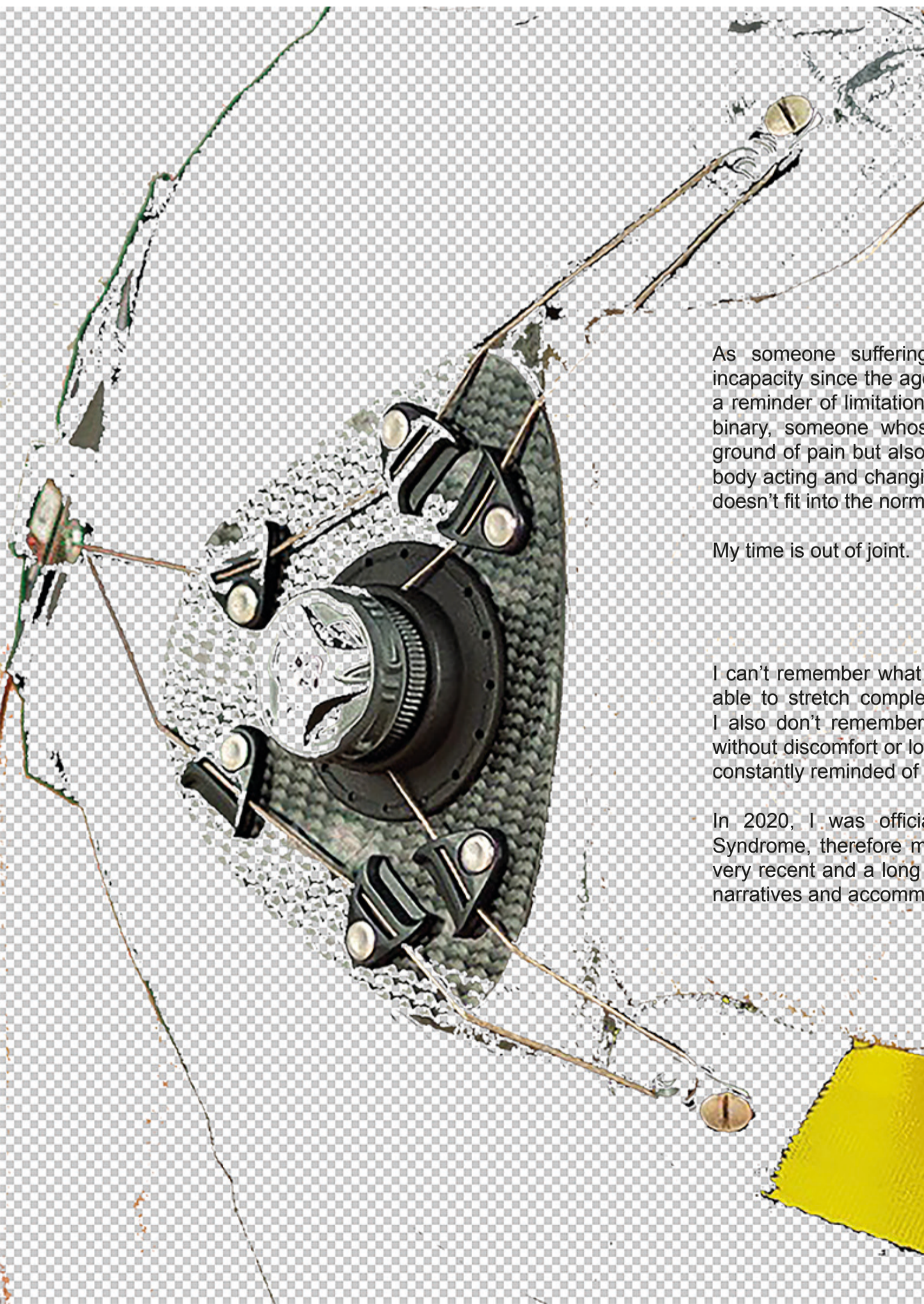


Queerness and disability share a common temporality ground, in the sense that its subjects move through time in transgression, we move in a parallel line that has several detours. When you don't inhabit an abled Cis-Hetero-normative body, your experience deviates from the desired established narrative. You then became a transgressor. By not complying with the norm, we leave Chrononormativity and enter

~ ~ Transgressive time



As someone suffering from increasing chronic pain and incapacity since the age of 13, I don't recognize my life without a reminder of limitations. As someone who is Queer and Non-binary, someone whose body not only is a constant battleground of pain but also of gender dysphoria, I see and feel my body acting and changing in ways that don't feel right. My body doesn't fit into the normative time.

My time is out of joint.

I can't remember what it feels to wake up energized, or being able to stretch completely without fear of tearing something. I also don't remember being able to look people in the eye without discomfort or losing track of the conversation and being constantly reminded of a communication rule I kept breaking.

In 2020, I was officially diagnosed with Autism Spectrum Syndrome, therefore my knowledge of my neurodivergency is very recent and a long way to fully understand its implications, narratives and accommodations. There's a delay again...



My perception of time varies and adding this dimension to Chronic Pain, I enter a double Crip time, or at least a Crip time that ranges not only from pain and fatigue, stiff joints, swollen nerves but also overstimulation, emotional overload, burnout and dissociation just to name a few. I don't remember not being overstimulated by sounds or emotion dysregulation, or being made aware of how my posture and social presentation are flawed and unlikable. I remember that amongst all this discomfort that existed throughout my life only certain physical experiences like early age deafness were considered 'problems' to be fixed.

Within a constant reassessment of what Crip time means in my case, I realized that the articulation of all these elements led to an exhaustion I cannot translate. A fatigue I can't control, nor can I always predict, or recover easily from.

My present experience is always a constant reminder of the incorrect way of being pointed out so many times before that forces me to evaluate constantly how to stand and move. Crip and Queer Time are experienced in a state of deferral. Our time is stopped. It is delayed by our impairments but mostly by barriers. Barriers able-bodied and able-minded people don't see and Crips and Queers keep bouncing from.

I'm reminded that one's place within illness is supposed to be a temporary one. Failing to keep with that timeline means one falls out of time.

Recovery is a central aim of our healthcare is centered around a capitalist system that considers sickness a temporary measure. Illness is imbued with notions of time in the sense that it's constantly measured in either a short or a long span, but always a finite span. This assessment of ill time is superficial and unrealistic. Most of us who suffer and move within Crip Time know the questions...

...when are you going to get better?
When can you get back on your feet?
Is there a cure?
It's treatable, right?
Is there a future?

At some point these questions do not make sense anymore. You just know the probability of a full normative recovery or gaining full normative capacities is impossible and what should be questioned is:

What can we do and what can't we do?
Which resources can you use and which spaces, tasks, temporalities are to be avoided?
Which support systems are in place?
Can you share your Care-Rider?

Deafness occurs more often in Autistic people. It is not only linked with autism, but also with speech impairments and delays in acquiring speech.

At the age of four, I became deaf...

At the age of four, my brother started to speak...

Both of us experienced deafness and some speech impairment, severe short-term stuttering in my case, long-term speech delay in my brother's case. Both of us were raised as neurotypical cis-straight kids, not knowing we inhabited Crip time in a family where autism already existed and was hidden and erased from the picture.

That story of erasure is that of my cousin António, who passed away in 1997. There's not much I know about him. There are no pictures. There are no visible records easy to access and the family attitude towards his memory is one of discomfort.

The details about his life and identity faded away with time, a process that was accelerated through shame. His first name and diagnosis are the main two surviving facts about him, the rest are either assumptions or ridicule. He lives within the realm of a family joke.

Wherever I ask questions about him, they are deflected with unease. His house was demolished the year he died, his belongings sold. So from 1997 onwards there were no more traces of him and I still can't picture his face.

All that survives in my personal memory, besides his name and diagnosis is that he was at times non-verbal and that he had a very distinct way of greeting me. He would approach me and gently touch my eyelids with his thumbs. As soon a family member noticed, he was shouted at and told to leave the children alone.

Despite the list of jokes he survives through, I always felt some affinity for him.

Since I was diagnosed, I immersed myself in neurodivergent culture and became aware that there can be a certain familiarity among autistic people...we can sometimes see each other and recognize each other moving on the spectrum, even if others don't. Since then I often wonder if António could, see, me. And if for the same reason I once told my mother I 'saw' my younger brother. When I was around 10, I told her straightforwardly: 'You know he's autistic, right?' and pointed at my non-verbal 4 year old brother (who remains to this day without access to a diagnosis). The reaction of others to this statement was not a positive one and I didn't manage to get understanding from this interaction, only that I couldn't bring up the subject again.

I could see my brother's (possibly) autistic traits but couldn't see my own yet, and through out the years my experience with unacknowledged neurodivergency was a confusing and mangled one.



'Is there any history of neurodivergency in your family?'
'Can we interview your parents?'

Yes, and no.

Yes, there is a history of autism and suspected autism in my family.

No, I don't want my parents to know I'm seeking out a diagnosis.

The prevalence of stigma means that public knowledge of autism is not only cloudy but mis-representations, shame and ignorance, leading to the attempt to keep people on the spectrum out of sight, out of memory and out of time


By the time I was diagnosed I was well aware of the ableist nature of my upbringing, my family and society...and why I couldn't trust family to help with the diagnosis research or even mention it. Somehow, I can only move in Queer and Crip Time completely as a foreigner. While living abroad, time feels different and I have the space to arrange my Queer Crip Time in a way that is not only bearable, but also introduce a possibility of joy and understanding.

The relationship between siblings can be of a strong bond, sometimes beyond words...this case I mean that literally. My brother was non-verbal, but his two older siblings became fluent in his language and took on the role of translator between him and the normative world. At some point, Parents and educators understood that this bond made me and my neurotypical middle brother provide a connection when normative communication was unreachable. With time he acquired verbal language, through a lot of speech therapy but also, I think, because through using his translator-siblings as a link, he finally was able to establish his own connection to the 'outside'.

As an eldest sibling, I grew up having a trusted responsibility over my brother, and as someone also on the spectrum, I kept seeing his frustration and incomprehension of the manner in which people would treat him. Words like 'retarded' and 'disabled' were thrown around him casually as if he couldn't hear or make sense of them, but I could see his comprehension of those words. This gap between him and others was an unkind one, furthered by structural ableism and erased family narratives.

Without knowing it my siblings and I grew up articulating a Queer Crip Time.





The reason why I have Chronic Pain comes from a mixture of lack of access to (proper) healthcare, mystery and violence inflicted upon me. As a teenager I had to endure aggression because I didn't fit in the expected box: my neurodivergency, queerness and divergent skills attracted hate and violence. In a society where victims are routinely not believed, supported or cared for, in my reality, this revealed a structural systemic violence that comes with being a victim of any form of hate crime. In my case, I was pushed down even further on to a parallel time where translation becomes almost impossible and invisible.

There are ways of still navigating Crip Time, and the more time passes and the more experiences one gathers, the more supports and 'braces' we engineer to make our daily lives better. Be it mobility aides, sensory aides, a trusted person, rest and, more importantly ---boundaries.

The use of aides are not a solution for there is no specific thing to, fix, but they allow one to carry one's body forward and calibrate levels of effort. I take a lot of rest and engineer ways in which I can move within my own time comfortably enough to manage. I use braces to provide some movement and rest, and headphones and ear plugs to block out the most distressing sensorial input. The use of braces is similar to the use of sensory soothing objects, the use of comfortable clothes and bedding. Unfortunately, the transactions of accommodations are a barrier.

My Queer Crip Time resembles a cyborg.

As someone living on a neurodivergent spectrum with invisible pain, translation of needs and discomfort is difficult and the gradient of increasing complaints seems to place me on a level that no doctor seems to understand. People with disability face the risk of medical neglect, misdiagnosis, intolerance and unprofessionalism at higher rates than able-bodied / able-minded people, mostly if disability is overlapped with race, gender and class minorities. The same is true for people with ASS and other forms of neurodivergency, because they might express pain, emotions and informational transaction in ways that neurotypical doctors have too little understanding of, so they don't interpret these patients' signals correctly.

When I was diagnosed with autism, I understood then the empowerment of knowing why and how my brain is differently wired...and possibly why I have a monotone voice when I talk, why I can't make eye contact properly, why I arrive late everywhere and why I need to draw large diagrams to articulate ideas, language and accommodations to avoid a brain fog that lasts for days.

Queer Crip narratives have layered powers and are potential grounds for understanding and joy.