

Brilliant
Imperfection

Grappling with Cure

ELI CLARE

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A NOTE ON READING THIS BOOK:
THINKING ABOUT TRIGGER WARNINGS

i.

Some of the fragments in this book are razor sharp. The histories, ideas, realities I'm grappling with are full of pain and violence, grief and rage— involuntary sterilization, ritual abuse, suicide, centuries of colonialism, and bison massacre to name a few. These fragments might slice old wounds open, might remind us of scars long forgotten, might catapult us into past trauma. They might *trigger* us. I use that word intentionally to reflect the abrupt, visceral tailspin some of us experience when encountering or being caught off guard by particular images or stories, smells or sounds, memories or emotions.¹

In the late 1980s and 1990s, feminists developed the practice of trigger warnings to give people a heads-up before details of violence were spoken out loud. We weren't engaging in censorship or avoiding contentious issues, as some academics and activists claim today. Rather we knew that without trigger warnings many of us would lose access to conversations, communities, and learning spaces.

Applying these feminist lessons to this book has been tricky. I didn't know what to tag. Content that doesn't contain any triggers for one reader may hold many for another. None of us can reliably predict what will trigger someone we don't know well. While I believe warnings about explicit descriptions of violence are often helpful, that principle didn't provide me with clear guidance. These pages are a mosaic that places psychiatric

hospitalization next to involuntary sterilization, resistance next to joy, community connection next to political thinking about hate language. Accounts of ableism, racism, classism, sexism, homophobia, transphobia, medicalization, and environmental destruction appear throughout the book. In other words, I could have tagged almost every piece here with a trigger warning. But that wouldn't help us know how and when to take care of ourselves and each other.

Trigger warnings are in essence tools for self-care and collective care. So let me remind readers that you can stop listening to or reading this book. You can read it fast or slow. You can read it out loud with your sister, partner, neighbor across the street. You can yell, type, breathe. Sign, sing, drink tea. Connect with your dog, cat, hamster, favorite tree. Call, text, Skype, Facebook, FaceTime with your friends. Lie in bed, roll, walk, dance, run. Woven through the book are prose poems about moments of brilliant imperfection in my life. Add your own moments to the mosaic. Do whatever works to ground yourself in the present.

ii.

Yet, after having asserted that tagging this book with specific trigger warnings would be difficult, if not impossible, I've done just that. Held within this feminist practice is an inherent tension. On the one hand, I can't possibly know and name all the potential triggers in the following pages, nor can I predict which stories, histories, and analyses will trigger what for whom. On the other hand, naming specific content that includes specific kinds of violence provides some of us with important, necessary, and, by definition, incomplete access. I want to let this tension exist without trying to resolve it.

What follows is a list of thirteen pieces that tell stories of sexual violence, ritual abuse, suicide, psychiatric hospitalization, and other kinds of institutionalization. None of the thirteen include gratuitous details or extended descriptions of violence.

"Defect"

"Personhood Is a Weapon"

"Cerebral Palsy"

"The Price of Diagnosis"

"Your Suicide Haunts Me"

"Carrie Buck I: Yearning"

"Carrie Buck II: Torrent of History"

"Carrie Buck III: Feeble-minded"

"Lives Reduced to Case Files"

"Living with *Monkey*"

"Schizophrenia"

"Ashley's Father"

"Feeling Broken"

With all that said, welcome to this book, this mosaic, this grappling with cure.

Cerebral Palsy

I remember being twelve years old, my parents bringing me to the Crippled Children's Division (CCD) at the University of Oregon for yet another round of diagnostic testing. I remember walking back and forth for an orthopedist, stacking blocks for a physical therapist, and solving puzzles for a team of psychologists. I knew this diagnostic routine all too well. I can't count how many IQ tests I took, how many soundproof rooms I sat in as audiologists checked my hearing, how many words I repeated, one after another, as speech pathologists analyzed which sounds my tongue stumbled over. All the orthopedists, physical therapists, psychologists, audiologists, speech pathologists blur together. I can't remember a single face, but the one-way mirrors—those glass walls behind which they watched my every move—remain vivid.

At CCD, after two days of testing, the physical therapist sat us down and told my parents that I had cerebral palsy. Years later I learned she was the first medical provider to give me that diagnosis. It crushed my parents, who had brought me there specifically to find a cure. Instead we returned home with a diagnosis for an incurable condition and my first orthopedic equipment since the big blocky shoes that helped me learn to walk.

I never believed in cure exactly, even as I yearned to be nondisabled. But I did want to know what happened between my brain and my trembling hands, slurring tongue, stumbling feet—an explanation beyond the story of brain cells dying. The physical therapists and orthopedists never gave me a satisfactory answer. I imagined electrical storms and collapsing bridges, a twelve-year-old turning my body-mind into a metaphor, out-of-control and broken. I didn't liken my tremors to sunlight stuttering through wind-tossed trees, my slurs to an earthworm curling over itself, my stumbles to the erratic rhythm of a pileated woodpecker drumming a tree.

I struggled with the orthopedic equipment we brought home. I strapped three-pound cuffs to my forearms. Supposedly they made it harder for me to shake, training my muscles not to tremor. My arms sweated and

ached under the weight. When I wasn't using the cuffs, I buckled magnets to my wrists, clamped my arms to a metal board positioned on the kitchen table, and tried the task of writing, tremors restrained. The magnets were a dismal failure, but the cuffs I wore through eighth grade, hating them more every day. I could bear the physical discomfort but not the shame—those leather-covered lead weights revealing my cerebral palsy in yet another way. My mother and I fought; she won, trading her dreams of cure for faith in treatment.

Eventually I refused to strap the weights onto my shakier right arm; it hurt too much. Then I lost the left cuff, relieved. In contrast, I never stopped using the electric typewriter we acquired through CCD. Once my mother abandoned her hopes of teaching me to touch-type, I learned an efficient two-fingered peck, using eraser-tipped pencils, still slow but much faster than my longhand ever was. I wore out two typewriters before I bought my first computer. Adaptation carries far more appeal than treatment.

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I ride slow loops of memory, each faint arc shimmering, back and back to where diagnosis started. A physical therapist says the words *cerebral palsy*. An orthopedist suggests heel cord surgery. Reflections in a shiny one-way mirror stare at me. A speech therapist reaches into my mouth to hold, encourage, shape the muscle of my tongue. Memory glimmers—another earlier physical therapy office. And here, here: my first flash—white coats, voices, a table, fear of falling. I look up.

It's 1966, and I am two and a half years old, no longer stumping around on my knees but balancing on my own two feet, taking my first shaky steps—a loop of its own with no trace of memory. I'm not talking yet, not a single spoken word. I use a rudimentary sign language of my own creation.

It's 1966, and my parents have brought me to this institution, which at its founding in 1908 was known as the State Institution for the Feeble-Minded, thirty years later was renamed the Oregon Fairview Home, and by the time I show up is called the Fairview Hospital and Training Center. Historians Philip Ferguson, Diane Ferguson, and Meredith Brodsky write, "Fairview Training Center . . . was not the first such institution to open or the last to close. Even at its peak population, it was not the biggest. As those who lived there know only too well, it definitely was not

the best, but as others who lived elsewhere can also testify, it certainly was not the worst. . . . If there can be such a thing, the Fairview Training Center could be called a 'typical' institution for people with developmental disabilities."¹

It's 1966, and the doctors give me an IQ test. Fifty years earlier, American eugenicist Henry Goddard sought a way to quantify intelligence, eager to have a tool that would reveal the feeble-mindedness he and many others believed was overtaking the United States. To this end, he translated, revised, and championed a French intelligence test. He coined the word *moron*. He put his work through trial runs at Ellis Island using Jewish, Hungarian, Russian, and Italian immigrants as his subjects. He found 40 percent of the people he tested to be morons, which of course was the whole point—to prove what eugenicists already believed about immigrants and feeble-mindedness.² Goddard's work became the test I take.

It's 1966, and Fairview houses nearly three thousand people. In 1920 we were called idiot, imbecile, and moron; in 1950, retarded and handicapped; and now we are beginning to be named developmentally disabled, not yet known as intellectually disabled. The diagnostic language slips and slides over the decades. Of the three thousand people who live here, many have been locked away for their entire lives.

It's 1966, and I score badly on their tests. Not many years before, they would have declared me a *low grade moron* or a *high grade imbecile*, but by the 1960s the words have changed, even as the laws and institutions have not. I become *mentally retarded*.

It's 1966, and Oregon doctors still sterilize people on a monthly basis. They use the state's eugenics legislation, first passed in 1917, to authorize involuntary castrations, vasectomies, hysterectomies, and tubal ligations. Before the law is repealed in 1983, they perform at least 2,648 of these surgeries.³

It's 1966, and I join the ranks of those targeted. The Oregon law names us "feeble-minded, insane, epileptics, habitual criminals, moral degenerates, and sexual perverts, who are persons potential to producing offspring who, because of inheritance of inferior or antisocial traits, would probably become a social menace."⁴ Sterilization is often the sole criteria for release from Fairview.

If my parents did nothing else, they didn't leave me there. They definitely could have.

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Ten thousand people lived at Fairview over the course of ninety-two years. Sisters, fathers, cousins, aunts vanished from their home communities. I watch a film made by a man whose younger sister disappeared. Jeff Daly was six years old, Molly Daly two, when she went missing—not even a shadow or secret to mark her departure, just a sudden unexplained absence as if she had never existed. In *Where's Molly: A True Story of Those Lost and Found*, Jeff documents his search, tracking his sister's disappearance to Fairview.⁵ He follows a trail from a note found in his father's wallet to a folder tucked away in a back drawer, from a phone number in that folder to a group home in suburban Portland, from social workers at that group home to a case file complete with photos.

Along the way, he finds a promotional film made by Fairview in 1959 called *In Our Care*.⁶ The grainy black-and-white footage crackles and pops. He first sees his sister here as she sits on the floor of a crowded bare room, clapping her hands and playing with a ball. Molly looks straight into the camera, eyes crooked, engaged, still inquisitive—so different from the case file photos taken later, her face defiant and shuttered. We see nurses tending children in cribs, row upon row in room after room. We see a cafeteria where a chaos of children eat, a laundry room where women fold sheets and men tend big steam driers. We see a woman in an isolation cage. We don't see the cow whips, handcuffs, head cages, straitjackets, the threats of acid baths, the realities of rape. I contemplate what it means to describe Fairview as “not the best, but . . . certainly . . . not the worst.”

In 1966 did my parents drive me to Fairview searching not only for diagnosis and cure but also a place to leave me? Did they see *In Our Care*, absorbing the narrator's cheerful authority into their body-minds, anger, relief, and shame vying for attention? When did they decide to take me home; what tipped the scale? I have no idea. I only know it was a pivotal moment that has shaped my entire life.

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With some frequency, people ask: “What's wrong with you?” “What happened to you?” “What's your defect?” Or they play a guessing game: “Is it multiple sclerosis or Parkinson's, muscular dystrophy or ALS?” Usually I

answer quickly, “Cerebral palsy. No, it's not progressive, and no, it's not terminal.” Curiosity satiated, they move on.

I could respond with any number of diagnoses. I could deflect, “You choose. In 1966 a doctor said ‘mental retardation,’ and in 1976 a physical therapist said ‘cerebral palsy.’” I could push, “What more do you know about me now that you have two diagnoses to attach to my body-mind?” It's much easier just to say “cerebral palsy” and move on.

Reading Diagnosis

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It's impossible to grapple with cure without encountering white Western medical diagnosis—ink on paper in the *Diagnostic and Statistical Manual of Mental Disorders* and the *International Classification of Diseases*, a process in the hands of doctors, a system of categorization. I want to read diagnosis as a source of knowledge, sometimes trustworthy and other times suspect. As a tool and a weapon shaped by particular belief systems, useful and dangerous by turns. As a furious storm, exerting pressure in many directions.

Simply put, diagnosis wields immense power. It can provide us access to vital medical technology or shame us, reveal a path toward less pain or get us locked up. It opens doors and slams them shut.

Diagnosis names the conditions in our body-minds, charts the connections between them. It holds knowledge. It organizes visceral realities. It draws borders and boundaries, separating fluid in the lungs from high blood pressure, ulcers from kidney stones, declaring anxiety attacks distinct from heart attacks, post-traumatic stress disconnected from depression. It legitimizes some pain as real; it identifies other pain as psychosomatic or malingering. It reveals little about the power of these borders and boundaries. Through its technology—x-rays, MRIs, blood draws, EKGs, CAT scans—diagnosis transforms our three-dimensional body-minds into two-dimensional graphs and charts, images on light boards, symptoms in databases, words on paper. It holds history and creates baselines. It predicts the future and shapes all sorts of decisions. It unleashes political and cultural forces. At its best, diagnosis affirms our distress, orients us to what's happening in our body-minds, helps make meaning out of chaotic visceral experiences.

But diagnosis rarely stays at its best. It can also disorient us or devalue what we know about ourselves. It can leave us with doubts, questions, shame. It can catapult us out of our body-minds. All too often diagnosis is poorly conceived or flagrantly oppressive. It is brandished as authority, our body-minds bent to match diagnostic criteria rather than vice versa. Diagnosis can become a cover for what health care providers don't understand; become more important than our messy visceral selves; become the totality of who we are.

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These experiences of disorientation and devaluing are often called *misdiagnosis*, as if the ambiguity and ambivalence contained within diagnosis could be resolved by determining its accuracy. But let me redirect this focus on correctness. In my reading of diagnosis, I'm not interested in whether I *really* have cerebral palsy or whether schizophrenia *accurately* characterizes the many realities of seeing visions and hearing voices. Rather I'm inviting us to think about what diagnosis does, because this system not only describes those of us deemed defective, deficient, or disordered in a million different ways but also helps shape how the world treats us.

Consider the diagnosis of mental retardation. Certainly it can name people who think, process, and communicate differently. But with that naming comes a whole host of expectations, stereotypes, and material realities. *Mental retardation* shapes where and how some people receive education. It influences the unlikelihood that they'll have paid work and homes of their own choosing. It increases the probability of having their children taken away; of landing in prison, a group home, an institution. It can also create access to services and adaptive technologies, Individualized Education Plans and job training. The diagnosis of mental retardation is often dangerous, sometimes useful, but never neutral, never merely descriptive.

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Hundreds of forces swirl through diagnoses, each with its own balance of utility and risk. Some carry almost no stigma; others come freighted with discrimination and self-loathing; still others bring both relief and sorrow. I want to read diagnosis in all its incarnations.

Wanting a Flat Chest

I thought I understood self-acceptance and love—definitely not a simple practice but nonetheless guided by a certain set of principles—until my gendered and sexed self started speaking. When I listened, I discovered an unshakable desire to reshape my body-mind using medical technology—first with chest reconstruction surgery and later with hormone replacement therapy.

All of our body-minds are in motion from the moment of birth to the moment of death. Ask anyone in the throes of puberty or old age. Ask the U.S. soldier back from Afghanistan, dealing with a recent traumatic brain injury; the Afghan civilian whose leg has been shattered in a bomb attack. Ask the person who has lost or gained a hundred pounds; the woman leaving her fifteen-year heterosexual marriage because she's fallen head over heels in love with another woman. Ask the family who over three or four generations climbs out of poverty, maybe through luck or white privilege, education or marrying up.

I remember the last time I went flat chested and bare skinned, age nine camping with my family in Idaho. Dusk licked my ribs, sternum, collarbone. My mother ordered me to put a T-shirt on, right then and there. I protested, "But why, Dad gets to go without a shirt?" Of course, there was no real answer, only a "because."

Our body-minds tumble, shift, ease their way through space and time, never static. Gender transition in its many forms is simply another kind of motion. I lived in a body-mind assigned female at birth and made peace with it as a girl, a tomboy, a dyke, a queer woman, a butch. But uncovering my desire to transition—to live as a genderqueer, a female-to-male transgender person, a white guy—challenged everything I thought I knew about self-acceptance and love.

I am the girl whose breasts develop slowly—fourteen and still not needing the training bra my mother bought me for Christmas. I feel impatient, embarrassed, disconnected from the girls in my school who whisper about their boyfriends and show off in the locker room. But when my breasts do grow, changing the shape of my body-mind in a matter of months, I'm utterly dismayed. I hate the attention my mother pays me.

During this time and place in history, doctors have the authority to name and classify sex and gender, just as they do disability. At the very moment we take our first full-bodied breath, wailing into the world, they declare “boy” or “girl.” When that decision doesn’t come easily, when a baby emerges with genitals that don’t match what they typically associate with male or female body-minds, they make the birth a medical emergency. They diagnose the newborn with one of the many conditions that falls under the umbrella of disorders of sex differentiation. And then they often perform infant genital surgery to create a penis or vulva that more closely matches their vision of boy or girl. Most of these surgeries are not medically necessary, but rather cosmetic, blatantly enforcing what is normal and cutting away that which is declared abnormal.⁷

After my birth, a nurse laid me in an incubator and gave me antibiotics through a tiny IV drip, no one touching me except to turn me under the heat lamp. But before that, the doctors declared me a girl, just as they would name me mentally retarded two and a half years later, confident in their authority to categorize body-minds.

I am the tomboy who spends the summer between my sophomore and junior years of high school working in the woods with twenty other teenagers. We wear blue chambray work shirts with the Youth Conservation Corps logo embroidered on them. I often layer a T-shirt underneath but forgo a bra. My choice of undergarments is obvious and worries the other girls on my crew. They bully and lecture me all summer. I shrug them off, but one of the crew leaders, a twenty-three-year-old hippie guy, starts asking me pointedly why I don't wear a bra. His eyes rake my body-mind.

Decades later, I discovered that I wanted a flat chest. Arriving at that desire, and then accepting it, took a long time. My body-mind politics told me that plastic surgery, particularly for cosmetic reasons, was bad, a tool of the patriarchy, enforcing sexist and racist standards of beauty, encouraging body-mind mutilation and hatred. I thought about rich, white, cisgender women and nose jobs, tummy tucks, and breast enlargements. I thought about upper-middle-class families spending thousands of dollars on synthetic growth hormones in hopes that their short sons might grow up to be tall men. I thought about poor people who can't get the most basic of health care. During her pregnancy with me, my mother had no health insurance, received almost no prenatal care,

and so the ovarian cyst that grew alongside me wasn't detected until the crisis of my birth.

I am the dyke whose breasts hang loose under one layer of cloth. I live at a women's peace camp and rage against sexism and men. Many of us go topless, relishing the feel of sun, wind, water on our skin.

Plastic surgeons make so much profit from people who want to change the appearance of their body-minds. Certainly the doctors specializing in double-incision mastectomies and phalloplasties, facial feminization and tracheal shave surgeries, oophorectomies and vaginoplasties become millionaires off of transsexuality and trans people who want and can afford surgery to change our sexed and gendered selves. My politics argued that I needed to change the world and claim my body-mind as it was.

I am the stone butch who traces my lovers' breasts. I lavish them with my fingertips, tongue, trembling touch. Learn how to bite, pinch, suck, drawing our heat to the surface. Yet when my lovers reach toward my breasts, I can't feel their hands on me.

Gender Identity Disorder

My relationships with mental retardation, cerebral palsy, schizophrenia, and gender identity disorder (GID) range widely. The first of these diagnoses has fallen by the wayside, even as it still stalks me in the form of hate speech. The second found me during my parents' search for a cure and is convenient shorthand when I request disability access, navigate the medical-industrial complex, or deal with random curiosity, but it has never orchestrated a life-changing revelation. The third I narrowly escaped, grateful not because seeing visions and hearing voices are inherently bad or wrong, even when they create havoc, but because the medical treatment and social conditions accompanying that diagnosis are often dreadful. But the fourth, I actively sought out.

I started my search not because I needed a diagnosis for my gender-queer self, nor because I thought of my desire to reshape my gendered and sexed body-mind as a disorder. Instead I wanted chest reconstruction surgery, and in turn my surgeon wanted a letter of recommendation

from a therapist confirming that I had GID and was a good candidate for surgery. In the scheme of providing medical technology for gender transition in 2002, this surgeon was neither conservative nor liberal. According to the 2001 Standards of Care created by the Harry Benjamin International Gender Dysphoria Association, he could have asked for much more or much less.⁸ He might have operated without a letter, but he clearly wanted one.

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Like diagnoses in general, GID can be thought of as a static category that describes a specific body-mind condition and directs a course of treatment. Or it can be thought of as a tool embedded in time, space, culture, and science. In 2002 GID lived in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* and is traceable over the decades.

One strand of this history starts with the first edition of the *DSM* in 1952. The body-mind experiences of trans and gender-nonconforming people were placed in the overarching category “Sexual Deviations,” which included homosexuality, transvestism, pedophilia, fetishism, and sexual sadism. From there, the diagnosis that became known in 1994 as GID twisted and turned through four editions of the *DSM*. In 1980, as lesbian, gay, and bisexual identities and experiences were being removed from the *DSM-III*, “Sexual Deviations” became “Paraphilias,” and “Transvestism” became “Transvestic Fetishism.” Transness also appeared in two other diagnoses: “Transsexualism,” used for adults and adolescents, and “Gender Identity Disorder of Childhood.” The 1987 revision of the *DSM-III* added “Gender Identity Disorder of Adolescence and Adulthood, non-transsexual type” to this convoluted heap of diagnoses. The 1994 *DSM-IV* combined most of these diagnoses into “Gender Identity Disorder,” with one symptom list for adults and another for youth. “Transvestic Fetishism” remained the same.⁹

At this point, my head is spinning. The criteria for each diagnosis keep shifting; the lines between categories blur. The words *disorder*, *paraphilia*, *fetish* echo through the maze; shame, violence, and hatred follow close behind. There is nothing neutral about the *DSM*.

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My search for a GID diagnosis started with the *DSM-IV-TR*. In 2002 the most conventional treatment, laid out in the Standards of Care, began with three months of psychotherapy, which led to hormone replacement therapy and then to any one of a number of surgeries, including chest reconstruction.¹⁰ After finding a surgeon who didn’t require hormones before surgery, I started looking for a therapist who had the same philosophy and didn’t require three months of therapy, partly because none of this health care was covered by insurance. I found a social worker through word of mouth in the local trans community. She wanted five sessions.

She posed a lot of questions—a few of them insightful, many of them irrelevant, and several of them directly offensive. I vividly remember the moment when she asked, “Was your father a cross-dresser; did he have any sexual fetishes or perversions?” She didn’t inquire about my mother; evidently her behavior was inconsequential. I paused. The ironies overwhelmed me. To my knowledge, my father wasn’t a cross-dresser, but I certainly was, wearing his work clothes throughout my teenage years. I adored the faded blue denim jeans and flannel shirts he handed down to me, even as my mother hated seeing me, her eldest crippled daughter, dressed in his clothes. But he was also a child molester, a pedophile in the language of the *DSM*. That reality shaped my entire childhood. I would have far preferred a cross-dressing father.

These inappropriate questions about my father were made appropriate by the *DSM-IV*. The diagnosis GID lived next to “Transvestic Fetishism,” which was placed next to “Pedophilia,” the latter two lumped together as “Paraphilias” and all three listed in the same chapter. Within this scheme, my therapist’s questions made clinical sense. In other words, the taxonomic structure of the *DSM* shaped her understanding of GID, my father, and me.

At the end of our five sessions, I received the letter and diagnosis I needed. I was able to navigate the whole process with my sense of self intact, because I had a community network, I was familiar with the routine of therapy, and I knew just how honest to be.

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But wait, the maze isn’t finished. The *DSM-IV* has become the *DSM-5*, and GID is now gender dysphoria (GD), focused not on trans people’s gender

identities per se but rather on the distress those identities may cause us. This new diagnosis now has its own chapter rather than being grouped with "Sexual and Gender Identity Disorders." At the same time, "Transvestic Fetishism" has become "Transvestic Disorder," complete with an expanded criteria list, remaining grouped with "Sexual Dysfunctions." The move from GID to GD didn't simply happen but resulted from trans activists putting significant pressure on the working groups that created the *DSM-5*.¹¹

In exploring this maze, I'm struck by how much the *DSM* has changed over time. These transformations underline how intensely diagnoses are made up. There is nothing inevitable, natural, or inherent about GID or GD. They are fabricated categories that reflect current white Western cultural and scientific beliefs and practices. Academics call this idea social construction, but I believe the blunter phrase *made up* reveals more about the relationship between diagnoses and the body-minds they categorize. Simply put, the *DSM* is a highly constructed projection placed on top of particular body-mind experiences in order to label, organize, and make meaning of them from within a specific worldview.

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Many trans activists pose fundamental challenges to GID and GD. We want to know why these diagnoses live in the *DSM*. We object to the ways in which the medical-industrial complex defines our genders as disordered. We resist the pathology foisted on us.

And yet I want us to reach farther: to imagine dismantling the *DSM* itself, discarding the concepts of *disorder* and *defect*, and developing other means of accessing medical technology beyond white Western diagnosis. Yes, I am suggesting a rebellion.

Claiming Ourselves

Justification of Inequality in American History”; Kafer, “Compulsory Bodies.”

- 2 Cartwright, “Report on the Diseases and Physical Peculiarities of the Negro Race,” 693.
- 3 Cartwright, “Report on the Diseases and Physical Peculiarities of the Negro Race,” 712.
- 4 Bromberg and Simon, “The ‘Protest’ Psychosis,” 155.
- 5 Bromberg and Simon, “The ‘Protest’ Psychosis,” 155.
- 6 All the quotes by Darren Wilson come from “State of Missouri v. Darren Wilson,” Grand Jury Volume V, September 16, 2014, 212–28, <https://www.washingtonpost.com/apps/g/page/national/read-darren-wilsons-full-grand-jury-testimony/1472/>.
- 7 My analysis of Darren Wilson’s testimony springboards from Bouie, “Michael Brown Wasn’t a Superhuman Demon.”
- 8 Johnson, *Too Late to Die Young*, 207–8.
- 9 Natoli et al., “Prenatal Diagnosis of Down Syndrome.” For more about the history of abortion and disability, see Reagan, *Dangerous Pregnancies*.
- 10 “Conjoined Twins Separated in Florida,” video, ABC News, May 12, 2015, <http://abcnews.go.com/Health/conjoined-twins-separated-florida/story?id=30981266>.
- 11 Quoted in Dreger, *One of Us*, 103.
- 12 For more on Schiavo and bioethical debates, see, for example, Asch, “Recognizing Death While Affirming Life”; Johnson, “Terri Schiavo and the Disability Rights Movement.”

3. In Tandem with Cure

- 1 Ferguson et al., “*Away from the Public Gaze*,” 1.
- 2 Black, *War against the Weak*, 78. See also Larson, *Sex, Race, and Science*.
- 3 Kaelber, “Eugenics.” See also Largent, “The Greatest Curse of the Race.”
- 4 Laughlin, *Eugenical Sterilization in the United States*, 33.
- 5 *Where’s Molly: A True Story of Those Lost and Found* (dir. Jeff Daley, 2007).
- 6 *In Our Care* (1959), Vimeo, posted 2008, <http://vimeo.com/365508>.
- 7 My analysis is greatly influenced by Chimamanda Ngozi Adichie’s thinking about single stories. See Adichie, “The Danger of a Single Story.”
- 8 *Where’s Molly: A True Story of Those Lost and Found* (dir. Jeff Daley, 2007).
- 9 *In Our Care* (1959), Vimeo, posted 2008, <http://vimeo.com/365508>.
- 10 My thinking about removal, institutionalization, and diagnosis has been shaped significantly by work about the impact of Canton Asylum for Insane Indians on Indigenous families, communities, and nations. See Yellow Bird, “Wild Indians.” For more about removal, see Child, *Boarding*

School Seasons; Green and Perdue, *The Cherokee Nation and the Trail of Tears*; Jacobs, *A Generation Removed*.

- 11 All the quotes by former Fairview residents come from *Voices from Fairview* (2004), Vimeo, posted January 26, 2010, <https://vimeo.com/8996996>.
- 12 Gonnerman, “The School of Shock,” 38.
- 13 Gonnerman, “The School of Shock,” 38.
- 14 For more about the relationships among diagnosis, ableism, disability, and genocide, see Teuton, “Disability in Indigenous North America”; Burch, “Dislocated Histories”; Erelles and Minear, “Unspeakable Offenses”; Poore, “Disability in Nazi Culture”; Mostert, “Useless Eaters.”

4. Nuances of Cure

- 1 “Corpus Christi Yard Sign,” Sierra Club advertisement, accessed May 20, 2016, http://content.sierraclub.org/creative-archive/sites/content.sierraclub.org/creative-archive/files/pdfs/100_92_CorpusChristiEPA_YardSign_01_low.pdf.
- 2 “Mercury Ad,” Sierra Club advertisement, accessed May 20, 2016, https://content.sierraclub.org/creative-archive/sites/content.sierraclub.org/creative-archive/files/pdfs/100_22_DC_MercuryAd_21x22_10_low.pdf.
- 3 In asking for solidarity, the Sierra Club needs to more directly name the racialized and classed reality that most often it’s poor people, working-class people, and people of color who work and live amidst environmental damage. Other ads in this campaign recognize the impacts of race and class. One reads, “Unfortunately, the reality is that pollution from coal-fired power plants disproportionately affects low-income communities and people of color” (“All Families Deserve to Be Together in a Just, Healthy and Clean Environment,” Sierra Club advertisement, accessed November 8, 2015, http://content.sierraclub.org/creative-archive/sites/content.sierraclub.org/creative-archive/files/pdfs/0568-NACCP-8x11Ad_BW_04_low.pdf).
- 4 For more about environmental politics and disability, see Ray, *The Ecological Other*; Kafer, *Feminist, Queer, Crip*, 129–48.
- 5 Mairs, *Waist-High in the World*, 121–22.
- 6 For more about the Abenaki Nation and its ongoing survival and resistance, see Wiseman, *The Voice of the Dawn*.
- 7 I owe much of my thinking about the relationship between restoration and time to Alison Kafer’s, Ellen Samuels’s, and Ibbey Grace’s thinking about time, and in particular crip time.
- 8 Clare, *Exile and Pride*, 122–23.

http://www.encyclopediavirginia.org/slide_player?mets_filename=sld1207mets.xml

- 36 "Polly and Dohong; Chimpanzee and Orang Utan New York Zoological Park—Front," postcard, Digital Culture of Metropolitan New York, accessed October 2, 2014, <http://dcmny.org/islandora/object/bronxpark%3A2911>.
- 37 For these photos of humans and chimpanzees, see Spiegel, *The Dreaded Comparison*, 62–63.
- 38 For more about the Tuskegee Syphilis Study, see Reverby, *Examining Tuskegee*; Reverby, *Tuskegee's Truths*. For more about Willowbrook, see Rothman and Rothman, *The Willowbrook Wars*; Goode et al., *History and Sociology of the Willowbrook State School*. For more about the dermatology experiments at Holmesburg, see Washington, *Medical Apartheid*, 244–52; Hornblum, *Acres of Skin*.
- 39 Taylor, "Beasts of Burden," 194–95.
- 40 Haldol advertisement, *Archives of General Psychiatry* 31, no. 5 (1974): 732–33; reprinted in Metz, *The Protest Psychosis*, fig. 1, xiv.

8. Moving through Cure

- 1 "Drive Stupid and Score Some Kickin' New Wheels," Don't Drive Stupid advertisement, accessed April 4, 2016, http://2.bp.blogspot.com/_iw4mpIACIU4/S3axcnaXowl/AAAAAAAAAACK/BjJhuz4DSmA/s1600-h/dontdrivestupid-001.jpg.
- 2 For more about transabled people, see Stevens, "Interrogating Transability"; *Whole* (dir. Melody Gilbert, 2003).
- 3 For more about environmental injustice and long-term processes that harm both the human and the nonhuman world, see, for example, Nixon, *Slow Violence and the Environmentalism of the Poor*.
- 4 "Bison Skull Pile," photograph, circa 1870 (Burton Historical Collection, Detroit Public Library), Wikimedia Commons, accessed April 4, 2016, https://commons.wikimedia.org/wiki/File:Bison_skull_pile-restored.jpg.
- 5 Erdoes and Lame Deer, *Lame Deer, Seeker of Visions*, 269.
- 6 Smits, "The Frontier Army and the Destruction of the Buffalo," 328. For more about bison and Native peoples, see Jawort, "Genocide by Other Means."
- 7 For more about intersex politics and the medical treatment of intersex people, see the website Intersex Initiative, accessed December 22, 2015, <http://www.intersexinitiative.org>; Emi Koyama, "Zines by Intersex Initiative," *Eminism.org*, accessed December 22, 2015, <http://eminism.org/store/zine-intersex.html>.

- 8 For details, see WPATH, "The Standards of Care—Historical Compilation of Versions 1–6."
- 9 For more detail, see Lev, "Gender Dysphoria."
- 10 For more detail, see WPATH, "The Standards of Care—Historical Compilation of Versions 1–6."
- 11 Lev, "Gender Dysphoria."
- 12 Gloria Thomas (not her real name) was a writer and close friend when I was twenty and twenty-one. See the billboard Foundation for a Better Life, "Overcaem Dyslexia," *Values.com*, accessed July 8, 2009, <http://www.values.com/inspirational-sayings-billboards/20-hard-work>.
- 13 *Whoopi Goldberg: Live on Broadway* (dir. Thomas Schlamme, 1985).
- 14 For more about whiteness in the disability rights movement and people of color identifying as disabled, see Morales et al., "Sweet Dark Places"; Morales, *Kindling*; Schalk, "Coming to Claim Crip"; Thompson, "#DisabilityTooWhite."
- 15 Morales et al., "Sweet Dark Places," 94–95.
- 16 Hershey, "Translating the Crip."

9. Impacts of Cure

- 1 *Ashley's Blog*, accessed January 4, 2016, <http://www.pillowangel.org>.
- 2 "Our Interview for an In-Progress Documentary," *Ashley's Blog*, May 2015, <http://www.pillowangel.org/Docu%20Interview.htm>.
- 3 "Ashley's Family's Christmas Photo in 2006," accessed April 10, 2009, <https://picasaweb.google.com/107733536573540118330/AshleyAlongTheYears?authkey=Gv1sRgClyG7KeZ05mmCQ#5596758666952263378>.
- 4 Quoted in Preves, *Intersex and Identity*, 69.
- 5 "Updates on Ashley's Story," *Ashley's Blog*, May 8, 2007, <http://www.pillowangel.org/updates.htm>.
- 6 *Ashley's Blog*, accessed January 4, 2016, <http://www.pillowangel.org>.
- 7 For more about intellectual disability and personhood, see Carey, *On the Margins of Citizenship*; Carlson, *The Faces of Intellectual Disability*; Noll, *Feeble-Minded in Our Midst*; Trent, *Inventing the Feeble Mind*.
- 8 *Wretches and Jabberers* (dir. Gerardine Wurzburg, 2007). All the following quotes by autistic people come from this film.
- 9 For more about personhood and communication, see Sequenzia and Grace, *Typed Words, Loud Hands*.
- 10 Check out the Autistic Self Advocacy Network (<http://autisticadvocacy.org>) and the network of self-advocates and People First groups in the United States and around the world (<http://selfadvocacy.net>).
- 11 Sager, "Just Stories," 196.

