1 Time for Disability Studies and a Future for Crips

Queerness should and could be about a desire for another way of being in both the world and time, a desire that resists mandates to accept that which is not enough.

—José Esteban Muñoz, Cruising Utopia

What would it mean to explore disability in time or to articulate “crip time”? Temporal categories are already commonly used in formulations of disability; one aspect of crippling time might simply be to map the extent to which we conceptualize disability in temporal terms. The medical field in particular has a long tradition of describing disability in reference to time. “Chronic” fatigue, “intermittent” symptoms, and “constant” pain are each ways of defining illness and disability in and through time; they describe disability in terms of duration. “Frequency,” “incidence,” “occurrence,” “relapse,” “remission”: these, too, are the time frames of symptoms, illness, and disease. “Prognosis” and “diagnosis” project futures of illness, disability, and recovery. Or take terms such as “acquired,” “congenital,” and “developmental,” each of which is used to demarcate the time or onset of impairment. “Developmental” does double duty, referring both to lifelong conditions, including those that develop or manifest in childhood and adolescence, but also implying a “delay” in development, a detour from the timeline of normative progress.

Temporal frameworks are not limited to the medical field, however. Disability studies and disability movements also draw on discourses of temporality in their framings of disability, often using the same temporal terms mentioned above. Indeed, part of the work of these movements has been to reveal “nondisabled” and “able-bodied” as temporal, and temporary, categories; think here of the “TAB” tag (temporarily able-bodied), intended to remind nondisabled people that the abled/disabled distinction is neither permanent nor impermeable. Disability studies’ well-rehearsed
mantra—whether by illness, age, or accident, all of us will live with disability at some point in our lives—encapsulates this notion, suggesting that becoming disabled is “only a matter of time.” Sharon Snyder, Brenda Brueggemann, and Rosemarie Garland-Thomson call this temporality of inevitability “the fundamental aspect of human embodiment.” Of course, disability is more fundamental, more inevitable, for some than others: the work that one does and the places one lives have a huge impact on whether one becomes disabled sooner or later, as do one’s race and class positions. Yet these patterns can also be understood in terms of temporality: frequency, incidence, occurrence. Familiar categories of illness and disability—congenital and acquired, diagnosis and prognosis, remission and relapse, temporarily able-bodied and “illness, age, or accident”—are temporal; they are orientations in and to time, even though we rarely recognize or discuss them as such, and could be collected under the rubric of “crip time.”

Exploring disability in time also includes speculation on temporalities of disability: how might disability affect one’s orientation to time? Irv Zola and Carol Gill were perhaps the first disability studies scholars to mention the temporal orientation of “crip time,” describing it as an essential component of disability culture and community. Tellingly, neither one of them defined the term but rather focused on its frequent appearance in disability communities; they wrote as if the concept would be already familiar to their readers. For Zola, discussing “the intricacies of crip time” was an important act of political reclamation for disabled people; Gill reports feeling pleasure and surprise at discovering “the common usage and understanding” of crip time among the diverse groups of disabled people she encountered. By locating crip time in disabled people’s in-group conversations, Gill and Zola center community-based temporalities, ones which they equate with disability culture and resistance.

Crip time emerges here as a wry reference to the disability-related events that always seem to start late or to the disabled people who never seem to arrive anywhere on time. As one slang dictionary puts it, “crip time” means both “a flexible standard for punctuality” and “the extra time needed to arrive or accomplish something.” This need for “extra” time might result from a slower gait, a dependency on attendants (who might themselves be running late), malfunctioning equipment (from wheelchairs to hearing aids), a bus driver who refuses to stop for a disabled passenger, or an ableist encounter with a stranger that throws one off schedule. Operating on crip time, then, might be not only about a slower speed of movement but also about ableist barriers over which one has little to no control; in either case, crip time involves an awareness that disabled people might need more time to accomplish something or to arrive somewhere.

Recognizing some people’s need for “more” time is probably the manifestation of crip time most familiar to those of us in the academy. Disabled students (or at least those with approved paperwork) are permitted more time on exams, for example, or granted extended reading periods. But “crip time” means more than this kind of
blanket extension; it is, rather, a reorientation to time. As Margaret Price explains, “[A]dhering to crip time . . . might mean recognizing that people will arrive at various intervals, and designing [events] accordingly; and it might also mean recognizing that [people] are processing language at various rates and adjusting the pace of a conversation. It is this notion of flexibility (not just ‘extra’ time)” that matters. 9 Crip time is flex time not just expanded but exploded; it requires reimagining our notions of what can and should happen in time, or recognizing how expectations of “how long things take” are based on very particular minds and bodies. We can then understand the flexibility of crip time as being not only an accommodation to those who need “more” time but also, and perhaps especially, a challenge to normative and normalizing expectations of pace and scheduling. Rather than bend disabled bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds.

How might thinking about time open new perspectives on and for disability studies? Or how might observations on “crip time” lead to more expansive notions of both time and futurity? Questions about time, temporality, and futurity continue to animate queer theory, but this work has yet to have much of an impact in disability studies, and disability studies scholars have rarely been participants in these discussions. 10 In articulating crip temporalities, then, I am calling for a mutual engagement in these discourses: What can disability studies take from queer work on critical futurity and, simultaneously, how might attention to disability expand existing approaches to queer temporality? How might our understandings of queer futurity shift when read through the experiences of disabled people, or when interpreted as part of a critique of compulsory able-bodiedness or able-mindedness? What does it do to queer time to place it alongside crip time, or queer futurity alongside crip futurity? Can we crip queer time? 11

In offering these questions, my call is not only for disability studies to enter into theoretical discussions about time, temporality, and futurity, but also for us to wrestle with the ways in which “the future” has been deployed in the service of compulsory able-bodiedness and able-mindedness. Ideas about disability and disabled minds/bodies animate many of our collective evocations of the future; in these imaginings, disability too often serves as the agreed-upon limit of our projected futures. This book is about imagining futures and futurity otherwise.

My understanding of crip time and my desire for crip futurity exist in stark contrast to the temporal framing more commonly applied to disability and disabled people, what I call “curative time.” I use “curative” rather than “cure” to make clear that I am concerned here with compulsory able-bodiedness/able-mindedness, not with individual sick and disabled people’s relationships to particular medical interventions; a desire for a cure is not necessarily an anti-crip or anti-disability rights and justice position. I am speaking here about a curative imaginary, an understanding of disability that not only expects and assumes intervention but also cannot imagine or comprehend anything other than intervention.
Futurity has often been framed in curative terms, a time frame that casts disabled people (as) out of time, or as obstacles to the arc of progress. In our disabled state, we are not part of the dominant narratives of progress, but once rehabilitated, normalized, and hopefully cured, we play a starring role: the sign of progress, the proof of development, the triumph over the mind or body. Within this frame of curative time, then, the only appropriate disabled mind/body is one cured or moving toward cure. Cure, in this context, most obviously signals the elimination of impairment but can also mean normalizing treatments that work to assimilate the disabled mind/body as much as possible. The questions animating a curative temporality include: Were you born that way? How much longer do you have to live this way? How long before they invent a cure? How long will a cure take? How soon before you recover?

In this chapter, I engage in the process of articulating other temporalities, other approaches to futurity beyond curative ones. I do so by speculating on the possibilities ofcripping queer time. First, I briefly summarize Lee Edelman’s infamous queer polemic against the future. Although my larger project is concerned with how notions of the future have been used against disabled people, I argue that abandoning futurity altogether is not a viable option for crips or crip theory. Second, I read queer temporality through the lens of disability, exploring how illness, disability, and crip time are always already present in queer time. Third, I continue this reading of queer time through disability to pinpoint places where disability seems to exceed queer time. My interest is in how we might use these points of disconnection to expand both queer and crip time. Finally, I close with a few reflections on thinking disability in time. As critics of utopian thinking have long argued, the futures we imagine reveal the biases of the present; it seems entirely possible that imagining different futures and temporalities might help us see, and do, the present differently.

No Future for Crips

Lee Edelman has famously argued that queers and queer theory would be better off refusing the future altogether. (“Fuck the Future,” as Carla Freccero puts it.) Building on Lauren Berlant’s work on the figure ofthe child in American politics, Edelman argues that futurity—an investment in and attention to the future or futures—is almost always figured in reproductive terms: we cannot “conceive of a future without the figure of the Child.” As a result, the Child serves as “the telos of the social order,” the one for whom we all act, “the fantasmatic beneficiary of every political intervention.” He offers as an example abortion rhetoric, noting that both pro-choice and antiabortion activists frame their fight as on behalf of the children. Patrick McCreery traces a similar parallel among both opponents and supporters of gay marriage: depending on one’s stance, gay marriage either destroys children’s well-being or enhances it, but both sides agree that the future of children is what is at stake in the debate and therefore what should guide our decisions. For those in both fights, then, the struggle becomes no longer about rights or justice or desire or autonomy but about the future of “our” children. Both of these
examples show the slipperiness of arguments based on the Child and reproductive futurity; one can mobilize the same rhetoric toward mutually opposing goals. What Edelman draws out is the coercive nature of such frames: it is not only that we *can* use the “future of our children” frame but that we *should* or *must* use it; politics itself is and can only be centered around the Child, foreclosing all other possibilities for action.

Reading from a queer crip perspective, I can easily see the ways in which “the future,” especially as figured through the “Child,” is used to buttress able-bodied/able-minded heteronormativity. First, the proliferation of prenatal testing, much of which presumes that all positive diagnoses will be “solved” through selective abortion, is a clear manifestation of compulsory able-bodiedness and able-mindedness. As we will see in the following chapters, pregnant women with disabilities and pregnant women whose fetuses have tested “positive” for various conditions are understood as threats to the future: they have failed to guarantee a better future by bringing the right kind of Child into the present. Thus the idealization of the Child as the frontier of politics, the framing that troubles Edelman, should concern crip readers as well; discourses of reproduction, generation, and inheritance are shot through with anxiety about disability. These sites of reproductive futurity demand a Child that both resembles the parents and exceeds them; “we” all want “our” children to be more healthy, more active, stronger and smarter than we are, and we are supposed to do everything in our power to make that happen. The Child through whom legacies are passed down is, without doubt, able-bodied/able-minded.

Second, a politics based in futurity leads easily to an ethics of endless deferral. “We’re held in thrall by a future continually deferred by time itself,” Edelman notes, and this deferment serves to consolidate the status quo. Focusing always on the better future, we divert our attention from the here and now; “We are rendered docile,” in other words, “through our unwitting obedience to the future.” This phrasing is telling: “held in thrall,” “rendered docile,” “unwitting obedience”—each phrase signals stagnation and acquiescence, an inability to move in any direction because of a permanently forward-looking gaze. This deferral, this firm focus on the future, is often expressed in terms of cure and rehabilitation, and is thereby bound up in normalizing approaches to the mind/body. Disability activists have long railed against a politics of endless deferral that pours economic and cultural resources into “curing” future disabled people (by preventing them from ever coming into existence) while ignoring the needs and experiences of disabled people in the present. This kind of focus on futurity does disabled people no favors, yet it is one of the most common ways of framing disability: we must cure Jerry’s kids now so that there will be no more Jerry’s kids in the future. Moreover, everything from sterilization to institutionalization, from bone-lengthening surgeries to growth attenuation, has been justified on the grounds that such acts will lead to better futures for the disabled person and/or for their communities. Within these discourses, disability cannot appear as anything other than failure.
Third, eugenic histories certainly bear the mark of reproductive futurity. Even keeping only to the United States, and only to the past one hundred years or so, examples abound of how concerns about the future of the “race” and the future of the nation (futures often depicted as intertwined) have been wrapped up in fears and anxieties about disability. Tens of thousands of people diagnosed with various “defects” were targeted by eugenic professionals and policies for the first half of the twentieth century, classified, and managed in order to contain the alleged risks they posed to public health. The category of “defectives” included not only people with disabilities but also people from “suspect” racial, ethnic, and religious groups as well as poor people, sexual “delinquents,” and immigrants from the “wrong” countries. All were united under flexible concepts of degeneracy, defect, and disability, with “feeble-minded” serving as one of the most effective, and expansive, classifications of all. People placed into one or more of these categories might be tracked by family records offices, institutionalized and segregated from the public, sterilized against their will, barred from entering the country, or, in extreme cases, euthanized. Schools and universities included the study of eugenics in their curriculum, both disseminating and reifying these concepts of degeneration and defect. In many states, sterilization came to be seen as a necessary means of protecting the health of the race and the nation from further degeneration; as Oliver Wendell Holmes asserted in the infamous 1927 *Buck v. Bell* decision upholding Virginia’s compulsory sterilization policies, “Three generations of imbeciles are enough.”

While many overtly eugenic policies began to wane in the 1930s and 1940s, eugenic ideologies and practices did not fully disappear but rather flourished well into the Cold War and beyond. Virginia’s sterilization law was not repealed until 1974, and coerced or forced sterilization of women of color, poor women, indigenous women, and disabled women persisted throughout most of the twentieth century; even today, under certain circumstances, disabled people can be sterilized without their consent, and poor women, immigrant women, and women of color continue to have their reproductive futures curtailed by the courts and the legislature. Institutionalization remains a common response to disabled people, particularly those with “severe” disabilities; despite the Supreme Court’s 1999 decision in *Olmstead*, which affirmed the right of disabled people to live in their home communities, many states continue to prioritize funding for institutions over funding community-based care. State governments across the country are responding to budget crises with cuts to health care and disability services, especially in-home attendant care; given that many disabled people require such services in order to live independently, disability rights activists and health advocates note that even more disabled people, especially disabled people of color and low-income disabled people, are being forced into nursing homes or out onto the street. These trends do not bode well for the futures of disabled people, even as they are touted as necessary for preserving the future health of the state and the nation.
Indeed, at one time or another, each of these practices—sterilization, segregation, exclusion, institutionalization—has been justified by concerns about “the future” and particularly future children. For example, Mary Storer Kostir, an assistant at the Ohio Bureau of Juvenile Research, argued in a 1916 publication that “physically rigorous but mentally feeble persons are a social menace. . . . Their children threaten to overwhelm the civilization of the future. . . . [We] must also consider our children, and not burden the future with an incubus of mental deficiency.” In making her case for segregating those labeled “feeble-minded,” Kostir weighs the futures of “our” children against those other children, the ones who are mentally deficient, threatening, and burdensome. A 1933 pamphlet by the Human Betterment Foundation similarly warns against the “burden” of “feeble-minded” children, noting that the failure to practice “eugenic sterilization” produces effects that are “disastrous . . . in future generations.” In these kinds of eugenic discourses, children serve as the sign of the future; the kind of future that awaits us will be determined by the kind of children we bear. Illness, “defect,” “deviance,” and disability are positioned as fundamentally damaging to the fabric of the community: polluting the gene pool, or weakening the nation, or destroying a family’s quality of life, or draining public services (or, often, some combination of the four). To put it bluntly, disabled people were—and often are—figured as threats to futurity.

Whole books have been written about each of these practices, and this brief, sweeping history cannot begin to do justice to the material or, especially, to the bodies invoked by this material. Such broad summaries all too easily erase differences among people with disabilities, differences not only of race, class, sexuality, gender, and history but also of impairment; there are many bodies falling through the cracks of this overview. And yet, it is imperative to establish a pattern, to demonstrate that we have long felt and acted on the belief that disability destroys the future, or that a future with disability must be avoided at all costs. It is this pattern, these histories, that makes the question of the future so vexed. I can see clearly how futurity has been the cause of much violence against disabled people, such that “fuck the future” can seem the only viable crip response.

And yet, these very histories ultimately make such a refusal untenable, and it is here that I part ways with Edelman. I do not think the only response to no future—or, rather, to futures that depend upon no futures for crips—is a refusal of the future altogether. Indeed, “fucking the future,” at least in Edelman’s terms, takes on a different valence for those who are not supported in their desires to project themselves (and their children) into the future in the first place. Edelman acknowledges that “the image of the Child [is] not to be confused with the lived experiences of any historical children,” and his imperative to reject the future is therefore not so much about the futures of actual children as about “the whole network of Symbolic relations and the future that serves as its prop.” I am, then, writing in a different register, and somewhat simplifying Edelman’s argument in the process. Yet, at the same time, Edelman’s warnings of reproductive futurism, of idealizing the child, read quite differently when
they are read alongside “the lived experiences of . . . historical children.” As Heather Love urges, “What one wants more of . . . are things that No Future excludes from the start: an account of the relation between the idealization of children and their actual treatment in the world.” José Esteban Muñoz offers the kind of accounting we need here, noting that the futures of some children are neither protected nor fetishized: “Racialized kids, queer kids, are not the sovereign princes of futurity. Although Edelman does indicate that the future of the child as futurity is different from the future of actual children, his framing nonetheless accepts and reproduces this monolithic figure of the child that is indeed always already white.”

This always already whiteness is a whiteness framed by and understood through regimes of health and hygiene; health and hygiene have long served as “potent symbolic marker[s] of racial difference” in terms of both immigration policies and conceptualizations of disability and illness. Anna Stubblefield details, for example, the ways in which the label of “feeble-mindedness” worked in the early twentieth century to signify a whiteness “tainted” by poverty and ethnicity; “[T]he racialized understanding of cognitive ability was used to signify not only the difference between white and nonwhite people but also the difference between pure and tainted whites.” Whiteness, in other words, depended on the linkage of race, class, and disability for meaning.

Queer kids, kids of color, street kids—all of the kids cast out of reproductive futurism—have been and continue to be framed as sick, as pathological, as contagious. The histories of eugenic segregation and sterilization I mention above offer multiple examples of this conflation of race, class, and disability; so, too, does Daniel Patrick Moynihan’s infamous 1965 report The Negro Family: The Case for National Action. In it, he warns that “most Negro youth are in danger of being caught up in the tangle of pathology that affects their world, and probably a majority are so entrapped.” They are “entrapped,” explains Moynihan, because this “pathology” is endemic to black families; the black family is always already sick. We can locate a more recent example of the linkages among race, class, and illness in the 2009 finding that doctors are four times more likely to prescribe antipsychotic drugs to children on Medicaid than children on private insurance; children on Medicaid are also far more likely to be prescribed such medications for “less severe conditions” than other children. As Dorothy Roberts notes, such differential treatment suggests the persistence of stereotypes about the mental health and behavioral stability of poor children and children of color. I offer these examples not to make the case that racism and classism are really ableism, or that what Muñoz is really talking about is disability, as if everything collapses into disability; rather, I want to insist that these categories are constituted through and by each other. The always already white Child is also always already healthy and
nondisabled; disabled children are not part of this privileged imaginary except as the abject other.

In highlighting this abjection, I am not simply arguing for an expansion of the privileged imaginary to include disabled children; as Robert McRuer makes clear, the crip call is not to become normate. On the contrary, I want to interrupt this privileged imaginary by making apparent its assumptions; echoing Love’s desire for a careful accounting of real children’s lives, I call for critical maps of the practices and ideologies that effectively cast disabled people out of time and out of our futures. Let us return, then, to some of the terms with which I began this exploration of crip futures and temporalities: “frequency,” “incidence,” “occurrence.” Jasbir Puar argues that the task at hand is not to repudiate reproductive futurities but to trace “how the biopolitics of regenerative capacity already demarcate racialized and sexualized statistical population aggregates as those in decay, destined for no future, based not on whether they can or cannot reproduce children but on what capacities they can and cannot regenerate.” She speaks, then, not only of disability futurity but of futures of disability: how are incidents of illness and disability inextricably bound, and differentially bound, to race/class/gender/nation?

Noam Ostrander’s interviews with young black men in Chicago, each with violently acquired spinal cord injuries, are a useful illustration of these concerns. Several of these men describe being treated as if their current disablement were a foregone conclusion; people act as if they had always expected to find disability in these men’s futures because of their gender, race, and class: of course you’re in a wheelchair, what other futures could you possibly expect? As Isaac explains, “‘[B]ecause I’m black, I’m supposed to get in trouble—stuff like this is supposed to happen . . . I’m supposed to be dead in jail or in a chair. Some people look at it like that and that kinda bothers me. Just because I’m an African-American that means what? . . . This is how our lives is?”

The statistical likelihood that young, black men living in particular Chicago neighborhoods will be paralyzed (if not killed) by gunshot wounds serves to push them out of time, facing a future of no future, and a no future best embodied by a wheelchair. Disability, in other words, becomes the future of no future, with “dead in jail or in a chair” recognized as all the same, all signs of no future. In more mainstream, sentimental accounts of disability (i.e., those not featuring poor people of color living in “bad” neighborhoods), disability is what ends one’s future; it is the familiar narrative of disability as tragedy and loss. But for the men Ostrander profiles, disability is the sign that one never had a future in the first place; loss is not the defining frame because there was nothing to “lose.”

This assumption is laid bare in the results of a 2008 study of Medicare claims that describes the impact of race and region on health care. Researchers found, for example, that “blacks with diabetes or vascular disease are nearly five times more likely than whites to have a leg amputated”; an earlier study found similar racial disparities in medical responses to prostate cancer, with black men more likely than whites to have
their testicles removed as part of treatment. These differences are due in no small part to the larger disparities in our health care system; black people likely face more drastic treatments because their diagnoses come later and/or because they lack regular access to the high-quality care needed to manage chronic illnesses successfully. But whether we look at the end result—higher rates of amputation and thus of disability—or at the process—unequal access to care—it is hard to deny that some futures (and some bodies) are more protected than others.

The task, then, is not so much to refuse the future as to imagine disability and disability futures otherwise, as part of other, alternate temporalities that do not cast disabled people out of time, as the sign of the future of no future. It is to do the work Love, Muñoz, and Puar call for, and to do it with attention to how different populations are demarcated differently. The questions that then hang around us, that require sustained attention from queer disability scholars, would be the very ones raised by these queer theorists: How does the Child differ from historical children? How do some kids become the “sovereign princes of futurity” while others don’t (or perhaps because others don’t)?42 Pursuing these kinds of questions makes clear that some populations are already marked as having no future, as destined for decay, as always already disabled.

Queer Time, Crip Time

One could argue that queer time is crip time, and that it has been all along. Queer time is often defined through or in reference to illness and disability, suggesting that it is illness and disability that render time “queer.” Not only might they cause time to slow, or to be experienced in quick bursts, they can lead to feelings of asynchrony or temporal dissonance; depression and mania are often experienced through time shifts, and people with various impairments move or think at a slower (or faster) pace than culturally expected. These shifts in timing and pacing can of necessity and by design lead to departures from “straight” time, whether straight time means a firm delineation between past/present/future or an expectation of a linear development from dependent childhood to independent reproductive adulthood. Glimpses of these possibilities can be seen in recent queer theory. Elizabeth Freeman, for example, begins the “Queer Temporalities” issue of GLQ with a hint that illness and disability might be catalysts to thinking time differently, or queerly; riffing on Shakespeare’s “the time is out of joint,” she links this description of “skeletal dislocation” to a queer asynchrony, an experience of time in, on, and across the body. Imagining time as “out of joint” allows the possibility that time’s “heterogeneity can be felt in the bones,” that time “is” a body.43 Just as quickly as she names this dislocation or disability, however, she moves away from it, focusing only on queer temporalities “beyond somatic changes like puberty, aging, or illness.”44 What happens, though, if we do not move “beyond somatic changes” but think about queer/crip temporalities through such changes, through these kinds of skeletal dislocations, or illness, or disease?

In an attempt to begin that kind of inquiry, I use this section to trace potential links and overlaps between queer temporalities and what we can call “crip time.”
focus primarily but not exclusively on Judith Halberstam, not only because she has written extensively on the possibilities of queer temporalities but also because her work so clearly approaches the terrain of disability studies (even though she has yet to mark that closeness).\textsuperscript{45} If queerness is, in Freeman's terms, "a set of possibilities produced out of temporal and historical difference," and thus a kind of temporality (or temporalities), then thinking through queer disability requires thinking about crip temporalities.\textsuperscript{46} I am particularly interested in highlighting the work of illness and disability in articulations of queer time, drawing out the ways in which queer theorists deploy ideas of illness or disability to define queer time. Although I argue that disability categories are already at work in queer temporalities, I think there is more to be done in terms of tracing or creating connections, and I begin some of that work here, using queer temporalities to read disability experiences and reading crip temporalities as resembling queer time.

For Halberstam, queers are queer not only because of their objects of desire but also because they do too much of the wrong thing at the wrong time; attending to queer temporalities enables us to see queerness as "more about a way of life than a way of having sex."\textsuperscript{47} She argues that time is foundational in the production of normalcy, such that engaging in particular behaviors at particular moments has become reified as the natural, common-sense course of human development. "Normative narratives of time," in other words, "form the base of nearly every definition of the human in almost all of our modes of understanding, from the professions of psychoanalysis and medicine, to socioeconomic and demographic studies on which every sort of state policy is based, to our understandings of the affective and aesthetic."\textsuperscript{48} These normative narratives of time presume a linear development from a dependent childhood to an independent adulthood defined by marriage and reproduction.\textsuperscript{49} Halberstam thus focuses most of her attention on how queer subcultures operate outside "the paradigmatic markers of life experience—namely, birth, marriage, reproduction, and death."\textsuperscript{50} In articulating queerness through temporality, Halberstam highlights "strange temporalities, imaginative life schedules, and eccentric economic practices."\textsuperscript{51} How might we read each of these categories of queer temporality in and through illness and disability?

Let's begin with "strange temporalities": Halberstam introduces her notion of queer time by talking about the early time of the AIDS epidemic, when "[s]ome gay men responded to the threat of AIDS . . . by . . . making community in relation to risk, disease, infection, and death."\textsuperscript{52} Although Halberstam does not limit queer time to the time of illness and infection, she describes it as "emerg[ing] from the AIDS crisis," a context that forced gay communities to focus on "the here, the present, the now." That focus, argues Halberstam, pushed gay communities out of more mainstream temporal logics, ones in which the future was not continually diminishing with each death, or each diagnosis, or each symptom.\textsuperscript{53} Instead, the queer time of the epidemic deflects attention away from the future altogether, attending only to this moment, finding urgency in the present. By Halberstam’s reading, it was living, and dying, with AIDS
that pushed (some) gay men out of a normative life course and into queer ruminations on urgency and emergence. Given that Halberstam’s iteration of queer temporality stresses illness as much as sex, one could certainly make the argument that the time of the epidemic is both queer and crip time.54

Tom Boellstorff offers “the time of coincidence” as another queer temporality, one in which time “falls rather than passes”; he refers here to the coincidence of two cycles of time, as in “May 23rd ‘falls’ on a Tuesday,” finding in this concept of synchrony a way to move beyond strict linear time. It allows for two cycles of time (such as days of the week and numbers of the month) to be running simultaneously yet not perfectly parallel, creating circular moments of coincidence rather than straight (in both senses of the word) lines of forward movement.55 Is it possible, though, to read more into this notion of “falling” time, a phrasing that suggests a modality more akin to stumbling, tripping, and impaired bodies than walking ones? What is the time of falling, and how might we read disability into this focus on coincidence, on simultaneity? Or how might we read the distinction between falling and passing time as a distinction between falling and passing in time?

I am reminded here of Eliza Chandler’s meditation on falling on the sidewalk, her exploration of how tripping up her feet leads to tripping up categories of identification and disidentification. Falling on the sidewalk, she explains, becomes a moment of falling into disability; it is the falling that identifies her to others as disabled, plunging her into categories and identifications that trip her up. Falling makes passing impossible, even as she moves from one to the other moment by moment, even as she inhabits one category in her mind at the same time as she inhabits another in the eyes of others. The experience of falling in time leads Chandler to recognize how shame and pride coincide in her body on the sidewalk, a queer awareness of how her body falls into, exceeds, and fails expectations all at the same time.56 It is, at least in part, this link between falling and failure that renders crip temporalities queer. Notions of failure and excess, and acts of failing to adhere to some societal norms while or by exceeding others, run throughout discussions of queer temporality. Chandler knows that by falling she lives up to expectations about what disability does, even as she fails expectations about what the body does; failure and success thus coincide in the moment of falling.

We can move from “falling” to “falling ill” as another form of strange temporality. As Freeman herself suggests, living with illness can push time “out of joint,” opening up alternative logics and orientations. Anthropologist Sarah Lochlann Jain explores how cancer diagnoses and prognoses interrupt “the idea of a time line and all the usual ways one orients oneself in time—one’s age, generation, and stage in the assumed lifespan.”57 Living in “prognosis time” is thus a liminal temporality, a casting out of time; rather than a stable, steady progression through the stages of life, time is arrested, stopped. Paradoxically, even as the very notion of “prognosis” sets up the future as known and knowable, futurity itself becomes tenuous, precarious. But this
very precariousness can, as Halberstam finds in AIDS narratives, become an impetus for erotic investment in the present, in one’s diagnosed body.

Laura Hershey reports that inadvertently learning the nature of her diagnosis—and, as a result, her prognosis—changed her whole orientation to the world; she was familiar with living with disability, but discovering her prognosis fundamentally altered her relationship to futurity, even though her body remained unchanged. Sitting alone at school, she ran across the definition of muscular dystrophy in the dictionary: “A genetic disorder in which the body’s muscles weaken and eventually waste away.” At that moment, she writes, “All the futures I had imagined for myself were now replaced by this newly-revealed, short future: ‘eventually waste away.’” For Hershey, the time of prognosis is a single moment of telling but also an extended, if not indefinite, period of negotiation and identification. During that period, past/present/future become jumbled, inchoate. The present takes on more urgency as the future shrinks; the past becomes a mix of potential causes of one’s present illness or a succession of wasted time; the future is marked in increments of treatment and survival even as “the future” becomes more temeuous.

The strange temporality of diagnosis/prognosis seems all the more dislocating, all the more dis- and reorienting, for those falling out of or exceeding diagnostic categories. How might we understand the experiences of those with chronic fatigue and chronic pain, or those with multiple chemical sensitivities (MCS), struggling for years to find a medical professional or social services provider to recognize their impairments? Or the veteran trying again and again to get the government to acknowledge and address the effects of Agent Orange or Iraq War Syndrome or PTSD? “What is the ‘time,’” in Christopher Nealon’s framing, “of the repeated attempt?” Nealon pushes here for an understanding of queer time that includes the temporal experiences of marginalization and disavowal; how, he wonders, is the repeated experience of being denied recognition an orientation to time? His question reminds me of the stories and images in Rhonda Zwillinger’s powerful The Dispossessed, a profile of people with MCS who have lived through years of failed attempts to get their condition recognized, years that clearly took a toll; some of those Zwillinger profiled ran out of time, ultimately committing suicide out of frustration and isolation. As Roberta S. puts it, “For the past 16 years I have lived in my car, traveling from place to place looking for a ‘safe’ place so I can be indoors. I am so worn out I think I will die soon.” With these stories in mind, I supplement Jain’s “prognosis time” with the time of undiagnosis: the shuttling between specialists, the repeated refusal of care and services, the constant denial of one’s experiences, the slow exacerbation of one’s symptoms, the years without recognition or diagnosis, the waiting.

Thinking about diagnosis and undiagnosis as strange temporalities opens the door to still other framings of crip time, of illness and disability in and through time. What would constitute a temporality of mania, or depression, or anxiety? If we think of queer time as involving archives of rage and shame, then why not also panic attacks...
or fatigue? How does depression slow down time, making moments drag for days, or how do panic attacks cause linear time to unravel, making time seem simultaneously to speed up and slam shut, leaving one behind?

“Strange temporalities” could then include the experiences of those with PTSD or MCS who live in a kind of anticipatory time, scanning their days for events or exposures that might trigger a response. Such scans include moving both forward and backward in time while remaining present in this moment: What has caused reactions before? What might cause reactions now? What reactions lie ahead? Writing about MCS, Mel Chen explains, “I now have a strategy of temporally placed imaginations; if my future includes places and people, I pattern-match them to past experiences with chemically similar places and chemically similar people.” Surviving with MCS requires an embodied awareness of one’s location in space and time, “turning toward . . . or correspondingly away from” other bodies in the desire to survive from this moment into the next. This time of anticipation is itself a kind of queer liminality, living always in anticipation of the moment that has not yet arrived: the rogue fragrance, the invisible gas, the passing smoke. Queer, too, in that it requires, and is born of, an erotic attachment to the surrounding environment. Chen writes poignantly about how this temporality of anticipation and response fosters queer orientations to objects and people; her sofa—familiar, safe—becomes more present, more of a home to her body than the bodies of others, while people—with their unexpected, undesired fragrances and smokes—become foreign, disorienting. Encountering them in real time means being exposed to their chemical pasts (the shampoo they used that morning, the cigarette they smoked after class), which then impact one’s immediate future (feeling fatigue, fog, nausea). MCS, then, leads to a strange temporality, one of coincidence and multiplicity. The constantly forward-looking stance, the stance of anticipation, is, of necessity, bound also to the constant glance back. Chen experiences her present body in relation to past exposures, with both determining how future not-yet exposures will play out. The strange temporalities of MCS thus include not only Chen but also those around her, offering glimpses of how our individual choices can affect the temporalities of others; I can unwittingly, unknowingly, cast someone else out of time by my chemical consumption.

And what of Halberstam’s “imaginative life schedules”? I think here of those crip families who juggle attendant care, receiving hours for one person but unofficially using them for another. For example, one adult might be “more” disabled in the eyes of the state and therefore qualify for more hours than her lover; once in the home, however, an attendant might do work that benefits the lover, or their children. Or what about the very scheduling of attendant care itself and the ways in which it requires a simultaneous inhabiting of present and future? Harriet McBryde Johnson explains that working with attendants requires scheduling “in advance each bathroom trip, each bath, each bedtime, each laying out of our food and . . . books, each getting in and out of our chairs.” The immediate future then mixes with the present, as Johnson
uses this moment to plan the next and the next and the next. On one level, this kind of scheduling is more a difference in degree than in kind to the planning everyone does, regardless of attendant care. At another level, though, it requires a different orientation to one’s body, a foregrounding of physical needs—eating and sleeping and shitting—and the ways in which they shape our days. It is a literal projecting of one’s body as a body into the future even as one inhabits one’s body in the present. What orientations to space and time might this embodied dualness allow?

Indeed, this kind of anticipatory scheduling is not limited to working with attendants, but often extends to working with and in one’s own mind/body. For those who live with chronic fatigue or pain, for example, the present moment must often be measured against the moment to come: if I go to this talk now, I will be too tired for that class later; if I want to make that show tomorrow night, I need to stay home today. This idea of conserving energy, of anticipating, can be read as queer in that it bucks American ideals of productivity at all costs, of sacrificing one’s body for work. In other words, how might we begin to read these practices of self-care not as preserving one’s body for productive work but as refusing such regimes in order to make room for pleasure?

“Eccentric economic practices,” Halberstam’s third category, can then include this kind of refusal of productivity; it might also include the many disabled people who operate on the barter system, trading services and products below the radar of the state. Attendant services, health care, and disability payments often come with strict requirements about how much one can earn and still receive services, an amount that keeps many disabled people hovering near the poverty line. Eccentric economic practices can ease some of the financial pressure while also enabling crips to write or create without putting their health care in jeopardy. We can think here, too, of disabled people who create their own cooperatives and collectives of attendant care, negotiating their own terms apart from the requirements of the state.

Imagining these kinds of practices brings me right back to Halberstam and her articulation of queers as those who will and do opt to live outside of reproductive and familial time as well as on the edges of logics of labor and production. By doing so, they also often live outside the logic of capital accumulation: here we could consider ravers, club kids, HIV-positive barebackers, rent boys, sex workers, homeless people, drug dealers, and the unemployed. Perhaps such people could productively be called “queer subjects” in terms of the ways they live (deliberately, accidentally, or of necessity) during the hours when others sleep and in the spaces (physical, metaphysical, and economic) that others have abandoned, and in terms of the ways they might work in the domains that other people assign to privacy and family.

This definition, too, could easily be applied to disability, rendering disabled people “queer subjects.” Most immediately we can recognize that disability likely inhabits the categories named here: many disabled people are homeless and unemployed/underemployed; HIV falls under the rubric of illness and disability, as does drug addiction; and
disability does not preclude one from being a sex worker (and may, in fact, facilitate it or compel it). Moreover, as I noted above, the mechanisms of state services certainly push one out of the logic of capital accumulation and onto the edges of labor and production.

But we can think, too, of the blurring of boundaries between public and private. How does the use of attendants to assist with dressing and toileting disrupt the binary between private and public? Or what of the disabled people who use paid attendants to assist them with sex, either by positioning them in bed with their partners or by setting up and turning on sex toys? Or what of disabled people who engage in sex with their attendants? Each of these practices involve paid work “in the domains that other people assign to privacy and family,” suggesting at the very least productive overlaps between queerness and disability.

Ellen Samuels explores this possibility of crip time as resistant orientation: “Crip time refuses to define itself in terms of either the ideal or the average: Schedules for work, parenting, and the social are thus shaped by individual needs, desires, and abilities, rather than by regimented economic and cultural imperatives.” By attending to the individual and the private, Samuels paradoxically indexes the social and the public; to refuse the regimentation of economic imperatives across the terrain of one’s body, or one’s time, is to reimagine what public time and social relations can look like. “Eccentric economic practices” challenge the normative modalities that define time, such as productivity, accomplishment, and efficiency, and they urge us toward something different.

On Longevity, Lost History, and Futurity

Crip and queer temporalities clearly overlap, but reading them in relation to each other reveals areas of disconnect as well. In this third section, I highlight two ways that disability seems to exceed queer temporalities: first, the oppositional relationship between queer time and longevity; and second, the queer desire for reformulated histories. Early in Halberstam’s definition of queer time, on one of the first pages of In a Queer Time and Place, she laments that “we create longevity as the most desirable future, applaud the pursuit of long life (under any circumstances), and pathologize modes of living that show little or no concern for longevity.” This critique appears again, almost verbatim, in the book’s conclusion, thereby bookending Halberstam’s depiction of queer time and alternative temporalities. Although she never explicitly explores the notion of longevity in depth, its appearance at defining moments in the text suggests that her understanding of queer time draws its meaning, at least in part, from its opposition to longevity.

At first blush, this claim resonates; challenging the fetishization of longevity seems essential to both queer and crip politics, both queer and crip theory. Halberstam first issues this challenge in her discussion of HIV/AIDS and its effects on gay communities. As we saw earlier, she frames the time of the epidemic as a temporality that
refuses futurity, one prompted by gay men who had been forced by death and disease to rethink the cultural focus on living long lives. No longer able to project their young selves far into the future, they were compelled to live for the moment, in all of its urgency, the future be damned.⁷⁵ I hear this call as an equally crip move: we can certainly read “longevity” as a code for both “health” and “stability,” two terms disability studies is invested in troubling. I think, for example, of activists such as Hershey, who lived most of their lives knowing that a long life span was not in their future, but saw that fact as a call for love and justice rather than a sign of tragedy or shame. Or, as Robert McRuer argues in his queercrip reading of performance artist Bob Flanagan, “[s]urviving well can paradoxically mean surviving sick”; longevity is not the only rubric that matters.⁷⁶ A critique of longevity, then, can be easily articulated through disability studies; the devaluation of disabled bodies is due in no small part to those bodies’ failure to adhere to norms of bodies as unchanging, impermeable, long-lasting, and stable.

This is not the only crip reading of this text, however; it bumps up against another possible reading of this passage, one that opposes queer time not only to longevity but to disability. Reading again, “[W]e create longevity as the most desirable future, applaud the pursuit of long life (under any circumstances), and pathologize modes of living that show little or no concern for longevity.”⁷⁷ What is a crip to do with that troubling parenthetical? The insertion of “(under any circumstances)” seems to signal anxieties about illness, physical and mental degeneration, and disability; I read “under any circumstances” and hear “extraordinary measures,” “breathing through a machine,” “dependent on others.” I read “under any circumstances” and hear “better off dead” and “life not worth living.” Halberstam’s lack of specificity about what she means by “long life (under any circumstances)” and “longevity” suggests an assumption of shared meaning or common understanding; apparently, we all know which circumstances would render life not-queer.

Halberstam undercuts her own arguments here, allowing culturally embedded fears of age, illness, and disability to dilute her critique. Thinking through disability suggests that at the very least we do not value longevity under any circumstances or by any means necessary; we do, indeed, “pathologize modes of living that show little or no concern for longevity,” but one such mode of living is those bodies/minds who insist on living “under any circumstances.” A critique of longevity can begin to feel misplaced in a culture that continually supports cutting services to disabled poor people, and that continues to warehouse disabled people in institutions and nursing homes, two practices that very well may ensure those disabled people do not live long lives.

Halberstam herself recognizes that the “hopeful reinvention of conventional understandings of time,” as in her articulation of the time of the epidemic, is more possible for some bodies—and, we might add, some populations—than others.⁷⁸ Drawing on the work of Cathy Cohen, she notes, “[s]ome bodies are simply considered ‘expendable,’ both in mainstream and marginal communities, and the abbreviated life spans
of black queers or poor drug users, say, does not inspire . . . metaphysical speculation on curtailed futures, intensified presents, or reformulated histories.” In focusing so closely on Halberstam’s dismissal of a “concern for longevity” and “long life (under any circumstances),” I am insisting that we see disability—and more importantly, living with a disability, or living as disabled—as one of the positions that needs attention here. I argue for a disability studies that sees both “black queers” and “poor drug users” as within its purview, precisely because of their depiction as expendable, so I want to be clear that I am not suggesting a mere substitution of “disabled people” for “black queers or poor drug users” in Halberstam’s quote. Rather, reading her queer critique of longevity through the lens of institutionalization—a lens which can encompass “disabled people” right alongside “poor drug users” and “black queers”—has a similar effect: “curtailed futures” sounds a lot less romantic, a lot less queer, when we think through the precise circumstances under which we do, and do not, fetishize longevity.

So, too, can the focus on “reformulated histories.” The reimagining of lost pasts, or the conjuring of imagined pasts, animates much recent queer theory on time and futurity. Queer philosopher Shannon Winnubst, for example, urges an imagining of “lost pasts, where meanings and discourses are contested and practices and pleasures are forged.” As with critiques of longevity, her call to lost pasts can be deployed provocatively for crip ends. I think, for example, of Georgina Kleege and Brenda Brueggemann writing letters to the dead, not only contesting histories (of Helen Keller and Mabel Hubbard Bell, respectively) and the meanings attributed to them but refusing boundaries of place and time. Writing open letters to the dead can surely be read as a queer crip interruption of the linear time of past/present/future as separate and distinct planes. Kleege inserts herself into Keller’s frame, arguing with her, disputing her accounts, imagining alternate endings; in so doing, she contests mainstream sentimental accounts of both Keller and of disabled people more generally, presenting the past (rather than the future) as a viable and necessary site for politics, for rage, and for pleasure.

And yet, this reimagining of lost pasts can bleed easily into a normalizing nostalgia; Muñoz warns of the difference between “queer utopian memory” (such as Winnubst’s “lost pasts”) and the desire for “a nostalgic past that perhaps never was.” Thinking through crip temporalities and futurities requires, then, a grappling with nostalgia, a recognition of the powerful role nostalgia plays in approaches to the body. Indeed, fears about longevity “under any circumstances”—fears of disability, in other words—are often bound up in a kind of compulsory nostalgia for the lost able mind/body, the nostalgic past mind/body that perhaps never was.

People with “acquired” impairments, for example, are described (and often describe themselves) as if they were multiple, as if there were two of them existing in different but parallel planes, the “before disability” self and the “after disability” self (as if the distinction were always so clear, always so binary). Compulsory nostalgia is at work here, with a cultural expectation that the relation between these two selves is
always one of loss, and of loss that moves in only one direction. The “after” self longs for
the time “before,” but not the other way around; we cannot imagine someone regain-
ing the ability to walk, for example, only to miss the sensation of pushing a wheelchair
or moving with crutches. Contrast this nostalgia for the (imagined) nondisabled body
with the before-and-after imagery in weight-loss advertisements. As Le’a Kent argues,
“The before-and-after scenario both consigns the fat body to an eternal past and makes
it bear the full horror of embodiment, situating it as that which must be cast aside
for the self to truly come into being.”84 Elena Levy-Navarro extends Kent’s argument,
describing fat people as “history itself—that is, they are the past that must be dispensed
with.”85 Fat bodies and disabled bodies appear in different temporal frames here, but
neither is permitted to exist as part of a desired present or desirable future.

This assumption that disability cannot be a desirable location, and that it must
always be accompanied by a nostalgia for the lost able mind/body, is what animates
“the cure question” so familiar to disabled people: Wouldn’t you rather be cured?
Wouldn’t you like to be as you were before? Wouldn’t you prefer to be nondisabled?286
The repetition of the question, the fact that disabled people are consistently expected
to address it, is part of what gives the question its strength, its compulsory and coercive
power. It has become inescapable, and the answer is assumed to be self-evident.

Yet, as Susan Wendell explains, such positionings are rarely so straightforward.
In the same breath that she wishes for a cure to her chronic fatigue and pain, she notes
that a complete return to her “before” state would lead to “dissonance”: “I cannot wish
that I had never contracted ME [myalgic encephalomyelitis], because it has made me
a different person, a person I am glad to be, would not want to have missed being, and
could not imagine relinquishing, even if I were ‘cured.’”87 Wendell works to inhabit
both the before and the after at once, refusing the bifurcation of her identity into two
distinct temporal planes.

But even those who have been disabled since birth are confronted with ques-
tions of temporal longing, expected to mourn what they never had. Eli Clare refuses
this notion of the lost and longed-for body, this alleged desperation to return: “[F]or
me having CP [cerebral palsy] is rather like having blue eyes, red hair, and two arms.
I don’t know my body any other way.”88 This presumption of loss, one that extends
even to people who never “possessed” what they allegedly “lost,” is a symptom of the
compulsory able-bodiedness/able-mindedness challenged by disability studies schol-
ars and activists. It illustrates the extent to which the nondisabled body/mind is the
default position, as if all bodies/minds are purely abled until something happens to
them, as if mind/body variation were not a common occurrence. We are expected to
take up nostalgic positions toward our former selves, mourning what we have lost and
what can now never be.

Thus the lost pasts I mention here—lost able-bodies, lost able-minds—are not
queer but hypernormative; they rely on an assumption that all disabled people long
for a lost whole, pre-illness, pre-disability body. In this framing, illness and disability
can, and should, be left behind; these lost pasts are compulsorily hypernormative in that they are presented as futures disabled people would give anything to inhabit. Past, present, and future each become vexed, fraught: we lost what we had in the past, we exist in a present consumed by nostalgia for that loss, and we face futures far unlike the ones we had previously imagined. The futures we now face are then both unimagined and unimaginable, inconceivable. Compulsory nostalgia figures these futures as futures no one could possibly want; they have always already failed to achieve the ideal normalcy of our (imagined) able-bodied/able-minded pasts. The only culturally acceptable—culturally recognizable—future in this context is a curative one, one that positions a medicalized cure as just around the corner, as arriving any minute now. But this kind of cure-driven future positions people with disabilities in a temporality that cannot exist fully in the present, one where one’s life is always on hold, in limbo, waiting for the cure to arrive. Catherine Scott traces a version of this limbo in Christopher Reeve’s memoirs, describing them as a “struggle between the longed-for past, the pain-filled present, and the hoped-for future.”

Returning to Halberstam’s caution that “the abbreviated life spans of black queers or poor drug users . . . does not inspire . . . metaphysical speculation on curtailed futures, intensified presents, or reformulated histories,” how might we respond not by refusing such speculations altogether but by revising them, expanding them? How might the life and times of “black queers or poor drug users” or disabled people lead to temporal understandings quite different from the ones sketched out in No Future or In a Queer Time and Place or Feminist, Queer, Crip, but still quite queer? What is the time of incarceration, an experience known as “doing time,” or the time of institutionalization, fates familiar to the two populations Halberstam names here? Both institutionalization and incarceration are defined through overlapping temporal frames: temporarily committed, permanently placed, consecutive life sentences; both raise questions of chronology and development, such as the treatment of juveniles as adults (in prisons) and of young(er) adults as elderly ones (in nursing homes). How then do our/my notions of crip time shift if we/I think not only of institutionalization but also of incarceration as a sign of disability oppression?

Or, returning to Nealon’s notion of the “repeated attempt,” how do our metaphysical speculations change if we see antiracist interruptions of monolithic whiteness as moments in and of queer time? Or what if I were to take seriously Chen’s insistence that “the time of recovery” includes the time it takes to recover from a racist encounter on the street as much as the time it takes to recover from a chemical exposure, with both temporalities constitutive of and important to crip time?

These questions are, for me, bound up in questions of analogy and experience, romanticism and metaphor. How can I articulate a queercrpic time that does not oppose queerness to longevity yet maintains a critical stance toward hegemonic expectations of (re)productivity? Or, to put it differently, how do I respond to the fact that the theories we deploy, the speculations we engage, play out across different bodies differently?
Future Desires, Present Despair

I have written this book because I desire crip futures: futures that embrace disabled people, futures that imagine disability differently, futures that support multiple ways of being. I use this language of desire deliberately. I know how my heart can catch when I see a body that moves oddly or bears strange scars. I know how my body shifts, leans forward, when I hear someone speak with atypical pauses or phrasing, or when talk turns to illness and disability. Part of what I am describing is a lust born of recognition, a lust to see bodies like my own or like the bodies of friends and lovers, as well as a hope that the other finds such recognition in me. Perhaps most important to this examination of disability futures, it is a desire born largely of absence. We lack such futures in this present, and my desires are practically inconceivable in the public sphere. There is no recognition that one could desire disability, no move to imagine what such desire could look like.

In 1989 Eve Kosofsky Sedgwick lamented the cultural pervasiveness and acceptance of “the wish that gay people not exist.” “There are many people in the worlds we inhabit,” she explains, “who have a strong interest in the dignified treatment of any gay people who may already happen to exist. But the number of persons or institutions by whom the existence of gay people is treated as a precious desideratum, a needed condition of life, is small.” The notion that someone could dispense “advice on how to help your kids turn out gay” is almost inconceivable, but, she warns, oppression will continue until we can both imagine and experience people and institutions doing exactly that. What we desperately need is “a strong, explicit, erotically invested affirmation of some people’s felt desire or need that there be gay people in the immediate world.”

I have avoided the temptation to substitute “disabled” for gay in the preceding quote, partly because I want to avoid any suggestion that Sedgwick’s desire is now mere history. There are unfortunately far too many ways in which 2012 does not look that different from 1989. But I also worry about the other dangers of substitutive logics and practices, such as the rhetorical erasure of people inhabiting both locations, of queers with disabilities. More to the point, such easy paralleling fails to tease out the specificities of the queer/disability relationship. Facile parallels or quick substitutions make it more difficult to recognize how queerness continues to be read through the lens of disability, with both queers and crips rendered unnatural, sick, degenerate, and deviant. (This reading seems especially common for people on the trans spectrum or for intersex folks.) I use the quote here because it still feels all too true in 2012, and I, too, long for that kind of embodied investment in queer lives. I use it, too, because I think the inability to value queer lives is related to the inability to imagine disabled lives. Both are failures of the imagination supporting and supported by the drive toward normalcy and normalization. Not wanting to cultivate queerness, or to build institutions supporting that kind of cultivation, is intertwined with fears about cultivating disability. (I have a hard time even typing “cultivating disability” because it...
is almost impossible to imagine what a just version of that would look like. This book serves as my attempt.)

Thus my desire for crip futures is, as Heather Love puts it, “a hope inseparable from despair.” I feel this hope—and the hope has the fierce intensity that it does—because it is birthed out of and coexists with this despair about our impoverished imaginations. What I need is to follow some of these longings out, even if they put me in the realm of fantasy. Changing our imaginations, suggests Judith Butler, allows us to change our situations. Fantasy carries a “critical promise,” she argues, “allow[ing] us to imagine ourselves and others otherwise.”

This intermingling of recognition and absence, of despair and hope, renders my desire quite queer. Queer in that my want, my longing, my pleasure intensifies with the queerness of these crip bodies, these crip futures. Queer, too, in that in imagining crip futures, I mean more than particular, identifiable bodies. I mean possibility, unpredictability, promise: the promise of recognizing crip where I did not expect to find it, the possibility of watching “crip” change meanings before my eyes. I name this desire “queer” in part because of its ambiguity. Becoming more “visible”—by increasing and publicizing the presence of disabled people in public, perhaps—does not guarantee acceptance or inclusion, especially for those not already privileged by race and class. As feminists from Minnie Bruce Pratt to Bernice Johnson Reagon to Chandra Talpade Mohanty have cautioned, the desire for home, for familiarity, often leads to naïve evocations of community. Thus, in naming and experiencing this desire, I am likely misreading and misrecognizing the bodies and practices of others. I am, in other words, finding both disability and desire where they don’t necessarily belong—surely a potentially queer and crip move.

This desire, these imaginings, cannot be separated from the crip pasts behind us or the crip presents surrounding us; indeed, these very pasts and presents are what make articulating a critical crip futurity so essential. To put it bluntly, I, we, need to imagine crip futures because disabled people are continually being written out of the future, rendered as the sign of the future no one wants. This erasure is not mere metaphor. Disabled people—particularly those with developmental and psychiatric impairments, those who are poor, gender-deviant, and/or people of color, those who need atypical forms of assistance to survive—have faced sterilization, segregation, and institutionalization; denial of equitable education, health care and social services; violence and abuse; and the withholding of the rights of citizenship. Too many of these practices continue, and each of them has greatly limited, and often literally shortened, the futures of disabled people. It is my loss, our loss, not to take care of, embrace, and desire all of us. We must begin to anticipate presents and to imagine futures that include all of us. We must explore disability in time.