Introduction

Investigating discourses of body-marking within the disability studies framework places me in an awkward position. As a queer woman of colour, I often find myself alienated within the disability studies framework, and do not identify with the “disabled community” at large. I have had to work through my initial fears of placing the narratives of subaltern bodies within a very white hetero-normative disability studies framework that enables the erasure of their stories—and hence, of the bodies of queer women of colour who engage in body-marking. Disability is not an identity detached from my experiences as a colonized body, a woman who carries the intergenerational scars of genocide and colonialism (Gorman, 2005): I experience disability through colonialism, a perspective that is the reality of many alienated people.

The experiences of many queer women of colour are often contradictory to the homogenous narratives that create one meaning of helpless people who re-enact inflicted pain by the abusers upon themselves. None of these narratives see body-marking as a form of resistance, a way of expressing agency (a part of many subaltern narratives). The dominant body-marking narratives share one common feature: a heavy focus on psychotherapy. A subaltern narrative approach, highlighting the importance of the knowledge embodied within alienated people, is thus necessary within the theoretical framework of disability studies.

To increase the visibility of more marginalized stories, I will analyze the narratives approach to show the process through which many women of colour reclaim and redefine acts of body-marking from the dominant stories in existence. To overcome the limitations of binary and normative ways of relating to and categorizing our bodies, and to avoid assigning meanings to the act, I will use the term “body-marking” instead of “self-harm” (Inckle, 2010). As it is not my intention to recreate another homogenous narrative of body-marking, but to challenge such uniform notions, I wish to emphasize that the
stories in this paper merely explore some of the many existing narratives of body-marking that have not been explored by the scholarly community.

Construction of Binaries: “Cashas” and “Clinically Diagnosed Self-harm” (CDSH)

This paper does not attempt to find the motivation or meanings behind body-marking. Despite dominant narratives, these motivations and meanings vary from person to person. “Self-mutilation,” “deliberate,” “dark,” “low self-esteem,” and “crazy” are only some words that narrate stories of body-marking. Language and other forms of representation construct certain acts of body-marking as “normal” (in other words, socially sanctioned), and others “abnormal” (referring to acts of body-marking that are clinically labeled “self-harm” eating disorders, cutting, etc.). Maggie Turp’s term “cashas” (an acronym for “culturally acceptable self-harming acts or activities”) describes socially sanctioned body-marking in contrast to clinically diagnosed body-marking (CDSH) (Turp, 2003). While cashas do not always come from a place of trauma and domination, CDSH always comes from a place of trauma and is stigmatized.

The State of Trauma and the Act of Cutting

This paper does not define the state of trauma within an isolated act of body-marking, but within systems of oppression that traumatize the individual. It argues that scholarship on body-marking places too great an emphasis on traumatized individuals, both framing them as undesirable and removing focus from the undesirable state of trauma. In its examination of narratives, this scholarly process uses certain reoccurring language to construct a dominant account of the individual involved in body-marking, ignoring the traumatic histories of the colonized.

Examining dominant languages is extremely important in challenging narratives that isolate the act of body-marking and frame it as an undesirable state of being, but fail to account for the systems of oppression (racism, classism, ableism, sexism, patriarchy, transphobia and queerphobia) that place an individual in a state of trauma. Dominant narratives or discourses of body-marking do not often question these systems of oppression—which create a state of constant traumatic ways of being for an individual—as undesirable. Instead, they isolate the act of body-marking from these systems of oppression, situating the problem within the individual involved in body-marking (Shakespeare, 2006). The individual often internalizes such narratives.

Disability Studies Framework and Mental Health of the Colonized Body

The disability studies framework sees disability as desirable. This view responds to representations of disability as a problem in need of a solution (Mitchell, 2006). However, this perspective cannot universally (and irresponsibly) apply to that which some scholars describe as “mad studies.” Investigations into aspects of mental and emotional health must recognize that the state of trauma, as experienced by the colonized, is not a desirable state of being. It is important that disability studies distinguish between the undesirable state of trauma (as defined in this paper) and the act of body-marking. The act of body-marking leaves the individual involved to define the motives and meaning of body-marking for themselves.

Body-marking as a Symptom of Mental Disorder

People whose body-marking acts are defined as “self-harm” within psychotherapy are often diagnosed with dissociative identity disorder (DID), bipolar affective disorder (BPAD), depression, adjustment disorder, psychosis and much more (McAllister, 2003). Post-traumatic Stress Disorder (PTSD) is the most commonly diagnosed for people who body mark. PTSD in psychotherapy is closely associated with various forms of trauma, especially childhood or adolescent sexual abuse. Psychotherapy sees post-traumatic stress disorder as a risk factor for body-marking. Clinically diagnosed body-marking is more common within the PTSD framework. The term Complex Post-traumatic Stress Disorder is more closely related to retraumatization, indicating the chronic nature of certain traumas (Follette, 2012).


The term “self-injurious behaviour,” used in psychotherapy accounts of body-marking in the US, is an interpretation that assigns meaning to the act of body-marking. This has enormous psychological and social effects on the ways in which people respond to body-marking. The term “behaviour” describes a symptom of a disorder. Viewing body-marking as an “action” permits the perspective that body-marking can be rational, but may also contain some negative aspects (Huband, 2012). People can be responsible for their actions, so viewing body-marking in this way acknowledges their agency to decide
whether it is in their interest to stop the action. The term avoids defining them as helpless and without agency.

**Behavioural Perspective and Personal Perspective**

The behavioural perspective associated with terms like ‘self-injurious behaviour’ reduces emotional involvement in therapy (of both the client and the therapist) because it views the individual as a victim rather than as an agent. As this perspective makes it easier to generalize from previous experiences and similar situations (Huband, 2012), it is most effective when examining a population of people, not an individual. Accounts solely based on the intentions of people who mark their bodies lack explanatory value, however, because the meanings of their actions might change, or may they be confused about the meanings behind their actions (Huband, 2012). Basing accounts purely on the individual’s intent risks ignoring the stories of alienated people who continue to experience the effects of colonization. It is then important to combine both behavioural and personal perspectives, recognizing that “we act out of habit” especially when we are stressed or faced with an emergency. We build these habits over time, based on past actions (Huband, 2012).

**Effects of Generalizing Narratives of Cutting**

The way in which the behavioural perspective validates the practice of generalizing similar cases within psychotherapy can be extremely violent toward individuals who mark their bodies, especially those who identify as queer women of colour. This perspective often ignores the implications of colonial violence in combination with hetero-patriarchy within families. Generalization leads to the privileging of the white hetero-normative perspective on our bodies. Generalized interpretations of narratives regarding body-marking may follow a given script. Child or adolescent abuse (mainly by a family member), or another form of trauma, leads to PTSD risk factors. This creates an inability to distinguish healthy from unhealthy relationships, which then leads to the need to re-enact abuse on the self. They therefore “self-harm” by becoming cutters, alcohol abusers, sexually “deviant,” etc. This narrative may sometimes apply to people who engage in body-marking. However, it is not a single universally applicable story for all who body mark.

**Compulsory Hetero- Able-bodiedness**

McRuer’s alignment of “compulsory able-bodiedness” with the already existing term “compulsory heterosexuality”—an excellent starting point from which to articulate subaltern stories—shows how the two social imperatives marginalize bodies in similar ways (McRuer, 2006). I stretch this to claim that they operate together. Women of colour experience this intertwined compulsoriness as “compulsory hetero-able-bodiedness.”

**Reclaiming and Redefining the Subaltern Stories**

Dominant narratives regarding body-marking are extremely violent towards queer women of colour healing from sexual abuse and queerness. Often, these narratives categorize awareness of queer sexuality as deviant sexual desire caused by PTSD. Therefore, queerness equates to “madness,” something that arises from abuse. I would argue the opposite: awareness of queer sexuality against compulsory heterosexuality and self-acceptance is a sign of regaining the agency that the abuser took away. Regaining agency can foster a sense of self-worth and resistance to abuse.

**Conclusion**

Language binaries and usage construct a normative way of viewing and relating to the body. This construction obscures possible multiple meanings of body-marking, validating a compulsory white-hetero-able-bodied perspective on individuals who mark their bodies. It identifies the disabled person as the problem, and ignores the way that normalcy is constructed (Lennard, 1995). This process is violent toward individuals who mark their bodies, especially those who identify as queer women of colour. The narrative analysis approach overcomes the limitations of perspectives on disability as a separate social and historical category. It is especially valuable for people of colour because we experience disability through colonialism, genocide, and migration.

**Reference**


Destabilizing Disability:
Including addiction for cross-movement solidarity

g goof

Destabilizing disability to include addiction opens up possibilities for coalition building across marginalized experiences and creates new ways of knowing. Addiction has rarely been considered through a disability studies perspective, yet the experience of the addicted body can be explained through a disability studies perspective without naming the addict as disabled. Shifting disability from an identity category into the more relatable experiences of normalcy and accessibility is useful for creating alliance across differences. I will first destabilize the fixed imagination of the disabled body. Following, I will suggest that the addicted body does not relate to disabled body. Next, I will suggest that shared experiences relating to ab/normalcy and in/accessibility are more relatable to the addicted body. Finally, I will argue that the inclusion of addiction in disability theory creates possibilities for coalition building and new ways of knowing.

Arguably, a disabled person is first imagined with a visible physical disability. This body is also generally imagined with a mobility device instead of as a person with a non-visible physical disability like chronic pain or fibromyalgia. Disability studies scholar, Douglas C. Baynton (2001) suggests that individuals who face discrimination based on a specified identity marker try to avoid using the label of disabled in order to not be further discriminated against (p. 50-51). He suggests that these individuals believe that the use of disability as an identity should be reserved for “real” disabled people (Baynton, 2001, p. 51). The distinction of a “real” disabled person implies that there are also illegitimate, fake and invalid experiences of disability. I would suggest that the “real” disabled body is understood as one with a physical disability. This understanding limits possibilities for individuals to claim an identity of disability and share experiences of disability. This undermines and devalues the lived experiences of individuals with disability that are not signified or made intelligible by visible cues. This logic locates disability exclusively in the individual body instead of examining social barriers that produce disability.

Siva-Jeevini Sivarajah
Siva is a Queer Tamil Saivite from Kokuvil, Jaffna. She is a writer, community organizer and a recent graduate from the University of Toronto with Equity Studies and South Asian Studies. As a writer she takes comfort in the storytelling and writings of Lee Maracle and Sharron Proulx-Turner. She revived her interest in writing because she strongly believes in self and community healing through storytelling.