD after the Vietnam War was known as “Nostalgia” during
the Civil War, “Shell Shock” and “War Neurosis” during World War I, “Battle Fatigue”
during World War II, “Brainwashing” during the Korean War, and was also referred to as
“Gulf War Syndrome” for a time after the Gulf War (Hyams 402, in Kutchins and Kirk
102). Given this history alone, it is reasonable to assume a similarly discursive shift
would occur after 9/11 and the subsequent wars in Afghanistan and Iraq—and indeed
Graph A shows at least a dramatic shift in the frequency of reporting on Trauma/PTSD.
This project seeks to understand what that discursive shift might be.
Prior to 9/11, *TIME* had published only 46 articles related to Trauma/PTSD. Twenty-nine of these articles focused on psychological trauma, while 16 used trauma as medical jargon (to refer to an event such as surgery), and one article used trauma in a metaphorical manner (Graph B). After 9/11, *TIME*’s reporting increased dramatically to 152 articles: 129 articles focused on psychological trauma, while 22 used trauma as medical jargon, and one additional article using trauma metaphorically (Graph B).
Graph B: Pre- and Post-9/11 Reporting on Trauma

Trauma-focused articles increased 344% after 9/11—roughly 1.4 articles per year focused on trauma prior to 9/11 and 8.6 articles per year focused on trauma afterward. In other words, the fifteen years following 9/11 garnered nearly 3.5 times as many *TIME* magazine articles on Trauma/PTSD than the entire two decades prior. Even without further analysis on the discursive content of these articles, the numbers themselves show that it was *after* 9/11 that American news media begin to provide substantial consideration to Trauma/PTSD in its reporting (Graph A).

Graph A shows that the most notable spikes in reporting came during the years of 2001, 2003-2004, and 2013-2014. The increases in reporting in 2001 and 2003-2004, of course, correspond with the terrorist attacks of 9/11 and the U.S. invasion of Iraq.
However, the most dramatic surge in reporting came during 2013 and 2014 for several significant reasons. First, these years mark the 10-year anniversary of the U.S. invasion of Iraq, as well as the revision of PTSD in the DSM-V (Friedman). Moreover, 2014 also marks the twenty-fifth anniversary of the founding of the National Center for PTSD. In 2013, the Center received a 45-million-dollar research initiative funded by the VA and Dept. of Defense to “improve understanding and treatment of PTSD” (U.S. Dept. VA). Then, in 2014, the Center received further congressional funding to expand its work to non-VA providers through establishing the National PTSD Brain Bank (U.S. Dept. VA). Furthermore, in popular culture, Slate magazine named 2013 “The Year of the Trigger Warning” noting a broad rise in cultural conversation regarding responses to, and experiences of, trauma (Marcotte). While the articles in TIME did not report on any of these topics directly, I see the substantial increase in reporting during 2013-2014 as reflective of this socio-cultural and political moment.

Although the increase in reporting after 9/11 indexes a change in the discourse at large, even more telling are the shifts within in the content of the articles themselves. Most notably, 9/11 substantially impacted what kinds of trauma were recognized and reported on as trauma (Graphs C, C1 & C2). In my analysis, I coded for thirteen kinds, or so-called “origins,” of trauma: national disasters; wrecks/accidents; family violence; sexual violence; generalized violence/assault; gun violence; kidnapping; terrorism (other than the events of 9/11); intergenerational trauma; police/prison violence; war/military; psychological trauma in a medical setting; and general or otherwise unspecified trauma. Under the “war/military” category, I further coded for the following: 9/11; the first Gulf
War; the American war in Vietnam; and World War II. Graph C shows the origins of trauma from the archive taken as a whole. As Graphs C1 and C2 show, the focus on war/military-originated trauma dramatically increased following 9/11.

Graph C: Origins of Trauma, 1980-2016
Graph C1: Origins of Trauma, Pre - 9/11
TIME’s reporting on Trauma/PTSD did increase briefly from 1988 to 1992 and from 1995 to 2000, corresponding with the first Gulf War, an earthquake in California, the Oklahoma City bombing, and the Columbine High School shooting. These two moments of increased reporting also show a general increase in discourse around childhood trauma, trauma and the brain, and mental illness. However, it is not until after 9/11 that the archives show a broad trend upward in discussions of trauma. More specifically, it was not until 2003, when the U.S. entered the war in Iraq, that the specific language of PTSD took hold and moved into a general realm beyond the language surrounding Veterans /U.S. Military.
From January 1, 1980, to September 10, 2001, the reporting on Trauma/PTSD in *TIME* magazine was far broader than that which came after September 11, 2001 (Graphs C1 & C2). Prior to 9/11, only 28% of the trauma *TIME* magazine reported was related to the U.S military. Two percent of the articles are unspecified or discuss trauma as a concept or experience in general terms. Twenty percent of the articles report about the family, domestic violence, or trauma in the home. More than 5% of the articles recognize the psychological trauma that can result from experiences with police/prisons, gun violence, physical violence/assault, sexual violence, wreck/accidents, and natural disasters. Taken together, this means that the remaining 70% of the reporting prior to 9/11 addressing trauma originating from something other than military or war. This is significant because there is a colloquial understanding within the U.S. imaginary that Trauma/PTSD is—and has always been—directly associated with the U.S. Military. Yet, this archival data shows that during the 20 years prior to September 11th, 2001, 70% of the narratives of Trauma/PTSD focusing on trauma originating from elsewhere, with a particular emphasis on trauma as a localized danger interrupting the heteronormative family.

For example, in a letter to the editor from February 27, 1989, a family therapist writes in to substantiate the “trauma of divorce” on children (Smullens). Another article from 2000 reports on new research from the University of California that has found that PTSD affects “children as young as 7, more often than previously believed and for longer than parents think, even after minor accidents like bike crashes and falls” (Mclaughlin). The article goes on to warn parents of “changes in grades, loss of concentration,
increased tearfulness or jumpiness.” Lastly, an article from 1997, entitled “Finding Trauma Next Door,” details the case of a sexual assault and murder of 11-year-old Eddie Wener by a 15-year-old neighbor, Sam Manzie, who had previously been involved in a sexual relationship with a 43 year old “convicted pederast” with whom Manzie had met on the internet (Bellafante).

As previously stated, after 9/11 there is a dramatic shift in U.S. news media reporting on Trauma/PTSD. The percentage of war/military related trauma increased from 28% to 53% (Graph C1 & C2). With this, the percentage of articles discussing trauma generally or in an unspecified manner also increased from 2% to 9%. Conversely, reporting on every other origin of trauma decreases from 70% to 38%. The percentage of reporting decreases in every other category of trauma, except for sexual violence, which stayed the same at 6%, and kidnapping, which increased from 0% prior to 9/11 to 3% afterward.

Historically, there is nothing particularly new or surprising about the claim that military trauma is the trauma that matters. After all, it is the trauma that so often gets the most attention. That is not by accident. Indeed, the figure of the “Wounded Warrior” is routinely mobilized to bolster both national and neo-imperial agendas. With this, as the archive shows, the prominence of the traumatized veteran and his particular Trauma narrative overshadows other claims to trauma. However, the data from this archive show that narratives of military trauma only became dominant after 9/11. Thus, it was not until 9/11, and only because of 9/11, that the dominant discourses of Trauma/PTSD have become what they are today. Quantitatively speaking, this also appears in the archive in
that, among the trauma-focused articles whose “origins” (as in Graphs C1 & C2) are war/military, the total number of articles specifically about 9/11 and its associated wars, equal the number articles on all other U.S. wars and conflicts combined (Graph D).

In the sections that follow, I outline three major tenets of the traumatocracy that I argue dominate U.S. discourse: first, that Trauma works in service of U.S. citizenship; second, that Trauma is individualized; and third, that Trauma is medicalized and understood without consideration of its cultural specificity. These tenets, I argue, bear heavy consequences for those who fall outside normative definitions of citizenship.

Graph D: References to War/Military 1980-2016
Tenet One: Trauma in Service of the U.S. Citizenship

Narratives of Trauma/PTSD, as they have been culturally constructed in the post-9/11 era, mobilize certain figures of U.S. citizenship as the proper traumatized subject and hold up other figures as failed citizens for not managing or recovering from their trauma in the proper way. While this has been true in some way for members of the U.S. Military throughout the last century, it is now true for individuals and populations outside of the military-industrial complex. First, under this socio-political discursive regime, the frameworks for who can claim trauma, what counts as trauma, and what narratives of trauma gain recognition are determined by, and work in service of, both the medical-industrial complex and formations of normative U.S. citizenship. If your trauma cannot be recuperated or repaired so that you may serve these ideologies and institutions, it is unlikely that your experience will be recognized as trauma. Furthermore, even if your experience is recognized as trauma, that does not necessarily mean that there will be an investment in addressing that trauma on the individual or collective level.

In identifying this tenet of U.S. traumatocracy, I read through the archive, noting when trauma was reported as having happened to the following subjects: celebrities, children, family members, first responders, LGBTQ+ persons, global “others,” Jewish persons/populations, indigenous peoples, People of Color, disabled people or populations, men, women, and veterans. I also noted when there was no specification as to the subject of the trauma. In my first round of coding, I noted that there were no instances in which indigenous peoples were discussed as having experienced trauma. The only discussion of disability in relation to trauma came under through discussions of
veterans, not as a discussion of disability community or identity outside of military service or trauma. I also noted that there was discussion of trauma experienced by animals and by the U.S. Nation at large, so I added these categories before conducting my second round of coding (Graph E2). Lastly, because of the limitations of the coding software to process an intersectional analysis, many of the traumatized subjects may be counted in multiple categories.

In coding for whose trauma is recognized by TIME magazine, I am establishing both whose trauma is recognized as Trauma within dominant U.S. culture and also who is put forth as a valid subject of trauma within dominant U.S. culture. For example, there are five articles discussing various moments in the #BlackLivesMatter movement, but the only one that references trauma or PTSD directly is a 2015 article quoting Sandra Bland, who said that she was suffering from “a little bit of depression as well as PTSD” (Stengle). None of the other articles mention or reference any kind of trauma that Black Americans live with or have endured in this country. These articles talk about Ferguson, MO; Mike Brown; police violence; prisons; slavery; and while they used the word “tragedy,” they never once used the word “trauma.” This is not by accident.

Relatedly, in a 2014 article, TIME reported “astounding” new research that shows that for “poor minorities living in segregated neighborhoods,” involving the police in domestic violence situations might be a bad idea (Luscombe). What’s telling here is that the article doesn’t get into the horrors of possible police violence or the injustices of the criminal legal system. Even in an article purportedly examining the traumas of minority women, TIME magazine still refuses to name trauma as such. After explaining that the
study found that women whose abusers were arrested had drastic health problems compared to women whose abusers were not arrested, the article reports that “the authors believe similar mechanisms to those in Post-Traumatic Stress Disorder (PTSD) might be at fault” (Luscombe). The researchers quoted in the article then go on to say that this must be bio-social, but that it leads to higher rates of death from heart disease and other illness far more for African-Americans than for whites. The nuance and distancing here is telling, that “similar mechanisms to PTSD” are reported—not PTSD as such—because abused women of color are not understood under U.S. racial formations and white supremacy to be potential subjects of PTSD, even after their abusive partners have been arrested. Within the TIME article itself, the researchers locate the cause of this “similar to [but not actual] PTSD” phenomenon in the bio-social, again without interrogating systems of oppression, instead mapping it onto biological questions of race (Luscombe).

Both of these examples show how the subjects of trauma are racially coded within the archive so that the trauma of People of Color is minimized, even when articles cover these traumatic experiences. As previously noted, there were no instances or reports on the trauma of settler colonialism and genocide of native peoples in the Americas. Similarly, the traumas of LGBTQ+ folks were barely mentioned, if at all. References to gays and lesbians appeared in the archive twice—once in a report regarding the “loss of 12,000 gays and lesbians” in the armed forces due to “Don’t Ask - Don’t Tell” and once again in an opinion piece wherein the author noted that they were not going to sugarcoat anything because “gays have been through too much adversity” for that (TIME Letters; Stein). The Holocaust and references to trauma in relation to Israel for Jewish people
appeared in the archive in six instances. This is telling for many reasons. First, this is the
only reporting on genocide that appears in the archive under the search related to Trauma.
Second, there are no reports on trauma in relation to life for the Palestinians.

Indeed, the reporting coded purposefully as the “Global Other” shows how *TIME*
magazine understands people and populations that experience trauma beyond the borders
of the U.S. Of the thirteen articles coded as directly referencing a population outside of
the U.S. as experiencing trauma in some way, five articles actually center the imagined
U.S. reader as the subject of the article. For example, an article from 2016 mentions the
terrorist’s attacks at the Brussels airport and metro station, but only as an entry point into
discussing why some people react differently to news about terrorism (Cook).
Interestingly, though not surprisingly, four articles report on saving children or the
heteronormative family from trauma, including transnational adoption (Brunton; Kher;
Pickert; Regan). One article discusses the toll of the war in Afghanistan on U.K. veterans
(Tasch). Another article simply reports a study on trauma using data from multiple
generations of families that survived an earthquake in Armenia (Health & Science).
Lastly, in the first *TIME* article mentioning trauma published after 9/11, the author claims
that part of the issue that led to the terrorist attacks is that “the Muslim world can’t seem
to get over the trauma of colonialism” (Saghiyeh). Thus, while these articles purportedly
report on the traumas of people and populations outside of the U.S., they routinely do so
in ways that minimize these traumas, while bolstering domestic and global interests of the
U.S. nation-state.
As with the origins of trauma, whose trauma is recognized also shifts in similar and significant ways after the terrorist attacks of 9/11. Prior to September 2001, reporting on trauma experienced by children, as well as ways to prevent children from experiencing trauma in the first place, outnumbered all other reports on trauma in the archive, with 33% of reports focusing on childhood trauma. (Graph E1). Other populations whose trauma was recognized prior to 9/11 include veterans (16%), civilian women (13%), civilian men (9%), global “others” (5%), family members of traumatized individuals (5%), and celebrities (5%). Four percent of the traumas discussed before 9/11 did not specify an individual who was traumatized, but rather talked about trauma in general terms. As noted, 16% of the mentions of trauma were attributed to military personnel.

This leaves 80% of the trauma reported on before 9/11 open to other populations outside of the military. However, after 9/11 we again see that it is the military members whose trauma is heard. After 9/11, the reporting on military-related trauma increases from 16% to 43%. This increase, coupled with the increase of unspecified trauma, wherein reports do not reference a specific traumatized individual (up from 4% to 6%), leave all other subjects of trauma to be recognized in the remaining 51% of post-9/11 reporting. The only other categories that increased in percentages after 9/11 are those that had zero reporting prior to 9/11: reports of animals being traumatized, report of LGBTQ+ people experiencing trauma, and reports of the U.S. Nation at large being traumatized (Graph E1 & E2).
E: Whose Trauma is Recognized, 1980-2016
Graph E1: Whose Trauma is Recognized Pre - 9/11
Before 9/11, there was no reporting on the idea of the U.S. nation-state experiencing trauma as a collective. This alone is noteworthy, considering all of the potentially traumatic national and global events that occurred between January 1, 1980, and September 10, 2001. Throughout the archive, 9/11 is made exceptional both by the attention it is given and by the corresponding erasure of other social traumas. In this way the dominant discourses of Trauma/PTSD align—even merge—with the discourses of U.S. exceptionalism in order to justify political and military action across the globe. Trauma/PTSD is made to be exceptional when its exceptionality serves political purposes. When President George W. Bush stated that “everything changed after 9/11” he
invoked the notion of collective trauma in order to position the U.S. as “the divinely ordained exception” to the “world of nations”—a nation now exceptionally positioned, because of our trauma, to “defend the globe against the threat of Islamic Terrorism” (Pease 112).

This exceptionality surrounding the discourse of national trauma emerged within eight articles that directly position the U.S. as collectively traumatized. The first article published after 9/11, entitled “Attack on the Spirit,” poses: “shock waves from the terrorist blasts shook the nation’s psyche. How do we recover?” It goes on to say that “the public has made a great show of declaring that no terrorist is going to make Americans alter the way they live. And while such swagger has served us well in the past, this time it may simply be discouraging us from admitting how downright scared we are. Doing so could be a vital step toward recovery”. The article concludes by noting that “the mental fallout may spread but there are ways to control the damage,” before listing information under the headings: “What to expect,” “How to cope,” and “When to seek help” (Kluger 2001). Then, published on October 1st, 2001 a piece by Joel Stein notes, “the initial shock of the World Trade Center attack has passed. But as Americans return to work, to school and (gingerly) to play, the impact of the disaster on everyday life is just beginning to be felt.” Stein goes on to quote a psychoanalyst from Kansas City who says that as a nation, “we’ve had our sense of safety and security profoundly shaken.” Similarly, in a 2015 interview, Wall Street Journal columnist and former Reagan speechwriter Peggy Noonan explains that “9/11 was the trauma that changed everything. We lost the national luxury of assuming nice things will happen” (Duffy 2015).
Even in just a cursory reading of these narratives of national trauma, two themes emerge. First, there is a presumption of a prior state safety and security that has been interrupted; second, there is a heavy emphasis on the immediacy of overcoming and recovery. Unsurprisingly, these frameworks directly align with the medical and clinical approach to trauma that historically been used to pathologize individuals through the DSM. In the post-9/11 era, we now see these frameworks of trauma projected onto the nation collectively.

Here trauma is almost always imagined as an exceptional interruption to the “good life,” rather than one trauma among a whole litany traumas or generations of traumas. By discursively positioning trauma in this way—as an interruption rather than a normal consequence of life under racialized capitalism, heterocis-patriarchy and neoliberalism—it becomes possible to ignore the systems of violence that enact endemic trauma. Socially, we cannot comprehend the alternative. If one had to acknowledge previous collective or social traumas and/or also acknowledge that these traumas have not been healed, the implication is that there would be a lot of traumatized people in the world. Paradoxically, even while the U.S. supposedly claims its own collective trauma—after 9/11—it cannot face the possibility of a traumatized world.

And so, throughout the archive, there is unsurprising an overabundance of articles that emphasis overcoming, recovering, and/or curing PTSD. These narratives come from both individuals who have experienced trauma themselves and from the “expert opinions” quoted in the TIME’s reporting. In my analysis, I coded for the following themes within the articles: overcoming/recovering; notions of the supercrip⁴;
curing PTSD; recovery through a return to military/community service; recovery through medication; and lastly, recovery through therapy.

Graph F: Pre- and Post- 9/11 Recovery Narratives
% of all articles in each time period that contain each narrative theme

<table>
<thead>
<tr>
<th>Narratives</th>
<th>Pre 9/11 (29 articles)</th>
<th>Post 9/11 (129 articles)</th>
<th>Percent Change (in percent of articles containing each narrative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overcoming</td>
<td>24% (7 occurrences)</td>
<td>13% (17 occurrences)</td>
<td>-46%</td>
</tr>
<tr>
<td>Supercrip</td>
<td>3% (1 occurrence)</td>
<td>5% (7 occurrences)</td>
<td>+67%</td>
</tr>
<tr>
<td>Curing PTSD</td>
<td>31% (9 occurrences)</td>
<td>34% (44 occurrences)</td>
<td>+10%</td>
</tr>
<tr>
<td>Recovery through Service</td>
<td>0% (0 occurrences)</td>
<td>7% (9 occurrences)</td>
<td>+700%</td>
</tr>
<tr>
<td>Recovery through Pharmaceuticals</td>
<td>7% (2 occurrences)</td>
<td>12% (16 occurrences)</td>
<td>+71%</td>
</tr>
<tr>
<td>Recovery through Therapy</td>
<td>34% (10 occurrences)</td>
<td>26% (34 occurrences)</td>
<td>-24%</td>
</tr>
<tr>
<td>Total</td>
<td>29 occurrences</td>
<td>127 occurrences</td>
<td>+338%</td>
</tr>
</tbody>
</table>

Note: Many articles contained more than one of these narrative themes, while others (e.g. articles on animals’ experiences of trauma) contained none. As a result, the number of narrative occurrences may not correspond to the number of articles in a time period, and percentages may not sum to 100.

As Graph F shows, the dramatic increase in articles on trauma after 9/11 came with an overall increase in percentages of narratives of recovery. More specifically, post-9/11 narratives of recovery emphasize the use of pharmaceuticals, curing PTSD, recovery
through a return to service, and overcoming stories that invoke the notion of the supercrip. Most articles presented narratives that blended these themes together.

Take, for example, the 2013 article “Can Service Save Us” wherein readers are told about Ian Smith, a veteran who had done two tours in Iraq (Klein). Ian “lived on his couch, with his pistol. He didn’t sleep much... got drunk every night and slept with his gun under his bed. He gained 60 lbs. since leaving the army... his girlfriend left him. He put the gun to his head several times” (Klein). Most importantly, “he absolutely refused to believe he was suffering from PTSD” (Klein). This was until Ian was recruited to come to St. Louis for a weekend service project with the organization Mission Continues. There, “almost without noticing it,” Ian started feeling better (Klein). Ian recalled, “Nobody can argue with helping to paint a wall for a disabled or homeless kid. That’s just good. There’s no bad in that” (Klein). That night, TIME reports, Ian “really slept... for the first time in months” (Klein). From there, Ian applied for a sixth month public-service fellowship with Mission Continues, then joined its staff (Klein). Eventually he served as an intern with Joining Forces, Michelle Obama’s organization to help Iraq and Afghanistan veterans (Klein). The article concludes by telling the reader that Ian is now completing a degree in international studies at Washington University in St. Louis.

In narratives like this, we see examples of what David T. Mitchell and Sharon L. Snyder have termed “ablenationalism,” wherein disability is “an increasingly malleable form of deviance tamed for the good of the nation, a potential participant in the inflows and outflows of globalizations” (17). Within ablenationalism, disabled people are increasingly positioned as a population ready to serve others for the good of the nation-
state, and as such they are no longer positioned as burdens or financial drains on social resources (Mitchell and Synder 17). Within the archive, there exists a paradox where one must be “made of the right stuff” in order to claim trauma, and also “made of the right stuff” in order to “overcome” it (McNamee and Miller 25). It is one’s proximity to whiteness, to upper-middle-class socioeconomic financial stability, to cisheteronormativity, to ablebody and ableminded norms—to normative citizenship—that determine whether your experience of trauma will be recognized. Most alarmingly, it is people and populations who do not have these privileges that are more likely to experience systemic and endemic traumas. Moreover, narratives such as Ian’s are positioned as the proper way to be a traumatized subject.

This is because under traumatocracy, the problem of trauma is not the impact of trauma on the traumatized person but the potential impact of trauma on nation. If a traumatized person does not recover properly (like Ian did), PTSD leads the traumatized person to crime, to domestic violence, to the inability to hold a job, to drug use, to failure at parenthood, to suicide, and to significant financial burden on the U.S. Government. What's more, because veterans (and others who experience trauma) have so much shame around their trauma, they don’t ask for help when the resources they could use are available. In these ways, the archive illustrates that, as it is constructed, the overwhelming problem of trauma is not the debilitation of the traumatized person or populations that have been traumatized, but that this instance of trauma will now cause an innocent bystander to become traumatized. Traumatized people are therefore threats to the nation.
As Graph G indicates, this shows up in the archive in several alarming ways. Traumatized individuals are shamed/blamed for denying or rejecting their own traumas. They are criticized for failing to hold down jobs, not getting out of bed, drinking too much, or having legal trouble. Suicide rates and ideation are reported regularly. Traumatized individuals are represented as poor or improper family members. Articles report on traumatized individuals as criminals or turning to crime. Even as the above narratives of ablenationalism emerge, the financial costs of PTSD for the U.S. Government are still routinely reported, as well as the negative impact of PTSD on military operations.

<table>
<thead>
<tr>
<th>Consequence type</th>
<th>Pre 9/11 (29 articles)</th>
<th>Post 9/11 (129 articles)</th>
<th>Percent Change (in percent of articles containing each consequence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial/rejection/refusal to recognize they have trauma</td>
<td>7% (2 occurrences)</td>
<td>10% (13 occurrences)</td>
<td>+43%</td>
</tr>
<tr>
<td>Failure to perform proper adulthood</td>
<td>17% (5 occurrences)</td>
<td>11% (14 occurrences)</td>
<td>-35%</td>
</tr>
<tr>
<td>Financial burden</td>
<td>14% (4 occurrences)</td>
<td>13% (17 occurrences)</td>
<td>-7%</td>
</tr>
<tr>
<td>Criminality</td>
<td>31% (9 occurrences)</td>
<td>25% (32 occurrences)</td>
<td>-19%</td>
</tr>
<tr>
<td>Negative impact on family</td>
<td>31% (9 occurrences)</td>
<td>16% (20 occurrences)</td>
<td>-48%</td>
</tr>
<tr>
<td>Negative impact on military</td>
<td>0% (0 occurrences)</td>
<td>3% (4 occurrences)</td>
<td>+300%</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Suicide</td>
<td>7% (2 occurrences)</td>
<td>9% (12 occurrences)</td>
<td>+29%</td>
</tr>
<tr>
<td>Total</td>
<td>31 occurrences</td>
<td>112 occurrences</td>
<td>+261%</td>
</tr>
</tbody>
</table>

Note: Many articles contained more than one of these consequence types, while others contained none. As a result, the number of consequence occurrences may not correspond to the number of articles in a time period, and percentages may not sum to 100.

Again, after 9/11 we see an overall increase in percentages of these narratives of socially unacceptable consequences to trauma. After 9/11, we see a strong increase (43%) in traumatized people denying, rejecting or refusing their traumas. Looking at the archival evidence alone, this could be because pre-9/11 discourse positions people with PTSD as failed subjects, citizens, and family members. After 9/11, we also see reporting for the first time on the negative impacts of PTSD on the military and a rise in reports on suicide. All other narratives of the socially unacceptable consequences of trauma trend downward in percentages after 9/11. I contend that this directly corresponds with the data in Graph F. Taken together, these two data sets show that 9/11 ushered in a discursive shift wherein the dominant discourses of Trauma/PTSD emphasize overcoming and recovering as requirements of normative citizenship.

**Tenant Two: Trauma is individualized**

Under the current traumatocracy, we see an overarching refusal to consider, critique, let alone work to change any of the systemic, institutionalized causes of or inadequate responses to trauma. This is followed by little to no consideration of the
unequal distribution of resources toward living within traumatic circumstances or rebuilding livelihood after traumatic experiences. This, of course, builds upon the narrative framework outlined above wherein a prior state of presumed safety and security is predicated on proximity to whiteness, upper-middle-class socioeconomic status, cisheteronormativity, able-bodymindness, and U.S. citizenship. Moreover, throughout the archive, there is a general understanding that trauma is something that occurs naturally both within society and within the person who becomes traumatized.

It can certainly be argued that there are traumatic accidents where no person or institution could be found at fault. However, these instances are used as red herrings. The vast majority of traumas can be attributed either to systemic, institutional violence or to systemic, institutional neglect. As has been theorized by countless Women of Color feminists, these traumas—acts of enslavement, state violence, war, settler colonialism, genocide, imperialism, etc.—are deliberate, endemic, systemic and ongoing. Even when direct interpersonal violence or neglect may be found responsible for the trauma at hand, it is often part of broader systemic and cultural issues and cannot be taken out of that context. Then, after the trauma has been experienced, the underlying assumption serving as a foundation for this tenet of traumatocracy is that Trauma/PTSD is an individual problem that must be addressed on an individual basis. Here, just as with other forms of violence, even when trauma is experienced collectively or nationally, it is up to the individual to address the problem of trauma and recover to their presumed pre-traumatized state. Those who cannot do so are deemed failed citizens.
For instance, a 2003 article details the “surprisingly high percentages” of children vulnerable to PTSD and discusses a research study with youth (ages 12-17) who have experienced traumas such as sexual and physical assaults, or violence involving guns or knives (Gupta 2003). In a survey of over four thousand American youth, nearly 4% of boys and 6% of girls had symptoms of PTSD and “nearly three quarters of those who met the criteria for PTSD had also experienced major depression, substance abuse or substance dependence,” the article reports. The article goes on to say that “treatment techniques have also improved” based on reports from a program developed in “two economically disadvantaged schools in East Los Angeles” (Gupta 2003). Here, even though the trauma is situated systemically—where race is coded through class and location—trauma is still understood as an issue affecting individual children. After 10 sessions in the treatment program, “students had significantly fewer symptoms of PTSD than children who got no treatment” (Gupta 2003). In other words, it is up to the children to receive treatment properly and to alter their behaviors accordingly (e.g., to show fewer symptoms). There is no consideration of the systemic oppressions that produced the context from which the traumas arose. Put another way, in order to elevate trauma as a recognizable category, the dominant discourse emphasizes that we change the traumatized person rather than the traumatizing environment.

Along with a lack of systemic understanding of trauma, U.S. dominant discourse rarely holds the U.S. nation-state accountable for its traumatizing actions. On the contrary, the U.S. Government is routinely positioned as either a benevolent benefactor working to elevate the harms of PTSD or as the encumbered overseer carrying the
burdens of PTSD for us all. Out of 158 total articles discussing psychological trauma, there were three articles that came close to holding the government responsible for its traumatizing actions. In an article from 1986, *TIME* reports that a Philadelphia commission ruled against the police who in 1985 bombed the fortified MOVE row house destroying 61 homes, killing six radical activists and five of their children. The commission goes on to note that “the bombing would not have happened had the house been in a comparable white neighborhood” (TIME 1986). While the word trauma is not used in the article, but rather alluded to, this is the only instance of the three articles, or of the archive at large, wherein the U.S. government is held accountable in any way for its racialized traumatizing actions.

The other two articles in the archive that come close to holding the U.S. nation-state accountable for its enacting of trauma came after 9/11. However, these two articles are far more nuanced and forgiving. In an article from 2012, entitled, “Enough is Enough,” Joe Klein details the horrors U.S. veterans experience overseas and when they come home suffering with traumatic brain injuries and post-traumatic stress disorder. Klein’s title proclaims, “Ten is Enough”—and yet he concludes, “we have accomplished a lot.” So, while on the one hand Klein holds the government responsible for the troops’ trauma, he justifies it on the other.

The last article that attempts to hold the U.S. nation-state accountable is a 2016 interview with Sebastian Junger. Junger is a journalist whose book *Tribe: On Homecoming and Belonging* asserts that “vets aren’t messed up. We are. We as a society” (Vick 2016). While some of Junger’s finer critiques may be valid, his overall arguments
is problematic at best. Junger asserts that things are “clearer and simpler at war” because we can find meaning, purpose, and a sense of belonging (Vick). That veterans lose this sense of belonging when they come home—not war itself—lies at the root of the problem of PTSD, according to Junger. Here, an astute critique of the U.S. as a “consumer-driven individualistic society” that’s alienating and bad for our mental health, ultimately gets lost in a diatribe that promotes further neo-colonial violence, war, and trauma.

Moreover, rather than hold the U.S. nation-state accountable for its role in traumatizing people and/or populations, the narratives within the archive repeatedly characterize the U.S. Government and its subsidiaries as working to help those who have been traumatized and/or as carrying the burden of trauma for the nation. While in actuality the State permits and perpetrates traumatic violence, within these narratives the State is positioned as a savior. For example, a 2014 article notes that a $1.9 million federal Department of Education grant “will help pay for therapy and support after the Sandy Hook massacre.” What’s striking about this article is that it is the only piece in the archive to mention Sandy Hook—again, with no critique of national gun culture or gun laws, but instead with praise of the government’s grant toward “assisting and supporting the healing and recovery of Newtown” (Nicks 2014). With the rise in articles addressing veteran- and war-related trauma, there is also repeated attention to the Department of Defense and the Veterans Administration for mental health care, with a total of 44 articles that position the State as the medical authority for trauma care. Similarly, there are 35 articles discussing research that is attempting to find a cure for PTSD.
This reporting does not appear without critiques of the State. For instance, a 2014 article, titled “Veterans Affairs Needs to Get a Clue About PTSD Treatment” notes that the DOD and VA spent $294 million and $3 million respectively on treatment in 2012, but neither agency “have a clue” if the treatment is helping (Frueh 2014). Indeed, this is where the narrative shifts insofar as the U.S. Government is not only the benevolent caretaker, but also carries the burden of PTSD. While many articles do question the government's spending, it is never that they should spend less on our veterans, but rather that they should do so more wisely, i.e., “get a clue.” As shown in Graph H, there are a total of 21 articles (or 10%) that mention the financial cost of PTSD to the nation-state. It is this considerable financial burden that bears repeating and critiquing, not the wars themselves or the other systems of violence and oppression that traumatize in the first place.

Lastly, and consequently, there is little to no consideration of the relationship between the unequal distribution of life chances, or of experiences of precarity and debility, among historically oppressed populations, both nationally and globally, and their propensity to experiences of trauma. In the archive this appears in two ways. First, three out of five articles discussing trauma occurring outside of the U.S. after 9/11 pose trauma in such a way that “we” can help “them” overcome their tragedy. Second, this kind of global othering is of course paired with very little mention of any kind about systemic inequalities in the U.S.

For example, in a 2010 article on the BP Oil Spill the author notes the limited resources in New Orleans, only to follow it up with two paragraphs explaining that “if
anyone can bounce back from the worst environmental disaster in U.S. history, it’s the people of this region who’ve survived hurricanes, corrupt state governments, the once hopeless New Orleans Saints, and more.” The article goes on to explain that for residents, “surviving and eventually thriving may require residents to let go of their anger and perhaps even put aside a quest for legal justice.” (Walsh). The article reports that research has shown that “the biggest predictor of sustained stress years after” such an event comes from when residents are forced to relive the experience as litigants in a court case. It is for this reason that Kenneth Feinberg—the independent lawyer running the $20 billion compensation fund, who previously in the article explained that he doesn’t think mental health claims will qualify—advises Gulf residents to “get a check, and move on as best you can” (Walsh).

Here we see that historically oppressed populations within the U.S.—specifically poor racialized populations—are narratively framed as resilient to trauma. While the nuances of the racialized discourses of resiliency are beyond the scope of this chapter, its significant to note that they appeared in the archive alongside narratives that encouraged traumatized populations to forgo legal recognition/retribution for their traumas. As the archive shows, traumatized people are made resilient when institutional, systemic, or endemic traumas need to be minimized for the sake of the nation-state.

**Tenet Three: The Medical Model**

Lastly, traumatocracy demands that there is wide dismissal of cultural differences or preferences in understanding and processing both traumatic events themselves and
living life afterward. Put another way, the formation of trauma as it is presented throughout the archive is defined by dominant knowledge epistemes. Not only does this erase other subjugated ways of being and knowing in the world—this, of course, also elevates an understanding of trauma rooted in Freudian psychoanalysis, understood through the DSM, and conferred through the U.S.-based medical-industrial complex. As with other ontological or phenomenological experiences denoted as mental illness, narratives of Trauma/PTSD are deeply structured by the Medical Model of Disability.

In addition to way trauma is positioned as an individual problem in tenet two, this becomes apparent in the archive in two other ways. First, as one might expect from journalistic endeavors, there is an over reliance on “experts” to name and explain trauma with very little room for the voices of traumatized individuals to speak themselves. Out of 158 articles on psychological trauma, only three (merely 1.9%) were penned by authors writing about their own experience or perspective as a person living with Trauma/PTSD (Cossett, Owen, Smith). This leaves 98.1% of the articles turning to “experts” of all kinds - military, medical, psychological, and legal to further makes sense of trauma. With this, there is an attentiveness to sorting out “who is at risk” for trauma, how to “cure” trauma, and kind of narrative assurance of the rates at which PTSD can be treated with both therapy and medication (see Graph G). As one 2004 article proclaims, “the good news is that PTSD can be successfully treated by a wide range of techniques including cognitive-behavioral therapy and drugs like Paxil and Zoloft” (Wallis). Here we see what is repeated throughout the archive—therapy and medication are touted as the paths toward recovery—with no historical consideration toward reasons why individuals
or populations may find these particular recovery methods unappealing, problematic, or oppressive.

Second, there are limited narratives of alternative approaches to recovery or living life with trauma—all of which appeared after 9/11. Two articles discussed research on MDMA, or ecstasy, as a possible treatment or cure for PTSD (Cloud 2001, 2007). One article from 2016 reports on the use of virtual reality technologies to treat PTSD and chronic pain (Sifferlin). Lastly, two articles from 2016 discuss “post-traumatic marijuana” or marijuana’s therapeutic value for traumatized individuals, particularly veterans (Thompson). What’s important to note about these narratives is that while they offer alternative approaches to the traditional medicines and therapies, they do so within the same narrative structure of overcoming and curing PTSD. Indeed, one of the 2016 articles on marijuana use among veterans ends with a quote by Jose Martinez who explains that he used to fear “the outside world” (Thompson). The article concludes that now, “he credits marijuana with reintroducing him to the human race. ‘Smoking marijuana,’ he says, ‘has slowly made me become the person I used to be.’”

Under this tenet of the current traumatocracy, the narratives of Trauma/PTSD that are recognized within the dominant discourses are those narratives that align with either the medical-industrial-complex and/or the imperative to transcend trauma via recovery. Again, here I situate discourses of Trauma/PTSD within Foucauldian notions of disciplinary and biopolitical power (Brandzel 12).
Conclusion: Life Under a Traumatocracy

*TIME* magazine does not just reflect trauma culture, it produces it. As the archive has shown, throughout this chapter, certain narratives of Trauma/PTSD are made hypervisible while others are minimized and/or erased. This is no accident. It is a socio-political discursive regime that I call a traumatocracy and it bears heavy consequences, particularly for oppressed populations. These dominant discourses shape how we come to know trauma culturally. They establish who gets to claim trauma, what traumas count as Trauma, and what kinds of trauma narratives are recognized as such. Furthermore, these discourses shape how we come to think about recovery and healing. Thus, I am arguing that, in producing trauma narratives such as it does, *TIME* magazine participates in a project of normative citizenship. This is constitutively an act of exclusion and violence. *TIME* is not unique or an exception, but rather indicative of dominant and mainstream U.S. culture.

Indeed, I am arguing the cultural dominance of these narratives and this discursive construction of PTSD cannot account for the traumatic experiences of society’s most vulnerable, most notably, those who are relegated outside the bounds of normative citizenship in some way. In short, this is why after coming out years ago in a very uncomfortable conversation with a colleague as having been diagnosed with PTSD, I received the response: “But wait—you’re not a veteran! How can you have PTSD?” Despite my educated whiteness, as a queer disabled woman, my trauma is suspect. While it may seem like all the recent talk about Trauma is “raising awareness,” I’m arguing that in this traumatocracy, dominant discourse around Trauma is actually doing irreparable
harm to a vast majority of those who are traumatized. Under a traumatocracy, these discourses of Trauma/PTSD are not meant to account for the lives of the most marginalized, or those most likely to experience systemic and historical traumas, but instead to serve the nation-state’s interests via formations of normative citizenship. This is why we must begin to conceptualize new ways of thinking through trauma altogether.
Chapter Two:

Toward a Feminist Queer Crip Theory of Trauma

OR: When Emma González’s Silence Said Everything

*I may feel that without some recognizability I cannot live. But I may also feel that the terms by which I am recognized make life unlivable. This is the juncture at which critique emerges, where critique is understood as an interrogation of the terms by which life is constrained in order to open up the possibility of different modes of living; in other words, not to celebrate difference as such but to establish more inclusive conditions for sheltering and maintaining life that resists models of assimilation.*

- Judith Butler, Undoing Gender, p.4
In a high-profile opinion piece for Time magazine’s “100 Most Influential People of 2018,” President Barak Obama wrote that the survivor-activists of the February 14 mass shooting at Marjory Stoneman Douglas High School in Parkland, Florida, had changed the gun debate in America (Obama). There is a usual and predictable response to these tragedies, President Obama tells his readers. “We mourn. Offer thoughts and prayers. Speculate about the motives. And then… the political debate spirals into acrimony and paralysis” (Obama). This time, though, something was different. This time, according to the President, the students of the high school who survived the mass shooting were changing this response pattern—changing the terms of the debate—all together.

Obama is not alone in this assessment. Within weeks of the shooting, the media’s focus shifted from the narrative trajectory the then-president so astutely described to the survivor-activists who were now dominating the news headlines and social media newsfeeds. On February 20, 2018, David Cullen of Politico Magazine wrote, “I’ve been covering mass shootings for decades. I’ve never seen a phenomenon like these students” (Cullen). On February 21, The Washington Post published a piece deliberating “Why the Parkland Kids Might Be Different” (Roberts). And on February 28, Michelle Cottle of the Atlantic contemplated “How Parkland Students Changed the Gun Debate.” These are but a few examples of the media frenzy surrounding the survivor-activists from Parkland.

Indeed, the organizing efforts and media savvy of the Parkland survivor-activists is to be commended. Through not only protests, marches, and visits to their state capital and to Washington D.C., and more importantly through their continued disruption of the
gun debate via social media, the Parkland survivor-activists were refusing to allow the discourse to “spiral into acrimony and paralysis” (Cottle; Obama). Their ability to manipulate the media to their advantage, utilize social media to further their cause, and publicly outwit their opponents left even the most “jaded political and media types” impressed (Cottle). However, as I will argue in this chapter, the Parkland survivor-activists were doing much more than disrupting our nation’s tired response patterns to mass shootings, gun violence, and trauma. In what follows I will analyze a nationally broadcast speech of one of the survivor-activists, Emma González, to contend that the youth of Parkland were creating new, alternative narratives of trauma writ large—if only we know how to hear them.

On March 24, 2018, Emma González stood at the Capital rallying youth around the country. González is a bisexual-identified young person of color, whose shaved head and green jacket, adorned with countless pins and patches, signify a kind radicalism that makes her not only a target of the far Right, but unfortunately also that of many so-called “mainstream Americans”.

In her speech, González emphasizes the unpredictability and incomprehensibility of trauma, the tragedy of unfulfilled lives, and the unsettling knowledges that the survivors now carry with them. In a poetic refrain, González explains: “No one understood…” “No one could believe…” “No one knew…” “No one could comprehend…” (González). She then speaks the names of her classmates killed in the shooting. “Aaron Feis will never call Keira Miss Sunshine. Alex Schachter will never
walk into school with his brother Ryan” (González). She continues to name every slain classmate trailing off with the words “would never…” “would never…” “would never…” (Gonzalez). Then she stops speaking entirely. For more than four minutes, González remains completely silent, creating an unnerving tension and holding her audience in it. She refuses to break this tension even as the live audience in D.C. shouts, claps, chants, and does everything possible to interrupt the pain they see in González, who at one point closes her eyes in tears and visible distress. The cameras shuffle nervously back and forth between the crowd and González during this silence at nine times the rate they had shifted during the first part of her speech. The silence and tension continue until González has been out on the stage for six minutes and twenty seconds, in silence for over half of that time.

One of the coping mechanisms I’ve developed over the decades of my life in trauma has been not to cry. It's a way of surviving in a world that bombards you with narratives about your existence that do nothing but negate your existence. But I can’t stop crying when I watch Emma’s speech and feel her silence as my own silence. I am so angry, so intensely angry that no one will shut up and be quiet with her. It seems as if no one in the crowd can just be with her and be what she needed right then. No one knew how to hear her. They push their narratives onto her. “GO EMMA!” shouts some loud man. “Go EMMA! You can do it!”

She knows she can do it. She is doing it! Shut up and listen to her. She is saying everything. She is saying everything! Right now! You just aren’t listening because she
isn’t speaking in your words. She’s speaking in silences, and you don’t know how to hear it. “NEVER AGAIN! NEVER AGAIN! NEVER AGAIN!” you shout. Stop shouting. Stop talking. Listen. Listen to Emma. Listen to us. Listen to us. Listen to me.

Then, Emma starts to cry and I cry harder. I think about all the narratives people have been putting onto me my entire life. So many have said, “You’re such an inspiration,” and “It’s such a miracle you didn’t die,” and “See, if other people like you just worked as hard…” And I think about how Emma is experiencing these sentiments on national level on top of dealing with the trauma she is living through and within her bodymind every day. It feels like my heart is breaking. I just cry. I break. I cannot breathe… and then the room starts to spin… and all I can think about are the people who can’t breathe because of their trauma… all the people, alive and dead…

This is why I was in tears when I heard Emma speak. I didn’t realize it exactly in that moment, but my heart has been searching for a narrative like Emma’s for decades. While the audience couldn’t sit still with her silence and her apparently unfinished thoughts, her silence said everything to me.

I’ve never lived through a school shooting. Emma’s trauma is not my own. But our traumas are not so disconnected either. You see, I was a child who lived through gun violence in the context of domestic abuse within the first ten years of my life. As I grew up, I grew into more traumas, including sexual violences and a disabling car accident—all of which are compounded into my bodymind and into my selfhood. I risk the vulnerability of naming my own traumas publicly, purposefully to break the unspoken
code in academia wherein we pretend not to be fully human. But in doing so, I also risk the performative wherein, despite the qualifiers, my narrative of trauma is read as authenticating me into a wounded subjecthood. This is the paradox of trauma narrative. Many presume that trauma cannot be spoken because the experience is so horrifying that it cannot be narrated. No. Trauma can be narrated. The problem is that there are few discursive spaces that allow the speaker to be heard.

Once traumatized, you’re trapped in a narrative limbo; a discursive bind. If you speak of your trauma(s), you’re pitied. You’re broken. You’re in need of help. Therapy. Recovery. God. Healing. You’re a part of tragic story to be learned from, avoided, analyzed, and/or debated. Your life becomes a hashtag and news headline. You’re someone for whom others should feel sorry, or perhaps someone toward whom others should focus their empathy. You’re a miracle, maybe. Perhaps, you’re told you’re here because God had other plans for you. You are inspirational. You’re motivational. You certainly now know the meaning of life. If you speak your traumas, your experience is turned into platitudes. If you want your story to be understood—to be heard—you must tell it in a typical narrative structure, despite the fact that nothing feels typical or structured about what you’re going through or living with now. Regardless of what you say, your narrative will likely be taken from you and become an Oprah Special or a Lifetime movie. You become a poster child. These narrative frameworks turn trauma into a commodity, easy for others to consume—a spectacle for an audience to take in without
having to truly bear witness to the atrocity at hand or having to face their own
sociopolitical belief systems.

Indeed, how we come to understand trauma is deeply political. What counts as
trauma, who gets to claim trauma, and what narratives of trauma are recognized as such
are all deeply political questions. In using the term political, I mean to suggest that
trauma is embedded within the sociocultural systems of privilege and oppression that
distribute life chances based on intersecting forces of inequity. However, if by chance
trauma is recognized as political—as situated within these structures of violence and
inequalities—the current narrative frameworks are not much better. In these instances,
one quickly becomes what Yasmin Nair calls the “ideal subject for neoliberalism”
wherein one’s trauma is used to authentic their subjecthood and place the State, or other
neoliberalized bureaucracies, as their savior (Nair). Under current social movements,
narrations of trauma become a prerequisite to legitimate one’s access to resources and/or
to make claims for broader social transformation (Nair). Yet, if one doesn’t speak of their
trauma then what pathways toward healing do they have? What resources toward justice?
What possibilities toward social and/or communal recognition?

Nair’s critique haunts me. I know that my attempts to resist the “Poste
Child”
and the inspirational “trauma-and-recovery” narratives have meant that I’ve been
interpellated into this ideal subject for neoliberalism. I have played this game for access
to resources so that I could live a livable life in a bodymind rife with pain and suffering. I
know that in every instance that I speak of the trauma knowledges—the cripistemologies
of trauma—that I carry in my bodymind, I further risk someone concluding that I am using my trauma to authenticate my claims for social justice. I risk someone concluding that I am relying on a “wounded identity.” As though my claims for social justice could not stand on their own. (They can.) As though I would not be making them if I did not live with this trauma in my bodymind. (I would.) And still, my claims for social justice come not despite my disabling trauma but through it, and with it fully. They are a part of my trauma knowledges—my cripistemologies. I find myself agreeing completely with Nair that social justice movements and claims for social transformation should not and cannot need trauma to authenticate them. I also find myself believing in the power of opening up the concept of trauma and its epistemologies, because in doing so we move toward Disability Justice. We move toward new ways of being and knowing with one another that do not rely on “woundedness or injury” but rather on interdependence, wholeness, sustainability, accessibility and anti-capitalist politics (Berne). Nair’s critique is sharp, partly in that it astutely penetrates the ways that trauma narratives are usurped by neoliberalism for its own gain, and partly in that it cuts—it cuts out potential for cripistemologies as a building block for collective and social transformation.

In this chapter I analyze González’s speech as a Feminist Queer Crip theory of trauma. This chapter is part analysis, part theory, and part process. Methodologically, it’s messy, but that’s because trauma is messy and demands nothing less of us as scholars. In Part One, I begin by proposing a feminist, queer, and crip approach to trauma as the necessary bridge between Critical Trauma Studies and Critical Disability Studies. What's
more, I contend that it is the particular interdisciplinary trifecta of feminist, queer, and crip that allows for a critical approach to both to the sociocultural implications of trauma and the embodied material realities of traumatization that not otherwise available. Next, in Part Two, I read González’s speech to offer my reconceptualization and working definition of trauma as an embodied, affective structure that must be considered outside the medical model of disability. Here, I extend the Critical Trauma Studies argument that we must situate trauma as a socially constructed rubric of meaning-making that is deeply embedded within the intersecting social systems of power and oppression. Then, Part Three situates González’s speech, as trauma writ large, within Alison Kafer’s Political/Relational Model of Disability and proposes four tenets of a Feminist Queer Crip approach to trauma.

Taken together, I argue that González’s speech offers a new way to understand and respond to trauma, outside the strongholds of hegemony. By utilizing feminist, queer, crip methodologies to analyze González, new frameworks emerge for understanding trauma itself; for recognizing its knowledges; and for situating its political and coalitional potentiality. In doing so, complex narratives, counter-narratives, and multiple narratives of trauma become possible. Trauma knowledges become possible. Cognization, political coalition, and collective action become possible. Most importantly, healing becomes possible – both personally and communally. As President Obama remarked, González—as a survivor-activist from Parkland—is in fact changing the debate on gun violence in America. But she is doing so in more ways than just disrupting the media and political
spectacle of it all. She is offering a new narrative of trauma—if only we learn how to listen.

**Part One: Redefining Trauma**

While the definition of trauma is highly debated, leading trauma theorist Cathy Caruth explains that trauma is generally described as "the response to an unexpected or overwhelming violent event or events that are not fully grasped as they occur, but return later in repeated flashbacks, nightmares, and other repetitive phenomena" (Caruth 91). While González’s experience may certainly fit within this generalized definition, I contend that such a mainstream, pathologizing understanding of trauma limits the audience's ability to hear and sit with her trauma narrative. In order to make space for more narratives—and narrative recognition—of trauma, we must begin by establishing a new framework for understanding such experiences. More specifically, we must start with redefining trauma; we must come to understand trauma from outside the scope of pathology that currently defines and overshadows it.

In recent years, critical theorists have moved away from such frameworks of trauma (Casper and Wertheimer 2). My work is indebted to and in conversation with scholars within critical trauma studies that attend “to the ways that the category of ‘trauma’ reveals and unsettles cultural classification systems” (Casper and Wertheimer 6). Indeed, critical trauma theorist Maurice E. Stevens remarks that “trauma is not simply a concept that describes particularly overwhelming events, nor is it simply a category that
‘holds’ people who have been undone by such events; but it is a cultural object whose function produces particular types of subjects and predisposes specific affect flows that it then manages and ultimately shunts into political projects of various types” (20). As a field, great work is being done within critical trauma studies to interrogate these political projects, particularly with regard to the relationship between trauma and the nation-state (Fassin & Rechtman).

While any individual may experience hardship, crisis, and catastrophe, trauma is marked by an affective embodiment - a disabling phenomenological modality that is specific, not to the horrendousness of an event or events, but rather to the nuanced, affective structure that follows. It is a way of being, feeling and knowing in the world. This affective structure may be, but is not always, accompanied by temporal-spatial, ontological, and epistemic instabilities. For individuals and populations who have access to resources, the embodied affective structure of trauma may come and go. For those individuals and populations who are denied access to resources and life chances, the affective structure of trauma hardens and is passed down through generations. It is rarely recognized as trauma though, but rather it is racialized, gendered, pathologized, and criminalized.

In this way, I am arguing that the hyper attention placed on the so-called traumatic “events of origin” is misguided and that our definition of trauma must be untethered from the “event” that caused it. Focusing on what causes trauma only leads to a hierarchy of “what counts” as trauma and what events are “traumatic” enough. The
affective structures of trauma may come from a catastrophic “exceptional” event for one person, or it might come from what Lauren Berlant calls “crisis ordinariness” for another person (10). Again, the affect of trauma may be passed down from one generation to another (Yehuda). The causes of trauma matter only insofar as we are concerned with working to elevate the structural inequalities that leave certain, particular (read racialized, classed, disabled) populations more vulnerable to trauma than others. While González’s speech centers her reflections after a horrifying event, analyzing her words from this feminist queer crip perspective makes it clear that trauma is not about the event per se, but rather about the affect and its proceeding ontological, epistemological and spatial-temporal shifts. Indeed, my close readings of González’s speech shows that her trauma narrative emphasizes these trauma knowledges, rather than the event itself.

While these ideas appear to be theoretical in nature, I present them with a profound belief in the power of theory for healing. Something dramatic happened for me when I began to think about my trauma as an embodied affect that I no longer needed to “overcome,” but rather needed to accept as a new way of moving through and knowing the world. I was able to find a kind of composure during my “break downs” when I started to think about my selfhood as fluid rather than in need of fixing. I begin to find a way to keep calm during my “flashbacks” when I began to imagine myself as experiencing a journey through crip spacetime - one that I need not forcefully interrupt but instead let play out with compassion. None of this came from therapy; it came from theory.
However, until very recently, disability studies has remained “remarkably silent” on matters of trauma, and trauma studies has said little about the social construction of “abnormality” (Morrison and Casper 2). In his 2004 piece, “Trauma without Disability, Disability without Trauma: A Disciplinary Divide,” James Berger argues that the two fields have differing “premises, methods, and goals” and that there is no shared conceptual vocabulary (Berger 563; Morrison and Casper 2). “Important political and intellectual work has been done” within Disability Studies, particularly through the development of the “social model” of disability, to “recast disability as something more than inherently traumatic” (Morrison and Casper 3). Historically as this work has been done within Disability Studies, non-apparent disabilities, including mental disabilities like trauma, have received less attention than physical disabilities. Trauma Studies, on the other hand, has remained either tied to psychoanalytic and clinical approaches of PTSD, or consumed with thinking through trauma as a metaphor (Berger 564-566). In its most abstract,

Trauma theory describes the carrying-across, the meta-pherein, of subjectivity or culture across or through a traumatic crucible into a new linguistic, social, somatic world of symptoms, ruins, ideological construct and fantasies – all of which are indirect, symbolic, metaphoric figures for what occurred during the missing, obliterated, time of trauma. (Berger 566)

Disability scholars and activists are highly critical of turning the embodied difference into metaphors, a move which has historically been used to further justify ableist ideologies and structural violence (Baynton 33). It is this emphasis on the sociopolitical that serves as the final distancing mechanism between Disability Studies
and Trauma Studies. Disability Studies arose out of a direct political movement and remains tied to that “spirit of advocacy” (Berger 571). With this, scholars in Disability Studies routinely employ personal narratives and claim a disabled identity. However, theorists of trauma, particularly those concerned with its semiotics, rarely situate their work as political or locate themselves within their theorizing (Berger 571). Yet despite these current hesitations, the integration of intellectual inquiries must develop more fully, because even though not all instances of disability are traumatic, many disabilities are produced by experiences of trauma (e.g., war, assaults, accidents). Moreover, disabilities, particularly those occurring later in life, do often come with the kind of immense loss, grief, and mourning typically attributed to trauma (Berger 571-572). And what’s more, people with (other) disabilities are likely to experience violence and trauma because of their marginalized position in society. Regardless of our academic trajectories, scholars from all fields must remember that embodied experiences of trauma and (other) disability can be as mutually constitutive as they can be mutually exclusive. As academics accountable to the lives of those we write about, our work must attend to these nuances. Furthermore, and as this dissertation argues, disability and trauma are bound conceptually through the same pathologizing and stigmatizing narrative forces.

It is as a bridge between Disability Studies and Trauma Studies, and as a point of departure toward a new approach to trauma, that I borrow the methodological and theoretical framework from Alison Kafer’s 2013 monograph *Feminist Queer Crip*. Aligning myself with these terms, I too take up the intersectionality and
interdisciplinarity that structures Kafer’s work, as that approach illustrates the potential of understanding disability not as a research topic or object of study, but as a necessary analytic for any critical study of power and culture. Throughout the chapter, I am utilizing disability in this manner to examine the ways in which power is operating through the narrative constructs of trauma within American popular culture. Thus, my project is a “fundamentally coalitional text” wherein these three terms—feminist, queer, and crip—signify my interdisciplinary approach to the cultural narratives and discursive frameworks surrounding the disabling affect of trauma (Kafer 17).

As a grounding methodology, feminist theory gives me the tools to question the essentialized (and pathologized) understanding of “the” traumatized bodymind. It also helps me question the systems of power and oppression surrounding trauma that consequently leave some traumatized people and populations with better life chances than others. Feminist theory challenges the inequalities in resources and social discriminations that can leave people and populations more vulnerable to trauma and move vulnerable after trauma. Of course, Black Feminist Theory demands thinking intersectionally and pushes my work to question how trauma is always already racialized, gendered, classed, and embedded in notions of citizenship. My project takes up feminist methods and theories in that it is inherently concerned with unequal distribution of life chances based on the intersectional markers of social difference. Addressing how disability is figured in, through, and alongside other categories of difference such as gender, race, class, sexuality, and citizenship, I extend these analyses to consider how
trauma works conceptually as a marker of social meaning-making (Kafer 17). Feminist approaches to trauma have long questioned the hegemonic underpinnings in its leading definitions. As feminist theorist and psychotherapist Laura S. Brown so succinctly notes, “trauma is thus that which disrupts these particular lives, but no other” (101). When reflecting on the 1987 Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria of post-traumatic stress disorder (PTSD) as including the person having “experienced an event that is outside the range of human experience,” Brown notes that “the range of human experience becomes the range of what is normal and usual in the lives of men and the dominant class; white, young, able-bodied, educated, middle-class, Christian Men” (101). While the definition has since been revised to remove the phrase “outside the range of human experience,” Brown’s reflection still stands. The trauma that is recognized is trauma that disrupts particular lives—lives that should not be disrupted. It is when a life that should not have been disrupted becomes so that crisis is named. When lives that are disposable are disrupted, no one notices—or, if anyone does, they do not likely stop to name it as such. With its attentiveness to intersectional critiques of systemic violences, feminism is a necessary analytic for theorizing trauma insofar as it considers the nuances of how institutional oppressions become mapped onto certain (read racialized, classed, gendered, colonized, disabled) populations and not others.

My theorization of trauma is equally rooted in queer and crip theories. Through queer theory I am given the tools to question the normative, and therein, challenge the very structures and systems of power that construct the mainstream understanding both of
trauma, and of the unmarked norm from which it is defined. When we are able to deconstruct the binary of “abnormal,” traumatized bodymind / “normal,” untraumatized bodymind, we are then able to demarcate the intersecting vectors of power and oppression that exist within the discourses of trauma/PTSD. With this, the social meanings and political implications—namely, the power—of such discourses in the lives of traumatized individuals/populations becomes clearer. It is this attentiveness to the potential radical politics of trauma that I draw most heavily from my queer theories and methodologies. Again, using queer theory we can reject essentialized and pathologized definitions of trauma and come to understand a socially constructed one that intersects with race, class, gender, sexuality, and citizenship.

If queer theory is, at its basis, the study of the social categorization and hierarchy of the “normative” and the “deviant” – then a queer theory of trauma would first situate trauma within this categorization. Then it would ask: what might happen if deviant (traumatized) people rejected this framework? Embraced it? Worked in coalition against these forces of traumatization and oppression? Lastly, a queer approach to trauma would be wary of and resistant to institutional power. It is at this juncture that my work is indebted to Ann Cvetkovich who presents the predominant queer approach to trauma theory in her work, An Archive of Feeling. In a queer move that my project follows, Cvetkovich’s theorization soundly rejects pathologizing approaches to trauma and aims instead to “seize authority over trauma discourses from medical and clinical discourse in order to place it back in the hands of those who make cultures, as well as to forge new
models for how affective life can serve as the foundation for public culture” (Cvetkovich 20). With this, Cvetkovich’s project shows us how the everyday artifacts of trauma produce an “affective experience that falls outside of institutionalized or stable forms of identity or politics” (17). My theorization of trauma is deeply informed by this queer approach to trauma as an affective experience that falls outside of institutionalized and stabilized forms of identity and politics. With its focus on challenging structures and ideologies of normativity, queer theory is a necessarily analytic for the study of trauma because it provides the methods needed to disrupt what circulates as “common sense” in both popular discourses and trauma theory writ large.

Lastly, my approach to trauma is fundamentally a crip approach in that it seeks to “takes a sledgehammer to—that which has been concretized” about trauma in America’s imaginary (McRuer, *Crip Theory* 35). Like queer theory, crip theory unsettles what we assume to be naturalized or known about the bodymind. Crip theory does the similar analytic work as queer theory but does so while including—if not centering—(dis)ability as a vector of oppression.9 Canonized by Robert McRuer and Carrie Sandall as Crip theory, “cripping” as a verb and methodology “exposes the ways in which able-bodiedness and able-mindedness get naturalized and the ways that bodies, minds, and impairments that should be at the absolute center of a space or issue or discussion get purged from that space or issue or discussion” (McRuer, *Crip Times* 23). My crip theory of trauma then seeks to center the traumatized bodymind at the absolute center of the discussion. It is also through crip theory that I come to question the compulsory able-
bodymindedness within trauma discourse, what I call “stability trouble” (McRuer, *Crip Theory X*). Crip theory brings with it an embrace of fluidity, instability, and incoherency as potentially politically charged phenomena and positionalities. Furthermore, I hold space for trauma’s paradoxical locations. Trauma is thought to be held within the individual bodymind, yet its so-called “events of origin” happen in the outer world. Trauma is said to be psychological, yet its manifestations are so often somatic in nature. Trauma is also said to be deeply personal, yet its reverberations are felt collectively. In other words, trauma *crips* our understanding of the relationship between the bodymind and society.

When taken together a feminist queer crip (FQC) theory of trauma provides an intersectional, interdisciplinary approach to trauma that rejects the medicalization and pathologization of trauma that currently dominates popular discourse. Here it becomes possible to make sense of both the nuanced sociocultural implications of trauma and the embodied material realities of traumatization. A FQC theory of trauma provides an avenue to challenge the status quo and “common sense” embedded within mainstream discourses and theories of trauma/PTSD.

Thus, in putting critical disability studies and critical trauma studies in conversation with one another through feminist, queer, and crip theories, I’ve come to a new way to understand trauma outside the bound of both pathology and hegemony. *I define trauma as an embodied, affective structure that falls outside the hegemonic norms that constitute social recognizability, even as it is inscribed into and held deep within our*
bodyminds. I use the phrase “affective structure” to denote a conglomeration of “visceral forces beneath, alongside, or generally other than conscious knowing, vital forces insisting beyond emotion—that can serve to drive us toward movement, toward thought and extension, that can likewise suspend us (as if in neutral)—a barely registering accretion of force-relations, or that can leave us overwhelmed by the world’s apparent intractability” (Seigworth and Gregg 1). I see these affective forces as intersecting, in such a way that they may at times structure one’s life in ways beyond one’s immediate control or consciousness. However, as González’s speech shows, when trauma is situated as the source of crip trauma knowledge, it stands as a personal and political force worthy of consideration rather than medicalization or pathologization.

Part Two: Emma González’s Feminist Queer Crip (FQC) Trauma Narrative

To the everyday listener, González’s speech is about her experience during the Parkland shooting. To me, González’s entire speech, what she said and didn’t have to say, was clearly a reframing of trauma narrative altogether. In the section that follows I detail González’s speech to show what a FQC trauma narrative looks like. I argue that González’s speech epitomizes a FQC trauma narrative in four overlapping and nuanced ways. More specifically, through González’s speech, we see trauma as an embodied, affective structure that falls outside of social recognizability. We also see the ontological, epistemological, and spatial-temporal shifts that so often accompany trauma’s affect. Lastly, as I outline in part three, González helps us to resituate trauma in what Alison
Kafer calls the political/relational model of disability. When trauma is approached through FQC theory it becomes possible to forge political alliances and affinities toward broader social justice and collective healing—which is precisely what González’s speech aims to do.

The first, and recurring, aspect of González’s speech we can understand as an FQC theory of trauma is her treatment of the role of time as it relates to trauma. The affective structural embodiment of trauma includes combating time (and space). Within the pathology of the DSM, this is characterized as flashbacks, nightmares, and triggers. But when González walks to the podium, we see her combating time with the look on her face. It says: *I don’t have time for your welcoming cheers or chants.* She taps the podium impatiently. She forces a contrived smile as she shows the audience her combat boots. Then, when she begins speaking, she begins with the concept of time: “Six minutes and about twenty seconds,” she says. “In a little over six minutes, seventeen of our friends were taken from us. Fifteen were injured.” (González). With this introduction she emphasizes the significance of time and how much can happen with so little of it. Somehow, she speaks with urgency and calmness simultaneously. In doing so, González begins to show us that time is fluid, bending and complex. She shows us how much normative time haunts traumatized individuals and how we must learn to navigate time in new, crip ways—about which Gonzáles says more momentarily.

Her voice is low at the start but picks up inflection as she continues on. “And everyone,” she says, “absolutely *everyone* in the Douglas community was forever
altered.” In this one statement, with these few words, González speaks to the ontological instabilities of trauma directly. As brief as this statement is, its significance cannot be understated. This is the second way in which González’s speech can be understood as an FQC intervention in the understanding trauma. For González, trauma alters everyone in the community—not just the people at the school, not just the parents or loved ones, but “everyone” and “forever.” Here we see trauma creating a permanent shift, an alteration, in the community. The word “forever” is also worthy of note, in that González is signifying her belief that this change in the community is not only far-reaching and substantial, but that it is indefinite. While some might dismiss this wording as a nice turn of phrase or a melodramatic political plea, a FQC analysis of González speech reads her words as her subjugated knowledge. As a traumatized, queer bi-racial teenager it’s too easy to dismiss her as “too young to understand.” In truth, González is exactly the person who would understand.

In her next statement, González continues to explain that this ontological shift, this alteration, is in fact directly related to a kind of knowledge production. This is the third way in which the speech can be understood as an FQC intervention in the understanding trauma. Here, González is establishing trauma as an epistemology. Moreover, I argue that it is what Robert McRuer and Merri Lisa Johnson have termed a “cripistemology” in that it is a way of knowing that comes through the disabled bodymind. Her statement is a cripistemology of trauma. González explains: “Everyone who was there understands.” With more forcefulness in her voice, she broadens the scope
of who is included in the traumatized community: “Everyone who has been touched by the cold grip of gun violence understands.” She then explains that what they all understand is a kind of not understanding:

For us, long, tearful chaotic hours in the scorching afternoon sun were spent not knowing. No one understood the extent of what happened. No one could believe there were bodies in that building waiting to be identified for over a day. No one knew that the people who were missing had stopped breathing long before anyone of us had even known that a code red had been called. No one could comprehend the devastating aftermath, or how far this would reach, or where this would go. (González)

As Jack Halberstam explains, “any cripistemology worth its name should identify modes of not knowing, unknowing, and failure to know” (McRuer and Johnson 152). In these lines, González does just that. The new knowledge that trauma has brought to the community is one of not knowing, unknowing, and failure to know. But this is in itself a knowledge, for in the next line González says, “For those who still can’t comprehend, because they refuse to, I’ll tell you where it went. Right into the ground. Six feet deep.”

Throughout this passage we see González doing two things simultaneously. First, she is creating a political in-group/out-group binary between those who understand an embodied knowledge of trauma’s unknowability through not knowing, and those who don’t understand the knowledge of trauma “because they refuse” to know. This refusal to know is particular kind of epistemic injustice that feminist philosopher Gaile Pohlhaus calls “willful hermeneutical ignorance” (722). As a kind of epistemology of ignorance, Pohlhaus frames willful hermeneutical ignorance as a nuanced dismissal and refusal of a marginalized person’s situated knowledge (722). González, and the survivor-activists
from Parkland, struggle to get mainstream America to (ac)know(ledge) their truths about the trauma of gun violence because, as Pohlhaus explains, for those exhibiting willful hermeneutic ignorance to do so would be to give up epistemic privilege and “investigate parts of the world in light of others’ concern” (721). In other words, when those with social privilege are invested in keeping their privilege they can “maintain their ignorance by refusing to recognize” and by working to undermine any source of new knowledge presented by the marginalized voices (Pohlhaus 728). Thus, this refusal to hear marginalized knowledges, such as González’s narrative of trauma, is not an inability but “rather a willful act” of injustice (729).

Secondly, undeterred by these willful acts of refusal, González is detailing a cripistemology of trauma as a paradoxical knowledge where “everyone understands” and “no one understood” at the same time and place. Trauma is a knowledge that “no one could comprehend” and yet “[she’ll] tell you” about it right now. Through this speech act González is not just calling on the Parkland community, she is creating a new community—interpellating in, hailing in all those who “have been touched by the cold grip of gun violence.” What’s more, she is calling in audience members to witness her trauma; to be traumatized with her. She is not presuming a given community but rather building an expansive one, where anyone who can be with the paradoxical truths of trauma that she is narrating is welcome. Some audience members can, and some cannot. Some become part of the “knowers” through witnessing her trauma and being with her in the unknowability. Others still “refuse to know.” Here we see González refusing to
simplify trauma’s crip knowledge. It is about knowing and not knowing and refusing to know. It is isolating and community building at the same time. It is something you understand and don’t understand all. It is paradoxical. Trauma is something you can talk about, but, as her next lines show, it is where words fail us.

In what’s becoming a refrain, González returns to her first point regarding time: “Six minutes and twenty seconds with an AR-15, and my friend Carmon will never complain to me about piano practice…” She begins crying as she names her friend Carmon and wipes tears away as she continues to name her classmates.

Aaron Feis will never call Keira Miss Sunshine.
Alex Schachter will never walk into school with his brother Ryan.
Scott Beigel will never joke around with Cameron at camp.
Helena Ramsey will never hang around after school with Max.
Gina Montalto would never wave to her friend Liam at lunch.
Joaquan Oliver would never play basketball with Sam or Dylan.

There is melancholy force behind each word, each name; a force, a particular kind of anger that ricochets between heavy-hearted agony and righteous indignation. We can hear her gasp for air between her words and tears. Just as Ellen Samuels outlines in her essay on crip time, trauma time is also grief time (Samuels). Here we see González living in what Margaret Price terms “crip spacetime.” For Price, “the spacetime we move through and which constitutes us is composed not only of geometric space and linear time, but also of the affective impact and intangible knowledges that manifest these radical inequities” (Price, Moving 10). Price argues that even when we are side by side, we are not inhabiting the same spacetime, and the differences “are often a matter of violent
inequity, even of life or death” (Price, *Moving* 10). González is forcing her audience to recognize her crip spacetime, which represents the violent trauma she has experienced and the violent inequities surrounding gun violence in American culture. She continues to name her dead classmates, but now with incomplete sentences.

Aliana Petty would never…
Cara Luggin would never…
Chris Hixon would never…
Luke Hoyer would never…
Martin Duque Anquiano would never…
Peter Wang would never…
Alyssa Alhadeff would never…
Jamie Guttenberg would never…
Meadow Pollack would never…

Here, González is not just publicly mourning the loss of her classmates, she is suspending their lives rhetorically in spacetime with her incomplete sentences. Their lives are incomplete. Her memory of them is incomplete. These incomplete lines also allow those in the audience to imagine the endings for themselves, in ways that they might need. Reading this moment through a FQC analysis we see not only a cripistemology of not knowing but also González’s trauma affect. As she reads each name and word from the page she holds her voice gets higher and speed up, almost as if she is overtaken with overwhelming fury. It is uncontrolled and visibly comes from her chest; we can hear and see her still gasping for breaths between her words. Some might say she looks as though she’s on the verge of a panic attack. She isn’t. Or maybe she is. She’s living with trauma in her bodymind.
But then she stops speaking. After she has named all of her now dead classmates, González stands in complete silence. She stands staring straight ahead into the audience. Her tears are all gone, and her face is stern and stoic. We can hear her breathing once more. When González stands in silence for over four minutes, she is demanding that the audience recognize the crip spacetime of trauma that she lives in. This is the fourth way González’s speech can be understood as a FQC intervention in trauma narrative. Samuels writes that crip time “requires us to break in our bodies and minds to new rhythms, new patterns of thinking and feeling and moving through the world” (Samuels). Trauma time requires the same. I think about these four minutes of silence as González pulls the audience into her trauma, into her tension, and metaphorically even into her flashbacks.

It is at about 30 seconds of silence that some man in the audience first yells, “go Emma!” and then others in the audience follow suit with chats and claps. After 20 to 30 seconds of more silence, the audience continues with their chanting and clapping: “Go EMMA!” “You can do it!” After González has been silent for two minutes, the audience starts chanting: “Never again! Never again! Never again!” The camera goes back and forth between faces in the crowd, and González’s eyes are now closed almost as though she is hiding from the crowd’s chants. The crowd seems to realize this, and they stop chanting “Never again” after 45 seconds, when González opens her eyes. The crowds is silent for a moment, then someone says “We’re all with you Emma. We all love you.” The camera continues its frenetic back-and-forth between González’s face, the wide view of the crowd, and close-ups of faces in the crowd. I argue here that the crowd does not
know how to hold the truths of González’s silence and that in this silence González falls outside of social recognizability. The crowd needed González to be a motivational speaker. They needed a call and response speech. They needed a particular kind of trauma narrative wherein trauma is devastating chaos, but it's one that is overcome. González did not give that narrative. She did not give them a beginning, middle, and end. She gave them 6 minutes and 20 seconds of horror. She gave the devastation, the chaos, the unknowing. González gave her audience her trauma.

When González’s timer goes off and she finally breaks her silence, she begins again with time. “Since the time I came out here, it has been six minutes and 20 seconds” she explains—the exact amount of time that the shooter took to kill her classmates. Again, rather than giving the audience an inspirational story of overcoming or a motivational call to arms, González pulls them into her trauma affect, her broken FQC narrative. With a snarky, almost annoyed look, she tells the audience: “fight for your lives before it’s someone else’s job.” González does not see this work as her “life’s passion” or “meaning of life” but rather as a job. Here the general affect of González’s speech can be understood as an intervention as FQC intervention in trauma narrative. Outside of showing her combat boots to the audience before she began speaking, González makes no effort to “connect” with the crowd. She does not smile, joke, or give a heartwarming plea. She never once talks of “overcoming” or “coming together” even politically. She is exasperated and heartbroken. She is mournful and indignant. She is
sad—we can see her tears—but she does not tell you that. What she tells you is her anger at the systems that failed her and her classmates.

This affect continues, even after she finishes speaking. She immediately turns and walks off the stage before any applause can be received. With González gone so quickly the camera turns to a young white girl in the crowd, crying, while audience cheers as though it were a rock concert. The camera turns back to show González walking sternly off the stage. She doesn't have the interest, space, or time for the audience reception. She is out of time. We are out of time.

I’m positing that when we approach trauma through a feminist queer crip methodology what comes forth are ways of knowing with and through trauma that can lead us to a place not just for personal healing, but more importantly, for collective, communal healing that is infused with coalitional political action. In the most simplistic terms, to establish a more meaningful and socially just approach to understanding and healing from the disabling effects and affects of trauma, we must start with centering crip knowledges of trauma. We must learn to listen to the kinds of knowledges and ways of knowing that come from within and through trauma itself. This is what I see in González’s silence. That is what González’s speech gives us, once we learn to listen to its silences and breakages, in ways beyond our rubrics of pathology and pity, overcoming or recovery. When this is done, when we can approach trauma through feminine, queer, and crip lenses, I believe that two things become possible simultaneously. First, we make more room for more kinds of healing that do not include coerced re-assimilation into
hegemonic norms of personhood. Second, as I will detail in the next section, we can consequently begin to build coalitions and cross-community political action from a place of affinity and solidarity. This is the work I see González leading. This is why I could not stop crying as I listened to her speech. Finally, someone—a young bi-racial queer youth—is speaking the feminist queer crip trauma knowledges I have been searching for for decades.

**Part Three: Resituating Trauma - A Political / Relational Approach**

González’s speech is so powerful, in part, because it takes trauma out of the medical/clinical domain or model of disability. In fact, it resituates trauma in a Political/Relational Model of Trauma. In *Feminist Queer Crip*, Alison Kafer intervenes in the longstanding and overwrought debate regarding the Social Model of Disability. For decades, the Social Model has been the predominant theoretical approach to disability to resist the medical-industrial complex. While the Social Model of Disability has created a pathway for significant political and cultural advances, it is not without its limitations. Kafer’s Political/Relational Model of Disability offers an alternative, critical approach to *both* the Medical Model and the Social Model of Disability.

Almost as soon as leading disability scholars and activists began articulating the tenets of the Social Model, others in the field begin voicing their concerns. First, in emphasizing the social barriers of disability, the hardline Social Model activists declined to address the need for medical intervention, nearly to the point of rejecting it. This
rejection of medical intervention is not so simple for those of us in this disability community living with chronic pain, or those of us who need medical/clinical support to survive. Second, The Social Model also creates a strict binary between “impairment” and “disability.” Impairments are understood as the physical or mental limitations of the bodymind and disability is framed as the social exclusion, oppression, or meanings that are mapped on to these limitations (Kafer 7). For Social Modelists, impairments themselves are not disabling; society turns them into disabling conditions. Critics of this position have been quick to note this binary is not clear and that what counts as an impairment is itself socially constructed—determined in great part by culture, time, and place. Furthermore, impairments themselves can disable. No amount of barrier and ideological shifts will change the disabling realities of chronic pain, fatigue, and illness.

The “Political/Relational Model of Disability” takes up these critiques and offers “an alternative perspective” to the Social Model of Disability (Kafer 6). Kafer does so in four main ways. First, expanding on the Social Model, Kafer’s approach locates the so-called “problem” of disability squarely in the political, where it is the “built environments and social patterns that exclude or stigmatize particular kinds of bodies, minds, and ways of being” that must be transformed (6). However, unlike the Social Model, Kafer’s approach leaves space for medical intervention and even the ideological complexities associated with the desire to be cured (Kafer 6). Rather than rejecting or shaming individuals who live with pain and seek intervention or cure, the Political/Relational Model contextualizes these apparent contradictions within their political and
phenomenological realities. Kafer acknowledges that it is quite possible to be allied with disabled people and proud to be disabled, and also seek to end chronic pain simultaneously (Kafer 6). Moreover, rather than rejecting the medical framing of disability, Kafer’s model politicizes it (6). She pushes us to ask about the quality and accessibility of health care: Who can afford health care? For how long? At what costs? (6). In doing so, Kafer argues not for a rejection of the medical approaches to disability but instead for a “renewed interrogation of them” (7).

Second, in what she calls a “friendly departure” from the Social Model, Kafer’s Political/Relational Model does not distinguish between impairment and disability (7). This distinction not only fails to recognize that conceptually impairment is just as socially constructed as disability, it fails to recognize the “often-disabling effects of our bodies (Kafer 7). Those like myself who live with chronic pain and fatigue have been some of the loudest critics of this distinction within the Social Model, because no amount of policy change or barrier removal will end the intense aching that I feel in my bodymind each day. To focus strictly on socio-cultural and political factors of disability without attending to the bodymind “renders pain and fatigue irrelevant to the project of disability politics” (Kafer 7). This not only marginalizes a great segment of the disability community, it also makes it difficult for disability activists and scholars to talk about the pain and suffering we live with in ways that do not seem to give “fodder to the enemy, so to speak” (8).
Third, Kafer’s Political/Relational Model emphasizes the terms within its name. Kafer emphasizes disability’s relationality in that cultural notions of disability and ability affect everyone—not just people who claim or have been claimed by disability (8). Because of our society’s deep-seated ableism, we are all taught to fear embodied difference—through aging, through temporary loss of function, or through other stigmatized bodily deviances (scars, birthmarks, height, weight, etc). Moreover, Disability is not lived in isolation. Disabled people’s families are also affected by ableism (Kafer 8). Then conceptually, disability itself experienced in and through relationships; it exists in relation to able-bodiedness and able-bodiedness exists in relation to disability (Kafer 8). Indeed, they form a constitutive binary. We can only know one because of and through the other (Kafer 8).

Finally, Kafer’s Model is overtly and emphatically political in that it is a “direct refusal of the widespread depoliticization of disability” (8). Rather than defining disability, Kafer positions disability as “contested and contestable,” analyzing instead the creation of the category as it intersects with other markers of social difference (10). It is this embeddedness with vectors of power and oppression that concerns Kafer and that she aims to explore in her full project (10). In doing so, Kafer’s project seeks to answers questions like: “is disability political? How is the category of disability used to justify the classification, supervision, segregation, and oppression of certain people, bodies, and practices?” “How has disability been depoliticized, removed from the realm of the political? Which definitions and assumptions about disability facilitate this removal?
What are the effects of such depoliticization?” and so on (10). With this, Kafer is asking us to question the ways in which ableist understandings of disability have come to be accepted as common sense.

I seek to do the same with trauma. Thus, using the principles Kafer’s Political/Relational Model of Disability, I present the following tenets of a political/relational approach to trauma. Resituating trauma in a political/relational model not only takes trauma out of the pathologizing medical model of disability, it allows for an expansive understanding of the sociocultural and political aspects of trauma. When understood through this approach, trauma becomes a site for what historian Joan W. Scott calls “collective affinity.” Scott describes collective affinities as “play[ing] on identifications that have been attributed to individuals by their societies, and that have served to exclude them or subordinate them” (Scott in Kafer 11). This too is what González was drawing upon in her speech - the potentiality of trauma as a site for coalition building across difference. In terms of traumas collective affinities could include people who have experienced various kinds of gun violences, sexual violences, domestic or physical violences; people who live with intergenerational and multigenerational traumas; people living with the daily traumas of systemic oppressions; people who have experienced accidents or other catastrophic incidents; veterans, civilians, and refugees of war; immigrants and asylums seekers; institutionalized and incarcerated peoples; people who have lived through “natural” disasters; and so on.
A Political/Relational Model of Trauma:

1. **Understands that trauma is socially constructed, even as it’s held in our bodyminds.** Here, I am extending the Critical Trauma Studies critique that trauma is not inherent to the catastrophic event but determined by the extent to which society agrees that such event was in fact traumatizing (Alexander 15). This collective decision-making is of course highly racialized, gendered, classed, and geopolitical. I am pushing this critique further to argue that trauma is still socially constructed, even after it becomes held in our bodymind. This, of course, is this classic intervention of the Social Model of Disability. What counts as trauma, when, by whom, and in what ways, are all determined by place, time, and culture. This, too, is highly racialized, gendered, classed, and geopolitical. In other words, what is recognized as trauma is not some essentialized truth of the bodymind, but rather mediated by deeply political and socio-cultural factors.

While the direct content of González’s speech itself does not show this reality, the broader political discourse surrounding the Parkland survivor-activists absolutely does. First, even as the event of the Parkland shooting was broadcast through various media networks, the survivor-activists were denied their trauma. Right-wing pundits and conspiracy theorists described the students as “crisis actors” throughout social media platforms (Grynbaum). In doing so, they circumvented the question of the
trauma by simply removing the students from the event in question. Second, the attention that the Parkland survivor-activists received for their organizing around gun violence brought up great critique surrounding questions of race and class, in particular the organizing efforts of #BlackLivesMatter. The trauma of the young, most white, affluent Parkland youth was quickly recognized and rewarded whereas the traumas of urban, youth of color are routinely dismissed.

2. **Recognizes that the so-called “problem” of trauma cannot be solved through medical or clinical intervention, but rather through broad social change.** This is because the “problem” of trauma is located not in the bodyminds of the individuals who live with trauma, but rather in the social structures that unequally distribute life chances. Again, while on an individual level trauma can reach any demographic, socially and culturally it is more likely to reach those who are marginalized. It is often white supremacist, ablest, capitalist, neocolonialist heterosipatriarchy itself that traumatizes. Just as disability activists and scholars have argued about disability, I am arguing now about trauma: if we want to better the lives of traumatized people, we need to work to change social structures and cultural ideologies surrounding trauma and its healing processes.

We see this in González’s speech when she ends with the line “Fight for your lives before it’s someone else’s job” (González). The conclusion to her silence, to the
trauma she has experienced, and the nation has experienced, is not straightforward therapy, “recovery,” and/or healing. It is political action that will lead to broader social transformation.

I want to pause here to say that medical and clinical intervention, that trauma-informed care, is not to be shamed or dismissed. Indeed, I have spent the greater part of the last decade searching for anything that would ease the physical pain, anguish and fatigue that I live with daily and that can limit traditional forms of political engagement. Moreover, healing (whatever that means individually and in community) and restorative justice must be prioritized.

Just as Kafer “recognizes the possibility of simultaneously desiring to be cured of chronic pain and to be identified and allied with disabled people” in her work, I, too, recognize the very real possibility of wanting to lessen the chronic anguish of both the physical and psychological pain that can come with trauma while simultaneously identifying and feeling solidarity with the fight for broader systemic change against traumatizing systems of violence. Indeed, there are many powerful political actions that can be taken without the physical demands of marching in the streets (Pulrang). Furthermore, following a long line of disabled activists—particular queer women of color—I contend that care work is political work (Leah Lakshmi Piepzna-Samarasinha).
3. **Emphasizes the political.** As Kafer does with disability, I’m arguing for both an “increased recognition for the political nature of a medical framing” of trauma as well as a general repoliticizing of trauma writ large (Kafer 6, 8). Here again, I’m thinking specifically about necessary questions regarding the politics of resources and life chances. We must, of course, be asking about access to trauma-informed care and questioning who has the resources to pay for such care. But even before that, we must ask whose trauma will be recognized as such and whose will be dismissed? Whose trauma will be considered worthy of care and whose trauma will be criminalized? We could go even further to ask which bodysminds will carry intergenerational trauma and who will not? Who will have life chances that mean they are less likely to experience sociocultural traumas like war, gun violence, sexual assault, domestic violence, hate crimes, or police violence? Because trauma has been so deeply tethered to the medical/clinical model of disability, its political nature has been obscured. We must repoliticize trauma in every facet possible.

In addition to the line about fighting for your lives, González’s speech emphasizes the political when she directly states, “For those who still can’t comprehend, because they refuse to, I'll tell you where it went. Right into the ground. Six Feet deep.” She also names that “everyone who has been touched by the cold grip of gun violence understands,” speaking more broadly about gun violence outside of just the Parkland shooting itself. Lastly, she implicitly critiques the rescue efforts saying, “no one could
believe there were bodies in that building waiting to be identified for over a day” (González).

4. **Conceptualizes trauma in relational terms.** Trauma does not happen in isolation. Not only do trauma inducing events often happen with others, trauma itself requires that we relate, witness, hear, and be with one another. Furthermore, the traumatized bodymind can only be known through its co-constitutive relationship to the normative, idealized, untraumatized bodymind.

We see this relationality all throughout González’s speech. First, González casts trauma as relational when she names all of her classmates and all of the things they will never do again with her classmates who are still living (including herself). Second, she presents trauma as co-constitutive with the untraumatized, when she talks about “everyone who was there” in comparison to “those who still can’t comprehend.” She is defining trauma here against the non-traumatized, or those who have not experienced gun violence and therefore cannot fully understand. Lastly, in her performative speech act of community building, González is situating trauma as relational or communal. In doing so, she is resisting the medical model of disability that proclaims trauma to be an individual issue for individual concern. This move, of
course, helps usher trauma back into the political and allows González to argue for broader social transformation.

**Concluding Thoughts**

Mourning. Thoughts and prayers. Acrimonious, obstructed, and ineffectual debate. This is the pattern of our national discourse surrounding gun violence and other trauma-inducing events. As we’ve seen in this chapter though, Emma González, along with her fellow Parkland survivor-activists, have been working tirelessly not only to disrupt this discursive pattern but to figuratively and literally change the trauma narratives that are available. In doing so, I argue that González resituates trauma back into the political by demanding not only accountability but also broader social transformation. Moreover, her feminist queer crip narrative of trauma provides both alternative knowledge about trauma and more space for knowing trauma than the tiresome (and dismissive) “thoughts and prayers” ever could. In the next chapter, I explore what it looks like when youth - just a bit older than González - bring similar demands for social change around trauma into a specific institution – higher education. Unsurprisingly, we see more acrimonious, obstructed, and ineffectual debate. I argue however, that this debate is illustrative of how higher education understands trauma and mental illness writ large and as such it requires our full attention.
Chapter Three:

Trauma and The Trigger Warning Debate:

Toward a Feminist Disability Studies Pedagogy
College campuses and classrooms have long been a site for socially and politically contentious debates. Collectively, college students harness the kind of audacity required to challenge the status quo through instigating broader cultural dialogue on “hot-button” topics where the personal is shown as political. Cultural conversations about trauma are of no exception. Amidst heightened national discourses of traumatocracy explored in chapter one, American college students began speaking out about how their own experiences of trauma, and retraumatization, impact their education. They have done so—by and large—through calls for “trigger warnings,” or statements that alert participants of class material that may call forward past traumatic experiences. These calls have been met with great controversy and have sparked what is known as the “trigger warning” debate.

As noted in chapter one, the most dramatic surge in reporting on trauma and PTSD in *TIME* Magazine appears during the years of 2013-2014. It is of no surprise, then, that these years also mark the beginning of the “trigger warning” debate across academia. Late in the year, *Slate* magazine named 2013 “The Year of the Trigger Warning” (Marcotte). Not only does this article mention the expansion of trigger warnings to cover further distressing issues, it also references the use of trigger warnings in places beyond the internet—places such as the feminist classroom (Marcotte). In May of 2014, the *New York Times* published an article reporting on specific efforts from students at Santa Barbara, Oberlin, Rutgers, University of Michigan, and George
Washington University, among other schools, to initiate the use of trigger warnings in the classroom during that spring semester (Medina).

These initial efforts from students across the nation sparked an immediate dispute throughout academia. Articles on trigger warnings appear as opinion journalism pieces in venues like The New York Times, The LA Times, The Guardian, Mother Jones, The New Republic, Salon, as well as at The Chronical of Higher Education and Inside Higher Ed. (Gerdes). Of course, the intensity of this debate may vary from campus to campus and one educational journalist or blogger to the next, but the premise always remains the same. Those in favor of trigger warnings argue that they serve as a relatively simple accommodation measure that provides a better, safer learning environment for students who may have experienced traumatic events in their past (Brown, S.). Those opposed argue that such warnings come from overly sensitive students and that the warnings are in themselves inherently infantilizing, impossible to implement, an excessive form of political correctness, and a violation of academic freedom (Brown, S.).

However, as articulated thus far, this “debate” about trauma in the classroom has been for the able-bodiedminded among us. Whether or not we consider the affect and effects of trauma on pedagogy is an option only for those whose lives are not already shaped by trauma. For us, there is no choice; our experiences of trauma shape how we move through the world. The consideration of trauma in our classroom is not a question of pedagogy or academic labor. It is not about academic freedom, the latest administration of neoliberal policy, or even a debate at all. Teaching and learning with
trauma is our daily life. We do it every day, because we have to if we want to survive in
the academy.

_**I don’t want anyone to coddle me or feel sorry for me. It’s easy to feel sorry it
happened. It’s hard to see how your current way of doing things still harms me. I am
asking you for consideration of the disabling trauma I carry in my bodymind. I was in the
room because I wanted to have the conversation. Because I believe deeply in the
political, social, and ethical need to enact change. But when you started reading the
detailed descriptions of violence without any kind of warning, I couldn’t stay. My palms
got sweaty. My heart started beating outside of my chest. The room begin to spin and lose
its color. I couldn’t focus on anything other than trying to remember to breathe.
Remember. To. Breathe. I couldn’t breathe because my chest was so tight. The people
sitting beside were starting to stare. I think because I was spinning now in little circles in
my chair. I had no idea what you were saying anymore. You just kept reading. I was lost
in my traumas. I was lost in my bodymind. I realized later that it took me over 20 minutes
to remember that I could leave the room. It took me the rest of the day to find myself
again._

Thus, rather than rehashing the overly determined supporting\textsuperscript{11} and opposing
sides\textsuperscript{12} of the debate, this chapter will contextualize the discourse surrounding trigger
warnings within the intersecting politics of disability and feminist pedagogies. When
analyzed in this way, it becomes apparent that three fundamental misunderstandings
routinely impede the debate and limit the possibility of meaningful exchange. First,
misuse of the words “trauma” and “trigger” have led to serious misinterpretations of both the psychosomatic experience of trauma and the embodiment of its corresponding affect. As with other disabilities, the lack of accurate public knowledge and understanding about the lived experiences of trauma has led to yet another ill-conceived conversation about us, without us. Second, trigger warnings highlight the seemingly conflicted preferences of disability and feminist pedagogies. Disability pedagogues call for trigger warnings as a practice of accommodation, while feminist pedagogues argue that the possibility of the classroom as a “safe space” is always already fraught. However, this perceived conflict highlights another misunderstanding: the conflation of access with safety. Finally, popular response to these student initiatives have become entrenched in and structured by these first two misunderstandings. This reflects a final misunderstanding about what students were actually requesting: recognition of their lived experiences and institutional support of how those experiences influence their education.

Through an analysis of these three misunderstandings, I contend that in order to fully comprehend the significance of trauma in the classroom, and to ethically respond to the question of using trigger warnings as a teaching tool, we must approach this conversation through a “feminist disability studies pedagogy” (FDSP). Introduced by Kristina Knoll in a 2009 Feminist Teacher article, this pedagogy approaches questions of access not merely as means of inclusion, but rather as analyses of systems of power and oppression (Knoll 122). When the trigger warning debate is approached this way, the conversation shifts from whether we should use them to why trauma itself is an
imperative social justice issue within our classrooms. As scholars, activists, and pedagogues, this debate presents itself as an opportunity to reconsider and reimagine the interrelated experiences of trauma and disability in the classroom. The classroom ultimately stands as a site where theory meets practice, and as such a place where our material realities meet our theoretical ambitions. Thus, nothing less than a fully integrated and collaborative feminist disability approach to trauma in the classroom will be sufficient for supporting all our students.

**Trauma Culture, Trauma Confusion**

The first misunderstanding that structures the trigger warning debate is the serious misuse of ‘trigger,’ ‘trauma,’ and their relationships to disability. These confusions and the consequent public response to trigger warnings reflect larger patterns of indifference and discrimination toward disability, indeed relying on many of the same arguments used in previous debates about disability and education.\(^{13}\) In this section, I first situate trauma as a disabbling affective structure. Then I argue that the pervasive misconstruction of trauma is rooted in ableist logics, and as such the institutionalized responses stemming from such reasoning only further perpetuate ableist structures of inequality. To challenge or resist these forces, we must incorporate the effects of trauma into our understanding as a mental disability, and then work to approach trauma through the Political/Relational model discussed in chapter two. When social responses to the affects of trauma are appropriately understood as dis-abling, the contours of the debate extend beyond the
specifics of trigger warnings toward broader considerations of accessibility in the classroom.

For the purposes of this chapter, I conceptualize trauma as a disabling affective structure. In popular, and even clinical discourse, focus is typically given to the event that produces the state of psychosomatic distress. I am, however, focusing on the affect itself rather than the event since not everyone who lives through a traumatic event(s) consequently experiences an affective shift. Moreover, while it would be problematic to completely collapse the traumatized bodymind and the disabled bodymind, there are undeniable overlaps in both subjective embodiments. Leading trauma theorist Cathy Caruth defines trauma generally as “the response to an unexpected or overwhelming violent event or events that are not fully grasped as they occur, but return later in repeated flashbacks, nightmares, and other repetitive phenomena” (91). Similarly, psychoanalyst Avgi Saketopoulou describes the experience of “being triggered” through what Freud called “single anxiety” or “a paralyzing, overwhelming cascade of emotional and physiological responses commensurate not with the anticipation of danger but with the experience of the danger itself” (emphasis in original). Lastly, Peter Levine’s work notes that while the embodiment of trauma is different from person to person, common responses and symptoms include types of hyperarousal such as increased heart rate, sweating, difficulty breathing, cold sweats, tingling, muscular tension; constriction of the nervous system and digestive system; dissociation and/or dysphoria; feeling numb, spacing out, or fully blacking out. Traumatized individuals also often experience hyper
vigilance, sensitivity to light and sound, difficulty sleeping, a reduced capacity to manage stress and anxiety, amnesia and forgetfulness, chronic fatigue, immune system problems, headaches, and diminished ability to bond or connect with other individuals (Levine 14-19). This is in no way an exhaustive or inclusive list, nor could any such list ever be compiled. My attention to trauma as an affect, rather than an experience or disorder, necessitates an understanding of the countless immeasurable, nuanced, and deeply personal ways in which trauma may manifest in the bodymind.

However, I offer these widely recognized descriptors for two reasons. First, I aim to situate the psychosomatic and affective shifts of trauma in relation to other kinds of neurodiversity such as Autism, ADHD, learning disabilities, epilepsy, Down syndrome or other mental health issues (Sibley). While this chapter focuses on triggers within context of trauma, many neurodivergent people experience triggers in ways that often similarly impact their embodied subjectivities. I am using the experience of a trigger then to call for solidarity between individuals typically understood as mentally disabled and communities who have experienced other kinds of traumas, such as racial and post-colonial traumas. In doing so, I am purposely troubling the category of neurodivergence to include people who may never receive a medical diagnosis, or clinical recognition as such. This is an overtly political move toward an intersectional approach to trauma and disability. As an embodied, affective structure trauma cannot be located solely in the neurological. However, recent advances in neuropsychology have legitimized what critical race theorists, women of color feminisms, and post-colonial feminisms have long
been arguing. Not only does trauma change the neurology of the traumatized individual, evidence suggests, “PTSD can be genetically transmitted to secondary and subsequent generations” (Sotero 99). We are fundamentally changed by trauma; and these changes bear legacies. By approaching trauma as an affective structure that may, or may not, also be recognizable as a kind of neurodivergence, I seek to broaden our understanding of disability – not to further marginalize the marginalized, but rather to draw attention to the intersecting forces of white supremacy and ableism.

Second, I reference the above descriptions not to define trauma or delineate the specifics of being triggered, but rather to say what trauma and being triggered are not. As becomes clear in the descriptions above, experiences of re-traumatization or being triggered are not the same as being challenged outside of one’s comfort zone, being reminded of a bad feeling, or having to sit with disturbing truths. I am attempting here to distinguish between trauma and injury. While the latter can indeed lead to the former, they are not one and the same. An injury is a wound that can be healed; redress can be given. Injuries offend, but they do not ontologically destabilize. Trauma shatters one’s ontology. To be triggered is to mentally and physically re-experience a past trauma in such an embodied manner that one’s affective response literally takes over the ability to be present in one’s bodymind. You are affectively returned to that moment of ontological instability. When this occurs, the triggered individuals often feel a complete loss of control and disassociation from the bodymind. This is not a state of injury, but rather a state of disability. Because others understand this loss of control and the other related
affects as emotionally disproportionate, the traumatized individual is no longer seen as reliable, or as having the ability to “make sense.” Margaret Price argues in *Mad at School* that individuals with mental disabilities are “rhetorically disabled” in instances where they are stripped of their “rhetoricity” or “the ability to be received as a valid human subject” (Price, *Mad* 26). This is precisely what happens in instances of re-traumatization. Alongside other people with mental disabilities, when those of us who live with the affects of trauma become triggered, “we speak from positions that are assumed subhuman, even nonhuman, and therefore, when we speak, our words go unheeded” (Price, *Mad* 26). In these moments we may struggle to make sense of our bodyminds, but what is most disheartening is that we do this in a world that has so often already dismissed us.

The depths of this misunderstanding, and dismissal, are no more apparent than in the August 2014 report entitled “On Trigger Warnings,” by the American Association of University Professors (AAUP). In this report the AAUP argues unwaveringly against the use of trigger warnings. What is most thought-provoking about this report are not its various assertions—most of which had already been debated online for months beforehand—but rather the level of unfamiliarity with the psychosomatic effects of trauma. The AAUP’s misunderstandings of the concepts of “trauma” and “triggers” are far-reaching. Throughout their report, the AAUP repeatedly equates trauma with being offended, made to feel uncomfortable, or responding negatively with a claim of injury. In the first line of the report the AAUP proclaims that a “current threat to academic freedom
comes in the demand that teachers provide warnings in advance if assigned material contains anything that might trigger difficult emotional responses for students” (emphasis added, 1). Here trauma is being vastly oversimplified. As noted above, being triggered or re-experiencing trauma entails a fully embodied shift in affect wherein any number of psychosomatic responses may occur without one’s cognitive control. This is not the same thing as, for example, the discomfort, or difficult emotional responses, that come with confronting one’s white privilege, or the feeling of personal injury that may come when someone challenges your belief system. With this fundamental misunderstanding grounding their response, it is no wonder the AAUP continues in their report to argue against trigger warnings.

A few paragraphs later the AAUP claims that trigger warnings are powerful enough to reduce the complex “literary, historical, sociological, and political insights” of a text “into a few negative characterizations” (2). They continue to argue that “by calling attention to certain content in a given work,” trigger warnings “signal an expected response to the content (e.g, dismay, distress, disapproval) and eliminate the element of surprise and spontaneity that can enrich the reading experience and provide critical insight” (2). Two things become clear in this one passage. First, the AAUP has no conceptualization of what the “element of surprise” often does for someone who lives with trauma in their bodymind – it retraumatizes. Second, the AAUP again over simplistically equates feelings of “dismay, distress, disapproval” to life with trauma, while simultaneously expressing more concern with taking away the “surprise and
spontaneity” from untraumatized students than considering the impacts of the material on students who live with trauma.

The report goes on to explain that “some discomfort is inevitable in classrooms” and that “trigger warnings suggest that classrooms should offer protection and comfort rather than an intellectually challenging education” (2-3). Indeed, in their original petition, Oberlin students did suggest trigger warnings when “issues of privilege and oppression” arise in the classroom (AAUP). Such suggestions conflate potential discomfort, or personal injury, with the disabling affects of trauma and being triggered. However, an opportunity arises when students make these conflations. As educators, rather than dismissing trigger warnings outright, as the AAUP has done, we could engage students about how systems of oppression work and explain the difference between pedagogically productive discomfort and trigger-induced re-traumatization. As educators, we could use this conversation as an opportunity to discuss the use of trigger warnings before the Internet. Historically, trigger warnings, Andrea Smith reminds us, began as “a part of a complex of practices” within the anti-violence movement working to recognize “that we are not unaffected by the political and intellectual work that we do” and that “the labor of healing has to be shared by all” (Smith). Indeed, this conversation could have been one about the intersections of ability with race, class, gender, sexuality and citizenship. Instead, the mainstream rendering of this “debate” has accomplished very little outside of perpetuating the conflation of trauma with discomfort and the ableist logics of oppression that tell the marginalized to “get over it.”
The extent to which both sides of the debate operate with a limited perception of trauma is telling, though not unsurprising, given the extent to which we live in a culture that’s is at once ableist and problematically trauma-centered culture. I argue, as Anne Rothe has, that this is precisely because we live in a culture oversaturated with “mass media employments of the pain of others” that our understanding of trauma is so diluted (5). The narrative structure of these traumatic experiences is quite familiar, especially to disabled people, as they rearticulate the quintessential American anecdote of “pulling yourself up by your bootstraps” (Rothe 8). Just as other “supercrip” stories focus on disabled people “overcoming” their disabilities, popular trauma discourse reinforces “the superiority of the nondisabled body and mind” by focusing on overcoming traumatization (Clare 2). People who have experienced trauma are culturally expected to turn their pain into a narrative of inspiration for others. These trauma-and-recovery narratives position the individual as one who “eventually overcomes victimization and undergoes a metamorphosis from the pariah figure of weak and helpless victim into a heroic survivor,” with little to no contextualization of the historical and socio-political forces that underpin their experience (Rothe 2). As with other disabilities, dominant understandings of trauma are framed by the individual or medical model of disability. Like other neurodivergent people, those who have experienced trauma are considered “deviant, pathological and defective” until they have undergone the “proper” treatments needed to adhere as closely as possible to the norms of able-bodymindedness (Kafer 5).
I in no way wish to dismiss the intense physical and emotional pain that comes with traumatic experiences. Nor do I want to downplay the very real need to address this pain in order to make life more livable. However, I am aiming here to follow Margaret Price in thinking through trauma outside of the medical model of disability, in order to emphasis the normalizing and oppressive forces at play when we discuss trauma and trigger warnings in the classroom. Since its inclusion in the DSM, feminist trauma theorists,\textsuperscript{19} and more recently queer trauma theorists, have critiqued approaches to trauma that reinscribe normative ways of being, through either the terms of diagnosis or the approaches to healing. More recently, Ann Cvetkovich’s work on queer and lesbian responses to trauma shows “ways of thinking about trauma that do not pathologize it, that seize control over it from the medical experts, and that forge creative responses to it that far outstrip even the most utopian therapeutic and political solutions” (3). Cvetkovich does not incorporate disability theory in her approach to trauma directly; however, her efforts clearly align with the work of many disability theorists, most notably Alison Kafer. Kafer outlines a political/relational model of disability as one that recognizes the imperative of working to eliminate “disabling barriers” while also acknowledging the ways in which pain and fatigue within the disabled bodymind constrain daily life (Kafer 7).

Taken together, Kafer and Cvetkovich present a guide toward reimagining trauma in a way that adequately responds to the far-reaching misunderstandings and ableism present in the dominant conception of trauma, such as the underlying tensions in the
trigger warnings debate. Building from Cvetkovich’s definitions of trauma as an “affective experience that falls outside of institutionalized or stable forms of identity or politics,” I further define trauma as an embodied, affective structure that relegates an individual (or population) outside of hegemonic notions of normative subjectivity (17). As such, traumatized individuals are dis-abled by a society that cannot comprehend or make room for such affective or psychosomatic responses that do not adhere to the assumed stability of able-bodiedmindedness. Following Kafer then, “the problem of [trauma] no longer resides in the minds or bodies of individuals but in the built environments and social patterns that exclude or stigmatize particular kinds of bodies, minds and ways of being” (6).

Those in opposition to trigger warnings in classroom reinforce the individual model of disability, suggesting that the traumatized or triggered individual seek help on their own from the proper medical establishments. It is the responsibility of the traumatized to deal with their excessive bodymind, not the society that produces and then pathologizes it as such. Those in support of trigger warnings attempt to locate the problem within the climate of higher education and its ableist infrastructure. However, while recognizing the numerous social barriers for traumatized individuals is certainly important, the experiences and embodiments of trauma must also be reconceptualized culturally as both relational and political. Just as all disability is constituted through the (false and oversimplified) binary of disabled or abled, embodiments of trauma are also constituted through the unmarked binary of traumatized or un-traumatized. We know
whose affects and responses are “inappropriate” or “dysregulated” because we have socially determined what a proper and regulated affective response looks like. Thus, individuals who live with the affect of trauma are socially constructed as an Other, and like other disabilities, trauma is “experienced in and through relationships” with the un-traumatized norm (Kafer 8).

Furthermore, trauma must also be understood as unequivocally political. As with all disabilities, living with trauma means negotiating life in a world established by and for bodyminds that do not experience the affect of trauma. The sociopolitical inequalities surrounding race, class, gender, and citizenship undoubtedly shape the unequal access to healthcare and other resources needed to live with and/or through trauma. In fact, the ability to be recognized as a person living with trauma is in many ways a political privilege.\textsuperscript{20} Furthermore, while traumatic experiences can certainly be accidental, the vast majority of potentially traumatizing experiences are rooted in systems of power and oppression. The forces of racism/white supremacy, colonization, and global capitalism continuously instigate innumerable violences worldwide. As legal scholar Dean Spade argues, it is often the administrative systems themselves that traumatize and disable us the most by “distributing life chances and promoting certain ways of life at the expense of others, all while operating under legal regimes that declare universal equality” (103). Indeed, it is not by accident that the organizing that originated trigger warnings arose alongside a feminism proclaiming, “the personal is political” (Smith). By depathologizing trauma, and approaching it through a Political/Relational model, trauma stands along
with other disabilities “as a potential site for a collective reimagining” (9). In this debate on trigger warnings in the classroom, situating trauma within this framework of disability allows educators and students to collectively reimagine what education can look like.

“Safety” for Whom? Accommodations for What?

The second misconception fueling this debate is the relationship between “safety” and disability accommodation. Those in opposition to trigger warnings argue that the classroom cannot, and should not, be a “safe space” where comfort and protection are “a higher priority than intellectual engagement” (AAUP). Indeed, feminist scholars have long argued that the concept of safety is always already fraught. Those in favor of trigger warnings argue that a student’s ability to learn is highly compromised if they are re-traumatized, and therefore this is simply a matter of accommodation (Johnson). However, many of these same supporters also list issues of power and oppression as possible triggers, replicating the conflation of accommodation with comfort. When both opponents and supporters of trigger warnings routinely conflate access with safety, they illustrate a prevailing and fundamental lack of awareness about disability, access, and accommodation in higher education.

Feminist educators have written extensively about safety in the classroom and the necessity of discomfort as part of learning. Most notably, in Teaching to Transgress bell hooks describes how “safety” was used by people with privilege to silence the voices of “those of us on the margins” who spoke about social justice and changing the academy:
Indeed, exposing certain truths and biases in the classroom often created chaos and confusion. The idea that the classroom should always be a “safe,” harmonious place was challenged. It was hard for individuals to fully grasp the idea that recognition of difference might also require of us a willingness to see the classroom change, to allow for shifts in relations between students (30).

Following hooks, Berenice Malka Fisher describes how attempts to ensure safety in a feminist classroom also risk denying difference and suppressing pedagogically valuable conflict (139). For both hooks and Fisher, calls for “safety” in the classroom must be critically evaluated and resisted as a means of maintaining the status quo and further marginalizing and silencing students who are presenting knowledges that challenge the norm. Fisher’s work provides further specific ways to address the multiple and intertwining notions of safety in the classroom that also recognize “the asymmetries of privilege and the differential vulnerabilities that flow from them” (emphasis in original, 150). In other words, one’s social privilege determines the kind of relative safety that might be felt at any given place and time, as well as the kinds of risks and vulnerabilities one might feel “safe” enough to endure.

Opponents of trigger warnings are quick to employ this feminist reasoning and argue that such warnings censor difficult topics and even create an atmosphere where dissidence will be silenced from fear of institutional reprimand (AAUP 3). However, the swift retreat to this argument illustrates inattentiveness to disability as a vector of oppression and the ways in which ableism, power, and privilege are being denied. Students who carry traumas in their bodyminds are attempting to speak truth to institutional power in their call for trigger warnings. They are claiming their trauma and
asking for support *in the classroom* surrounding it. What they get instead is a reminder from the AAUP that “the onus” for their experience in the classroom should not fall on the teacher, and that “cases of serious trauma should be referred” out of the classroom and to “student health services” (AAUP 3). In the ableist perspective of the AAUP’s report, the “problem” of the traumatized student is a medical one to be dealt with outside of the classroom. If such students stay in the classroom, “reasonable accommodations” should be “made on an individual basis,” However, “this should be done without affecting other students’ exposure to materials that has educational value” (AAUP 3). Again, we see here the AAUP privileging the experiences of the able-bodied students over those who live with disabiling trauma in their bodyminds.

In her reflection above, hooks notes that it was the individuals with privilege and social capital who clung to a sense of safety as a way to resist change when voices from the margins began speaking their truths in the classroom. In this instance, those with power turned to “safety” as an attempt to uphold the status quo. Now, with trigger warnings, those with power are again turning to “safety” as an attempt to uphold the status quo. However, rather than turning to “safety” as a means to their own comfort, those with power and the social privilege of an able-bodymind are using a *critique* of safety as a means of upholding the status quote and resisting the change being called for by marginalized voices. Put another way, this time it is the students from the margins—those living with the affects of trauma or mental disabilities, rather than those with social
privilege—that are accused of clinging to safety as a means of avoiding the rigors of an “intellectually challenging education” (AAUP).

While great strides have been made in regard to inclusion and accommodation in higher education, students with mental disabilities continue to face serious barriers. Margaret Price argues there is a “popular conception that unsound minds have no place in the classroom” and that the academy is driven “to protect academic discourse as a ‘rational’ realm, a place where emotion does not intrude (except within carefully prescribed boundaries), where ‘crazy’ students are quickly referred out of the classroom to the school counseling center” (33). Unfortunately, once pushed out of the classroom, students with mental disabilities rarely find their way back. The National Center for Education Statistics reports that students with mental disabilities are more likely to drop out of college than any of their peers, with dropout rates at 56.1% for those with “mental illness” and at 23.6% for those with “serious emotional disturbance” (NCES). In their study on higher education and psychiatric disabilities, Collins and Mowbray report an even more disheartening number, noting 86% of students with psychiatric disabilities leave before they complete their degree. They show that the leading issue facing students with mental disabilities is the struggle to receive institutional accommodation and support: respondents reported a number of barriers keeping them from accessing disability services, including fear of disclosing (24%), lack of knowledge about the services available (19%), fear of stigmatization (19%), and the unavailability of the needed accommodations/support (16%) (Collins and Mowbray 308).
Given these findings, it is imperative that the debate on trigger warnings focus on the inherent questions of access. However, because of the misuse of “triggered” to refer to anything that makes someone uncomfortable, disagreements about the classroom as a “safe space” often divert the conversation away from any real discussion of pedagogy and access in higher education. In his 2012 research, Mark Salzer found that students with mental illness were more likely to withdraw because of the impact of “perceived stigma and discrimination” than because of personal struggles with the symptoms or stresses related to their disability (Salzer 1). Because such students are “often viewed as disruptive, lacking academic skill, prone to violence” they are often socially isolated and left alone to question “how welcome they are on campus” (2). These findings suggest that simply providing information about mental illness and “chiding the audience” to treat individuals with mental illness kindly by noting the available resources, is not an effective approach to decreasing the rate of withdraw for disabled students (6). The false conflations of access with “safety,” which allow accommodations to be dismissed only serve to further marginalize mentally disabled students, telling them they are in fact not welcome because their needs disrupt the processes of learning their peers deserve.

In the most basic sense, accommodations are not about “safety,” but about access to opportunity for a more livable life. When disability is denied because it is not understood or seen, or when access is denied because it is inconvenient or complicated, humanity is denied. While it is certainly possible to recognize trauma as a mental disability and still be hesitant toward trigger warnings as an accommodation practice,21
the content and tenor of that conversation would be far removed from the outright hostility and rejection that have reverberated most widely. When presented as an access measure, it becomes evident that trigger warnings do not provide a way to “opt out” or avoid anything, nor do they offer protection from the realities of the world. Trigger warnings provide a way to “opt in” by lessening the power of the shock and the unexpectedness, and by granting the traumatized individual agency to manage the affect and effects of their trauma. Traumatized individuals know that trigger warnings will not save us. Nor do they allow us to avoid the traumas we carry with us. Such warnings simply allow us to do the work we need to do so that we can participate in the conversation or activity at that moment. They allow us to enter the conversation, just like automatic doors allow people who use wheelchairs to more easily enter a building.

A Feminist Disability Studies Praxis

While the recent consideration of trauma in higher education has remained practically fixated on trigger warnings, it is important to note that such precautions are certainly not the only tool available for addressing trauma in the classroom. Along with the aforementioned misconceptions structuring the debate, this preoccupation with trigger warnings works more to highlight the ablest structures of the academy than to address the needs of students. A college classroom, or campus, that adequately accounts for the material realities of diverse bodyminds is almost inconceivable within an institution built on awarding individual merit over acknowledging structural privileges and inequalities.
Thus, the engagement in this “debate” has remained on a literal level, often overlooking the deeper needs and desires behind the appeals. If educators acknowledge that students are doing the best they can, with what they have been taught, to ask for what they need, then the focus of this debate would shift beyond the literal request for trigger warnings, toward understanding the underlying experiences producing those requests. When this is done, it becomes apparent that these students are essentially asking for three reasonable things (discussed below), and that the issues at hand are bigger than the specifics of this debate. I argue that what this debate calls for is not another institutionalized measure of disability management, but rather a collaborative, integrated approach to teaching about disability and ableism all together: a feminist disability studies pedagogy.

First, students are asking to be recognized as whole persons. They are asking that educators recognize their full humanity in the classroom, including recognition of emotions, struggles, and lived experiences. Students are reminding educators that the material being taught has real affects and effects on bodyminds. Second, they are asking for a language that recognizes their full humanity and helps attend to the very real embodied affect of pain and suffering. Moreover, by petitioning institutions, students are attempting to enact systemic change. They are asking that educators model and instruct how to critically engage with difficult, and potentially harmful, conversation without enacting harm on another. If instructors are not able to do this, students are simply asking that the instructor acknowledge their own limitations and not put the bodyminds of the vulnerable among them at risk. In her book *Aftermath: Violence and the Remaking of a*
Self, Susan Brison notes that our society lacks a vocabulary and the interpersonal skills necessary to truly comprehend and respond to trauma: “It is a symptom of our society’s widespread emotional illiteracy that prevents most people from conveying any feeling that can’t be expressed in a Hallmark card” (12). Appeals for trigger warnings are, in essence, appeals to include instruction and language on emotional literacy within the curriculum.

Finally, in these petitions for trigger warning students are telling educators that a key component of their educational experience is being ignored. Following bell hooks and other feminist pedagogues, I see the call for trigger warnings as students demanding what hooks terms an “Engaged Pedagogy,” one “that does not offer them information without addressing the connection between what they are learning and their overall life experience” (hooks 19). While the stance that educators are not therapists is certainly valid, Price reminds us that it is the ethical responsibility of educators to respond to the emotional experiences that happen in the classroom (52). Instructors are not trained in counseling or crisis management; to pretend otherwise would be to do a disservice to students in need. However, it takes very little to acknowledge that learning is not isolated to cognitive processing, but also includes the often-unconscious assessment of new information through emotional, sociocultural, and psychosomatic ways of knowing. Indeed, teaching too is not isolated in cognitive processing, and routinely includes ways of knowledge that extend beyond the intellectual.
Pedagogically speaking, this recognition can manifest in any number of ways. It asks that instructors teach with the embodiment of affect, rather than against it. For example, if during a classroom activity or discussion it becomes apparent that students are struggling with feelings of anger or frustration, the instructor could pause the conversation and ask students to write for five minutes about the emotions they are feeling in that moment. Then, when the discussion resumes, the instructor can guide students through analyzing how emotions influence the ability to consider new ideas and engage with one another in informative and/or mindful ways. If in another instance, students seem sluggish and unresponsive, the instructor could pause the class discussion or lecture and instruct the students to get up and stretch, shake, dance, or move around the room for a set amount of time. Through relatively simple pedagogical practices such as these, educators not only acknowledge the full humanity of the students in class, but also help students come to recognize learning as a process that involves all aspects of the bodymind. To this end, I seek a pedagogical paradigm shift – an interweaving of feminist and disability praxis located in what Knoll terms a “feminist disability studies pedagogy” (FDSP) (131) and what Rosemarie Garland-Thomson described in her call to integrate disability and feminist theory:

One way to think about feminist theory is to say that it investigates how culture saturates the particularities of bodies with meanings and probes the consequences of those meanings. Feminist theory is a collaborative, interdisciplinary inquiry and self-conscious cultural critique that interrogates how subjects are multiply interpellated: in other words, how the representational systems of gender, race, ethnicity, ability, sexuality, and class mutually produce, inflect, and contradict one another. These systems intersect to produce and sustain ascribed, achieved, and acquired identities, both those that claim us and those that we claim for
Feminist disability studies pedagogy puts the work of Rosemarie Garland-Thomson and other feminist disability theorists into practice by blending the ways dis/ability intersects with other vectors of power and oppression to inform how we teach and learn. Within disability pedagogy, the principles of Universal Design provide important guidelines toward creating an accessible classroom and encouraging educators to see our students in their full bodymind. However, as Knoll rightfully asserts, working exclusively toward the implementation of universal design or accommodations would “leave gaping holes in access to academia and courses, by not seeing and addressing the intersecting dilemmas of privilege and oppression within the disability experience” (124). Critical disability pedagogy incorporates feminist principles that reach beyond inclusion and toward shifting the pervasive and intersecting forces of inequality. When the debate on trigger warnings is situated within FDSP, the question shifts from should instructors provide trigger warnings to how educators might provide adequate acknowledgement of trauma in the classroom. Providing trigger warnings is one way to do this, but is not the only way, or even the most effective.

First, an instructor utilizing FDSP would situate the affective structure of trauma and the potential of being triggered within the political/relational model of disability. This means understanding that like other neurodivergent people, those affected by trauma
or other trigging experiences are dis-abled by social barriers and ideologies that marginalize them. These experiences and subjectivities are not individual issues in need of cure, but rather the consequences of systemic forces of inequality and oppression. Ableism intersects here with race, class, gender, sexuality and citizenship in ways that leave the most marginal even more vulnerable to policing measures that dismiss them as “excessive,” “improper” and “inappropriate” for the classroom and, though unspoken, society at-large. A FDSP would resist the ideologies of exclusion that push traumatized and/or triggered individuals out of the classroom. Instead, instructors would incorporate consideration of such bodyminds into their teaching. A FDSP would understand psychosomatic and affective responses, like the experience of being triggered, as appropriate responses to the horrors of structural inequality. Rather than attempting to relegate trauma outside of the bounds of academia, instructors would imagine what it might look like to honestly teach with the trauma that may be present in their student’s bodyminds, and perhaps even in their own.27

There is a kind of vulnerability here that can be hard to embody—especially for instructors and students coming from marginalized populations. Still, profound teaching and learning can come from places of vulnerability. In my first semester as the instructor of record a student made comments in an online discussion forum that blamed sexual violence on what the victim was wearing during the attack. The next day in class, I wore a sweatshirt and sweat pants. I explained to the class that this is what I was wearing when I was sexually assaulted. We then talked through the rhetoric of victim blaming and
how it works to shame the victim into silence, while perpetuating rape culture. This is one, perhaps extreme, example of teaching with the trauma that is present in our bodyminds.

While students should undoubtedly receive guidance to all available physical and mental health resources on campus, students and teachers alike need to understand that nothing is “wrong” with a person who is experiencing a moment of re-traumatization, or any other kind of disability-related affective experience. In a FDSP classroom, students know that the best learning and unlearning often comes with great discomfort, and this discomfort is not equivalent to trauma. With this, students should also be given guidelines and taught how to engage with difficult and, at times, potentially triggering material, and how to know within their own bodymind the difference between discomfort/injury and trauma/triggering. This work may be done by including general statements in the class syllabus, opening a conversation, brainstorming potential responses or self-care skills one might utilize in the event of an overwhelming affective experience, or perhaps engaging activities that model how to speak with one another when the connections between systemic injustices and deeply personal experiences are felt and known in the bodymind. For example, the instructor might initiate a discussion on the necessity of discomfort in learning about difficult material and guide students through thinking about the differences between personal discomfort and institutionally sanctioned, epistemic violence. Statements on the syllabus, or in other handouts, might include instructions on how to talk about difficult topics and disagree without demeaning
or disrespecting one another. While this may seem unnecessarily, or overly laborious for instructors such measures are actually methodological in nature – instructing students on how to learn with one another not just what to learn.

Similarly, various kinds of acknowledgements could be given before in-class readings, videos, discussions, or activities. These could take the form of a trigger warning, a content note, or brief descriptions. Instructors might make note of the most common kinds of triggering material (rape/sexual assault, extreme violence, suicide/murder, police violence, and self-harm). Or, at the beginning of the term, instructors may ask that students anonymously submit any potentially triggering topics they may have. As educators, there is no way to predict what may trigger one student or another, but we can provide the space needed for the bodyminds in the room to share their truths. Rather than place the responsibility of students’ affective responses on the instructor, these measures would serve to remind students of their own power, and agency over their bodyminds. Instructors would make note of potentially triggering material, not to “protect” their students, but to allow their students to prepare in whatever way is necessary for participation.

Lastly, instructors using FDSP would not require a letter of accommodation, as registration with disability services often requires reliance on the medical model of disability. This often precludes our most marginalized students from gaining the access they need, as people of color, poor people, and queer people are less likely to have the financial resources necessary to obtain the required diagnosis and documentation.
Moreover, educators and students who desire a community of learners would not seek institutionalized policies that require trigger warnings. Educators invested in access would take heed from the limitations of the ADA, and know that legislation and mandates cannot force anyone, especially those in power, into consciousness. Instead, work would be done to increase awareness and education about disabilities and emotional literacy. Structural changes would be made with regard to the importance of pedagogy and student evaluations in faculty development, training, and retention. Rather than giving the university resources to reprimand, work would be done to give faculty and students the resources to make change together.

Faculty, students, and administrators should indeed debate the merits and limitations of trigger warnings as a pedagogical practice, and seriously consider the potential positive and negative effects of institutionalizing such a policy. This work is part of what it means to be an educator, and one way students can take ownership of their own educational experience. With this, it is also the job of educators to teach students how to understand, respond, and engage with the full complexity of the world and our humanity. This work must include ways of attending to the affects and effects of trauma and violence, the politics of emotions, and the embodied manifestations of power and oppression. It is telling that critiques of trigger warnings accuse the supporters of enacting neoliberal ideologies of individualizing harm (e.g., Halberstam), yet when faculty position themselves against trigger warnings because of justifiable fears of increased work load, expanded emotional labor, or risks of retribution, they create a false
binary between one group experiencing institutional exploitation and another. The needs of faculty and staff need not be positioned against the needs of students. Imagine if, instead of refusing student initiatives, faculty and students stood in solidarity to demand and create the kind of community it takes to truly provide education as a practice of freedom.

When approached through FDSP, the significance of the trigger warning debate shifts. An accurate understanding of trauma and triggers situates trauma in the context of disability, not discomfort, and it illustrates the persistent misconceptions surrounding disability and mental illness. Similarly, examining the seeming conflict between feminist and disability pedagogy over trigger warnings demonstrates the still present misconstruction of access and accommodation, neither of which are about “safety.” Finally, these new perspectives allow educators to finally see the underlying needs students identify when they make such requests. When guided by FDSP, this debate ceases to be one. The conversation shifts from whether educators should incorporate trigger warnings into pedagogical practices to why trauma itself must be understood as an imperative social justice issue within the classroom.
Chapter Four:

The Cripistemologies of Trauma:

A Feminist Queer Crip Interpretation of Hanya Yanagihara’s *A Little Life*

(Content Note: This writing discusses self-injury, sexual violence, and suicide. Take care.)

*The point of reading, especially fiction, is not to have confirmed what you already think or feel, but to make you think anew about what you already think or feel.*

- Hanya Yanagihara.
The quote above, taken from a 2015 Electric Lit interview, was part of Hanya Yanagihara’s response to two questions about trigger warnings. In particular, the interviewer asked whether or not Yanagihara thought students who had been victims of trauma themselves, should be able to “exercise their right to opt out” should her book, *A Little Life*, be assigned in a class (Kavanagh). While her initial answer illustrates the common misunderstandings regarding trigger warnings that the interview question itself prompts, Yanagihara’s extended response actually provides a succinct counter-argument in support of trauma-informed pedagogical practices and curriculum. Moreover, her insight centers the potential of literature to present alternative ways of thinking, knowing, and feeling about trauma. Yanagihara asserts:

I’d say we never really know how we’re going to react until we start reacting. To try to preemptively shield yourself from an experience—to say, in essence, this book is about something that I fear is going to really upset me, so I’d better protect myself by not exposing myself to it at all—is not only limiting, but also meaning you might be preventing yourself from experiencing something else, something you thought you never would, or never have. It also reduces art to a single topic, and to a single reaction: I would hate it if this book were dismissed as a book about abuse. Abuse is part of it. But I hope it’s also about other things as well. All books are. This is an obvious point, but no one book is about one thing (unless it’s a very boring book). The point of reading, especially fiction, is not to have confirmed what you already think or feel, but to make you think anew about what you already think or feel. (Kavanagh)

It is precisely for these reasons that feminist disability pedagogues call not for “opting-out,” but rather for collective classroom and university approaches that provide individuals living with trauma many avenues toward “opting-in” (see chapter 3).
It took me close to a year to begin reading A Little Life after I bought it, on recommendation from perhaps the one person who has walked beside me through my traumas the longest. I wasn’t avoiding the book; it sat on my nightstand the entire time. What I was doing was preparing myself for its truths, preparing to opt in. As I read I used many, if not all, of the strategies to process the impending triggers I routinely discuss with my students: I took breaks; I cuddled with my dog; I journaled; I stopped reading for days at a time; I cried to friends; I talked about how I was feeling with friends; I took walks; I stretched; I reminded myself of the present date and time; I even took the book with me to therapy and read passages to my therapist; I wrote expletives in the margins; and I threw the book across the room. And yet, I could not stop reading - I could not turn away.

Winner of the Kirkus Prize in Fiction and earning a spot on the short list for the Man Booker Prize, The National Book Award and the Andrew Carnegie Medal for Excellence, A Little Life begins by chronicling the first decade or so of friendship between four men who met in college: Jude St. Francis, Willem Ragnarsson, Jean-Baptiste (JB) Marion and Malcolm Irvine. As the novel, and the next two decades unfold, the narrative situates firmly on Jude, and in particular, his lifelong struggle with the physical and affective aftermath of disabling traumas.

While the narrative arcs within A Little Life unquestionably hinge around themes of abuse, suffering, disability, trauma—despite the overwhelming lack of attention the last two received in popular reviews—Yanagihara’s work is not about these topics in the
traditional sense. Rather, as this chapter will argue, what Yanagihara presents in *A Little Life* is an alternative way of thinking and knowing about trauma and disability. Through the novel’s main character Jude St. Francis, I contend that what Yanagihara offers is a *crip*-epistemology, or a *cripistemology* of trauma (Johnson and McRuer, *Crip* 128) Not only does *A Little Life* present a subversive narrative that centers the kinds of embodied, affective knowledges of disabling trauma, it does so unapologetically and without reprieve. Indeed, one reviewer even notes that “there are truths here that are almost too much to bear” (Cha). To paraphrase the quote from Yanagihara above, this is the “something else,” the something I thought I never would, and never have, experienced until reading this book (in Kavanagh). Jude’s narrative of trauma and disability is precisely what I have been searching for and not finding. Indeed, Yanagihara’s *A Little Life* fulfills trauma theorist Cathy Caruth’s call to “listen to trauma beyond its pathology for the truth that it tells us” (vii-viii). In doing so, Yanagihara’s reader is guided through “different ways of thinking about what it means to understand” trauma and disability—and even more importantly, “what kinds of truth we are looking for” (Caruth vii-viii).

**Crip Knowledges of Trauma**

As articulated in Chapter Two, in order to reconceptualize a more meaningful and socially just approach to understanding the disabling effects and affects of trauma, I contend that we must start with centering crip knowledges of trauma. We must learn to listen to the kinds of knowledges and ways of knowing that come from within and
through trauma itself. Disability theorist Merri Lisa Johnson coined the term “cripistemology” to draw attention to the politics of knowledge production by centering what we—as disabled people—know, how we know it, and why it matters (McRuer and Johnson 161). Further developed in a two-part journal series co-edited with Robert McRuer, cripistemology is a neologism merging the reclaimed word “crip” with epistemology, serving as a philosophical endeavor that challenges the prominence of non-disabled knowledges about disability through a reconceptualization of what disability theorists have termed “sitpoint theory.” Johnson and McRuer push theorists not to resolve the assumed crisis between “identity-based or embodiment-based knowledge” and “poststructuralism, pleasure, or the slipperiness of meanings, texts, and bodies” (Johnson McRuer *Crip* 132). Rather, they invoke cripistemology as a purposefully conflicting theoretical trajectory—one that aligns with the instability of (dis)ability itself—and ask theorists to “proceed without fearing conceptual instability” (Johnson McRuer, *Crip* 132). Johnson, McRuer, and all the authors in the two-part journal series they edit show that “beneath these caricatured encampments lie meaningful conceptual differences” toward new understandings of (dis)ability and disabled bodyminds (Johnson and McRuer, *Crip* 133).

In the introduction to the second journal volume on cripistemology, Johnson and McRuer speak directly to these concerns as they expand on their mobilization of the term. While they do not use the language of trauma directly, it is indirectly woven throughout their invocation. “As we bind cripistemology to crisis...” Johnson and McRuer exclaim,
“... it was in the interest of touching upon ways of being together that might be sustaining through crises” (Johnson and McRuer Intro 254 emphasis added). They go on to specify that in tethering crip ways of knowing to crisis it becomes evident that “the differences between us guarantee that we will not and cannot all identify with or around various ways of speaking, even if—at moments of personal or collective crisis—those ways of speaking (crip! queer! lesbian! crazy!) are hurled at us and leave us freshly wounded” (Johnson and McRuer, Intro 254, emphasis added). Within these few sentences, found within their concluding paragraph, Johnson and McRuer put forth the theoretical implications of a cripistemology of trauma. Crip ways of knowing are bound to crises, they tell us, and the ways that we have found to sustain ourselves in perpetual states thereof. What's more, Johnson and McRuer point directly to the paradox of trauma theory: the ways of narrating (speaking) about trauma fail us all, in fact they often hurt us more, and no one way of knowing from, within, or about trauma will ever work for everyone because of our various embodied experiences and socialized differences.

With this much nuance, it is unclear why Johnson and McRuer veered away from using the word trauma itself in this conclusion and defining passage. Just like disability has what Simi Linton has called its “nice words” (physically challenged, differently-abled, special, etc), trauma too has its share of well-meaning euphemisms (14-15). While such words can certainly have independent meaning in various other contexts, these words—crisis, wounded, among others—are colloquially and commonly used to downplay traumatic experiences, typically to ease the social anxiety of those near, but not
experiencing, the trauma. Nevertheless, Johnson, McRuer, and the theorists that follow in the journal volumes outline a foundational theoretical framework for an initial cripistemology of trauma. This general framework provides the scaffolding for a more nuanced understanding of the crip trauma knowledge presented in Yanagihara’s *A Little Life*.

In fact, Yanagihara and the cripistemologists with the journal volumes write with similar modalities. Jude St Francis, the main character in *A Little Life*, is written with unrecognizable demographics. Throughout the book his race is seen as indeterminable. While there one mention late in the book that he “must be part Mohican,” it is more generally repeated that “Jude is not white” (615; 7). Similarly, his sexual orientation is unclear as he never speaks of his past. His physical disabilities are also hard to pinpoint. His friends joke that he is “post-sexual, post-racial, post-identity, post-past…[t]he post man. Jude the Postman.” (Yanagihara 107). Of course, readers come to find out that he is also living post-trauma (whatever that means). Like Yanagihara seems to intend with writing Jude in this way, Johnson and McRuer write that they, too, “intend to gesture away from definitely knowable identities,” and explain that instead they “gesture toward ways of knowing in relation, knowing-with, knowing-alongside, knowing-across difference, and unknowing” (Johnson and McRuer, *Intro* 253-254). When Jude’s character is understood through the crip knowledges of trauma he puts forward throughout the novel, it seems as through Yanagihara shares these inclinations as well.
While only three or four mainstream book reviews briefly discuss the trauma within the book as trauma, and not a single review uses the word disability, let alone deeply considers its role in the novel, this chapter will show that Yanagihara’s narrative in *A Little Life* presents an innovative, contentious, and formidable cripistemology of trauma. More specifically, through a close feminist queer *crip* reading of the novel, alternative ways of knowing trauma become possible through depiction of the main character, Jude. What’s more, subjugated knowledges about living with embodied, disabling traumas become apparent when readers learn to listen to Jude’s words as well as his silences. In particular, the chapter will argue that three unmistakable yet overlapping crip trauma knowledges emerge through such a close reading practice: the narratives of trauma; the instabilities of trauma; and the affects of trauma. The crip knowledges of trauma depicted in *A Little Life* offer the discerning reader an entry point into modes of knowing (and not knowing) about disabling trauma that push beyond the bounds of compulsory identitarian and rights-based discourses that so often erase the complex, embodied crip experiences of the traumatized that such discourse aims to liberate in the first place.

**Cripistemology One: Crip Narratives of Trauma**

The first elements of a cripistemology of trauma presented in *A Little Life* are the various components of Jude St. Francis’s crip trauma narrative. Through Jude, Yanagihara presents a story of trauma where no one gets better; mainstream pathways
toward “recovery” are questioned; and narrative itself is positioned as retraumatizing. In
doing so, I argue that Yanagihara’s writing offers a cripistemology of trauma that
centralizes ways of knowing and unknowing that arise from the embodiment of disabling
trauma itself. More specifically, Jude’s silence throughout the novel can be understood
then, not as a sorrowful consequence of trauma’s debilitation, but rather as an agential
move toward what Robert Zussman theorizes as “narrative freedom” (142).

Conventionally, narratives are understood as the way in which people map
meaning onto their lived experiences by putting them into sequences, known as stories
(Irvine et al, 3). Trauma, as leading trauma theorist Cathy Caruth understands it, is more
than responding to an unexpected, violent event, or even an encounter with death; it is
“the ongoing experience of having survived it” (Caruth 7). Consequently, for Caruth,
trauma narratives are “thus a kind of double telling, the oscillation between a crisis of
death and the correlative crisis of life: between the story of the unbearable nature of an
event and the story of the unbearable nature of its survival” (Caruth 7).

In its totality, A Little Life focuses on Jude’s life story—his narrative of disabling
trauma. However, only a small part of the narrative comes from Jude himself. Instead, the
narration of Jude’s story alternates randomly from chapter to chapter and subchapter to
subchapter. Some sections are narrated omnisciently, while others are narrated from the
point of view of one of his loved ones, either in third or first person. So while the novel
appears to center Jude’s trauma narrative, what it actually centers is the meaning that his
loved ones—and the reader—make of Jude’s disabling and traumatizing life experiences.
As argued in previous chapters, this is a common occurrence in the lives of disabled and traumatized people and populations. Meaning is mapped onto our bodyminds by those around us who are attempting to make sense of us, often in epistemically violent ways.

Throughout the novel, the reader and various characters have differential access to knowledge about Jude’s past and disabling trauma. This is done through the structure of the trauma narrative itself. Temporal shifts within the narrative, or some version of a literary “flashback” to Jude’s past, begin only after the reader has gained familiarity with Jude as a character (Yanagihara 113). These narrative “flashbacks” tell the stories that introduce Jude’s past and his disabling trauma to the reader. Although many novels play with temporal structure, the use of a non-linear trajectory with only Jude’s story is particularly tied to and evidenced by his traumatic experiences and disabled embodiment within the narrative. Most importantly, it is never Jude directly telling his own trauma stories to the reader, but rather an omniscient narrator telling the reader about Jude’s disabling trauma.

In time and in pieces, readers come to learn that Jude was abandoned near a trash can at birth. He was found and raised by monks who abused him both physically and sexually. When he is a teenager, one of the monks convinces Jude to run away with him. That monk then sexually traffics Jude for a handful of years out of hotels across the country. Eventually, Jude is “rescued” and put into a group home where his sexual exploitation continues. In time, he runs away, running across the country living truck stop to truck stop by engaging in sex work for survival. Eventually, he is picked up by an
older man who keeps him locked up in his basement. When he tries to escape, the man runs Jude over with his car leaving him with permanent physical disabilities. At this point Jude is taken in by a caring social worker who helps him finish high school and apply to college. (Although abusive, the monks taught him a great deal academically.) In college, he meets his three lifelong friends: Willem, Malcolm, and JB. He also develops a strong caring relationship with his mentor, who eventually adopts him as an adult. While Jude achieves career success in adulthood, he falls into an abusive relationship with a man who rapes and almost kills him during one episode of domestic violence. Throughout his life, Jude struggles with internalized ableism, suicide ideation, and a coping mechanism of self-injuring behavior.

Jude desperately attempts to hide these details of his past, his disabilities, and his traumas from his friends and mentor. Throughout his life, Jude finds ways to dodge questions from those who love him. In one passage from when Jude was in college, the reader learns that:

His silence was both a necessity and a protection, and had the added benefit of making him appear more mysterious and more interesting than he knew he was. “What about you, Jude.” a few people had asked him, early in the term, and he knew enough by then—he was a fast learner—to simply shrug and say, with a smile, “It’s too boring to get into.” He was astonished but relieved by how easily they accepted that, grateful too for their self-absorption. None of them really wanted to listen to someone else’s story anyway; they wanted to tell their own. (Yanagihara 107)

In other instances, Jude replies with very little detail, answering only the question that is asked, or providing very nuanced answers. For example, after he grew closer to Willem,
JB, and Malcolm in college they wanted to know more. “Well” said JB, pausing and taking another inhalation, “we’ve all known each other a while now ...And all of us want to know why you’ve never told us what happened to your legs. …It really hurts our feelings, Jude. Do you not trust us?”

At that moment he hated all of them, but of course he was in no position to hate them. They were his friends, his first friends, and he understood that friendship was a series of exchanges: of affection, of time, sometimes of money, always of information. And he had no money. He had nothing to give them, he had nothing to offer. He couldn’t loan Willem a sweater, the way Willem let him borrow his, or repay Malcolm the hundred dollars he’d pressed upon him once, or even help JB on move-out day, as JB helped him.

“Well” he began, and was aware of all of their perked silences, even Willem’s. “It’s not very interesting.” He kept his eyes closed, both because it made it easier to tell the story when he didn’t have to look at them and also because he simply didn't think he could stand it at the moment. “It was a car injury. I was fifteen. It was the year before I came here.” (Yanagihara 111)

In this exchange the reader learns a few things about Jude. First, we learn that he understands friendship and relationality not as a sociality based in love or connection, but rather a series of exchanges, sometimes forced or out of obligation. Second, we see here how Jude narrates his life experiences. He does not go into detail about the man who hid him in his basement and sexually abused him. He does not go into detail about the nature of his injuries or the nature of the incident that caused the injuries. Even with his “first friends” Jude keeps the details, and emotions, related to his disabling traumas to himself.

“Oh,” said JB… “I’m sorry, bro. That sucks.”

“You could walk before” asked Malcolm, as if he could not walk now. And this made him sad and embarrassed: what he considered walking, they apparently did not.

“Yes,” he said, and, because it was true, even if not the way they’d interpret it, he added, “I used to run cross-country.” (Yanagihara 112)
Here we see the kind of “well-meaning” ableism that often comes from loved ones. Malcolm centralizes able-bodied norms by seeing Jude’s disability as a lack, or inability, while Jude understands himself to be capable of walking, regardless of his impairment. Here we also see Jude offering a piece of his trauma narrative without the trauma. The cross-country running Jude is referring to is the times when he ran away from sexual violence, running alongside the highways from truck stop to truck stop where he engaged in sex work to survive (Yanagihara). However, from Jude’s narration, his friends would never suspect any of those details; rather they would imagine him to be a part of a high school sports team. In this half-truth, Jude is both saving his friends from his traumatic past and also saving himself from its retelling.

Jude’s distance from his own trauma narrative throughout the novel signifies crip ways of knowing and unknowing about trauma, in that narrative for traumatized people is a particularly complicated and ambivalent endeavor. In traditional trauma theory, it is thought that narratives of trauma can never fully be told because trauma is understood as an “experience that is not fully assimilated as it occurs” and therefore it is spoken in a “language that defies, even as it claims, our understanding” (Caruth 5). I argue here, through the depiction of Jude’s trauma narrative within A Little Life, that it is not a question of trauma’s assimilation into the psyche of the traumatized, but rather a question of the traumatized person’s narrative freedom. In his forthcoming work, entitled “Narrative Freedom,” Robert Zussman explores the possibilities and limitations of this very concept. Zussman defines this freedom as “the ability to tell stories about ourselves
in the ways we want, not simply to muster particular facts and events but to draw meanings and morals about our own lives” (142). Furthermore, Zussman specifies that narrative freedom “involves selecting among the categories and actions we identify with but also selecting and transforming the meanings we ascribe to those identities and actions” (143).

As we see throughout *A Little Life*, narrative freedom is highly limited for traumatized individuals. The meanings and morals about our lives are routinely mapped onto our bodyminds or narrated for us by others, as is Jude’s narrative throughout the novel. Moreover, when we do try to tell our narrative to those around us they often struggle to hear it. For instance, after years of Willem begging Jude to tell him about his past, Jude finally relents.

...Jude had sighed. “Willem, I’m not going to tell you these stories if you’re going to react like this,” he said, finally. “It’s okay, it really is. It was a long time ago. I never think about it.” He paused. “I don’t want you to look at me differently if I tell you these things.” He’d taken a deep breath. “No,” he said. “You’re right. You’re right.’ And so now when he listened to these stories of Jude’s, he was careful not to say anything, to make small, non-judgmental noises, as if all his friends had been whipped with a belt soaked in vinegar until they had passed out or been made to eat their vomit off the floor, as if those were normal rites of childhood. But despite these stories, he still knew nothing...if Jude was just beginning with the easier stories, he now knew enough to know that those stories, if he ever heard them, would be horrific. He almost didn't want to know. (Yanagihara 490-491)

In this passage we see that Jude’s understanding of his stories and Willem’s understanding differ greatly. Jude expresses distance from his trauma and Willem has to consciously alter his emotional responses because of how deeply it touches him. The
differential meanings experienced by the two men are indicative of the conflict regarding narrative that lasts the entire novel.

Throughout their adult years together (later in life Willem and Jude’s friendship develops into a life partnership), Willem consistently tries to get Jude to tell him more about his past. This is because Willem—like many others—understands narrative to be empowering and therapeutic. For many traumatized individuals, however, our relationship to narrative is more complex. In his work, Zussman utilizes both Foucault and Goffman to propose four types of autobiographical narratives. This approach is useful when thinking through trauma narrative because many trauma narratives—like Jude’s—so often fall outside of all four types. The first set of narrative occasions arise from the top down, when authority figure insists on a story, often in a particular form and content (Zussman 145). As Zussman proposes them, these narratives are either positioned socially as “transformative” for the individual (e.g. therapy) or “restorative” for society at large (e.g confession). The second set of narrative occasions arise, according to Zussman, from the bottom up, when individuals or collectives generate their own narratives or shared history (Zussman 145). These too can be “transformative” through narratives of self-invention (e.g., slave narrative or other identitarian storytelling) or “restorative” through reunions or collective memory (e.g. high school reunions). Of course, Zussman notes that narratives can be a combination of these categories (148).

Using Zussman’s framework, what we see throughout A Little Life are the ways in which both top-down and bottom-up transformative narratives are imposed onto
traumatized individuals, limiting their narrative freedom. The cripistemologies of trauma arise within the book through Yanagihara’s approach to Jude’s character and through his relentless rejection of these transformative narratives. Again, according to Zussman, transformative narratives are those that transform the storyteller into “something or someone new” (146). Throughout Jude’s life he is pressured by those who love him to tell his story presumably as a means of healing. Jude’s loved ones assume that narrating his story will transform Jude into someone who is less tormented. What *A Little Life* shows, however, is that narrating trauma is not always a healing or transformative endeavor. Jude does not get better, nothing is transcended, and he is never transformed through narrating his trauma. In fact, narrating his trauma is retraumatizing for Jude.

When Willem finally gets Jude to tell him the depths of his life story, the reader is told that:

> It will take hours, because Jude is sometimes unable to continue, and Willem will wait and hold him so tightly that Jude won’t be able to breathe. Twice he will try to wrench himself way, and Willem will pin him to the ground and hold him there until he calms himself. Because they are in the closet, they won’t know what time it is, only that there has been a day that has arrived and departed…He will listen to stories that are unimaginable, that are abominable; he will excuse himself, three times, to go to the bathroom and study his face in the mirror and remind himself that he has only to find the courage to listen, although he will want to cover his ears and cover Jude’s mouth to make the stories cease…on and on and on the stories will go, and in their path will lie squalor; blood and bones and dirt and disease and misery… (Yanagihara 607)

Indeed, in his review for *The New Yorker*, Jon Michaud writes that “what makes the book’s treatment of abuse and suffering subversive is that it does not offer any possibility of redemption and deliverance beyond these tender moments. It gives us a
moral universe in which spiritual salvation of this sort does not exist… what’s most obviously lost here is the promise of spiritual absolution or even psychological healing” (citation). Other reviewers noticed this as well, some praising and some condemning Yanagihara for such choices (Kavanagh). There is no resolution, no transformation, no healing for anyone in *A Little Life*. So much so that before publication Yanagihara’s editor worried the book would be too much for readers to bear (Yanagihara and Howard). However, Yanagihara prevailed and the novel was published as written, without the traditional arch of redemption.

In her own essay, “How I Wrote My Novel: Hanya Yanagihara’s *A Little Life,*” the author explains that the book was inspired by numerous pieces of art, including Chip Kidd’s 1996 cover for *The New York Times Magazine* article by Andrew Sullivan about the AIDS epidemic (see figure 1 below).
Yanagihara writes:

One of the things I knew I wanted to do with this book was create a protagonist who never gets better...I remember being fascinated by the [Sullivan] article, of course, but also by the cover, which remains one of my all-time-favorite pieces of editorial art: In it, the type starts out as “sick”—blurry, clotty, barely decipherable—and then, as it moves down the page, gets healthier, crisper brighter, more legible. I wanted *A Little Life* to do the reverse: to begin healthy (or appear so) and end sick both the main character, Jude, and the plot itself (Yanagihara, How 4).

Here we see clearly here both the queer and crip theoretical *and* methodological forces within the novel. In this instance queerness, chronic illness, disability, alongside cultural and community trauma blur together in resistance to the social pressure to heal and overcome. By grounding her refusal to write into the narrative of “getting better” in the
history of HIV/AIDS activism, Yanagihara’s writings shows that although she is likely not “well versed in contemporary disability theory and queer theory” she is “intimately acquainted with negativity, failure, hopelessness, and passivity” (Johnson and McRuer, *Crip* 127). She too knows that “it does not always get better and when it does, there is a cost attached” (Johnson and McRuer, *Crip* 127). Although the mainstream review press finds this particular act of redemptive refusal subversive, I understand it as simply one of many stylistic choices Yanagihara made in writing a pivotal crip trauma narrative (Michaud).

Relatedly, despite the many attempts of his loved ones to coerce him into therapy, Jude resists going, or when he does relent, he refuses to narrate his trauma for the therapist (Yanagihara). Here we see the ways in which traumatized individuals may have to navigate top-down transformative narratives that again limit their own narrative freedom. On one occasion he admits to Willem that he has been “going, but not going” to his appointments. “Well, I go,” Jude said, “but then—then I sit outside in the car and read through the session, then when the session’s over, I drive back to the office” (646). The reader soon learns that “Willem gave him permission to terminate his mostly silent relationship with Dr. Loehmann...He had felt guilty about his eighteen months with Dr. Loehmann...He had felt guilty about his eighteen months with Dr. Loehmann, in which he had revealed almost nothing, had spent most of this time childishy protecting his privacy, trying not to say anything, wasting both his and the doctor’s time (662-663).
Jude’s resistance to talk based therapy, as a healing modality, is reasonable on many accounts, particularly given his early life history with institutional violence. Those who were supposed to protect and help him only further pathologized and harmed him. Furthermore, while we know nothing of Jude’s parents or ancestors, the book is clear that Jude is “not white” and suggests that he may be of direct Native American descent (Yanagihara 7; 615). We cannot rule out the potential then for intergenerational trauma. Regardless, as a disabled possibly indigenous person with queer desire and a history of sexual trauma, his likelihood for being highly pathologized, even institutionalized, is extremely high. In fact, throughout the book we see Jude’s fear of this outcome (156). In an interview with Electric Lit Magazine, Yanagihara speaks specifically to on this topic, in that she:

…didn’t use psychological language, and didn’t want to—nor encourage the reader to—diagnose Jude in clinical terms. As far for limits of therapy: I can’t speak to them, only that therapy, like any medical treatment, is finite in its ability to save and correct. I think of psychology the way I think of religion: a school of belief or thought that offers many people solace and answers... but I don’t believe in it—talk therapy, I should specify—myself. One of the things that makes me most suspicious about the field is its insistence that life is always the answer... psychology, and psychiatry, insists that life is the meaning of life, so to speak; that if one can’t be repaired, one can at least find a way to stay alive to keep growing older.” (Kavanagh)

Though her full statement is certainly controversial, what Yanagihara is questioning here is the power of therapeutic narrative, or what Zussman theorizes as top-down transformative narrative. Yanagihara’s work challenges both the demand for narrative and the assumption that narrative will be transformative for all. Zussman too
acknowledges that narrative freedom is limited by therapists who, “even with the best of intentions, insist on particular forms of speech” (156). Furthermore, Zussman argues that narrative freedom, while not impossible, is quite difficult to achieve, most notably because it “requires resources, possessed by few, such that a story may not simply be told but also heard” (156). As we’ve seen, Willem struggles to hear Jude’s trauma narratives on more than one occasion. The inability to be heard, even when we speak our trauma, is something traumatized individuals often come to expect. Indeed, this is why, like Jude, many traumatized individuals choose to remain silent or speak little about our traumas.

Through her presentation of Jude’s crip trauma narrative, Yanagihara brings forth a cripistemology of trauma in that she presents a story where “getting better” is questioned; narratives of transformation are rejected; and narrative itself is positioned as potentially harmful. Furthermore, A Little Life illustrates what Zussman’s work concludes: that “the closest approximation of narrative freedom may, then, reside not in any particular form of narrative but in the right not to narrate” (157). Zussman and Yanagihara alike ultimately suggest in their work that true narrative freedom “may not involve liberating narrative, but to liberate ourselves from narrative” (Zussman 157). Throughout A Little Life, Jude’s negotiation of his own trauma narrative illustrates a cripistemology that arises when one is attempting to find that liberation.
Cripistemology Two: The Instabilities of Trauma

The second cripistemology of trauma that arises from *A Little Life* involves the instabilities trauma brings to the traumatized person. It comes in three primary modalities: an instability of selfhood, an instability of the physical bodymind, and an instability of both in time and space, or what Margaret Price has termed “crip spacetime” (Price, *Moving 3*). It is imperative to approach these instabilities as alternative ways of knowing and being in the world for two reasons. First, historically these instabilities have been the markers of trauma that have led to pathologization and further marginalization for traumatized people through the medical industrial complex. In order to move trauma out of the Medical Model of Disability and into a Political/Relational Model, as I outlined in Chapter Two, we must begin by disrupting the pathways of this pathologization. Rather than situating these instabilities as individualized markers of damaged personhood in need of correction, I am positioning them as merely another part of the embodied affect of trauma. Indeed, these ontological, phenomenological, and temporal-spatial instabilities are often the embodiments of trauma that cause traumatized individuals to fall outside of social recognition (even momentarily).

Second, I am therefore arguing that we center an understanding of these instabilities as a central part of the embodied experience of trauma so that we might imagine other ways of responding to trauma beyond the ideologies of pathologization, pity, lack, and damaged personhood. More specifically, by approaching the instabilities of trauma as a cripistemology, rather than a pathology that needs to be corrected, I am
positioning traumatized people as valid, agential, knowing subjects. For many people, both the embodied, affective experience of trauma and the common social responses to their experiences of trauma negate their feelings of control, validity, and agency, as well as their claims to knowledge. In approaching the instabilities of trauma as a cripistemology that offers alternative ways of knowing and being in the world, I seek to reestablish the traumatized person as the expert in their own experience in order to move toward broader social justice and transformation.

Yanagihara wrote *A Little Life* with theses instabilities of trauma in mind. She notes that:

> I wanted the experience of reading it to feel immersive by being slightly otherworldly, to not give the reader many contextual tethers to steady them. Jared once called it an ‘emotional thriller,’ and I think that’s right: the readers should, in part, experience the same terrifying unpredictability and uncontrollability of life, the helplessness of life, as Jude does.” (Yanagihara and Howard)

These “slightly otherworldly,” “terrifying,” unpredictable, uncontrollable, and so-called “helpless” experiences that Jude lives with are common experiences for disabled and traumatized people. As the popular albeit problematic saying goes, these experiences are what all of us will live through if we live long enough. Still, while it might seem as though Yanagihara is deliberately pulling her reader though the book as a kind of “miserabilist epic,” as some have proposed, I contend that she is doing so in order to depict the deeper complexities of crip trauma knowledge than her quote here allows (Yanagihara and Howard). A closer reading of Jude’s character development throughout the novel shows his consistent struggles with the intertwining of ontological instability,
phenomenological instability, and tempo-spatial instability. While these instabilities are often markers of pathology, Yanagihara presents them here—through Jude—as components of a cripistemology that deserve to be taken seriously as an alternative way of being and knowing in the world. Throughout the novel, Jude’s instabilities are presented in order to show the reader, and other characters, certain “truths” about disabling trauma. While this is certainly just one representation of trauma (as no single depiction could ever encapsulate all experiences), Yanagihara’s characterization of Jude throughout *A Little Life* offers readers an entry into knowledges about trauma’s instabilities that are often overlooked, ignored, or pathologized in mainstream U.S. culture. In doing so, I argue that *A Little Life* provides readers with a pathway to begin imagining trauma otherwise.

The often-canonized trauma theorist Cathy Caruth connects her work genealogically to Freud’s *Beyond the Pleasure Principle*, as a rethinking of Freud’s analysis. For Caruth, trauma theory is ultimately asking “the urgent and unsettling question: *what does it mean to survive?*” (60). For philosopher Susan Brison, disabling trauma is that which “introduces a ‘surd’—a nonsensical entry—into the series of events in one’s life, making it seem impossible to carry on with the series” of life as it was previously understood (103). After trauma, daily life as it was previously known ends; “not only is it now impossible to carry on with the series” of life, Brison explains, “but whatever sense had been made of it in the past has been destroyed” (104). The present instantly disconnects from the past, and it becomes nearly impossible to envision what
could be called a future (Brison 68). It is this moment of debilitation where “all that is left is the present, but one that has no meaning, or has, at most, only the shifting sense of a floating indexical, the dot of a ‘now’ that would go for a walk, if only it knew where to go” (Brison 104).

Throughout *A Little Life*, I argue that readers see the merging of both approaches to trauma in the various instabilities arising from, within, and surrounding Jude. For many of us, like Jude, who grew up living from traumatic moment to traumatic moment there is no before or after trauma, as Brison describes it. Rather, we live chasing that floating indexical trying to figure out where it is has taken us and where we are going to end up next. This is what disabling trauma looks like for us. Caruth and Brison’s approach to trauma, as the unbearable nature of survival, supplements my approach to trauma—not as an event, but as an embodied, affective structure that falls outside the hegemonic norms that constitute social recognizability.

In a chapter entitled “Outliving Oneself,” Brison discusses the ways in which trauma ultimately reshapes the sense of self held by the person who “survives” the trauma. Of course, it is how we understand “the self” in the first place that shapes how we come to understand its undoing via trauma (Brison 38). Drawing on the work of numerous philosophers, Brison contends that the self is a narrative of personal identity that is deeply relational, intrinsically social, embodied, and autonomous (41). In her work, Brison argues that the study of trauma reveals each of these aspects of the self through its very disruption. Trauma changes us—it changes the story of who we are. Our
relation to the people and world around us changes. The socially determined meanings we put onto our bodyminds and all of our experiences shift. Our understanding of our own autonomy, strength, power, and fortitude is altered. Often, as Brison reports, our entire identity has changed. We do not see ourselves as the person we were before.

However, for many of us—like Jude—who have no memory of life before trauma, no narrative of self, or no sense of personal identity that was constructed pre-trauma, this so-called “disrupted” self is our only self. The trauma that is the “undoing” of others, is our foundation. It is our only personal narrative, our only starting point, our first sense of self. We do not have a “before” and “after,” a “pre” or a “post,” but rather our entire way of being, our only selfhood, our relationality, our sociality, and our understandings of ideas like autonomy and control, are traumatized from the very beginning. We see this clearly in Yanagihara’s portrayal of Jude, from his time as a young adult all the way into the end of his life.

As a character, Jude is consistent throughout the novel in that his sense of self is deeply rooted in his disabling trauma. He provides little to no identity or life narrative for those around him (with the exception of the coerced and retraumatizing trauma narrative he told to Willem late in the novel). His understandings of himself, his own agency or his capabilities in the world are deeply formed by the disabling traumas he’s endured, not by the evidence of his many successes. On the outside, Jude’s adult life would seem stable and quite wonderful. He graduates college; goes to graduate school and law school; clerks for a renowned judge; becomes a highly successful lawyer; is adopted as an adult
by two wonderful older mentors who love him deeply; lives in a nice apartment; and is surrounded by friends and a partner who care for and support him (Yanagihara). Yet, on the inside, Jude is in perpetual turmoil. For many, this is what disabling trauma looks like. For example, after returning home from a long walk that causes him great physical pain, the reader learns that:

He will turn off the shower and lower himself into the tub and lean his cheek against the tile and wait to feel better. He will be reminded of how trapped he is, trapped in a body he hates, with a past he hates, and how he will never be able to change either. He will want to cry, from frustration and hatred and pain, but he hasn’t cried since what happened with Brother Luke, after which he told himself he would never cry again. He will be reminded that he is a nothing, a scooped-out husk in which the fruit has long since mummified and shrunk, and now rattles uselessly. He will experience that prickle, that shiver of disgust that afflicts him in both his happiest and his most wretched moments, the one that asks him who he thinks he is to inconvenience so many people, to think he has the right to keep going when even his body tells him he should stop. (Yanagihara 176)

The depths of Jude’s internalized ableism, psychic and physical pain, and emotional sorrow are undoubtedly hard to read. Still, they are also reflective of the internalized struggles many traumatized people face. In this passage, readers learn that Jude sees himself with disgust, as “a nothing,” and an “inconvenience.” Moreover, we see many instances within the book where Jude is described as self-conscious (Yanagihara); in an earlier moment the reader learns Jude was so self-conscious that he would “turn his head or block his face whenever anyone tried to take his picture” as well as cover his mouth whenever he’d laugh or even smile, as though he were ashamed of his own happiness (Yanagihara 41). This self-consciousness is paired with repeated references to Jude (mostly by JB) as “self-loathing,” particularly when Jude himself would question if he
was worthy of something, because how could “someone like him” ever be the beneficiary of something kind (Yanagihara 43).

Jude’s understanding of himself is contradicted throughout the novel by statements from other characters like Harold (his adopted father), who says to Jude, “You’re a great-looking kid; I hope someone’s told you that before.” And then, before he could protest: “acceptance Jude” (Yanagihara 129). Or, from a person who hears Jude sing and says, “you have one of the most beautiful tenors I’ve heard in a long time” (126). Or, after a long dinner conversation with his mentors and his mentor’s friend, the friend says, “Jude, I think that was the first truly revelatory conversation I’ve had in Harold’s home in probably the last decade or more: thank you” (144). Or even, Jude’s first and only social worker, Ana, tells him, “You’re destined for greatness kid,” which we are told Jude had “wanted to believe... even though he couldn’t” (123).

The inconsistencies between how Jude sees himself and how those around him see him point toward Jude’s instability of selfhood. In fact, it is through this portrayal of Jude’s knowledge of himself and the knowledge others hold of him that Yanagihara presents a cripistemology of the instabilities of selfhood. As a part of his embodied experience of trauma, there are two Judes in existence at the same time. There is the private, traumatized Jude who lives in deep turmoil, anguish, and shame. Then there is the outward facing Jude who is, among other things, good-looking, a wonderful conversationalist, and destined for greatness. Jude’s life consists of struggling to keep both Judes separate but afloat. This work takes great effort, and in reality, the two Judes
cannot be separated from each other. Despite his attempts to hide his traumatized self, the two Judes often blur into one another. As a cripistemology, Jude’s character shows the reader the ways in which trauma shatters the idea of a single, solid, coherent sense of self, as Jude spends the novel both juggling and embodying this reality.

Take, for instance, a single twenty-four-hour span of time in Jude’s young adulthood. It’s the night before Jude and Willem host a New Year’s Eve party, and Jude has an accident that deeply cuts his arm requiring immediate medical attention (Yanagihara 78). From the evening before the late-night accident until the next evening when the party is happening, Jude goes from baking pastries and gingersnaps; to engaging in self injury practices that lead to the accident; to “making more gougeres”; to saying to Willem, “I’m sorry. Don’t be mad at me”; to worrying and asking Willem, “are you mad at me?”; and then to planning the continuation of the party despite Willem’s protest (77,155, 86-87). Then, right before the party arrives, the four friends get locked outside on the roof and Jude decides to be the one to make the daredevil-like climb down the side of the building and into the bedroom window, as he is the only one who can break into his personally concocted, elaborate, homemade security system (Yanagihara 90). After he and Willem have landed safely alone in the bedroom, “Jude laughed a little, although he winced as he did so” and urges Willem to go get JB and Malcolm, as he closes his eyes in debilitating pain.

In these scenes, we see the convergence of the instabilities of Jude’s selfhood through his traumatized affect and the shattering of his physical bodymind. In those
twenty-four hours, Jude quickly and disjointedly shifts through numerous states of being and their correlating emotions and physicalities. He begins in a pleasant domestic space of baking and cleaning; then he is engaging in intense self-injuring practices; next he wakes Willem up with sorrowful apologies. He then rushes to and fights with this doctor. This is followed by stoic silence between him and Willem on the way home, where he goes to sleep. After waking, he returns to intense cleaning and baking, as though nothing has occurred. That evening he hosts a party with his closest friends in laughter and community. When they get locked on the roof, he volunteers for the daredevil-like stunt down the side of the building. Lastly, after a moment of intense emotional connection with Willem, he sits with Willem in more silence and sorrow. Then the evening concludes with Jude in deep pain alone in his room. This twenty-four-hour set of scenes illustrates the ways in which Jude ricochets through the instabilities of his own emotionality, physicality, and psychology.

Furthermore, these moments also depict what disability scholar Margaret Price has termed “a bodymind event” (Price, *Moving* 16). For Price, a bodymind event is an unpredictable, “sudden emergence of a debilitating breakdown or loss of capacity” that are not found in the bodymind, but rather arise “from the particular conditions of space and time that contribute to the emergent meaning of a situation” (Price, *Moving* 16). Bodymind events, like Jude’s accident when engaging in self injury or his climbing down the wall, are for Jude “a sudden debilitating shift” in his “mental/corporeal experience” (Price, *Moving* 16). What events like these show us, however, is that instabilities of
trauma rupture not just our psyche but our physical self as well. Indeed, trauma shows us that the two are in fact inseparable.

Throughout the book, the reader is taken through Jude’s struggles with the intertwined instabilities of his selfhood and his embodiment. After an episode of deep pain in his legs and back, we learn that:

He sometimes wondered whether Andy thought of him as only a collection of viruses and malfunctions: if you removed them, who was he? If Andy didn’t have to take care of him, would he still be interested in him? If he appeared one day magically whole, with a stride as easy as Willem’s and JB’s complete lack of self-consciousness, the way he could lean back in his chair and let his shirt hoist itself from his hips without any fear, or with Malcolm's long arms, the skin on their insides as smooth as frosting, what would he? be to Andy? What would he be to any of them? Would they like him less? More? Or would he discover—as he often feared—that what he understood as friendship was really motivated by their pity of him? How much of who he was inextricable from what he was unable to do? Who would he have been, who would he be, without the scars, the cuts, the hurts, the scores, the fractures, the infections, the splints, the discharges? (Yanagihara 163)

The reader knows that there has been no moment where a single friend of Jude’s has shown pity toward him. On the contrary, the novel shows many instances where Jude’s loved ones—particularly Willem—show what disability activist Mia Mingus has termed “access intimacy.” For Mingus, access intimacy describes “that elusive, hard to describe feeling when someone else ‘gets’ your access needs” (Mingus). For instance, on a particular rainy day while they were walking down the streets of New York Malcolm and Willem moved slower than usual in deference to Jude and also stood close enough to him that if he happened to slip they could support him, but not close enough that he would suspect that they were anticipating his fall (Yanagihara 38). Still, despite the love and
care he is shown, Jude consistently worries, and this cannot be removed from the internal process he is in regarding his physical disabilities. A few pages before this passage above, the reader is told that Jude “felt in those minutes his body’s treason, how sometimes the central tedious struggle in his life was his unwillingness to accept that he would be betrayed by it again and again. That he could expect nothing from it and yet had to keep maintaining it” (Yanagihara 161-162).

These reflections from Jude present a cripistemology of the bodymind’s instabilities. While ableist ideologies present the ideal bodymind as solid, stable, and coherent, disabled activists and scholars have long argued that the bodymind is shaky, unstable, leaky, and fluid. Throughout the novel we see Jude transition from a walking person to a wheelchair user (Yanagihara). In this transition, the reader is taken through Jude’s processing of his own internalized ableism which is deeply intertwined with his trauma processing. As evidenced in the quotes above, Jude comes to terms with his own disabilities by coming to terms with the instability of the bodymind. The years in the novel where Jude most accepts his disability and trauma are in the section of the novel entitled “The Happy Years” (Yanagihara 321-481). This is when the reader sees Jude really coming to understand that his biggest struggle in life is his own “unwillingness” to accept his bodymind’s limitations. Here the reader sees Jude’s work to accept these limitations, whether they be the use of a mobility device or his inability to feel intimacy during sex with a partner (Yanagihara). As a cripistemology, Yanagihara presents through Jude’s bodymind instabilities the unrelenting truth that all of our bodyminds will
eventually fail us. Rather than avoid our own mortality, this cripistemology challenges us to face our own internalized ableism just as Jude must throughout the novel.

Furthermore, in a scene where Andy, Jude’s doctor, is caring for Jude’s leg sores and his pain is unbearable, the reader sees with even more depth how disabling trauma becomes a bodymind event that—because of pain—extends the self through space and time. As Andy pulls the blood-soaked gauze away from Jude’s raw skin, Jude sits with his eyes closed:

My life, he will think, my life. But he won’t be able to think beyond this, and he will keep repeating the words to himself—part chant, part curse, part reassurance—as he slips into that other world that he visits when he is in such pain, that world he knows is never far from his own but that he can never remember after: my life. (Yanagihara 177)

Pain here is otherworldly. It is behind time and place. Jude is moving in what Price calls “crip spacetime,” a term that signifies the “affective impact and intangible knowledges that manifest” within the “entangled matrix of space and time” in radically unequal ways (Price, paper 10). The experience of space and time differs greatly between one person and the next. This moment, and others like it, show the reader how deeply trauma is rooted in the bodymind, and how deeply the traumatized bodymind is rooted in crip spacetime. As a cripistemology, Yanagihara presents Jude’s embodied experiences as “otherworldly” in order to show how trauma creates alternative ways of knowing, remembering and understanding through spacetime.

This is shown most notably through the descriptions of Jude’s flashbacks throughout the novel, as they illustrate the ways in which traumatized individuals
navigate the instabilities of selfhood and the bodymind through crip spacetime. The reader learns that it was during his first year of law school that “his life began appearing to him as memories” (569):

...suddenly, a scene would appear before him, a dumb show meant only for him. In those years memories were tableaux, not narratives, and he would see a single one repeatedly for days: a diorama of Brother Luke on top of him, or one of the counselors from the home, who used to grab him as he walked by, or a client emptying his change from his pants pockets...And sometimes the memories were briefer and vaguer still...when these memories announced themselves, he would find himself disoriented; it always took him a moment to remember that these scenes were not only from his life, but his life...It was then that he began comprehending how much of his life he had learned to simply erase, even days after it had happened, and also that somehow, somewhere, he had lost that ability...

He thought of it as a slight parting of worlds, in which something buried wisped up from the loamy, turned earth and hovered before him, waiting for him to recognize it and claim it as his own. Their very reappearance was deviant: Here we are, they seemed to say to him. Did you really think we would let you abandon us? Did you really think we wouldn't come back? (Yanagihara 570)

Here we see ways of knowing and remembering that are disconnected from the knower. As a “show meant only for him,” Jude’s memories exist outside of himself even as he feels them so deeply that they disorient him. If he is watching a show, then he is a viewer of his own life story, not an actor within it. These memories are not stories or narratives, the way memories we control often are, but scenes and tableaux that would repeat for days. This repetition is important because again it signifies not only a loss of control but a feeling of being trapped. Jude’s struggle to remember that these scenes were “not only from his life, but his life” signifies the way that trauma shatters any sense of a coherent self. This quote further suggests that Jude struggles to recognize himself in his own
memories. Perhaps lack of self-recognition is a part of his traumatic affect or perhaps it is a coping mechanism, as we learn that at one point Jude had manages to cope by learning to erase certain parts of his own life “even days after it had happened” (Yanagihara 570). Taken together all of these phrases show the reader the ways in which Jude comes to know and remember through crip spacetime.

Moreover, traumatic memories become personified throughout the novel—they are not merely memories for Jude, but threatening entities that promise never to leave him. Throughout the book these memories often appear as “hyenas” or other creatures that chase him “vigilant in their hunt” (441). In one passage, the reader learns that, “he was tired, he was so tired. It was taking so much energy to hold the beasts off. He sometimes had an image of himself surrendering to them, and they would cover him with their claws and beaks and talons and peck and pinch and pluck away at him until he was nothing, and he would let them” (Yanagihara 442). Similarly, Jude’s traumatized self is also depicted as a creature that lives inside him— “which he pictured as slight and raggedy and lemur-like, quick-reflexed and ready to sprint, its dark wet eyes forever scanning the landscape for future dangers” (113). In another instance, where his adopted mother asks him where he grew up, Jude responds, “‘South Dakota and Montana, mostly’ he said, and he could feel the creature inside of him sit up, aware of danger but unable to escape it” (128).

In depicting both Jude’s traumatic memories and his traumatized self as wild animals, Yanagihara is again showing the way that trauma leaves the traumatized person
feeling disconnected from themselves and without a sense of control. For most of his life, Jude lives in constant fear of his traumatic memories just as a person might live in fear of a wild animal attacking them. He similarly sees himself as a small but nimble creature who could at any moment re-experience predatory danger. With these depictions, Jude’s traumatic memories—as well as his traumatized self—are positioned in the novel as unpredictable, uncontrollable, and barely understandable by both Jude and his loved ones. By characterizing trauma here animalistically, I contend that Yanagihara is speaking metaphorically to the ways in which trauma’s embodiment pushes people beyond social recognizability.

It’s no wonder, then, that Jude contends with the instabilities of his disabling trauma by engaging in self-injury practices. There are kinds of pain, pain that Price calls “unbearable pain—that is, the sort of pain that impels one to self-injure or to consider or attempting suicide” that disability studies has yet to fully theorize (Price, *Hypatia* 276). Jude’s bodymind events throughout his life demonstrate this very kind of pain. In her article, “The Bodymind Problem and the Possibilities of Pain,” Price considers experiences just like Jude’s, where mental (and perhaps corresponding physical) pain “is so severe that self-injury appears to be the best possible response” (277). As a queer, crip, and feminist materialist response to pain, Price argues that there are times—like during a bodymind event—when it is worth withholding judgement of someone's desire for pain and instead respond to them with an ethics of care (Price *Hypatia* 273, 278). In such moments, the desire for a different kind of pain is a valid emotional response (Price 278).
Throughout the novel Jude engages in self-injuring practices in order to feel something other than the overwhelming pain or the overwhelming instabilities that he feels constantly. At one point in the novel the reader learns that Jude doesn’t know how he’d make it through his life without self-injury as a coping mechanism (555). For Jude: “...it was a form of punishment and also of cleansing, how it allowed him to drain everything toxic and spoiled from himself, how it kept him from being irrationally angry at others, at everyone, how it kept him from shouting, from violence, how it made him feel like his body, his life, was truly his and no one else’s” (555). Here we see that while self-injury may not be the socially prescribed, or ideal, coping mechanism, what it gives Jude is a much-needed momentary sense of control over his life and his bodymind.

In presenting Jude’s character as someone struggling with the instabilities of selfhood, bodymind, and crip spacetime that trauma brings forth, Yanagihara presents a cripistemology of trauma that is not always easy to read. However, in doing so, A Little Life offers a representation of trauma that centers traumatized ways of knowing and being in the world. While Yanagihara’s work certainly does not imagine restorative or healing justice for Jude (or anyone else in the novel), as a whole it is attempting to think through disabling trauma outside the bounds of pathology. I contend that this is the first step in imagining trauma otherwise. As the second cripistemology of the novel, the instabilities of trauma that Jude experiences present readers with an entry into ways of knowing and being in the world that are often overlooked, subjugated, or dismissed in contemporary mainstream U.S. culture.
Cripistemology Three - Crip Affects of Trauma

The third and last cripistemology of trauma presented in *A Little Life* is Jude’s crip affect of trauma. In a long, but noteworthy passage during a visit to Andy’s office, Jude recounts to himself that,

what Andy never understood about him was that he was an optimist. Every month, every week, he chose to open his eyes, to live another day in the world. He did it when he was feeling so awful that sometimes the pain seemed to transport him to another state, one in which everything, even the past he worked so hard to forget, seemed to fade into a gray watercolor wash. He did it when his memories crowded out all other thoughts, when it took real effort, real concentration, to teether himself to his current life, to keep himself from raging with despair and shame. He did it when he was so exhausted of trying, when being awake and alive demanded such energy that he had to lie in bed thinking of reasons to get up and try again, when it would be much easier to go to the bathroom and untape the plastic zipped bag containing his cotton pads and loose razors and alcohol wipes and bandages from its hiding place beneath the sink and simply surrender. Those were the very bad days. (Yanagihara 164).

Grounded in both queer and disabled affects, I position crip affects of trauma—like Jude’s—as slanted or peculiar affective states arising from embodied experience of trauma. While most of the medical- and clinical-industrial complex works to “correct” this affective experience through pathologizing and rehabilitation, I’m interested in understanding the affect of trauma in its own right. As we can see in this passage, in *A Little Life*, Jude’s crip affect of trauma is made up of a web of feelings and modalities that include shame, silence, despair, melancholia, and lastly, what queer theorist Heather Love has termed, “feeling backward.”

*In proposing this crip affect of trauma, I am certainly not recuperating trauma’s affect into a redemption or positive identity or experience. I cannot deny the often*
horrifying nature of these moments or ways of feeling through the world. As someone who lives with this affect, the “dysregulation” of trauma’s affective structure can be as terrifying as it is disabling. Nevertheless, something powerful happened in my own healing when I began to shift my understanding of trauma in this way. Instead of trying to overcome or recover from my shattering life experiences in an attempt return to the coherent sense of self I had been taught to believe in, I allowed feminist queer and crip theory to remind me that this world is far from stable and our bodyminds are perhaps the most impermanent things we have. Instead of constraining myself to regulate my excessive emotional responses, I began to let myself feel excessively when my bodymind needed me to do so. Instead of clinging to the promises of happiness, I begin to let myself actually feel my desperation and anger when those feeling arose. And instead of rejecting the shifting spatial temporality of my bodymind experiences when I am triggered and having a flashback, I now allow myself to embody the non-linear complexities of memory, time, and place. As soon as I began letting myself experience my bodymind and affect as a queer and crip embodiment, I began to experience a kind of happiness that has worked for me.

While Jude does not speak in terms such as these, we ironically see a great deal of this affect during chapters of the book entitled, “The Happy Years” (Yanagihara 481-712). Jude “feels backwards” often when he and his partner are having sex. The first night that Jude tries to come to bed naked with Willem he has a break down:

As soon as Willem came to bed, he undressed quickly under the covers, then flung the blankets away and rolled onto his side, so his back was facing Willem.
He kept his eyes shut the entire time, but when he felt Willem place his palms on his back, just between his shoulder blades, he began to cry, savagely, the kind of bitter, angry weeping he hadn’t done in years, tucking into himself with shame. He kept remembering the night with Caleb, the last time he had been so exposed, the last time he had cried this hard and he knew that Willem would only understand part of the reason he was so upset, that he didn’t know that the shame of this very moment—of being naked, of being at another’s mercy—was almost as great as his shame for what he had revealed. (Yanagihara 516)

Here we learn that Willem’s touch transports Jude into a state of shame accompanied with a kind of “bitter, angry weeping” that Jude hadn’t expressed in years. He is also transported back to memories of his abusive ex-boyfriend and of feeling exposed (i.e., uncomfortable and unsafe). The reader also learns that Jude’s shame is twofold—shame of his physical body (what he had revealed) and shame of his sexuality. In this one moment, trauma affect unfolds to show that his ability to be in the present moment with his partner is overwhelmed by his disabling trauma. In other words, the present moment becomes consumed with an affect that is structured by disabling trauma from the past—making the distinction of the present and the past for Jude an irrelevant one.

Despite Jude’s sexual triggers, we learn as the chapter goes on that Jude and Willem continue to have sex and Jude works to “make himself stop counting” the months in which they’ve been intimate “as if his sexual life is a prison term” (Yanagihara 544). As they continue, Jude tells himself that perhaps it will get better each time. He tells himself that the more he tries the more comfortable he’ll become and the easier being sexual will be for him with Willem. Then at one point he acknowledges, “the sorrow he felt when he realized that even Willem couldn’t save him, that he was irredeemable, that this experience was forever ruined for him” (Yanagihara 546). From there on, in his grief
and dismay, Jude struggles through the process of dealing with the years of trauma from his experiences of sexual abuse. Affectively, this process is structured by shame, guilt, sorrow, and silence.

The reader goes along with Jude as he invents “rules” of engagement for how to have sex with Willem, despite his trauma, because “Willem had sacrificed so much to be with him, and had brought him such peace, that he was determined to try to thank him however he could” (Yanagihara 547). For example, we see Jude telling Willem he is enjoying their sex when the reader knows that he is lying, because, to Jude, “the alternative meant losing him, meant being alone forever” (Yanagihara 548). There is what we might call “trauma logic” at play here where Jude’s trauma affect is informing his way of thinking about himself and his relationships to those who love him. Because of his disabling trauma, he understands all relationships to exist through exchange values where he must provide something of value for Willem (sex) in exchange for the life value Willem has provided for him (peace). Ideas like companionship, love, and mutual care are not enough for Jude.

At another point Jude is kinder to himself, showing that he recognizes “how much his mind had protected his body, how it had shut down his sexual drive in order to shelter him, how it had calcified every part of him that had caused him such pain” (Yanagihara 548). There are moments of acceptance like this throughout the book, though most the time, we see that Jude thinks of sex as “something to be gotten through as quickly as possible” and that, for Jude, it always came with hearing Brother Luke or Caleb’s voices.
in his head (Yanagihara 548-549). All of this, and “still, he didn’t give up” (Yanagihara 549). Jude bought self-help books, read women’s magazines, and even bought a book on victims of sexual abuse, a term we learn “he hated and didn’t apply to himself” (Yanagihara 549). Jude then decides to “alter his ambition” and focus on making their sex life as enjoyable for Willem as he can. If he can never enjoy sex, the least he can do is make it enjoyable for Willem, Jude rationalizes (549).

Taken together, all of these details indicate that Jude is in deep process with his embodied trauma, its affect, and its effects on his life. What’s telling in this process is it does not help Jude find relief or further peace. The self-help books, the women’s magazines, the books on sexual abuse—none of these mainstream approaches to trauma help Jude in any way. Sharing his story with Willem does not change the nature of their relationship in any meaningful way for Jude. Going to therapy, as his loved ones force him to do at various times throughout the novel, does not make a difference in Jude’s life or affect either. In this way Yanagihara is offering a critique of mainstream approaches to disabling trauma. Jude is presented as someone in deep turmoil and strife because of the embodied trauma he lives with and nothing contemporary culture has to offer makes a difference.

And yet, we’re told that these are Jude’s “happy years.” While his affect is structured by trauma, he is in love with Willem and he loves the life they live together.

...every time he hears Willem walk into the apartment, calling his name—he must remind himself that this is his life, and that in this life Willem is coming home to him. In those moments, he feels that his dislike of sex is miserly, that he must be misremembering how bad it is, and that even if he isn’t, he has simply to try
harder, that he has to pity himself less. *Toughen up,* he scolds himself as he kisses Willem goodbye... *Don’t you dare ruin this. Don’t you dare complain about what you don’t even deserve.* (Emphasis original, Yanagihara 568-569)

In moments like this we can see how deeply the shame and despair around sexual intimacy permeates Jude’s being. As I have been arguing his shame and despair are more than situational feelings. Because of the trauma Jude has lived through, the examples above show how they have become his affective structure. Jude’s shame and despair both consciously and unconsciously permeate his way of moving through the world, relating to himself and relating to those he loves. These affects of shame and despair inform his feelings of deservedness, insecurity, the need to “toughen up,” self-pity, his dislike of sex, and the belief that he owes sexual intimacy to Willem. Jude’s trauma affect is so deeply internalized that when he finds out that his violent and abusive ex-boyfriend Caleb had passed away due to colon cancer, the reader sees Jude process through a common narrative of self-blame:

That had been one of Harold’s arguments when he was trying to get him to report the attack; that Caleb was dangerous, and that by reporting him, by having him arrested, he would be protecting other people from him. But he had known that wasn’t true: Caleb wouldn’t do to other people what he did to him. He hadn’t hit and hated him because he hit and hated other people; he had hit and hated him because of who he was, not because of who Caleb was. (Yanagihara 508-509)

As heartbreaking as this is, it is also unfortunately rational to a person who has been through such an abusive experience. Brison writes, “those who haven’t been sexually violated may have difficulty understanding why [people] who survive assault often blame themselves and may wrongly attribute it to a sex-linked trait of masochism or
lack of self-esteem. They don’t know that it can be less painful to believe that you did something blameworthy than it is to think that you live in a world where you can be attacked at any time, in any place” (Brison 13). Every moment of what appears to be self-loathing, low self-esteem, self-hatred, and even self-injury is a way in which Jude is asserting some form of control over his life, his bodymind, and his world. Going back to Price’s rejoinder, we do not need to understand someone as rational in order to accept their pain and perspective as valuable (Price, Bodymind 279). For Jude, it is easier to understand these things as about himself and feel a sense of control than it is to understand them as about the world or other people, and feel the same traumatizing sense of loss of control he has felt in the past. This is the piecing together of the shattering affects of trauma.

With this affect, the shame is almost always paired with silence. The reader is reminded throughout the book of Jude’s reluctance to speak about his past. When Willem asks him directly about the sexual violence, Jude freezes:

What could he say, he thought, as he held himself still. Why was Willem asking about this now? He thought he had been doing such a good job being normal—but maybe he hadn’t. He would have to try harder. He had never told Willem about what had happened with Brother Luke, but along with being unable to speak of it, part of him knew he didn’t need to: in the past two years, Willem had tried to approach the subject through various directions—through stories of friends and acquaintances...through stories about pedophilia he read in magazines, through various discourses on the nature of shame, and how it was often unearned...Each time, he would remain silent, or change the subject, or simply pretend Willem had never spoken at all...(Yanagihara 551-552)
But this time, after two exchanges of silence ending with Willem saying, “I wish you’d tell me, I wish you’d let me help you,” Jude says “It’s over, Willem...It was a long time ago. I don’t need help” (552). Then after more silence, Willem asks directly if Brother Luke was the person who hurt Jude, and after yet another silence, “Do you like having sex, Jude?” “If he spoke” the reader learns, “he would cry, and so he didn’t speak” (Yanagihara 552). Jude’s silence in this moment is a different silence than the agential silence of crip narrative. Here, silence is speaking a kind of pain and a kind of knowledge that comes from pain. Earlier in the book, readers are told that Jude “knew things he wished he didn’t, things he hoped never to have to use again, things that, when he thought of them or dreamed of them at night, made him curl into himself with hatred and shame” (Yanagihara 105). He is silent now with this self-hatred, shame, and psychological pain because he cannot bring himself to tell Willem the things that he cannot even live with himself.

Jude is silent now because Willem is asking to know about the sexual things Jude knows and the things their sex life has brought up for Jude that Jude had hoped never to know again. Shame, silence, pain, bodymind memories, and traumatic past events are all twisted together here into an affect of trauma. In her work, Alyson Patsavas pushes back against recent work in pain studies that challenges representations of pain as unshareable. Whereas it is typically understood that pain—like trauma—becomes so all-consuming that use of language is destroyed, contemporary theorists have compiled a rich “history of representations of pain” (Patsavas 214). Escaping this binary, Patsavas asks instead, “is it
not ableism that makes pain feel unshareable?” Here I argue, is it not our culture’s inability to hear trauma that makes it feel so unshareable? Is it not still compulsory able-bodiedness that makes holding another’s psychic pain and instability so often untenable?

This second kind of silence through which Jude is speaking now is a painful silence because he cannot live with the internalized shame and despair of his own trauma, let alone imagine sharing it with another.

Things are hard for Jude when Willem is home, but it is when Willem is gone on a work trip that Jude has a massive flashback and the reader learns more about how his past experiences interrupt his present life:

A small memory he could contain, but as the days go by and he waits for Willem, he recognizes that this is a long eel of a memory, slippery and uncatchable, and it whipsaws its way through him, its tail slapping against his organs so that he feels the memory as something alive and wounding, feels its meaty, powerful smack against his intestines, his heart, his lungs. Sometimes they were like this, and these were the hardest to lasso and corral, and with every day it seems to grow inside him, until he feels himself stuffed not with blood and muscles and water and bone but with the memory itself, expanding balloon-life to inflate his very fingertips. After Caleb, he had realized that there were some memories he was simply not going to be able to control, and so his only recourse was to wait until they had tired themselves out, until they swam back into the dark of his subconscious and left him alone again. (Yanagihara 571)

We learn here of Jude’s coping mechanisms, and that rather than fighting the memories he has learned to let them tire themselves out. In an earlier passage, the reader also learns that Jude has trained his mind to manipulate the memories so he could move on with living. He comes to understand his memories like “the film he had seen his junior year of two detectives coming to tell a student at a college that the man who had hurt him had
died in prison,” except that it “hadn’t been a film at all—it had been his life” (Yanagihara 570). And in time, Jude learns “how to manage the memories” (571):

He couldn’t stop them—after they had begun, they had never ended—but he had grown more adept at anticipating their arrival. He became able to diagnose it, that moment or day in which he could tell that something was going to visit him, and he would have to figure out how it wanted to be addressed: Did it want confrontation, or soothing, or simply attention? He would determine what sort of hospitality it wanted, and then he would determine how to make it leave, to retreat back to that other place. (Yanagihara 571)

As previously described, Jude’s memories, feelings, and flashbacks are described in detail as various, fictitious animals—eels, lemurs, hyenas, creatures—coming from inside of him or chasing him. Other times, when Jude has more control over his bodymind and affect, they are lemurs just sitting in the empty field across from him and staring at him.

In all cases, Jude’s feelings metaphorically symbolize what queer theorist Heather Love theorizes as “feeling backward.” In what makes for a nice theoretical circle, Love draws on queer trauma scholar Ann Cvetkovich’s work, looking to feelings like “nostalgia, regret, shame despair, resentment, passivity, escapism, self-hatred, withdrawal, bitterness, defeatism and loneliness” in what she sees as “the experiences of social exclusion” and “the historical impossibility of same-sex desire” (Love 4). For Love, this archive of “backward” feeling is “an account of the corporeal and psychic cost of homophobia.” The cost that Love is naming is the interlocking, systemic and embodied trauma of homophobia (Love 4). Indeed, this is one of the roots of Jude’s pain that now leaves his desire for Willem an impossibility. The sexual trauma of Jude’s early life was structured by homophobia. The pedophilia, the experiences in the monastery,
followed by the years of what may be best described as sex-trafficking as a tween and then teen in motels across the county where his body was sold to older men, and then the sex he was coerced into having at group homes, with truck drivers, and with other men for various kinds of protections, all exist as underground sexual economies, in part, because of homophobia. These years of sexual traumas built up for Jude in ways that meant his own desires as an adult are now impossible for him to know or understand. Jude can’t make sense of his sexuality. He only knows that he doesn’t want to have It. Ever. With anyone. But he also knows he has always had sex with men. And he knows he loves Willem and wants to be close to him. He feels comfort in his arms and when he comes home. “They were in a relationship. People in relationships had sex. If he wanted to keep Willem, he had to fulfil his side of the bargain, and his dislike for his duties didn’t change this,” Jude thought (Yanagihara 549). In these ways, in addition to his flashbacks and haunting memories, Jude’s general affect is a backward feeling. Both his present and his future are always already interrupted by his past. He is not only looking backward but feeling it despite himself and all his efforts otherwise.

Love notes that “despite complaints about their toxicity, such tragic, tear-soaked accounts of same-sex desire compel readers in a way that brighter stories of liberation do not” (3). A Little Life is no exception. In a review for The Atlantic subtitled “The Great Gay Novel Might Be Here,” critic Garth Greenwell writes, “In this astonishing novel, Yanagihara achieves what great gay art from Proust to Almodovar has so often sought: a grandeur of feeling adequate to ‘the terrifying largeness, the impossibility of the world’”
Greenwell situates Yanagihara’s success primarily in her devotion to queer kinship networks and relationalities that fall outside our era’s norm of “embracing gay marriage and homonormativity” (Greenwell). While Greenwell is certainly correct in his queer reading of A Little Life’s rejection of homonormativity through kinship structures, I situate its queerness in it broader queer and crip affect of *unhappiness*.

Even in the chapter, “The Happy Years,” Jude’s affect is not happy. Because of his queerness, his cripness, his otherness, and most importantly, his crip affect of trauma, Jude does not have access to what Lauren Berlant has termed “The Good Life” or what Sara Ahmed calls “The Promise of Happiness.” There are paradoxes here because this is in spite of his and Willems loving relationship and great material wealth, his loving adopted parents and broader queer kinship network, and his professional successes. In many ways, he has a good life. Still, he is a melancholy queer and disabled person—not *because* he is queer or disabled, but because happiness is not made for “people like him.”

In a section of her book *The Promise of Happiness* entitled “Causing Unhappiness,” Ahmed writes:

A bearable life is a life that can hold up, which can keep its shape or direction, in the face of what it is asked to endure, to bear can also be a capacity; a bearable life is a life that we can bear. A bearable life suggests that the conditions of livability involve a relationship to suffering, to ‘what’ a life must endure...the unbearable life is a life which cannot be tolerated or endured, help up, held onto. The unbearable life ‘breaks’ up or ‘shatters’ under the ‘too much’ of what is being borne...when ‘it’ is too much, things break, you reach a breaking point. (Ahmed 97)
There are two breaking points for Jude within *A Little Life*. The first comes after his physically and sexually abusive relationship in adulthood with Caleb. After all his childhood trauma, this adult trauma is too much for Jude to bear and he attempts suicide (Yanagihara 445-446). His attempt fails and goes on to live a bearable life with Willem and others who love him for many years. It is only after Willem dies in a car crash that Jude starts to have an unbearable life again. The reader never learns what brings Jude to his last breaking point exactly, only that he reaches it (Yanagihara 811). He dies by suicide at the age of fifty-three (Yanagihara 811). However, Harold, Jude’s adopted father, believes that it’s only because Willem has died that Jude is now gone as well (Yanagihara 812).

What the cripistemology of Jude’s affect of trauma shows us throughout *A Little Life* is that disabling trauma impacts the person in ways far beyond some initial event or series of events. While this is not a new argument, I am proposing that we consider the affect of trauma as a cripistemology in its own right. Rather than pathologizing Jude with “disordered thinking” or “dysregulation,” Yanagihara presents Jude’s trauma affect throughout the novel as a valid way of being and moving through the world. Validity here certainly does not mean capital-T true, helpful, or effective, but rather based on experience and embodied knowledge. When Jude’s loved ones respond to his shame and despair by dismissing his ways of (un)knowing and being in the world, they inadvertently reinscribe his feelings of loss of control and agency. When we approach trauma as a pathological disruption, we further justify the feeling that so many traumatized people,
like Jude, hold already—the idea that something is “wrong” with them. However, when we approach trauma as an affect, the traumatized person is centered as an agential (un)knowing subject who can move through the intensity of their current feelings toward the potentiality for feeling otherwise.

**Conclusion: A Little Life Worth Living**

As this chapter shows, a close reading of *A Little Life* reveals three overlapping cripistemologies regarding the narratives of trauma, the instabilities of trauma, and the affects of trauma. While the book is not an emotionally easy read, I contend that is an important one because of the ways in which it centers these knowledges of trauma throughout. If we are to begin the work of imagining trauma otherwise, in order to imagine a more socially just and responsive society, we must begin by thinking through our ways of knowing trauma.

Like other standpoint and sitpoint theories, Jude’s cripistemologies of trauma—like all cripistemologies of trauma—arise from his own embodied experiences. As such, they challenge hegemonic notions of who gets to know and what counts as knowledge. In doing so, they disrupt the traumatocracy outlined in Chapter One and further situate trauma in the Political/Relational Model that is detailed in Chapter Two.

Cripistemologies change how we come to know and understand the meaning of trauma. Taking cripistemologies into account shifts our focus away from fixing the trauma or traumatized person toward being with and learning to listen to the traumatized
person. Understanding cripistemologies helps us to understand that trauma isn't something you recover from or overcome or talk your way through. When we center cripistemologies, we pull trauma out of the medical model of disability and move toward a restorative justice approach. Cripistemologies of trauma reestablish the traumatized person as an agential, valid knowing subject, even if their knowledge is that which is unknowable. When we take cripistemologies into account in our theorizing of trauma we are enacting a disability justice politics (Berne). When we take cripistemologies into account in our approach to traumatized people’s healing, we are enacting a disability justice politics (Berne). This is the beginning of changing how mainstream U.S. culture responds to trauma. This is the beginning of imagining personal and collective healing otherwise.
Conclusion

(Content Note: Suicide)
Dear Jesús,

There is a dedication page that’s meant for this kind of writing. Or some version of it. That’s the proper place for me to explain that I wrote this dissertation for you. And perhaps I will. But as I am sitting down to write the conclusion to this work all I can think of is you. We were going to do this together—not just the dissertation (you were always going to finish before me) but life afterward. Everyone else was going to move on. But you and I were going to stay in Minneapolis and fight the fight here. Do the work here. Make the change here. I miss you, Jesús. Especially now, as I am so close to finishing and you’re not here with me. Except you are here with me. You have been with me through every word and idea. This dissertation is as much yours as it is mine. And so, I will not be confined to the dedication page. I am concluding this dissertation by invoking you into it. Since when did we ever do anything in the proper way anyway? I will not be confined. You never were. Not even in your death.

I think we talked about our traumas once. Maybe twice. And yet we were always talking about them, weren’t we? How we felt different than everyone else in our queerworld—different together. The way we fought to survive without a safety net, how we got here in families that didn’t fully understand and needed us in ways other people couldn’t understand. How it felt like we couldn’t sit still, or the world might come crumbling in on us. We’d laugh about the way we always looked over
our shoulders, sat with our backs against the wall, kept our guards up, didn’t know how to trust (sometimes even ourselves), and hated asking for help. You would use humor to deflect where I would use overly harsh honesty. You’d keep your emotional self hidden where I would overshare my feelings. We’d experience moments of happiness, of course—especially in all those amazing moments of queer kinship—but there was a certain affect we could not shake. An intensity that existed before the potentiality of our feelings. When people got to know us they’d see it more. Queerworld saw it. It would come out when we were alone at night most of the time. Sometimes we’d text about it. Most the time we’d just say, “yeah.” We knew.

Throughout this dissertation, I’ve argued that trauma is an embodied, affective structure that falls outside of hegemonic norms of recognizability. I am interested in shifting our understanding of trauma away from a focus on the event or events that “cause” trauma toward this embodied, affective structure for many reasons. All of them come back to you and me, Jesús. First, we can’t get distracted by debates about whether or not an event is ordinary or extraordinary—what matters is the impact it has on the person that experiences it. It had impacts on us and those impacts exist in our bodyminds. Second, we need to expand our thinking about trauma beyond the idea of an interruption in the “good life.” When we think of trauma as an event or series of events that interrupts a life, it presumes a sense of stability—both materially and existentially—that many people do not have access to.
under white supremacy, heterocispatriarchy, settler colonialism, and late capitalism. For different reasons, and in different ways, neither of us had access to that “good life” growing up, even though our parents were working so hard to give us that dream. We became poster children for it in lots of ways, but the closer we got to it, the farther away it was (again, the affect). Third, and most importantly, I am arguing that understanding trauma as an embodied, affective structure that falls outside of hegemonic recognizability allows for a nuanced critique of the systems of power and oppression that circulate within trauma discourses. In bringing trauma and disability together in this way, we can push back against the pathologization of trauma and instead work to imagine it otherwise, center ways of knowing and being that come with trauma, and prioritize ways of responding to trauma that do not further perpetuate violence.

We saw each other, Jesús, but because of the ways in which trauma is and is not recognized, society interpellated us differently. This is why I am alive finishing my dissertation and you’re dead. We both lived with the embodied, affective structure of trauma deep within our bodyminds and it connected us immediately—even across our differences. For a long time we both found ways to “pass” in society as not traumatized. Then, at different times, we couldn’t pass anymore. Because of my white privilege and all the resources it affords me, when I experienced bodymind events that left me unrecognizable to those around me, I ended up in an 18 month outpatient therapy program. Because you were a queer Chicano, when
you experienced a bodymind event that left you unrecognizable to those around you, you ended up alone in jail and then dead. I am arguing for a new approach to trauma, a new understanding of trauma, and a new way of responding to trauma, because there are dire consequences—matters of life and death—to continuing with the mainstream approach to trauma that dominates right now.

This dissertation had four goals, Jesús, and they all come back to you too. First, I wanted to understand—no, I needed desperately to understand—what the discourses of trauma do in contemporary U.S. society. Why is it that my trauma was recognized, but yours wasn’t? Why is it that I can claim my trauma, but you couldn’t? Or, that you could claim some of your trauma, in some places, but only using some words? None of which included the word trauma. And when I say I can claim my trauma, I mean only parts of it, sometimes, in some ways, like you—but different. Why is it that when I claim my trauma I am turned into either inspirational survivor or another whining white girl, attached to her woundedness? Why wouldn’t anyone allow you your woundedness, your full humanity? If your trauma had been recognized, like mine sometimes is, would you still be alive? That question haunts me.

In Chapter One I dug into these questions because the discourse of trauma wields considerable power in contemporary U.S. culture. Trauma is everywhere. In the news, on our T.V. screens, all over our social media pages. It bombards us, and in doing so, it also teaches us. These dominant narratives of trauma teach us what
counts as trauma, who gets to be traumatized, and what narratives get to be told as trauma narratives. These dominant discourses both produce and foreclose our understanding of what it means to be traumatized. It won’t surprise you, Jesús, that all of this is determined by ideologies and systems of power. It didn’t surprise me either. In fact, through my analysis of *TIME* magazine (as indicative of mainstream U.S. discourse), I argued that we live in a traumatocracy—a sociocultural discursive regime where the narratives of Trauma/PTSD are utilized to mobilize certain figures and forms of U.S. citizenship. Here, I drew on Amy Brandzel’s theorization of normative citizenship, where citizenship is a set of practices that differentially sorts, distributes, and assigns rights, resources, and social value to people and populations in ways that reify the norms of whiteness, heterosexuality, consumerism, and settler colonialism within the United States” (4). In other words, under our traumatocracy, the likelihood of your trauma being recognized as Trauma depends upon your proximity to normative citizenship. What this recognition may get you is a question for another dissertation or book project. Still, this is why my trauma was recognized and yours was not.

I know you, Jesús, and I know that you’re like, “grrl duh,” but I needed to show this, both quantitatively and qualitatively, because to the best of my knowledge, no one has done so yet. I analyzed 36 years of *TIME* magazine to see how these discourses have changed over time, and what I found was that it was only *after 9/11* that Trauma/PTSD became synonymous with veterans and the military.
Prior to 9/11, the dominant discourses of Trauma/PTSD focused on children and the family. Of course, it was, though, right? Because it was the late 80s and 90s and U.S. society was falling apart because of the queers and the welfare queens. But that, too, is for another dissertation or book project. I also argue in Chapter One that within the mainstream discourses of trauma there is no room to consider, let alone critique, any of the systemic or institutionalized forms of trauma. This is another reason my traumas are more recognizable than your traumas. U.S. culture is more comfortable with the idea of individual “perpetrators” doing individualized harms. As a society, we cannot make space for the idea that trauma is perpetuated through systems and institutions and experienced collectively. (I know, grrl duh.) Lastly, there is a wide dismissal of cultural differences or preferences in understanding and processing trauma and living life afterward. I went to more therapy than God. You watched *Bob’s Burgers*, smoked a lot of pot, and gardened. Both of our processes were valid, but mainstream U.S. culture validates one more than the other.

All of this matters because trauma is so commonly understood as an individual medical problem, but by bringing trauma and disability together I am arguing that it is a social justice issue. Moreover, through my analysis in this chapter I showed that the discourses of trauma are deeply entrenched in systems of power and oppression. This gets to the second goal of my dissertation, which is to bring together Critical Trauma Studies, Feminist Studies, and Critical Disability Studies toward an interdisciplinary theory of trauma. I contend that we need all three
approaches in order to fully attend to the nuances of trauma. Our lived experiences demand that we address the socio-political, material, discursive, and embodied realities of traumatization. We have to think through trauma and disability together because they exist in our bodyminds together, and there is just more work to be done here. I know you understand this, Jesús, because you were an interdisciplinary and intersectional thinker too. I utilize methods and theories from all three fields of study throughout the project, but it’s really in Chapter Two where I bring all three fields together in my feminist, queer, crip theory of trauma.

Chapter Two is also the first place in the dissertation where I began imagining trauma otherwise. That is the third goal of the dissertation. We did a lot of imagining otherwise together, didn’t we Jesús? That’s where we had all of our fun—all of us in queerworld together. It’s a queer practice, to imagine the world otherwise. To imagine the otherwise into the world. When I say I want to imagine trauma otherwise, I don’t mean I want to imagine a world without trauma. Although that is an important project, that also is a project for another dissertation or book. What I mean is: what would it look like to imagine our responses to trauma differently? To imagine our understanding of trauma differently? I wonder, what would it look like to reject the pathologies of Trauma and center the knowledge of trauma. I wonder, what would it look like to reject the individualization of trauma and rethink it collectively? I wonder, what would trauma narratives look like if they didn’t overemphasize overcoming, recovery, surviving, forgiving, or inspiring? What
would it look like to hold space for pain, suffering, sorrow, tragedy, guilt, regret, anguish, shame, and despair—without turning people into objects of pity or narratives of failed personhood? What about narratives of trauma with no easily determinable victim or perpetrator? What about all the silences that come with trauma? What would it look like if we were to actually acknowledge the systemic traumatization of peoples across the globe—both historically and presently? What if we questioned the very system that is in place to help us “recover” from trauma, as often just another part of the traumatization? Lastly, what might healing, real deep personal and collective healing, look like if we could approach trauma differently?

As I said, this is some of the work I began in Chapter Two. I think I’m repeating myself a lot, Jesús, but you know I’m a repeater. It’s part of how my trauma narrative shows up for me. In repetition. I don’t know how to start to tell you about Chapter Two...There was another school shooting. Another white kid with a gun. Except this time the students in the high school that experienced the shooting got real political afterward. You’d be proud. They called out the politicians and launched a social media campaign. It was not without its critics—people wrote about it and it was all legit—why was it that these kids were getting so much attention for their activism while the #blacklivesmatter youth continue to be ignored (see my analysis in Chapter One)? Still, their activism was/is powerful.

In Chapter Two, I analyzed a speech by one of the leading voices from this movement, Emma González. You’d LOVE Emma, Jesús. She’s a badass (she’s a
Scorpio like me so I claim her, but she’s a queer Cuban American, so I know you’d claim her, too). Anyway, I argue that Emma’s speech offers an alternative way to understand and respond to trauma, outside the strongholds of hegemony. By utilizing feminist, queer, crip methodologies I contend that new frameworks emerge for understanding trauma itself; for recognizing its knowledges; and for situating its political and coalitional potentiality. It’s the last part that I know you’d be most excited about, Jesús. You believed deeply in the power of coalition and political change. Even though you pretended to be jaded. Even though you got burned more than once.

I came to this point by reading Emma’s speech through what I am calling a political/relational model of trauma. Guided by the work of a Critical Disability Studies mentor of mine, Alison Kafer, I enumerate four tenets of a political/relational model of trauma. You know I like my lists. First, under a political/relational approach to trauma, we’d understand that trauma is socially constructed even as it’s held deep within our bodyminds. Second, we’d recognize that the “so-called” problem of trauma cannot be solved through individual medical or clinical intervention alone, but must be addressed through broader social change. Third, we’d re-emphasize the political nature of trauma. And, fourth, we’d conceptualize trauma as relational because trauma does not happen in isolation. By bringing trauma and disability together in this way, I argue that trauma becomes a site for building coalitions across difference. This is yet another place in my project
where a future project might arise. What would political coalitions across
differences based on trauma look like? Where could that work begin? Where has it
already begun? I know what you would say - Chicana Feminism. I’m sure you’re
right.

The fourth and final goal of my dissertation was to create more breathing
room for all of us who live (or who have lived) with trauma in our bodyminds.
Chapter Three does this work by addressing trauma in the classroom, with the hope
of making more space for traumatized students and instructors alike. We talked a lot
about teaching and how we wanted to teach. All the things Edén had taught us and
all the ways we wanted to show up in the classroom. I wonder now how your
trauma showed up, or didn’t show up, for you when you taught. We wanted to give
our students so much, didn’t we? You were such a good teacher, even when your
students called you José. I began writing Chapter Three before you died. Did you
read it in its early stages? Did we talk about it? I can’t remember now. I wish I
remembered all the things. In the chapter, I analyzed the arguments in higher
education surrounding the trigger warnings as a practice toward addressing trauma
in the classroom. Rather than weighing in on the “pros” or the “cons” of the debate, I
argued that the debate itself shows us how higher education understands and
responds to mental illness and trauma on campus. The answer is: not well at all. But
you know that, don’t you, Jesús? More than most.
We talked a lot about how higher education traumatizes and retraumatizes and that is something I didn’t spend enough time on with this project. That is for a future project too. They arrested you once for pointing out this truth, for protesting this reality. Protest was your trauma narrative. And they pressed charges against you for speaking it. In Chapter Three, I analyzed the ways in which the common negative responses to trigger warnings similarly show a refusal to recognize what students are asking for—a recognition of their full humanity and institutional support for how their experiences impact their education. I then present a feminist disability studies pedagogy that outlines some beginning ideas of what an approach to trauma in the classroom might look like. I do this for you, Jesús, and for myself, and for the teachers we imagined we’d become but might never, and for all our students who’ve needed it. Here I am bringing trauma and disability together in order to imagine teaching with trauma otherwise in a way that makes more space in the university for those of us who weren’t supposed to be here but are anyway.

My last chapter, Jesús, is where it got hard. It’s also where I came to understand why you’re gone. In Chapter Four I did an analysis of this novel called A Little Life by Hanya Yanagihara. It’s about four friends who move through the world together, but really it’s about this man named Jude. Jude lived through a lot of disabling trauma. By disabling trauma, I mean both trauma that comes along with other kinds of disabilities and trauma that disables in its own right. In my analysis, I argue that the novel presents three overlapping cripistemologies—or crip trauma
knowledges—through its portrayal of Jude. I presented these cripistemologies because, in my estimation, the only way we’re going to find a more socially just approach to understanding and responding to trauma is by centering the knowledges of traumatized people. Literature, like *A Little Life*, helps us imagine otherwise because it helps us think beyond the quagmire of the here and the now, right? Only, I think what Yanagihara is doing is actually helping us see the here and the now for how limiting it is. The entire book shows us how the dominant, mainstream approach to understanding and responding to trauma so often doesn’t work for traumatized people.

The first cripistemology of trauma within *A Little Life* is the narrative of trauma that is presented throughout the book. Here I engage with a theorist named Robert Zussman who thinks about narrative freedom—who gets to have it, what it might look like, and how it’s limited by socially determined narrative conventions. He proposes silence as a form of narrative freedom. In the book, Jude refuses to narrate his trauma throughout his life in multiple ways. Jesús, silence was often your answer as well. The second cripistemology I discuss in Chapter Four is the instability of trauma, or rather the three modalities that trauma often destabilizes: our sense of self, our bodymind, and our understanding of spacetime. Through a close reading of Jude’s character, I showed how the book illustrates these crip trauma knowledges, not as pathologies but as valid ways of knowing and being in the world. I wonder a lot, Jesús, about your experiences of these instabilities,
especially on the day you died. I wonder what it would have meant to you to have someone tell you that your experience was not wrong, but just another way of being in the world. Would it have made any difference? Or would it have still been so terrifying that you wouldn’t be with us any longer?

Lastly, the third cripistemology I discuss is Jude’s affect. He was like us, Jesús. He didn’t trust people. He didn’t know how to let people in. He had a lot of internalized shame and guilt and thought it was all his fault. Even during his happiest times, he had this generalized affect of, well, trauma. This shows up for him in his relationships, mostly his intimate relationship with his best-friend-turned-life-partner Willem. Again, this is where the dominant, mainstream approach to trauma would pathologize Jude, but I don’t think the book does that. I think it presents Jude’s affect as an alternative way of being, knowing, and feeling in the world. When thinking about trauma and disability together, these cripistemologies of trauma matter because they give us another way of knowing trauma outside of the medical model of disability. Most importantly, they’re a way of knowing trauma that centers the traumatized person’s embodied knowledge, even if that knowledge is a kind of unknowing.

Jude died by suicide too, Jesús. Just like you did. And just like with you, the reader doesn’t get to know why. We didn’t get to know why. All we got was silence. Well, silence, and all the trauma narratives from everyone else trying to make sense
of your life and death for you—just like *A Little Life* is narrated by all of Jude’s loved ones trying to make sense of his life and death. I’ve spent the last four years thinking about it. We all have. There are so many questions and there aren’t any answers. Or, maybe there are too many answers, I don’t know anymore. But when I was reading and writing and analyzing Jude’s death I had to stop because it became your death. Elizabeth hates the book. That’s okay. I loved it. I loved it because it was about a queer world of friends that loved their friend and did everything they could to love him and still he couldn’t keep living. Just like you couldn’t keep living.

Jesús, I wrote this dissertation because I needed a better way to understand the world that meant you were dead, and I am alive. And that it is not our fault. I wrote this dissertation because I needed to begin imagining a world where you could still be alive. The Jesúses of the world need to be alive. The Judes of the world need to be alive. The Emmas of the world need to be listened to. More importantly, though, they need to have a world in which their lives are worth living. A world in which personal and collective healing, restorative justice, transformative justice are possible. I don’t know what that world looks like, but I know a lot of amazingly brilliant people are doing great work to imagine and build those worlds. I felt trapped in the narrative frameworks of trauma that surrounded me because of my own trauma, then you died, and the walls closed in even more. So I had to start somewhere.
I don't have grand illusions about this work. You and I never did. But ideas change beliefs and beliefs change actions and actions change practices and practices change policies and policies impact lives. Or so they say, right? What I am getting at is that I think this work does matter beyond you and me. Because there are a whole lot of traumatized people out there and the way things are going now isn’t working so well for the vast majority of us. The ideas I’ve proposed here can help because they can disrupt the ideologies and narrative binds we’re trapped under and make more space for alternative ways of knowing, being, and narrating our lived experiences (including not narrating them at all). I am asking people to think about trauma differently, to respond to trauma differently—to pull it out of the medical model of disability and see it as political and relational. I am asking people to see trauma as a social justice issue imbedded in systems of power and oppression. I’m asking people to question the narratives of trauma that surround them. After we shift how we understand trauma, we have a lot of work to do to change the systems that traumatize and change our responses to traumatization, but our first step is changing our understanding of trauma itself. I see this as the beginning of a path toward personal and collective healing, a path toward restorative justice.

Still, I wish I could have written a better dissertation for you, Jesús—one that said all the things I really needed to say about systemic trauma and its erasure. There are other things, too, that remain undiscussed, or only touched upon; things that deserve further exploration. For example, in Chapter One I outlined the details
of a traumatocracy in order to explicate how discursive power operates, but in
doing so I only hinted toward the impacts on those who are relegated to its margins
or worse erased entirely. I need to talk more about the impacts of this discursive
regime. In Chapter Two, I outlined the political/relational approach to trauma as a
pathway toward coalition building, systemic change making, and
personal/collective healing, but I have yet to discern any actionable steps that could
be taken to beginning this work on the ground. What does restorative justice look
like for traumatized people? What does healing look like for us personally and
collectively? I don’t know the answers to these questions yet. In Chapter Three, I
discuss approaches to trauma in the classroom when the students are traumatized,
but I don’t fully consider the instructor as a potentially traumatized person as well.
More importantly, I didn’t get into the nuances of education as traumatizing itself
(something you know so much about, Jesús). Lastly, in Chapter Four I didn’t deal
with Jude’s death very well—just like I didn’t deal with your death very well. It’s
written out of the book. It’s left unknowable to the reader. So, I leave it unknowable
in my analysis. I am still trying to figure what that means in terms of trauma and
disability that Jude dies by suicide. Just like I am still trying to figure out what your
death means, Jesús. Perhaps I’ll never know. Perhaps it’s my next project. Or, maybe
I’m done trying to talk about trauma and disability, I don’t know.

Maybe Zussman is right and silence is the best approach to narrative
freedom. Was your suicide your attempt at narrative freedom? Was it your escape
from the narrative binds of trauma, oppression, and mental illness that trapped you so intensely? I am going to believe that it is, because I am going to believe that you’ve found freedom, Jesús.

This writing is my attempt at imagining more freedom—in life—for us all. I love and miss you, Jesús, more than you could know.

Yours,

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Notes

1 I’m drawing here from Foucault’s theorization of a “regime of truth” wherein a “formation of a corpus of knowledge, techniques, [and] ‘scientific’ discourses” become “entangled with the practices of power to punish” (Lorenzini).

2 The first article to use trauma as a metaphor referred to the 1991 financial recession as putting the banks “through their worst trauma since the 1930s” (Greenwald). The second article from 2014 was titled “Obama’s Trauma Team” and discussed the group of “high-tech wizards” that were revived HealthCare.Gov (Brill).

3 2001 appears twice in this graph because I split the year in two. The articles published before 9/11 are included with the pre-9/11 data and charted under the first 2001. The articles published after 9/11 are included with the post-9/11 data and charted under the second 2001.

4 Theorized by disability studies scholars, like Eli Clare, the term “supercrip” is used to signify narratives or representations of disabled people “overcoming” their disabilities by either 1) glorifying us for doing an everyday task as though it were an extraordinary feat or 2) turning us into ableist symbols of inspiration as we achieve extraordinary feats (e.g. the paraplegic person who climbed Mount Everest).

5 Take for instance the Iowa Republican Representative, Steve King, who criticized González for wearing a patch of the Cuban flag. See, Vazquez.

6 These expected narratives shift depending on the proximity to the event. The media expects and even thrives on fetishizing “chaos” in personal narrative immediately after a catastrophic event. However, with time, these narratives are expected to shift into the conventional standard with a coherent beginning, middle, end; expected or debatable “plot” resolution; character/personal development; and social justice or political implications. See, Frank.

7 I borrow the phrase “uneven distribution of life chances” from queer legal scholar and theorist Dean Spade.

8 Feminist activist-scholars quickly rejected this definition in that it “the range of human experience” was so narrowly, and hegemonically, defined. Furthermore, it positioned anyone who experienced trauma as outside of the human.
9 With this, I would argue that crip theory is always queer, but queer theory is not always crip (in the same way that a square is always a rectangle, but a rectangle is not always a square).

10 Again, along the “affective turn” in the humanities, I use “affect” here in reference to Clough’s definition of “affectivity as a substrate of potentially bodily responses, often automatic responses, in excess of consciousness” (2).


12 For a general overview of arguments in opposition to trigger warnings, see the “Essay by faculty members about why they will not use trigger warnings” posted on Inside Higher Ed in May of 2014.


14 Under the medical model, this affective shift is often diagnosed as “PTSD.” However, because I wish to understand the affects of trauma outside of the forces of pathology, I am not using PTSD as a marker of this experience. Moreover, I wish to recognize that many people live with this kind affective structure who have not or would not be diagnosed with PTSD - such as the large numbers of people who have inherited what is now being termed intergenerational trauma.


16 Although I have provided various descriptions of trauma, including my own working definition, I want to hold space for the fluidity of the experiences of trauma and being triggered. I do so in recognition of important critiques within disability scholarship on establishing “standards” of any disability or disabling experience in ways that might then be used to further police disabled bodies. See for more detail, Zahiri Richter’s blog on the topic cited above.

17 There is a broader debate among neuroscientists, clinical psychologists, therapists, and individuals who have experienced trauma as to whether or not one can heal or overcome trauma. While I think efforts can be made to attend to the affects of trauma and make life more livable, I believe that the epistemological shifts alone negate any kind of “return” to a pre or non-traumatized bodymind. Furthermore, because I understand the effect of
trauma to be non-linear, I believe that one may learn skills to help “manage” trauma in the bodymind, it is always possible for the affect of trauma to reappear in the future.

18 In his now foundation text The Wounded Storyteller: Body, Illness, and Ethics, Arthur W. Frank terms these stories “quest narrative.” In quest narratives “the ill person gradually realizes a sense of purpose, the idea that illness has been a journey” and through this journey three ethics emerge to guide the storytelling: recollection, solidarity, and inspiration (177, 133). While Frank argues that the quest narrative is the ideal ending point for all who experience a wounded body, an analysis of these narratives through the social model of disability would situate the quest narrative as a product of ableist ideologies (particularly the supercrip).


22 K-12 educators have been working to shift pedagogical understanding of trauma for quite some time. Indeed, trigger warnings pale in comparison to the pedagogical approaches of trauma-sensitive or trauma-responsive schools. As detailed in Helping Traumatized Children Learn – Volume 2, approaches in trauma-sensitive schools include fostering a community where adults: share and understanding of trauma and its impact on learning, support all students to feel safe, address student’s needs in a holistic way, connect students to the school community, embrace teamwork, and anticipate and adapt to changing needs (TLPI 26-27).

23 Since in the U.S. contexts, post-secondary education is not guaranteed, or seen as a fundamental right for all, institutions of higher education are able to disregard and exclude bodyminds in ways that k-12 institutions cannot (legally). While there is certainly much work to be done around disability education at the k-12 level, it is also not unsurprising that innovated pedagogical strategies for working with traumatized students are arising out of k-12 settings.

24 Most notably the work of feminist philosopher, Susan Wendell. See, Garland-Thomson’s 2005, Signs article for a fuller literature review.

25 See or the National Center on Universal Design for Learning. Or Burgstahler, Sheryl
I would argue that trigger warnings have garnered so much attention within higher education precisely because of structural ableism within the academy. Until institutions of higher education are fully committed to education every bodymind, the pedagogical options for recognizing and addressing the complexity of every student will be contained to limiting measures like trigger warnings. Such warnings may be what we have available now, but they should not be implemented in exchange for more transformative institutional changes.

Very little in this debate has addressed the experience of instructors who may be triggered or experience traumatization in the classroom. This, of course, highlights the assumed able-bodied instructor and contributes to ableist logics within the academy. While this piece focuses on attending to students with trauma, I believe that such pedagogy allows for, and perhaps even requires, attending to the affective experience of the instructor.

It should be noted however, that the successes of these approaches are limited in that “fewer than a half of students with mental illnesses seek mental health services” (Salzer 1).

I do not mean to underestimate the difficulty in fully knowing or speaking the truth of one’s experience or bodymind - especially to power. Nor, do I mean to assert that anyone is ever fully able express their own truth given the limitations of language and culture. However, the refusal of acknowledge trauma or potential triggers because “one can never know” works to dismiss and erase the agency of both the (assumed) able-minded responder and the epistememe of the disabled bodymind who may be triggered.


Previously a quarterly journal, Electric Lit became a non-profit in 2014. It is “committed to publishing work that is intelligent and unpretentious, to elevating new voices, and to examining how literature and storytelling can help illuminate social justice issues.” https://electricliterature.com/about/mission/

See chapter 3, “unconformable v. traumatized.” This is not about opting out but about having tools/skills pedagogy that helps us opt in as we are.
Sitpoint theory is a neologism offered by Rosemarie Garland-Thomson that critiques the ableist assumptions underlying feminist standpoint theory (*Interrogating* 346).

For instance, a family member of someone who is experiencing the symptoms recognized as PTSD might tell a friend that their loved one is “having a bit of a personal crisis” rather than say outright that they are “struggling with processing their trauma.”

I read 16 interviews and reviews—only Electric Lit and *The New York Times* use the word trauma. Electric Lit discusses sexual abuse, NYT talks about flashbacks. NYT includes one sentence on Jude’s “limp.”

As many disability activists and scholars have argued, this saying presumes that people should only care about (dis)ability and disabled people’s lives when it impacts them. Furthermore, as Jasbir Puar succinctly argues in her preface to *The Right to Maim* not everyone will become disabled, some people and populations will not live long enough. Among the people that do become disabled, some will have more access to resources than others to help mitigate the impacts of their disabilities. This creates a differential experience of disability/debility – all of which is flattened out by the popular saying (Puar xiv).

See Margarit Shildrick’s “This Body is Not One: Dealing With Difference”


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