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"Black Women's Speculative Fiction and the Deconstruction of Able-Mindedness."

       This talk comes from the second chapter of my book, *Bodyminds Reimagined: (Dis)ability, Race and Gender in Black Women's Speculative Fiction*. In the book as a whole I argue that contemporary black women's speculative fiction reimagines the possibilities and meanings of bodyminds, thereby changing the rules of interpretation and analysis, especially in regard to disability, race and gender.

       I'd like to start here with an epigraph. It's an unpublished quote Octavia E. Butler wrote for her Parable series that I found while in Butler's papers at the Huntington Library—and if there are any Butler fans here, I won't be talking about her work today, but would be happy to talk about how I use her in the manuscript in the Q&A. This quote was intended to be a verse in *Earthseed: The Books of the Living*, the text for the new faith developed in that series. The verse reads: "Sanity is that combination of perceptions / interpretations, teachings, and beliefs that we / share with others of our community. // Sanity is the tool with which we build worlds / around ourselves. The smoother our interface / between our personal worlds and those of others, / the more sane, the more human we perceive / those others to be." [Repeat quote]

       Phyllis Alesia Perry's *Stigmata* is the story of Lizzie DuBose, a black woman in her thirties living in the American south in the 1990s. The book switches between this present setting and the past to relay Lizzie's narrative. The timeline of the text begins when a fourteen-year-old Lizzie receives the trunk of her deceased grandmother, Grace, and begins to have flashbacks to the experiences of her ancestors, including a former slave, Ayo. As the text progresses and the flashbacks become more vivid, readers come to understand that Lizzie is experiencing multiple consciousnesses. That is, the spirits of Grace and Ayo each reside within Lizzie's bodymind alongside Lizzie's own separate mental existence. As Lizzie struggles to come to terms with her multiplicity, she begins to physically experience parts of Grace and Ayo's past lives, including Ayo's wounds from slavery. When Lizzie experiences these particular wounds, or stigmata, her parents interpret them as suicide attempts and institutionalize her. The book opens with an immediate representation of disability as an adult Lizzie sits in her psychologist's office about to be released after fourteen years of forced institutionalization. *Stigmata* uses disability to critique the racist, sexist and ableist construction of able-mindedness and the racist, sexist and ableist practices of the psychiatric industrial complex. By able-mindedness I mean the collective socially constructed norms of mental capacity and ability which is typically posed in binary opposition to mental disability. Able-mindedness includes concepts such as rationality, reasonableness, sanity, intelligence, mental agility, self-awareness, social awareness, and control of thoughts and behaviors.

       In this talk, I argue that by changing the rules of reality black women's speculative fiction has the potential to deconstruct able-mindedness, revealing the ways in which this (dis)ability concept is deeply dependent upon racial and gendered norms. I demonstrate not only how race and gender are often imbedded in discursive uses of mental disability, but also how people who experience realities considered dramatically unlike the realities of the majority are typically labeled and treated differently depending upon their race, gender, and (dis)ability statuses.

       By making arguments about how black women's speculative fiction can deconstruct able-mindedness, I am not claiming that mental disability does not exist nor denying the realities of people with mental disabilities. Instead, I am doing two things. First, I insist that race and gender

are important factors in who gets labeled as mentally disabled and how a person is treated as a result of such a label. Second, in line with approaches the postpsychiatry and various mental disability activist movements, I challenge the notion that mental disability is a purely biological and readily apparent phenomenon of the bodymind. I fully recognize that for some people psychiatric labels and treatments are useful and that, as my example of *Stigmata* will demonstrate, the experience of differing realities can be frightening or painful and thus something that an individual may seek to be rid of or experience less. Through the deconstruction of able-mindedness, black women's speculative fiction insists that the possibilities and meanings of bodyminds are experienced—and thus must be interpreted—in the context of race, (dis)ability, gender and other vectors of power. In particular, *Stigmata* demonstrates how these discourses, systems, and identities impact our experiences of reality and how lack of recognition for differing realities has more punitive and dangerous results for some populations than others. The novel draws attention to these issues in order to critique the psychiatric medical industrial complex and its frequent pathologizing denial of how experiences of oppression can have a material impact on the bodyminds of people of color, women, and disabled people.

Race, Gender, and the Social Construction of Able-Mindedness

In order to understand how *Stigmata* deconstructs and critiques able-mindedness and the psychiatric industrial complex, it is important to first understand how race and gender have historically been enmeshed with the concepts of able-mindedness and mental disability, thereby shaping psychiatric practices. Again, I define able-mindedness is a socially determined label of mental ability which broadly encompasses a wide range of concepts such as rationality, intelligence, social awareness, self-control and more. The concept of able-mindedness shifts not only based upon time and place, but also based upon the identities of the individuals considered to be within or outside of that category. As Bradley Lewis argues, "Models of madness frame and select certain aspects of a perceived human reality and make them more salient than others. […] the choice of model or frame depends not on science but on the perspectives and values of the person and persons involved" (107-08). Mental disability is framed as the outside or opposite of able-mindedness. As a result, understanding the gendered and racialized histories of mental disability also helps us understand the social construction of able-mindedness. After all, as black feminist theorist bell hooks asserts, the margins define the center.

The marginalized space of mental disability, which defines the center space of able-mindedness, is currently officially constructed through diagnosis with the Diagnostic Statistics Manual (DSM). Work by scholars of the history of medicine and science demonstrates, however, that diagnoses are intertwined with social and cultural issues. There are many historical examples of racial and gendered bias in the creation of categories of mental disability. Take, for instance, the flexibility of the term "feebleminded" in American eugenics. While the term may now connote mental disability, Wendy Kline notes that in the early twentieth century United States, feeblemindedness was often used to describe anyone whose behaviors were thought to be "inappropriate," "threatening," or otherwise deviating from social norms, particularly those regarding race, gender, and sexuality (22). A more recent example is the history of schizophrenia. Jonathan Metzl details how until the 1960s schizophrenia was considered a primarily white, female, and relatively benign mental disability, but after the civil rights movement "research articles from leading psychiatric journals asserted that schizophrenia was a condition that also afflicted 'Negro men,' and that the black forms of the illness were marked by

volatility and aggression" (xii). Several leading psychiatrists in the period began conflating schizophrenia with the perceived anger and instability of groups such as the Black Panthers and Nation of Islam, sometimes going so far as to claim that participation in "black liberation movements literally caused delusions, hallucinations, and violent projections in black men" (Metzl 100). These examples illustrate how deviance from social norms, especially norms of race and gender, has historically been construed as mental disability, with its related material consequences such as institutionalization, incarceration, social exclusion, forced treatment and more. Concomitantly, only those who adhere to social norms are considered able-minded. Able-mindedness, however, does not exist merely in the absence of an official psychiatric diagnosis. Able-mindedness and mental disability are also constructed in more unofficial and quotidian spaces.

While it may seem simplistic or obvious to say, our experiences of reality within a shared time and place also vary significantly by our cultural locations within the systems of (dis)ability, race, gender, class, sexuality and more. Experiences of differing realities, however, are often denied and dismissed through discourses of able-mindedness. Katherine McKittrick argues that even "the built environment and the material landscape are sites that are intensely experiential and uneven, and deeply dependent on psychic, imaginary work"—work structured by history, identity, and experience (2). Black women's speculative fiction suggests the possibility that individuals, such as black women and others with extended histories of oppression, may experience time, space, and place in distinctly different ways than people without such histories. In other words, the experience and interpretation of reality by a racial, gender, sexual, or (dis)ability minority may dramatically differ from those in the majority.

The history of cultural bias in psychiatric diagnosis, however, extends into the everyday when marginalized people speaking about their experiences of differing realities are positioned outside of able-mindedness. While marginalized people may not (always) be explicitly or officially labelled as mentally disabled when discussing their differing experiences of reality, they are often threatened with it. Ashley Taylor argues that "the specter of the disabled mind is deployed against those who fail to conform to dominant gendered and racialized roles and behaviors, and used as a way to bring dissenters back in line" (188). This is illustrated time and time again when marginalized individuals are accused of over-reacting to, being too sensitive about, or reading too much into the actions and behaviors of those around them; when marginalized people who attempt to call out, name, and share their experiences with oppression are told that the way they experienced an event is not the way it *really* happened or the way that others experienced it, that they are missing something, that their interpretation was not what was intended, and so on and so on. The line between able-mindedness and mental disability is not stable. Accusations of being "too sensitive" can easily become labels of "paranoia." Allegations of being "too emotional" can swiftly move into categorizations of "hysterical" and "volatile." The dismissal of marginalized people's individual and collective experiences, contemporarily and historically, often positions us in an able-mindedness borderlands of sorts, close to being pushed even further into the margins. In other words, disabled and non-disabled people from marginalized groups are accused of behaving outside the realm of able-mindedness as a way of denying or erasing marginalized experiences of the world.

To take an example, in her extensive history of the medical abuse of black people, Harriet Washington writes:

Historically, African Americans have been subjected to exploitative, abusive, involuntary experimentation at a rate far higher than other ethnic groups. Thus, although the

heightened African American wariness of medical research and institutions reflects a situational hypervigilance, it is neither a *baseless* fear of harm nor a fear of imaginary harms. A 'paranoid' label is often affixed to blacks who are wary of participating in medical research. However, not only is *paranoid* a misnomer but it is also symbolic of a dangerous misunderstanding [of this history of African American experiences with medical professionals]. (21; original emphasis)

Washington argues there is a cultural misunderstanding of the historically valid reasons why African Americans may not trust doctors and hospitals, however, in his history of schizophrenia, Metzl writes that in the 1950s doctors "reflexively read mistrust of medical authority as a symptom of mental illness" in black men (Metzl 87). The connection between these two quotes indicates how marginalized people's reactions toward institutions which have historically inflicted violence upon them have not only been dismissed, but have also been used as indicators of mental disability. It is only possible for this racist tactic to be effective if ableism, which discriminates against and devalues those considered to be disabled, is also in effect. That is, labelling black people's distrust of medical authority as mental disability can only be a dismissal of the legitimacy of this distrust if mental disability is, via ableism, understood as something which negates the validity an individual's experience of the world. This then is how both able-mindedness and mental disability (and the borders in between) are shaped not only by ableism, but also racism, sexism, and other oppressions. Ableism is used discursively in the name of racism and sexism against nondisabled people of color, women, trans- and gender non-conforming people so that "racialized and gendered bodies are marginalized by norms of able-mindedness and used as markers against which able-minded normalcy is upheld" (Taylor 183). When black feminist, critical race and gender studies scholars leave unchallenged the social construction of able-mindedness, accepting that able-mindedness is a necessary precursor to having racialized and gendered experiences of reality validated and recognized, we leave intact the very ableism being used against us.

Like the discursive use of (dis)ability in antebellum scientific racism, the deployment of mental (dis)ability in contemporary discourses of race and gender also has material effects on bodyminds, including, as *Stigmata* suggests, subjection to the psychiatric industrial complex, and, as I will discuss more in the conclusion, the use of extreme force by police when encountering people of color. By representing a variety of differing realities, speculative fiction has the ability to critique the denial of individual experiences of reality without suggesting that mental disability is not real and without denying that different experiences of reality can be painful, frightening, or difficult.

Stigmata

My reading of the novel is divided into two parts: the first part briefly addresses Lizzie's experience of multiple consciousnesses and its consequences, and the second part more fully details outsider interpretations of Lizzie's experience of multiple consciousnesses and their consequences. For the talk today I will focus on the latter half of the argument—how others interpret Lizzie's experience and how her reaction to those interpretations deconstruct able-mindedness. Suffice it to say that being inhabited by her ancestors and experiencing their memories, including memories of slavery is a disabling experience for Lizzie.

In addition to the concrete disabling experience of multiple consciousnesses in the text, Lizzie also has to endure how her disability and its symptoms are interpreted by those around

her. When Lizzie manifests on her wrists the wounds of Ayo's experience of being chained, her parents believe she has attempted to kill herself. Lizzie is subsequently institutionalized at age twenty and not released for fourteen years. She is read and labeled as disabled in a different way than she is actually disabled, resulting in forced psychiatric institutionalization and treatment. Lizzie's experience of multiple consciousnesses is denied and dismissed because it does not fit into societal understandings of reality in regard to time and subjectivity. Lizzie's disability can only be understood by others in the text when it is labeled as mental disability. Lizzie's narrative commentary throughout the novel provides an ironic and wry response to the consistent misrecognition and outright denial of her multiple consciousnesses, creating a critique of the psychiatric medical industrial complex and the social construction of able-mindedness.

There are numerous ways in which *Stigmata* attempts to deconstruct able-mindedness. Throughout the novel Lizzie is critical and skeptical of the mental health professionals around her. From the start, Lizzie shows annoyance with her therapist, stating that she can recognize "that certain note in a shrink's voice that says, 'You're crazy and I'm not'" (2). She even seems to pity his smug sense of accomplishment in her release, narrating: "He is so sure he's cured my madness…Poor guy. He doesn't know there is no cure for what I've got" (6). During her institutionalization, Lizzie initially resists the doctors' diagnoses and endures forced pharmaceutical therapies. Eventually, however, she realizes the futility of her resistance and begins to play along, stating that "[a]ll you have to do is a little pretending and bam!" privileges result (206). This pretending is ultimately what gets Lizzie released. She gathers "up the lies necessary for [her] escape," stating: "I've polished my story of redemption and restored mental health—the one responsible for my impending freedom" (4, 5). This polished story is Lizzie's false admission that she indeed made up everything, that the rememories were just bad dreams and that she herself had inflicted her wounds.

While Lizzie's lies do get her family visits, off-site privileges, and eventually release, the chapters representing the period after her discharge remind us that the power and control of the psychiatric medical industrial complex still loom over Lizzie's life. In a post-institutionalization therapy session, Lizzie tells the doctor that she is angry at him for taking her father's money to ask inane questions and, she continues, "because on a whim you can decide that this outburst warrants another visit to the crazy house for me" (91). Here the critique of the psychiatric medical industrial complex is clear. Not only do mental disability labels keep Lizzie in the system and continually drain her father's money, but too much resistance to her continued follow-up treatment could be considered grounds to re-institutionalize her and keep her isolated, drugged, and confined for good. This critique aligns both with postpsychiatry approaches to bodyminds and with the arguments against the psychiatric medical industrial complex made by survivors, consumers, and ex-patients movements which reject the notion that pharmaceutical treatments should be the first line of treatment and insist that there should be no forced treatment of any kind.

In the same moment in which Lizzie expresses anger with the doctor's ability to re-institutionalize her "on a whim," she continues by saying: "And yes, I can still get angry without getting crazy, if you know what I mean" (91). Lizzie's insistence on the difference between being/getting angry and being/getting "crazy" is a prime example of how *Stigmata* deconstructs able-mindedness. Lizzie's emphasis on her right to sane anger also alludes to the trope of the angry black women who is represented as outside the confines of socially sanctioned able-minded behavior and instead within "the territory of pathological resistance, embodying a lack of self-control, an unwillingness to cooperate, or an inability to be reasonable" (Taylor 186). Here

Stigmata's critique the social construction of able-mindedness includes reference to its racialized and gendered nature. That is, this quote highlights the ways in which certain emotions and behaviors—here anger—are represented as pathological and dangerous, yet also inherent and natural among particular populations, such as black women.

Throughout the novel Lizzie refers to herself and her situations as "crazy" in wry and ironic ways. For example, when questioning the intentions of Anthony Paul, a man who wants to date her, Lizzie thinks, "[p]erhaps the crazy girl is a novelty to him" (108). Adult Lizzie takes up the term crazy throughout the novel, but never in a way that seem defeatist or compliant to psychiatric norms. Through ironic self-uses of the term crazy, Lizzie challenges the meaning of the word and disidentifies with it. When her mother won't say the word, Lizzie completes the sentence for her saying: "Crazy? You can say that if you want, Mother. Of course, just because I know you think I'm crazy doesn't mean *I* think I'm crazy" (67; original emphasis). Here Lizzie reveals her nonplussed awareness of others' perceptions of her as well as her own rejection of such views.

The novel's critique of the social construction of able-mindedness comes to the fore in a moment between Lizzie and her cousin Ruth, the first person with whom Lizzie is honest about her multiple consciousnesses. After listening to Lizzie recount her rememories and question her own sanity, Ruth says that sanity "is a mutual agreement between folks trying to control their world" (192). She further elaborates: "Men used to lock up women in asylums because the woman wanted to wear trousers or because they decided they didn't want to be good Christian matrons anymore. The definitions of sanity change every day" (192). Here the novel clearly indicates that it is not only Lizzie who challenges the definition of able-mindedness. Others in the text also insist that able-mindedness is socially constructed by hegemonic powers of race and gender as well as (dis)ability.

Eventually, Lizzie performs a socially acceptable version of able-mindedness in order to get out of the institution, but she is still disabled because that she still experiences multiple consciousnesses; she has simply learned how to live with her acquired non-realist disability. As Lizzie states at the beginning of the novel: "I'm acutely aware of having made it to the end. I'm at the end of the pain and the yelling, the crying and the cringing. The voices no longer hound me. My world is neat and unstained. There is no more blood, but there are scars" (2). This quote illustrates that Lizzie is still disabled, still marked by her mental and physical differences, but her disability is no longer as debilitating and difficult now that she has gained control of—or perhaps, created peace with—Ayo and Grace, and, of course, now that she is no longer institutionalized against her will. At the culmination of the plotline, Lizzie is not cured, but she has adapted.

Conclusion

Phyllis Alesia Perry's *Stigmata* uses non-realist conventions of speculative fiction, such as time travel, and theories and concepts from a genealogy of black women's writing, such as rememory, to critique the social construction of able-mindedness. *Stigmata* demonstrates how able-mindedness is constructed through racial and gendered norms and the resulting effect of this construction on black people, especially black women. Additionally, by insisting on the ways in which experiences of reality are impacted by (dis)ability, race, and gender and how discourses of able-mindedness are used to discount disabled, racialized, gendered experiences of the world with often damaging material results, *Stigmata* engages with issues deeply important to our time. In 2012, after the murder of Trayvon Martin, a black teenage boy in Florida, the Black Lives

Matter movement began, initially primarily represented by the hashtag #BlackLivesMatter on Twitter. The movement moved to more public demonstrations, including marches, protests, and die-ins, in 2014 after the highly public murders of Michael Brown in Missouri and Eric Garner in New York and the lack of indictments or guilty verdicts in all three cases.

Although the Black Lives Matter movement responds to the general lack of respect and valuing of black lives in America, it has been particularly focused on police violence. While many mainstream and conservative media outlets wish to dismiss recent events as singular and unrelated, many people of color recognize that this violence is learned, systemic, and indicative of the racism still alive in this country. Black people, especially black men, are regularly represented and perceived as threats, as inherently existing outside or on the boundaries of able-mindedness because they are somehow dangerously lacking in self-control. In his 2015 grand jury testimony, police officer Darren Wilson who shot and killed eighteen-year-old Mike Brown stated that Brown "looked like a demon" before Wilson shot him (Wilson quoted in Cave). Also in 2014, twelve-year-old Tamir Rice, who was shot and killed by Cleveland police within seconds of their arrival on the scene, was later described as "menacing" by Steve Loomis, president of Cleveland's police union (Loomis quoted in Schultz). Black people's positioning outside and on the borders of able-mindedness allows for violence justified through recourse to these often dehumanizing discourses of apparent danger and threat.

Black people's positioning outside of able-mindedness also allows for us to be disbelieved about our experiences of oppression, violence, and even of our own bodyminds. For example, in 2015, fifty-seven-year old Barbara Dawson died outside of a hospital after medical professionals inside, unable to find the source of Dawson's pain and breathing difficulties, called the police to have her forcible removed from the hospital despite her continued insistence that she was sick and unable to breathe (Gast et al.). Dawson collapsed on the ground in police custody due to, it was later determined, a blood clot in her lung; yet for twenty minutes police assumed she was faking and being "non-compliant" so they continued to order her get up and threatened her with jail as she slowly died before them (Gast et al.). The bulk of the encounter, including Dawson's heart-wrenching plea of "Please don't let me die" was caught on the dashboard camera audio. Here, police and the medical industrial complex come together in their bio-political authority, in their interpretation of black people as on the boundary of able-mindedness and thus not to be believed, again with deadly consequences.

Not all black Americans are directly, physically, impacted by police and medical violence in such extreme and deadly ways—though far too many of us are. However, the impact of violence against black people and its justification through discourses of able-mindedness and mental disability impacts even those of us whose class, skin tone, education, and other privileges might otherwise provide some semblance of protection. That is, as social media and other internet sites allow for the intense documentation and sharing of violence against black people by police and others, the emotional and psychic toll these events take on black people across the country and the world is material and real. We have all seen and heard too many images: from the widely shared and viewed videos of the choking death of Eric Garner to the body-slamming of a black female student by school security at Spring Valley High School in South Carolina; from the audio of Barbara Dawson's death to the video of Philando Castile bleeding to death in his car after being shot by police in Minneapolis as his girlfriend and her four-year-old daughter watched. As Venetria K. Patton writes, "A distinguishing component of cultural trauma is that one need not directly experience an event that induces trauma" (116). In our contemporary moment, smartphones, dashboard cameras, body cameras, and more allow for video and audio

recording of violence against black people in exceptional, yet quotidian ways. These video and audio recordings are then quickly shared and viewed widely via 24-hour news stations and social media, making the concept of "direct" experience of cultural trauma more difficult to define when we can see and hear so clearly what has occurred (again and again and again). I remember clearly sitting in the Indianapolis airport on a four hour weather delay a few days after the Castile murder. I sat charging my phone near an airport television on which CNN was playing. They played and re-played the video, showed and re-showed still images, again and again as a summer storm outside grounded all flights for hours. I had already seen the video. So each time, I turned my head and pumped up the music in my earbuds, because I did not need to experience that trauma again. Not again. Yet even having to turn my head, having to look around to see so many people around me unmoved, either not even paying attention to the death on screen or looking at it casually—even these things made me want to despair. There is the trauma of violence against black people (often justified through discourses of (dis)ability), the trauma of witnessing violence against black people, and the trauma of witnessing people not care about, be dismissive of, or shift the blame back onto us for violence against black people. Our contemporary age brings trauma in layers upon reverberating layers for black people.

The traumatic rememories of the murders of Martin, Brown, Garner, Rice, Dawson, Castile and others—whose names pile up faster than I can revise this conclusion—impacts how contemporary black Americans experience reality. We have now all lived it and relived it. We live in various levels of fear of it. These rememories catch me whenever I see a police car behind me on the road or when I see another black person pulled over or stopped on the street by police. Each time I wonder if it is about to happen again. Unlike Lizzie's reality which was highly individual and difficult to show to or share with others, this reality of mine, of ours, is one that is readily evident in the news and on social media. Black fear of violence, especially police violence, is real, valid, and justified. Black anger about the implicitly sanctioned violence against black bodyminds in the US is real, valid, and justified. As the Black Poets Speak Out members repeatedly insist in their videos and performances, we have a right to be angry. But our cultural positions outside or on the border of able-mindedness allows our fear and anger to be discounted and ignored: *You're just being paranoid.*

Denials of systemic violence and dismissal of black fear and anger serve to deny the reality of black people and to continue position us outside of able-mindedness through accusations of paranoia, overreaction, and unreasonableness. Ableism against those positioned outside of able-mindedness is therefore used to dismiss our reality as false and allow for the continuation of racist violence. In order to resist this racist dismissal of black realities, we must also challenge the ableism inherent in it. To be clear, I am not saying that black people's realities are equivalent to the realities of people with mental disabilities, but rather that the discourses used to discount and disbelieve both black people and mentally disabled people are based in ableism. As Metzl writes, "in unintended and often invisible ways, psychiatric definitions of insanity continue to police racial hierarchies, tensions, and unspoken codes in addition to separating normal from abnormal behavior. Sometimes, the boundaries of sanity align closely with the perceived borders of the racial status quo" (ix). Ableism and the social construction of able-mindedness have been and continue to be used as weapons of racist violence. To "read" and respond to these overlapping, intersecting and mutually constitutive oppressions, we must change the rules of academic and activist approaches to better include anti-ableism in anti-racist and anti-sexist movements.

Phyllis Alesia Perry's neo-slave narrative, *Stigmata*, highlights the role of (dis)ability, race, and gender in experiences of reality and critiques the discursive and material consequences of the social construction of able-mindedness, especially in regard to how able-mindedness is upheld through racial and gendered norms and how such norms impact practices within the psychiatric medical industrial complex. By representing disability in realities distinctly different from general expectations of the rules of reality, black women's speculative fiction demonstrates the ways in which ableism, racism, and sexism can not only interact in the lives of those multiply marginalized by these systems, but can also support, supplement, or act in place of one another in the lives of those typically oppressed by one system, but not another—as my discussion of contemporary violence against black people indicates. It is through reimagining the possibilities and meanings of bodyminds in non-realist realities that black women's speculative fiction insists upon the mutual constitution of (dis)ability, race, and gender and its impact on so many of us in often oppressive and violent ways.

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