

- . *Reflections from STP regarding the ICD revision process and the publication of the DSM-5*. [www.stp2012.info/STP\\_Communique\\_August2013.pdf](http://www.stp2012.info/STP_Communique_August2013.pdf) (accessed November 1, 2013).
- Stryker, Susan, and Stephen Whittle, eds. 2006. *The Transgender Studies Reader*. New York: Routledge.
- Thomas, Maud-Yeuse, Karine Espineira, and Arnaud Alessandrin, eds. 2013. *Transidentités: Histoire d'une dépathologisation. Cahiers de la Transidentité N° 1, Observatoire des Transidentités*. Paris: L'Harmattan.
- Valentine, David. 2007. *Imagining Transgender: An Ethnography of a Category*. Durham, NC: Duke University Press.
- Yogyakarta Principles. 2007. *The Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity*. [www.yogyakartaprinciples.org/principles\\_en.pdf](http://www.yogyakartaprinciples.org/principles_en.pdf) (accessed November 1, 2013).

DOI 10.1215/23289252-2399650

## Disability

---

JASBIR K. PUAR

Although trans and disability identity discourses each have histories that traverse the second half of the twentieth century, both experienced a period of intensification in the early 1990s that advanced new strategies for the recuperability of previously abjected forms of bodily difference. This periodization signals a broader late twentieth-century shift in practices of social visibility, recognition, and economic utility. Specifically, the emergence of “disability” and “trans identity” as intersectional coordinates required exceptionalizing both the trans body and the disabled body in order to convert the debility of a nonnormative body into a form of social and cultural capacity, whether located in state recognition, identity politics formations, market economies, the medical industrial complex, academic knowledge production, or subject positioning (or all of the above). While the exceptional disabled body can overcome its limits, the trans body can potentially rehabilitate itself.

Historically and contemporaneously, the nexus of disability and trans has been fraught, especially for trans bodies that may resist alliances with people with disabilities in no small part because of long struggles against stigmatization and pathologization that may be reinvoked through such affiliations. But stigmatization is only part of the reason for this thwarted connection, for, as Dan Irving

(2008) and Aren Aizura (2011) separately argue, neoliberal mandates regarding productive, capacitated bodies entrain trans bodies to recreate an abled body not only in terms of gender and sexuality but also in terms of economic productivity and the development of national economy.

For the most part, at this point in time the potential alliance politics of trans disability are seemingly perceived only in terms of the intersectional “trans-disabled subject” or the “disabled trans subject.” Eli Clare (2013), a trans man with cerebral palsy, has perhaps generated the most material on the specific epistemological predicaments of the “disabled trans” subject or the “trans disabled” subject, providing a much-needed intersectional analysis. Clare writes of the ubiquity of this sentiment: “I often hear trans people—most frequently folks who are using, or want to use medical technology to reshape their bodies—name their trans-ness a disability a birth defect” (262). Here Clare emphasizes the trans interest in a cure for the defect, a formulation that has been politically problematized in disability rights platforms, reinforces ableist norms, and alienates potential alliances (*ibid.*).

Intersectionality, however, provides only one method of thinking about the relationship between trans and disability. Often the intersectional subject gets tokenized or manipulated as a foil such that the presence of this subject actually then prohibits accountability toward broader alliances. Such approaches produce these intersectional subjects from which people can disavow their responsibility and implicated interface while maintaining that the representational mandate for diversity has been satisfied—in other words, a gestural intersectionality that can perform a citational practice of alliance without actually doing intersectional research or analyses.

More interesting to me is the question of what kinds of assemblages appear before and beyond intersectionality that might refuse to isolate trans and disability as separate and distinct conceptual entities. What kinds of political and scholarly alliances might potentiate when each acknowledges and inhabits the more generalized conditions of the other, creating genealogies that read both entities as implicated within the same assemblages of power rather than as intersecting at specific overlaps? For example, there is an instructive history of the ways in which trans and disability have been conceptually and socio-juridically segregated from one another, along a trajectory that moves from the 1990 Americans with Disabilities Act (ADA) to the present moment of trans hailing by the US state,<sup>1</sup> that merits rethinking in ways that reassemble difference and highlight shared debt to more generalizable material processes.

The explicit linkages to the trans body as a body rendered either disabled or rehabilitated from disability have been predominantly routed through debates about gender identity disorder (GID). Arriving in the American Psychiatric

Association's *Diagnostic and Statistical Manual*, third edition (*DSM-III*) in 1980, on the heels of the depathologization of homosexuality (*DSM-II*, 1974), *GID* was eliminated in the *DSM-5* released in May 2013 and replaced with "gender dysphoria." These complex debates have focused largely on a series of explicit inclusions and exclusions of *GID* in relation to the *DSM* and the 1990 *ADA*. The inclusion of *GID* in the *DSM* and its specific focus on childhood behavior was largely understood as a compensatory maneuver for the deletion of homosexuality, thus instating surveillance mechanisms that would perhaps *prevent* homosexuality. In contrast, the notable inclusion of the specific *exclusion* as a disability in the *ADA* of *GID* not resulting from physical impairments—couched in an exclusionary clause that included transvestitism, transsexuals, pedophilia, exhibitionism, voyeurism, and "other sexual disorders" as well as completely arbitrary "conditions" such as compulsive gambling, kleptomania, pyromania, and use of illegal drugs—was largely understood, unlike the specific exclusion of homosexuality, as a commitment to the entrenchment of pathologization of *GID*.<sup>2</sup>

Noting that the *ADA* "unequivocally" endorses the use of *DSM-IV* in recognizing conditions of disablement, Kari Hong argues that the exclusion not only works to disqualify certain "conditions" from consideration as disabilities but also "isolate[s] [these] particular conditions from medical authority" (2002: 123). Ultimately, states Ruth Colker (2004), Congress sacrificed these excluded groups in order to protect another "minority" group: individuals with HIV. This move of course insists upon problematic bifurcations, perhaps strategically so, between individuals diagnosed with *GID* and individuals diagnosed with HIV. Consequently, Kevin M. Barry (2013, 1) argues, "The *ADA* is a moral code, and people with *GID* its moral castaways."

In essence, this exclusion operates to relegate the labor capacities of the transsexual body as unfit for integration into work forces. Further, the *ADA* redefines standards of bodily capacity and debility by insisting that the reproduction of gender normativity is integral to the productive potential of the disabled body. Finally, the disaggregation, and thus the potential deflation of political and social alliances, of homosexuality, transsexuality, and the individual with HIV, is necessary to the solidification of this gender normativity that is solicited in exchange for the conversion of disability from a debility to a capacity. The modern seeds of what Robert McRuer and Nicole Markotič (2012: 167) call "crip nationalism" are evident here, as the tolerance of the "difference" of disability is negotiated through the disciplining of the body along other normative registers of sameness—in this case, gender and sexuality.

Part of the oscillation between intersectionality and assemblage is to methodologically move beyond the mutual interruptions of theory X by theory Y and vice versa. Such mutual interruptions are themselves symptoms of the liberal

deployment of intersectionality, implicitly based on the assumption of the equality of each vector to the other and the absence of each in the other. The focus here is not on epistemological correctives but ontological irreducibilities, irreducibilities that transform the fantasy of discreteness of categories not through their disruption but rather through their dissolution via multiplicity.

To enact such a project moves from questions such as What is disability? and What is trans? toward What does disability do? What does trans do? For the latter question one could point to other endeavors at similar efforts to articulate trans as a force that impels indeterminate movement rather than as an identity that demands epistemological accountability or as a movement between identities. Susan Stryker, Paisley Currah, and Lisa Jean Moore (2008) explicate the “trans-” (trans-hyphen) in the sociopolitical; Jami Weinstein (2012) develops the notion of “transgenre,” Mel Chen (2012) articulates trans as movements of speciation. Gilles Deleuze and Félix Guattari’s (1987) use of “transsexuality” opens to a fluid spectrum of possibility: trans as a motion, not an identity, and trans as a continuum of intensity, not identity.

How might we assemble trans and disability such that rather than cohering as new transnormativities, they do not strive to manifest wholeness or to invest in the self as coherent and thereby reproduce liberal norms of being? Susan Stryker and Nikki Sullivan (2009: 61) argue that “individual demands for bodily alteration are also, necessarily, demands for new forms of social relationality—new somatechnological assemblages that ethically refigure the relationship between individual corporealities and aggregate bodies.” This formulation, then, of new somatechnologies that refuse the individualizing mandate of neoliberal paradigms of bodily capacity and debility in favor of articulating greater connectivities between “aggregate assemblages of bodies” is precisely the goal of crafting convivial political praxis.

---

**Jasbir K. Puar** is associate professor of women’s and gender studies at Rutgers University. She is the author of *Terrorist Assemblages: Homonationalism in Queer Times* (2007). Her book *Affective Politics: States of Debility and Capacity* is forthcoming.

## Notes

1. Susan Stryker calls this transnormative citizenship (pers. comm., August 2, 2013).
2. The text in the ADA reads:
  - Sec. 12211. Definitions
  - (a) Homosexuality and bisexuality
 For purposes of the definition of “disability” in section 12102(2) of this title, homosexuality and bisexuality are not impairments and as such are not disabilities under this chapter.

(b) Certain conditions

Under this chapter, the term “disability” shall not include

(1) transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders;

(2) compulsive gambling, kleptomania, or pyromania; or

(3) psychoactive substance use disorders resulting from current illegal use of drugs. (Americans with Disabilities Act of 1990, 42 U.S.C. § 12208 [1990])

## References

- Aizura, Aren. 2011. “The Romance of the Amazing Scalpel: ‘Race,’ Labour, and Affect in Thai Gender Reassignment Clinics.” In *Queer Bangkok*, ed. Peter A. Jackson, 143–62. Hong Kong: Hong Kong University Press.
- Barry, Kevin M. 2013. “Disabilityqueer: Federal Disability Rights Protection for Transgender People.” *Yale Human Rights and Development Law Journal* 16, no. 1: 1–50.
- Chen, Mel. 2012. *Animacies: Biopolitics, Racial Mattering, and Queer Affect*. Durham, NC: Duke University Press.
- Clare, Eli. 2013. “Body Shame, Body Pride: Lessons from the Disability Rights Movement.” In *The Transgender Studies Reader 2*, ed. Susan Stryker and Aren Z. Aizura, 261–65. New York: Routledge.
- Colker, Ruth. 2004. “Homophobia, HIV Hysteria, and the Americans with Disabilities Act.” *Journal of Gender, Race, and Justice* 8, no. 1: 33–34.
- Deleuze, Gilles, and Félix Guattari. 1987. *A Thousand Plateaus: Capitalism and Schizophrenia*. Translated by Brian Massumi. Minneapolis: University of Minnesota Press.
- Hong, Kari. 2002. “Categorical Exclusions: Exploring Legal Responses to Health Care Discrimination against Transsexuals.” *Columbia Journal of Gender and Law* 11, no. 1: 88–126.
- Irving, Dan. 2008. “Normalized Transgressions: Legitimizing the Transsexual Body as Productive.” *Radical History Review*, no. 100: 38–59.
- McRuer, Robert, and Nicole Markotić. 2012. “Leading with Your Head: On the Borders of Disability, Sexuality, and the Nation.” In *Sex and Disability*, ed. Robert McRuer and Anna Mollow, 165–82. Durham, NC: Duke University Press.
- Stryker, Susan, and Nikki Sullivan. 2009. “King’s Member, Queen’s Body: Transsexual Surgery, Self-Demand Amputation, and the Somatechnics of Sovereign Power.” In *Somatechnics: Queering the Technologisation of Bodies*, ed. N. Sullivan and S. Murray, 49–36. Aldershot, UK: Ashgate.
- Stryker, Susan, Paisley Currah, and Lisa Jean Moore. 2008. “Introduction: Trans-, Trans, or Transgender?” *WSQ: Women’s Studies Quarterly* 36, no. 3–4: 11–22.
- Weinstein, Jami. 2012. “Transgenres and the Plane of Gender Imperceptibility.” In *Undutiful Daughters: New Directions in Feminist Thought and Practice*, ed. Henriette Gunkel, Chrysanthi Nigianni, and Fanny Söderbäck, 155–68. New York: Palgrave Macmillan.

DOI 10.1215/23289252-2399659