



## Trauma Sex: A Queercrip Erotic

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### Abstract

*Sometimes sex is really fucking hard. Pun intended. This essay explores the role of trauma in sex, arguing that experiences of trauma can reconstitute the erotic in ways that are incompatible with prevailing discourses on queerness, consent, and sexual violence. "Trauma sex" is a way of capturing the queer and crip flavors of this erotic reconstitution by demonstrating how many of us experience sex, sexuality, and desire in ways that go unremarked on by disability and queer studies, independently. Grounded in "conscientious intimacy," trauma sex brings together disability and queer studies to call for an opening up of desire, a radical expansion of what we acknowledge as sex, sexual, and sexy, by attending to the troubling absence of disability from queer theory, of trauma from disability studies, and of the inadequate attention to race and processes of racialization in both fields. Sex and trauma are complicated, this essay suggests, so our conversations about them should be too.*

Prefatory Note: As is perhaps obvious from the title, this essay contains explicit and at times graphic discussions of trauma, both broadly conceived and specific to sexual violence. I encourage all readers to engage in a way that honors their own histories, needs, and preferences, whether this includes reading slowly or taking breaks, skipping sections or skimming, crying, laughing, underlining, or printing the essay out just to rip it up and burn the pieces. Trauma is messy; sex is messy. Trauma sex, as I describe below, is messy business.

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I think of my body as broken. The stuff of my flesh has been ripped open and apart so many times by so many people that it doesn't feel like a cohesive whole. When I wake up in the morning, I touch myself, running my fingers over my brokenness to make sure it's all still there and in the same place I left it the night before. When I pass a mirror, I look to make sure bruises haven't sprouted around my neck or across my face. When I use the toilet, I am perpetually afraid of bleeding, that my insides will spill out.

My mind is broken too. For years my dad abused me, confining me to spaces I could not fit into. I spent my childhood trying to get out, let alone come out, so I struggle with places that are too loud, too crowded, too dark, or feel too enclosed for me to leave easily. In classrooms and meetings, I take the seat nearest to the door. In cars, I leave my hand on the handle. Inside my apartment, I have taken every door off its hinges. I cannot go to dance clubs. I cannot go to Pride parades. I wear headphones to the gym, not for the music, but so I can block out sound. I rarely go to coffee shops. I hate malls. Theaters make me queasy unless I have access to the nearest exit. And even if I follow all these do's and don'ts, sometimes I still panic, feeling like the whole world is shrinking, feeling like the air I haven't breathed yet is already gone.

Sex is the most difficult. The brokenness of my body and mind come crashing together. All the men I didn't want with their sweaty hands and smelly breath and hairy cocks flood back into my head as I lie on my stomach, feeling the boy behind me—the one I do want, with his hands and breath and cock that I do want—and my body twitches, curling slowly into a ball unless I grab the headboard. The boy whispers something in my ear; I hear my dad laughing across the room. He slaps my ass; I feel the metal hanger slice into my fatty tissue. He slams himself into me, and I scream. The boy thinks I like it; the men didn't care. I am so confused, always confused. I want to like it. I hope he cares. I look over at the nightstand, and it's nearly one o'clock. I can't help but to think *thank god it's just one boy and not six of his friends*.

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I want to begin a conversation for people who, like me, have a tense relationship with sex. Such people might include others who have experienced abuse—sexual, physical, verbal, emotional, or otherwise. They might include queer people whose particular cultural, religious, or familial environments make having sex dangerous, challenging, infrequent, or altogether onerous. They might include people of color who have encountered racism through sexual violence or vice versa. They might include people with disabilities that make conventional forms of sexual activity impossible, uncomfortable, or undesirable. They might also include people who identify as asexual, aromantic, or a little of both, for whom sex is a complicated physiological and psychological terrain. This conversation is meant to include anyone who, when it comes right down to it, finds sex really fucking hard. Pun intended.

In some ways, this conversation is about trauma. It is about living with, through, and after loss, pain, hurt, and injury, whether they be experienced in an isolated event or as series of ongoing microaggressions. But in other ways, this conversation is not about trauma, given the ways the term is regularly taken up metaphorically or pathologically and thus keenly avoids the fact that trauma is both deeply embodied and culturally produced. Trauma studies, for instance, often extrapolates the experience of trauma beyond any person or community, rendering it a figurative lens through which to interpret entire cultures, disciplines, or literary genres. "Trauma studies is primarily a hermeneutics" says James Berger, "whose goal is to read traumatic-symptomatic texts" (2004: 565). This approach neglects to consider what trauma *feels like*, how it sits on and swims through bodies. While there is value in asking what trauma produces and in exploring its residual effects beyond an individual traumatized person, I am wary of abstracting too far from lived experience.

Psychiatry, on the other hand, removes the context from trauma, individualizing it in the pursuit of diagnosis and cure. This perspective not only risks the unnecessary pathologization of traumatized people (Cruz 2016: 219, Piepzna-Samarasinha 2019: 231) but also invisibilizes the ways race, gender, disability, and sexuality influence the production (or obstruction) of a traumatized subject. In other words, the medicalization of trauma leaves the concept bereft of its social and cultural contingencies, as if the ontological category of "the traumatized" were unbound by any political valence. As Maurice E. Stevens rightly points out, the supposed "unmarked" natures of trauma and of the traumatized subject are code for "a body that is 'essentially' white" (2011: 183). Black, brown, and Indigenous peoples are less likely to receive proper medical care following traumatic events, and many of the experiences unique to persons of color (everyday racism, generational traumas linked to histories of enslavement and displacement, police violence, etc.) are rarely acknowledged by physicians as trauma-inducing. Thus, the medical discourse surrounding trauma has less to do with objectively matching a person's symptoms with the correct diagnosis than it does with an ongoing project of racialization. "More than describing," Stevens writes, "the central work of trauma is that of *making*" (180).

In this piece, then, I invoke trauma not in the vein of either trauma studies or medicine but alongside disability activists and scholars, who understand trauma as both painful and generative, individual and collective, immediate and over time, once and many. Alison Kafer argues that "an acknowledgement of loss or a deep reckoning with the aftermath of trauma can co-exist with critical anti-ableist politics" (2016: 6). And H. Rakes (2019) builds on this promise to propose "trauma as possibility, as relational possibility" (86), as that which "is possible when we know we need each other and we act like we need each other" (89). Though experienced differently across various axes of power and subjection, trauma carries the potential to facilitate togetherness, to offer new kinds of community and coalition. Trauma and its attendant wounds hold space, according to Daniel R. Morrison and Monica J. Casper, for people "to tell stories about the social conditions that produce them" (2012: n.p.). In the conversation I hope this essay begins, I cling to trauma's

storytelling potential, its capacity to name personal harm in the pursuit of social transformation.

I also want this conversation to intervene in scholarship about queer sex. This essay extends the work of queer theory that has celebrated a diverse array of abnormal, weird, and strange sex practices, even as it questions the limits of queer theory's diversity, which has historically presumed a white, nondisabled, and phallogentric subject. Though trauma sex is not exclusively for queer people—in the LGBTQIA sense of the word "queer"—it is itself queer insofar as it actively and endlessly pursues "new sexualities," which Michael Warner (1999: 11) argues, "might have as much validity as ancient ones, if not more." This conversation elaborates on approaches to sex that point out, per Ann Cvetkovich (1995: 357), the "unpredictable connections" between traumatic experiences and survivors' sexual lives. "[T]rauma is a far from straightforward experience," Cvetkovich writes, and this conversation binds that unpredictability to trauma's storytelling potential, thereby revealing its inherent resistance to singular or monolithic definitions of what sex is and how it should be done (373).

Additionally, this piece resonates with queercrip activism insofar as it underscores sex and disability's interanimating, transformative potential, extending the legacy of sexual liberationists like Charles Shively (2003: 516), who describe queer sex as "an act of rebellion, a revolutionary stance." Disability scholars and activists, including Leah Lakshmi Piepzna-Samarasinha and Tobin Siebers, have similarly argued that "crip sex" (Piepzna-Samarasinha 2019: 114) radically departs from normative sexuality, forcing us—in Siebers's words—"to think expansively and experimentally" (2012: 49). Despite the differing particularities of their projects, Shively, Piepzna-Samarasinha, and Siebers share the insistence that sex acts can be powerful tools to effect social and political change. Queer/crip sexualities are not merely diagnoses or identities, but compulsions toward acts that are themselves forms of political engagement. As Shively writes, "Our bodies are real, they are not some social theory, some Utopian proposal; their relationship to labor, the state, the economy and consciousness is no less fundamental than the other way around" (517). Put another way: queer/crip sex carries the potential to position us in a queer relation to the very institutions responsible for marginalizing queer and disabled people in the first place.

Shively, Piepzna-Samarasinha, and Siebers all capitalize on the politicization of queer/crip sex to imagine large-scale, sex-driven movements. Shively promotes "*Indiscriminate Promiscuity*" (2003: 523), Piepzna-Samarasinha theorizes "crip lust" (2019: 115), and Siebers identifies a "sexual culture for disabled people" (2012: 52)—each of which shifts our engagement with oppressive forces from a place of victimization, where "everyone continuously fears poverty and abandonment" (Shively 2003: 525), to a place of valorization through rebellion: "Release all the armors and shackles, open all the pores and holes up for sexual communication" (524).

Inspired by these queer/crip futurities, I want this conversation to reclaim sex practices and rituals that have been marked deviant, strange, or at the very least

"not sexy" by heteronormative, nondisabled expectations. These practices, what I call *trauma sex*, may be an assemblage of learned behaviors that are a result of trauma or simply an acknowledgement that sex can itself be traumatizing. In either case, trauma sex repositions particular sex practices as political actions that offer what Shively calls "a revolutionary perspective" (517). Unlike Shively's queer sex, though, the political valence of trauma sex is not always heightened by indiscriminate promiscuity, given the ways that many people having trauma sex cannot be indiscriminate or promiscuous with their choice of partners. Likewise, trauma sex differs from Siebers's disabled sexual culture because not all people with disabilities have histories of trauma, and not all people who engage trauma sex are disabled. While trauma sex may indeed be included within Siebers's rubric for disabled sexuality, the concepts are not synonymous. Instead, trauma sex brings to disabled sexuality a queercrip edge, a revolutionary force that might be described as *conscientious intimacy*.

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I'm sitting on the edge of my bed, and some boy—I don't know his name—is pulling his shirt back over his head.

"So that was fun. We should do it again." He says.

"Yeah, for sure." I'm itching to get into the shower once he leaves.

"You don't sound convinced."

I pull my knees up to my chest. "It was hot."

"Text me?"

"Of course."

He slips his feet into his shoes without tying the laces, tucking them into the sides. I walk him out of my bedroom. He pecks my lips, skips down the stairs, and slams the door.

I take my shower and wash him out of me. When I get back into bed, the sheet is still damp. I feel like I can't breathe, so I open the window and hang my head out into the night. I end up sleeping on the couch, dreaming about drowning.

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For many people who have trauma sex, the thought of being "swept away" in a rush of spontaneous sexual excitement is implausible. Trauma sex is carefully planned and calculated among participants. It is never merely executed; there is no "quickie" for trauma sex. Rather, the talking about, around, and through sex becomes a form of foreplay. Variations on the language of consent—"I want you to touch me here," "Please don't bite me there"—are reimagined as erotic, as a verbal wrestling of future embodied action. Along the lines of how Elizabeth Freeman (2008: 34) describes sadomasochism, conscientiousness can be "[s]een as a kind of erotic time machine....turning the queer body into a historiographic

instrument." It is a way to reengage the past through the present in service of the future, thus binding together all three temporal dimensions into a kind of "trauma time" (Morrigan 2017: 54). Clementine Morrigan uses this phrase for "a maddening of queer time," when the effects of trauma offer "a different way of being in the world, a creative, flexible, and nonlinear way of relating to time" (56).

Conscientiousness leans into trauma time, mobilizing its circularity as an opportunity to revisit and perhaps reenact scenes of violence, care, neglect, nurturing, pain, and ecstatic pleasure. By "negotiating and authorizing, rather than naturalizing, the terms of submission," as Juana Maria Rodriguez (2014: 55) explains BDSM, conscientiousness is a way of recognizing that all sex involves a complicated rubric of power dynamics. Trauma sex participants rehearse those dynamics ahead of time, and sometimes during the sex itself, "in the service of mutual pleasure" (55).

Instead of assuming participants know what others do and do not find desirable, pleasurable, and enjoyable, trauma sex practitioners articulate their own interests and ask questions about other people's desires. In "Reworking Trauma through BDSM," Corie Hammers (2019: 493) makes a similar distinction, arguing that "lesbian/queer BDSM illuminates an alternative topology of queerness" that "is figured not through...the anonymous, silent encounter expressive of gay male sex publics" but is "a desire for desire that traffics in a certain level of knowingness and personalization." For her, queer BDSM practices offer trauma survivors a way to "reassemble[] negative affect into productive possibility" (507). While trauma sex is not limited to sadomasochism, it certainly includes it, recognizing the healing power of "witnessing and performative reenactments of trauma" (497). Such reenactments are, as opposed to real sexual violence, grounded in "an economy of generosity and giving," whereby partners establish one another's "particularized limits" (499, 508). These limits are defined not by heteronormative sexual standards but by "desire's aspirational drive to endure, to go on but to go on differently—otherwise from what has been" (501).

Such sensitivity to another's erotic desire parallels what Piepzna-Samarasinha and E.T. Russian (2019: 117) call "the lust of recognition," or when disabled people get turned on by knowing their partners are also disabled or familiar with the lived experience of disability. For them, this lust is about being seen for our whole selves, about not needing to explain why sex looks different for us than it might for nondisabled folks. "You don't freak out over [having unique needs] because... you've dated a lot of crips, you are a crip, your primary partner has a bunch of chronic illnesses. And you're just like, 'Right, yeah, bodies, work it out'" (118). Conscientious intimacy is imbued with a similar kind of lust, one that is seeded and nourished by a mutual attentiveness to desire, regardless of whether that desire aligns with or departs from normative sexuality.

Though trauma sex participants need not identify as queer or disabled, a queercrip perspective is helpful because it reveals the interanimation of disability and queerness, the ways that, per Robert McRuer (2006: 2), "compulsory heterosexuality is contingent on compulsory able-bodiedness, and vice versa."

That is, the boundaries of heteronormativity are delimited by disability; to shift into disability is to fall out of heteronormativity. Likewise, as soon as someone slips outside of normative heterosexuality, they are stripped of the signifiers associated with "healthy" sexuality. It is not that trauma sex participants necessarily occupy disabled bodies, though they very well may, but that their sex practices are rendered pathological via persistent assumptions that straight sex performed missionary style in the dark without so much as a drop of lube or an ounce of foreplay is the only sex that good, moral people should be having. Trauma sex, with its commitment to conscientiousness, is less concerned about the sex people should be having and more with the sex they want to be having. It is a transition away from prescription toward pleasure, and equally important, away from silent assumptions toward articulated knowledges. The insistence on making known one's own and listening to others' desires is a radical rejection of "normate sex" in favor of a distinctly queercrip flavor (Wilkerson 2012: 187).

Importantly, trauma sex's conscientious impulse to articulate desire is not reducible to establishing consent. As Joseph J. Fischel (2016: 14) has persuasively argued, mainstream discourse surrounding consent does less to protect sexual partners than it does to incite fears of abstracted "bad persons." Rather than supporting people's "sexual autonomy," talking about consent often strips people of their sexual agency, "crowd[ing] out other terms and modes of thinking that might make for more sexually just worlds" (12). Certainly, consent should be established, but as Fischel notes elsewhere, consent does not by itself "entail respect, desire, fulfillment, and enthusiasm" in sexual encounters (2019:18). It is, after all, only "a checkbox."

The language of consent also precludes some people from being able to consent. Models of "enthusiastic consent" tend to rely on the use verbal speech, ambulatory body language, and the perception of neurotypicality and normative intellectual functioning, all of which can prematurely foreclose the possibility of "any *wanted* sexual contact" for disabled people (149). Thus, to demand consent without regard for the embodied particularities of the participants risks both denying disabled folks sexual access and obfuscating realms of pleasure that require sustained communication beyond "Yes, I want to fuck." Conscientiousness works to ensure these kinds of access and communication, what Fischel calls "democratically hedonic access," to pursue sex that is grounded in "pleasure, experimentation, and curiosity" (166). Conscientiousness is an affective posture, not a rule, that helps to ease fears, doubts, and hesitations about what to do with what body parts at what time. Moving above and beyond consent, conscientiousness recognizes that good sex isn't just about avoiding violence but about fulfilling desire.

In this way, conscientiousness is especially useful for people who might otherwise feel vulnerable in sexual situations. As a femme survivor of rape whose relationship to disability is deeply intertwined with their history of sexual abuse, I am all too aware of the ways that sex can be used to exert power and maintain authority. This threat is all the more dangerous for queer women and femmes of color, especially Black women, for whom "traumas of racialized sexual violence...are bound up" with even their consensual sexual encounters (DeClue 2016: 217). "[T]he haunting

presence of both historic and personal traumas" writes Jennifer DeClue, "complicate sex, fantasy, and power play within the black lesbian community" (217). Conscientiousness in trauma sex does not deny this complication, nor does it suggest that speaking one's erotic desires—something that necessarily entails a degree of vulnerability—will end the threat of sexual violence. It does, however, illuminate the potential for sex to rescript a person's relationship to their own trauma.

Conscientious intimacy extends the work of queer of color feminists, such as DeClue, Rodriguez, Ariane Cruz, and Amber Musser, to reframe the terms of the sexual contract, so that participants who are survivors can go on to explore their experiences of violence alongside or even through expressions of the erotic. Conscientiousness tracks the emergence of desire, what Musser (2017: 232) has called "the immediacy of sex," to "register the sensuality and desire at work behind moments when the self is incoherent." The traumatized self is often scattered, pieced apart, and dispersed across an uneven and unmappable psychological terrain. Trauma sex harnesses the effects of this dispersion as a response to the original violence, using desire as a medium. Conscientiousness is an invitation to speak "incoherent" desires (232) and, subsequently, produce "a multiplication or proliferation of identifications" that move beyond the trauma into "fantasy" (Butler 1990: 110). It is a way to cohere the self through the very mechanisms that threaten to destroy the self.

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I wake up screaming.

My partner, startled, grabs my arm. "John, what's wrong?"

"Just a bad dream. I'm sorry." My mind is reeling, and I'm panting.

"Do you want me to get you some water?"

"No, no, I'll be fine. I just need to catch my breath." I lie back down, and he pulls me close to him. Soon I can hear him snoring softly.

I had been dreaming about being raped, again. This time I was bent over a sink in a locker room. I couldn't tell if it was a real place that I'd been to or not. I didn't recognize any of the men who were raping me. Unremarkable faces taking turns. I remember it hurt in the dream, just like it hurt in real life. Until it didn't.

Rolling to my back, I pull my partner's arm across my chest. He's bigger than I am and stronger. Even his arm feels like a weight.

"Babe." I whisper. He doesn't answer. "Do you want to have sex?"

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Conscientiousness calls people to be more open about what turns them on, even if their answers might be stigmatized. Rodriguez (2014) is right that many trauma survivors find release through consensual reenactments of their original traumas.

"Rather than simply narrating their own therapeutic engagement with the complexities of trauma, memory, and fantasy," she writes, "BDSM participants are invited to perform, through gestures and utterances, scenes of familial punishment or eroticized care" (57). In this way, participants assert agency over their bodies in ways that are not only non-normative but also transformative in that they "challenge the authoritarian underpinnings" that typically regulate sexual behavior. Ariane Cruz (2016: 2-3), in *The Color of Kink*, explores the particularly transformative "pleasure and power some black female subjects experience in sexual performances scripted by the memory of slavery." For Cruz, instances of aggression can "become a source of sexual pleasure and possibility for women," even (and perhaps especially) if those women are survivors of racial, sexual, or domestic violence (9). Trauma sex makes room for such desires and practices, acknowledging that the effects of trauma are unpredictable. Policing survivors' responses to those effects does little more than retraumatize them by further restricting their agency over their own bodyminds. Conscientiousness encourages participants to define for themselves how to negotiate their traumas and to subsequently communicate that negotiation to their partners.

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"We can start that way, but I want to see your face when you shoot."

My partner smirks. "Is that what you want? You like to watch me fuck you?"

I moan as he flips me to my back and pulls my legs apart. His lips separate as he pushes into me; he grabs the back of my head with one hand. "Damn, daddy, that feels—so—good!" I watch his face. He watches me squirm beneath him.

Several minutes later, he is getting close. My arms are pinned above my head with one of his hands. The other is pushing down on my chest, carefully avoiding my neck. "Babe, I'm gonna cum." He thrusts deeper, his brows coming together, breath held in, and I gasp. I've felt this pressure so many times: the way it arches my back, tightens my balls, pulses into my stomach, clenches my fists. I am prostrate, glued onto his cock, one with him and the bed and hum of the air conditioner. He collapses on top of me, and my arms and legs wrap around his body. "I love you," he says.

"I love you too."

"I think that was one of our best." He rolls off to my side.

I scan his body, my body.

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Given the ways conscientiousness makes room for such an array of sexual and erotic practices, it is helpful to conceive of trauma sex as intimate, a series of *intimacies*. The possibilities for sex practices among trauma sex participants are so varied and multifaceted that limiting them to the domain of sex feels restrictive. I draw on Elizabeth A. Povinelli's (2002: 230) "Notes on Gridlock: Genealogy,

Intimacy, Sexuality" here to situate intimacy alongside interiority and subjectivity. Povinelli argues that intimacy "is characterized by a second-order critical reflexivity, by the / that emerges in the asking of the question, What do I feel toward you?" So, too, is intimacy in this context a reflection of the particular embodied subjectivities of trauma sex participants, those same participants for whom conventional sex practices and rituals may not be suitable, desirable, or sufficient. Intimacy is a way of acknowledging both that sex means something different to everyone and that the variability of those meanings reflects the individual "self-elaboration[s]" of the participants (231).

Importantly, this vision of intimacy dissents from queer theory's longstanding association of sex with *jouissance*. In "Sociality and Sexuality," Leo Bersani (2000: 647) describes the orgasmic moment—and all sexual desire leading up to it—as "a defeat of power, a giving up, on the part of an otherwise hyperbolically self-affirming and phallogentrically constituted ego." Or, vis-à-vis his summary version, "Desire is, then, a lack of being" (650). In trauma sex, however, participants' desires are shaped by and for their beings. Intimacy is simultaneously produced by and in service of embodied needs. In "Is the Rectum a Grave?" Bersani (1987: 218) likens "the sexual" to the oscillation "between a hyperbolic sense of self and a loss of all consciousness of self," both of which result in "self-shattering." While I agree that sex may alter a person's sense of self because sex is always already intertwining multiple selves in a kind of physical/emotional knot, I resist the conclusion that sex destroys the self. The desires of trauma sex participants are too personal, unique to the contours of each body, each trauma. Intimacy recognizes those contours, celebrating the persistence of the self in the face of homogeneity.

Further, I worry along with Hammers (2019: 498), Courtney Bailey (2019), and Kadji Amin (2017) about the ways that self-shattering comes to valorize "anonymous anal intercourse with a stranger—and male masochism in particular" at the explicit disavowal of racialized and disabled people. This disavowal is part of a common observation among queer of color scholars that queer theory at once jettisons the differential experiences of queer people of color, even as it ultimately depends on racialized Others to invisibilize the field's dominant whiteness. As Amin puts it, "*sexual self-shattering is not a utopian escape from the social order, but a method of its maintenance*" (101). Likewise, while some disability scholars have sought to recuperate self-shattering as the metaphoric figuration of disability in "all sex" (Mollow 2012: 310), Bailey warns that this figuration effaces the lived embodiedness of disability, which often includes "other visions of the self (e.g., based on interdependence, care, or empathy)." In other words, for many trauma sex participants, Bersani's self-shattering is not only inaccessible in practice (i.e., fucking strangers is fucking scary) but also conceptually impossible. It depends on a preexisting (white) sociality to reject, and it presumes an autonomous (non-disabled) self to be shattered. The beauty of intimacy in trauma sex is in its movement away from self-shattering toward a kind of transformative relationality.

Intimacy invites participants to un/re/make themselves in relation to and by others in a sexual encounter. Much like how Mia Mingus (2011) defines "access intimacy" as "that elusive, hard to describe feeling when someone else 'gets' your access needs," my use of intimacy acknowledges the pleasure embedded in having sexual partners who work with, through, or against your trauma. For many of us, this intimacy is what makes sex possible, survivable, and enjoyable. It helps to facilitate our own sexual subjectivity, a self born out of our coming together. And it cherishes this emergent self not only for its newness but for also the social conditions that produce it.

In her short essay on "Dependence," Eva Feder Kittay (2015) draws on a central tenet of disability activism to propose "managed dependence" (58) that at once celebrates our desire to be individual agents even as it recognizes "our condition as dependent beings" (58). My model of intimacy similarly embraces the tension between independence and dependence by framing sex as an interpersonal act contingent on intrapersonal factors. Unlike heteronormative and ableist definitions of sex, which constrain the act to a series of penetrative positions geared toward maximizing phallic pleasure, intimacy is dynamic, attentive to various kinds of pleasure (physical, emotional, spiritual, etc.), and impossible to predict. Intimacy is "polymorphous," is sex multiplied, is a fulfillment of queerness's potential to legitimize rather than regulate desire and of crip's capacity to exalt rather than demean interdependence (Lauretis 2011: 249). In the words of Teresa de Lauretis, it "carr[ies] the inscription of sexuality as something more than sex," radically expanding what is sexual, what might become sexual (244).

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I can't stop crying, and my body is shaking uncontrollably. A few hours ago, I had a panic attack—unprompted, random, devastating. My partner is sitting on the floor of our apartment with me between his legs, my back pressed against his chest, and his arms squeezing me tight.

"You've got to breathe, John. Copy my breaths."

I feel his stomach press into the small of my back as he inhales. It shrinks when he breathes out. I focus on this sensation: his body pushing into mine, moving mine, urging mine to respond in kind. I swallow air in spurts. I exhale it in an uneven staccato.

He pulls me closer, so his chin is above my head. I can feel his breath on my neck. "You're doing a good job. Just slow that breath down."

In and out. In and out. My pulse begins to slow. I'm getting tired.

"You're going to be okay. I've got you."

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What about the ugliness of trauma? Trauma is not something that can be overcome or undone, and it helps no one to romanticize it. Like many queer

people, trauma survivors have a strong connection to negativity, to shame. Yet, as queer theorists have long argued, shame can be productive. Eve Kosofsky Sedgwick (1993: 4) describes it as an "experimental, creative, performative force" that offers "its own, powerfully productive and powerfully social metamorphic possibilities" (14). David Halperin and Valerie Traub (2009: 10) similarly note how shame "confers potential legitimacy and acceptability on the discussion of issues that" most others refuse to acknowledge. Shame here is reclaimed as a relational experience, a way of bringing together those who are (a)shamed. Trauma sex digs into this relational shame to incite queercrip desires and elicit queercrip pleasures. Shame, as Rodriguez and Cruz attest, can be sexy.

Indeed, as Rodriguez's and Cruz's bodies of work suggest, the queer reclamation of shame has been particularly useful to queer of color scholars who have sought to explore the entanglement of racism and heterosexism. José Esteban Muñoz (2006: 676), for instance, invokes "brown feeling" to describe "a certain ethics of the self that is utilized and deployed by people of color and other minoritarian subjects who don't feel quite right within the protocols of normative affect and comportment." A depressive position becomes a way to mark a person's affective distance from whiteness, revealing "different circuits of belonging." These circuits do not rectify the forms of racist violence that produce brown feeling, but they do serve as a queer "site of potentiality" that subtend the experience of being racialized as "a mode of racial performativity" (687). In other words, "feeling brown" mobilizes the depressive state into a relational structure, throwing into relief how "different circuits of belonging connect" (680).

Kathryn Bond Stockton (2006: 23) attends to one such circuit of belonging that she terms "debasement:" one of the "blended forms of shame" that "keeps associations sparking between 'black' and 'queer.'" These associations invite Stockton to ask questions such as, "How does debasement foster attractions? How is it used for aesthetic delight? What does it offer for projects of sorrow and ways of creative historical knowing?" (24) These questions are echoed, even if they remain unanswered, by trauma sex, which wrestles with the horrors of racism in the context of desire, pleasure, and loss. It is a speaking back to by acting out of what Sharon Patricia Holland (2012: 15) calls "the erotic life of racism"—the notion that racism can be deeply erotic in no small part because our erotics are structured by racism. Trauma sex hails these, among other, shameful, depressive, debased intimacies that cannot easily (or possibly) be resolved but, through their conscientious performance, can make a person's life more livable. My intention here is not to flatten the differences that distinguish particular forms of violence, such as racism and ableism, but to emphasize the coalitional potential of trauma sex to foster intimacies across them (Nash 2019).

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My partner looks at me skeptically.

"I'm serious. I want you to choke me."

A few minutes later, he is taking me from behind. He puts one hand on my neck. I tell him to squeeze harder. He joins his hands together around my throat. I can feel my own pulse beneath my chin. My face gets warm, swollen. The thud of his body slamming into mine. My ears, buzzing. Skin, hot. My whole body is tingling; I want more. He gives it to me. It hurts a good hurt. I am hurting again for the first time.

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Trauma sex is not simply about recognizing people's limitations, though that is sometimes part of it. It is also about seeking out alternative sexual and erotic practices and celebrating their potential to awaken new desires and bring new pleasures. Trauma sex as conscientious intimacy does away with preconceived ideas about what sex is and how it should be done; it grounds sex acts in the subjectivity of the participants, reinstating the self in *jouissance*. It recognizes the indisputable value of consent but also calls for a renegotiation of how to establish satisfying, ethical relationships. It emphasizes the material presence of real persons with preferences, needs, and desires that must be articulated for sex to be possible, survivable, and enjoyable. Trauma sex is a reminder that sex is as complex, varied, and unpredictable as the people who have it.

As a queercrip erotic, trauma sex is for those of us horny queers, crips, and survivors looking for a good time. It's for those of us scared, hurt, and broken people who want to be touched particularly: touched in a particular way, at a particular time, in a particular place, and for a particular purpose. It's for those of us pathological monsters who have been or want to be fucked back into existence. Trauma sex is for all of us who have survived the unsurvivable and are now finding a way back to ourselves, back to others, back to the world that has no place for us. Trauma sex is for me who, as I write this, am preparing for tonight when my partner/lover/daddy will un/re/do me again for the thousandth time, just like I want him to, just like I've asked him to.

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