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(Dis)locations: Dutch Disabled LGBTQ+ Subjects and Queer Social Space

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Abstract

The purpose of this research was to determine the architectural and social accessibility of “queer spaces” in the Netherlands. Via a series of personal interviews with LGBTQ+ disabled Dutch individuals, lived experiences inside and outside queer spaces were discussed in the context of their respective disabilities and other identities. Some sub-questions that were addressed include: the definitions of “access” and of “queer space,” how architectural and social access barriers compare with and influence one another, and the present and future possibilities for queer spaces of increased accessibility. In concluding the research, the author distinguishes “queer spaces” from LGBTQ+ spaces, reflecting the finding that these two are distinct in the experiences of interviewees.

The research found the majority of LGBTQ+-centered social spaces that interviewees were familiar with were not psychosocially or architecturally accessible, and that these two factors are greatly informed by one another. It also found that ideas of “access” cannot simply be located in the material accommodation of disability, and that factors such as race and gender can and do pose access barriers to LGBTQ+ spaces. It also found that these multiply-marginalized interviewees preferred “mixed spaces” over identity-specific social spaces, and suggested that there is further research to be done on the potential 'queerness' of mixed-identity space.

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Queer (Dis)locations: Dutch Disabled LGBTQ+ Subjects and Queer Social Space

Introduction

Although the Netherlands's queer-friendliness is an oft-discussed aspect of its culture, the critical intersection between queerness and disability is ignored in many of these conversations. Similarly, its queer-friendliness has given way to a dearth of information on examples of LGBTQ+¹ isolation, which are more readily available in other national contexts, such as in Canada (Hobbs & Rice, 2013). Similarly, discussions specifically related to the isolation of LGBTQ+ elders have been opened in the context of the United States (Harley, Gassaway, & Dunkley, 2015). These discussions have, generally, not extended themselves to the Netherlands: most discussion of disability in a Dutch context has been limited to conversations around state disability services, rather than a critical analysis of the category itself (Blume & Hiddinga, 2010).

As I began my preliminary research on this topic, I attempted to reach out to the most widely-known LGBTQ+ organization in the Netherlands, the COC. The COC (Cultuur-en Ontspannings Centrum, or Center for Culture and Relaxation), a Dutch national organization for LGBTQ+ people, was an oft-invoked resource as I searched for LGBTQ+ subjects for my research, and was mentioned in all of the interviews I conducted (Zimmerman, 543). It emerged both as a universal frame of reference in regard to the “queer Dutch experience,” and also as an object of frustration and space of exclusion for my interview subjects. The COC does run a group, Zonder Stempel, for intellectually disabled LGBTQ+ people. They did not respond to any of my email inquiries, and I did not seriously pursue contact with them or any groups specifically affiliated with the COC, preferring subject-driven channels of communication to “official” channels. Thus, I took on the challenging task of finding LGBTQ+ disabled people who were willing

¹ I forgo adding the “I” (although adding it seems to be customary in The Netherlands); some intersex advocacy organizations push back against the idea that intersex bodies are inherently queer or trans. See more at Koyama, E., & Intersex Initiative. (n.d.). *Adding the "I": Does Intersex Belong in the LGBT Movement?* Retrieved April 1, 2018, from <http://www.intersexinitiative.org/articles/lgbti.html>

to speak with me and were not members of any officially-run organizations. The very difficulty of finding such subjects reinforced the need to explore the relationship between disability, LGBTQ+ identity, and social life as a queer/trans person.

Naturally, it is important to focus both on what occurs in communities and what *necessarily* happens outside of them: critical in examining space is examining who is excluded, who is isolated, and why. When it comes to examination of isolation, the stakes are high: social isolation appears to increase the likelihood for disabling cognitive experiences, like suicidality, among LGBTQ+ adults (Haas et. al, 2011). The deleterious impacts of exclusionary racism on the mental health of LGBTQ+ people of color in particular is also important to note as we engage in an intersectional analysis of LGBTQ+ disabled people (Balsam, et al. 2015) (Calabrese, et al. 2014). From this exclusion may emerge alternative spaces for multiply-marginalized people, as well as alternative conceptions of what so-called queer space itself is. At the same time, socially-imposed isolation can coalesce with self-imposed isolation to render queer space even less accessible for LGBTQ+ disabled people; my hope in this research is, in part, to discover what can be done to these spaces to open them to such individuals.

In the past, this research on LGBTQ+ isolation has been done under the assumption that queer/trans identity itself is the cause for said isolation, and that mental health crises were the consequence of prejudice-based isolation. I will be investigating, in part, what happens when the primary *reason* for isolation from queer and trans people from these identity-based spaces is disability, illness, and/or the stigmas and assumptions that accompany them. In this case, the cause for isolation cannot solely be located in systems of gender and sexuality-based oppression, but rather must be considered within an insidious web of ableism to which queer and trans spaces are also vulnerable.

My primary objective in this research is to gain an understanding of the access barriers that limit disabled queer and trans peoples' access to Dutch LGBTQ+ social life and spaces (“What are the disability access barriers present in Dutch LGBTQ+ social spaces?”). I would like to paint a portrait of the queer/trans/disabled subject in the Netherlands, highlighting the barriers one might face and also the social innovation, radical creativity, and community that forms or does not form as resistance to social exclusion. Although the initial purpose of my research was primarily to focus on the disability-accessibility issues within queer spaces, subjects were also eager to discuss the (non)recognition of LGBTQ+ identity in spaces and groups for disabled people, and I have included their observations on this in my analysis as well.

The scope of my research may include any disabled adult residents of the Netherlands who self-identify as openly LGBTQ+. Because “access” and “disability” are so open to interpretation as terms, I will define “disability” as a physical/cognitive/emotional difference that affects one’s daily life and subjects them to social and institutional barriers. I acknowledge, in this definition, that it is impossible to delineate barriers “just” based on disability and barriers “just” based in other forms of oppression, because they inevitably intersect. Indeed, disability, like race, sex, gender, and more, has been biologized precisely so as to ignore the social construction of such barriers (Thalos, 2016; Wendell, 62). In doing this I marry aspects of the Social Model of Disability and the less well-known “welfarist approach” to disability. The former holds that disability is socially constructed via access barriers that appear societally, rather than inherent “defects” of the marked-as-disabled bodymind² (Wendell, 57-68). The latter approach holds that disability is a “state [which] makes it more likely that a person's life will get worse, in terms of his

² A term critically discussed by Price, M. (2015), *The Bodymind Problem and the Possibilities of Pain*. *Hypatia*, 30: 268-284. doi:10.1111/hypa.12127. I unite the two words into one to challenge the artificial separation of mind and body.

or her own wellbeing, in a given set of social and environmental circumstances” (Savulescu & Kahane, 2011). In combining these approaches, I operate under the knowledge that disability is social construction, but that the effects of what is diagnosed as disability may also be a material reality for the disabled subject. Thus, social change would not erase *all* effects of what might be called *impairment*,³ but also that the access barriers faced by disabled people are (literally and figuratively) constructed by an ableist society to bar admission to disabled people (Wendell, 57-68; Savulescu & Kahane, 2011). I did not accept participants who define race, sex, gender, or sexuality as disabilities in and of themselves.⁴ However, I understand that for multiply-marginalized people, ableism and other systems of oppression are always intertwined and mutually constitutive.

Access, as a term I use throughout this research, must not be limited to one explicit definition. Thus, I will look toward my subjects themselves, and their unique respective access needs, as a way of analyzing the accessibility of these spaces. Two subquestions that this research explores are: “What are the *architectural* access barriers between disabled people and queer spaces?” and “What are the *psychosocial* access barriers between disabled people and queer spaces?” I explore differences and similarities in both types of access, as well as the overlap between them. Oftentimes, lack of architectural access could be attributed in part to the climate and social attitudes that prevailed within LGBTQ+ spaces; social and architectural access are inextricably linked.

Access for a single subject is never static. For a subject in chronic pain, for example, a space may be accessible to them on a day in which they experience less pain, but inaccessible on

³ For instance, social change would not allow a wheelchair-user to walk, but rather lower or erase the stigma and social ostracization associated with being a wheelchair-user, or more broadly, undo the cultural attitudes that devalue individual modes of movement other than unassisted walking.

⁴ Nor did anyone approach me with this claim.

a day in which they experience more; access becomes liminal and the subject's relationship with space is always in flux (Nielsen, 2016). "To en/dis-able," as verbs, are a means of understanding this: one space might *enable* access for a subject, and another space might *disable* access for them. Furthermore, a space's accessibility may vary based on who is present in that space at the moment, and how they are interacting with it: is it an environment in which a disabled person can socialize comfortably, or is the disabled person now the subject of ridicule or isolation from others? These are all factors that contribute to the dynamic definition of access that emerged as my research proceeded.

Participants did not have to disclose their particular respective disabilit(ies) to me, but all chose to without prompting. Two participants spoke explicitly about their experiences with both physical and mental disability, one spoke specifically to his experience with mental disability, and one spoke specifically to her experience with physical disability. Their analyses of "access" were not limited only to physical needs, such as wheelchair ramps; they also discussed psychosocial access barriers such as possible exposure to triggering material, the un/safety of being openly disabled in a queer/trans social setting, and the exposure to everyday ableism in queer and trans spaces.

Literature Review

There exist a diverse array of stereotypical perceptions about disability and sexuality: sometimes, the disabled subject is viewed as hypersexual and sometimes as lacking in sexuality altogether; any sexual act involving a disabled person viewed as potentially "risky" and "dangerous" (Martino, 2017.) Disabled people have been by turns invisibilized and dehumanized within queer spaces in ways informed by ableist power structures, just as this happens to queers of color

and other multiply-marginalized LGBTQ+ people⁵. In the face of “systemic exclusion from the terms of worth and desirability, and by extension humanity,” LGBTQ+ disabled people frequently experience low self-image, shame, and self-imposed exclusion from theoretically-open spaces (Erikson, 2015). There is also the historical medico-psychiatric pathologization of “homosexuality” and continued pathologization of transgender identity, further complicating and (in)intensifying the relationship between queerness and disability (Butler, 55-56; Foucault 39-46).

Indeed, this pathologization has “driv[en] wedges” between queer and disabled communities, as some LGBTQ+ subjects seek to prove themselves bodily and (especially) sexually “normal” and thus purposefully distinguish themselves from disabled communities (Chess et. al, 224). Other times, the culprit for exclusion is the very emphasis on (hyper-)sexuality — the celebration of queer sexual desire and practice that is so hated and pathologized — that characterizes queer spaces (SeMbessakwini, 2010). In this case, the “desexualization of disabled queers intensifies in the presence of hypersexual queer spaces” when disabled queer subjects are denied the ability to embody their experiences fully (Erikson, 2015).

When cultural perceptions of disabled peoples' sexualities regard it as “always-already deviant,” the addition of queerness as another nexus of difference becomes a subject to be ridiculed or ignored (Kafer, 2003; Martino, 2017). Within spaces that cater to disabled people, asexuality may be assumed, or even (in the case of institutions) forced (Kim, 2011). This is also a product of the desexualizing infantilization that is a common feature of ableism (Kafer, 2003).

⁵ Still more essential is the examination of the complex, diverse experiences of queer and trans people of color (QTPoC). Writing has been done on this subject by many, including, Mel Y. Chen, Leah Lakshmi Piepzna-Samarasinha, Ocean Vuong, Audre Lorde, and Nirmala Erevelles. Also worth exploration are the works of new and emerging disabled QTPoC writers, including but not limited to Kay Ulanday Barrett, Najia Khaled, Zaynab Shahar, and Lydia X. Z. Brown.

Although the hyper-sexualization of some disabled subjects, especially those who are developmentally disabled, is not addressed extensively in this research, this alternative attitude toward disabled sexuality is also worth noting (Wilkerson, 2002). There are also efforts within spaces for disabled people, both in institutions and in spaces less carceral in character, to render heterosexuality the only possible alternative to the “ideal” desexualized disabled bodymind (McRuer & Mollow, 2012; Martino, 2017). Within queer spaces, this means that either one’s disability is illegible (via the expression of “non-infantile” sexuality) or one’s queerness is illegible (via some noticeable disability that renders the disabled subject non-sexual) (Erikson, 2015). Although queerness and disability share a perceived deviation from the bodymind idealized by abled cisheteropatriarchy, queer spaces are not inherent sites of disability acceptance.

Another key concept that informs my understanding of the relationship between disability and queerness is “compulsory able-bodiedness,” a term coined by Robert McRuer and a reference to Adrienne Rich’s groundbreaking concept of “compulsory heterosexuality.”⁶ McRuer defines compulsory able-bodiedness as a system in which, like compulsory heterosexuality, inculcates subjects with the sense that “able-bodiedness” is by default normal, desirable, and something that everyone should have or strive to acquire (McRuer, 90-91). McRuer advances a perspective that marries many of the most powerful aspects of queer and disability studies. He argues that active embodiment of both defiant (“critical”) queerness and defiant (“severe”) disability can be transformational, countering hegemonic ideas of the “normal” bodymind (McRuer,

⁶ In which Rich illustrates compulsory heterosexuality by revealing society’s persistent notion that heterosexuality is the most natural, ingrained, and default mode of attraction for women — that it is not only normal but inevitable that a woman will be attracted to a man. See Rich, A. (1982). *Compulsory Heterosexuality and Lesbian Existence*. Denver, CO: Antelope Publications.

97). When approached from this angle, what is known as “queer” and “crip” (or by the portmanteau “queercrip”) activism is ripe with possibilities for alliances, some of which already exist.⁷

Queer spaces as they are today are by no means exempt from reenforcing ableist attitudes and structures. Jose Muñoz notes the way factors like race, body shape and size, ability to move in aesthetically desirable ways, and possession of certain body parts all play key roles in shaping gay male club culture in particular (Muñoz, 57). These, Muñoz notes, are spaces in which vitality, whiteness, and (gender-conforming) masculinity are prized and any deviation from those is ridiculed or spectaclized (Muñoz, 77). In this case, the association between masculinity and ability (and femininity and disability) are evident: womens’ bodies and disabled bodies are simultaneously denied agency and isolated from the public sphere; simultaneously vulnerablized and criticized for their perceived weakness. Disabled bodies have long fallen victim to medical discourses legitimizing (and often biologizing) socially-instituted denials of agency and access (Tremain, 188; Wendell, 62). Disabled people are perceived as vulnerable, dependent, and weak, and thus cast as undesirable within spaces that prioritize bodymind health and personal independence (Seidman, et al. 2012; Wendell, 60). Within queer spaces, the specter of the disabled person becomes a representation of the vulnerability and desexualization that many LGBTQ+ people want to shed when entering spaces “where they can display their ‘true’ character” (Butler & Parr, 204).

This brings us to the question of LGBTQ+ legitimacy, and how dis/ability impacts the degree to which a disabled LGBTQ+ subject is believed when asserting their own identity. Comparisons may be drawn here between the bisexual erasure that takes place within lesbian and gay communities and the aforementioned erasure of disability in queer subjects (Erikson, 2015)

⁷ Oftentimes analogous to each other in the shape of their politics and their reclamation of slurs.

(Caldwell, 2010). Within many spaces considered “queer,” subjects who fail to meet certain terms by which queerness is established in that space — whether that be looks, type(s) of attraction(s), race, or others — struggle with simultaneous erasure and hatred (Alimahomed, 2010; Jivraj, S., & Jong, A. D., 2011; Pfeffer, 2014; Yoshino, 2000). In queer spaces centered around activism, an overemphasis on productivity (which mirrors the very neoliberal power structures that enact daily violence against “deviant” sexual subjects themselves) disabled bodies and minds are also erased and devalued (Long, 2018). Thus, disabled LGBTQ+ marginality extends beyond the realms of sexual and aesthetic, and into the realms of social and political capacity expectations.

As illustrated above, the particular character of the oppression faced by disabled queer people is colored by a diverse array of stereotypes of sexual, social, and symbolic deviance; physical impotence and undesirability; and systems both of identity erasure and of hyper-visibility. However, the intersection of queerness and disability holds numerous possibilities for the radical (re)claiming of the non-normative bodymind. This research hopes to discover how oppression, discrimination, possibility, solidarity, and more define and impact queer space and the disabled subjects who inhabit it.

Methodology

It is of the utmost importance to *center* disabled LGBTQ+ subjects in this research, rather than merely writing *about* them (us⁸) from an academic distance. It is for this reason that my primary mode of research will be one-on-one interviews with these subjects. I interviewed four

⁸ The researcher is a trans/gender non-conforming, disabled, lesbian.

Dutch adults for this research, one cisgender man, two cisgender women, and one agender person. Multiply-marginalized people are those whose voices are least heard in this scholarship and were my priority in the search for subjects, however, I was unable to locate (for example) migrant subjects, subjects who self-identified as bisexual or pansexual, and trans-feminine subjects, all of whom are especially excluded from LGBTQ+ discourse (Caldwell, 2010; Serano, 2016). Differences in cultural perception of queerness and disability were also obstacles in finding subjects of varied cultural, religious and migratory backgrounds.

For recruitment, I reached out to possible subjects via social media, such as within Facebook groups designed for queer/trans disabled people. With the help of my advisor, Grietje Keller, I entered these Facebook groups for disabled Dutch people and found more LGBTQ+ disabled contacts in Amsterdam. I initially began my research by reaching out to academics within the Netherlands's small Disability Studies community, and was met with well-wishes, and also with acknowledgements of the difficulty of my research. One academic replied to my email inquiry with a message that began, "[Y]ou have chosen a challenging topic to work on!" I was repeatedly directed to attend "Queer Night" at Vrankrijk, a popular bar located near Amsterdam's Central Station, but received very little information as to how to locate people living at the intersection of disability and LGBTQ+ identity. It was not until I was put in touch with my advisor, Grietje Keller, that I was able to reach out to more people living at this intersection.

My research was conducted via interviews with participants, and will be presented via partial transcriptions of those interviews with accompanying analysis. I have tied research in disability and LGBTQ+ studies into my analysis of these interviews. Potential challenges in this research include the possibility of personal perspectives, biases, and experiences impacting out-

comes, which I will be vigilant in monitoring and eradicating from my interactions with participants. Among these are my own positionality as a gender-nonconforming, nonbinary lesbian who is multiply-disabled; and also the axes of power on which I sit, such as my whiteness, physical mobility and normative size, and class.

Furthermore, I approach the question of queer/disabled space from the perspective of an American undergraduate student, whose experience of queer spaces and disabled spaces has been largely — but not entirely — identity-focused. I have had limited experience both in organizing and participating in queer/disabled hybrid space, and have personally experienced ableism within queer spaces and homophobia and transphobia within disability spaces.

I did not disclose the particulars of my disabilities to any participants, but I introduced myself as a disabled person. I did not share any information on my gender or sexual orientation beyond an acknowledgement of the labels I use, as well as my pronouns, which I shared in my initial correspondences with participants. Although my experiences within similar communities and subsequent background knowledge aided me in more easily understanding some participants' stories, I purposefully limited my sharing, comparing, and relating my own experiences to theirs, so as to minimize my own influence on the interview.

Resources & Interview Guide

Now I list several examples of questions that I hope to use in interviews. I did not ask all of them in the same way or even in the same number, but rather used them as a springboard for a genuine conversation with LGBTQ+ disabled people.

1. How, if at all, would you define Amsterdam's "queer scene"?
2. How would you define a "queer space"?

3. What aspects of your social life, if any, would you define as “queer”? Are you part of any disability-centered social groups?
4. How would you define “access”? Does it change by day or situation? What makes something “inaccessible?”
5. How have other LGBTQ+ people aided/limited your access to social situations?
6. How have other marginalizations impacted your social access as a disabled LGBTQ+ person?
7. How have your relationships with “queer spaces” evolved throughout your life?

I rarely used these interview questions verbatim; especially as my interviews with subjects deepened, they turned closer to conversations than formal interviews. The impact of my position as a lesbian, trans, and disabled researcher cannot be understated here. My intimate background knowledge of life at this intersection aided me in asking spontaneous and generative questions to my subjects, and provided a useful framework for me to understand their experiences.

Interview 1: A.

My first interviewee, A, is a disabled lesbian in her forties. She self-identifies both with the terms “disability” and with “handicapped,” the latter of which she uses more frequently. She became disabled at age twenty-five due to an accident, and had her first girlfriend at age nineteen, prior to becoming disabled.

Of necessity, A and I conducted the interview via Skype, which proved not to be a barrier at all in effective communication. Both of us were seated in our respective bedrooms, wearing casual street clothes. The initial greetings were as awkward as any first “hello”s, but our interaction quickly grew more natural. A mentioned several times that she did not think her English was

very good, apologizing several times for what she called “bad English.” I told her, “No, no, your English is perfect!” But, of course, those platitudes are easier to say than to internalize. She would ask me multiple times after speaking if I understood what she meant by the things she said, as well. My questions, especially my efforts to periodize events in her life (“And what year was this happening?”) were reminders that this was an interview and not a simple conversation, which is not ideal in establishing subject comfort. I used knowing laughter to help me establish familiarity with her, and this was even more helpful because we are both lesbians.⁹ She spoke extensively of her experiences within lesbian communities, as well as lesbian history and culture at large. Here is an example:

A: “...You had two groups of lesbian women. You had what we call the ‘lipstick lesbians’, the really feminine lesbians, and you had the ‘old lesbians’.” [laughter]

Me: [simultaneous laughter]

A: “...[they’re] the feministic lesbians. And [the lipstick lesbians and feministic lesbians] didn’t go together. There was a big bar between them. We also had problem [sic] um, with...uh...with a project for the schools to tell young people about homosexuality and to discuss with them, and we were *not* allowed to, um, put an advertisement in the COC newspaper, because that was read both by men and women! And the feministic part didn’t want to join us...because we were going with ‘the enemy’!”

Me: [laughs along with her bewildered, amused expression]

⁹ I didn’t explicitly tell her that during the interview, but I did have an independent awareness of the aspects of LGBTQ and specifically lesbian-feminist culture she brought up, which helped.

I am well aware of current and past divisions between lesbian-separatists and other members of the community, which was a useful insight that allowed me to take in this observation without getting stuck on it, or allowing it to distract me from my main interview foci.

At first, it was a challenge to learn the relationship between A's lesbian identity and her disabled identity. My first question was:

Me: "Um...I'd love to hear a sort of, an introduction, sort of...how you define your LGBT identity and how you define your disabled identity?"

[long pause]

A: "How I define...uh...how do you exactly mean, by this?"

Me: "Um..., I guess, how...how has this identity figured into your life and your experience?"

A: "Okay...My situation at this moment or in the past, 'till now?"

Me: "Both!"

Actually, the struggle we shared in understanding this question was emblematic of A's overall experience living at the intersection of disability and lesbian identity. Several times, she lamented the fragmentation that takes place when she must choose whether to enter a queer space (thereby choosing her "lesbian" identity) or a disabled space (thereby choosing her "disabled" identity). She also noted, though, that the narrowness of a theoretical group just for disabled queer people would also prove problematic: namely, that this specificity may result in less inclusion for all in *shared* spaces, due to excessive focus on small-group spaces.

A does not have friends who are both disabled and LGBTQ+, although she knows some through her past work with a relevant organization. "Actually...I don't have any handicapped

friends,” she said with a chuckle, “I’m sorry to say.” When I asked how she felt about not having any handicapped friends, she said “Sometimes...um, I think it’s good to have other handicapped people just around you, friends or just at work, just to...sometimes you have questions [about living with a disability] [...] and now I don’t have people to discuss this [with].” However, she also explains, “...I’m sorry to say, but the handicapped people I know? It’s...a lot of times it’s just going [on and on] about their handicap and that’s something I don’t want to do. [...] I don’t always want to just talk about the handicap, it’s only one subject of your life.”

She expressed boredom at the “constant talk of handicap” she had experienced in past attempts with disabled friends. Today, she and her wife spend time with a friend group which includes many other lesbians, although this group does not usually frequent “queer spaces” such as bars.

A strongly supports the rendering of *all* social spaces open and accessible to a multiplicity of identities, as opposed to the narrowing of spaces so that they might serve specific identity interest groups. This is unsurprising given her distaste for the intense focus on disability she experienced when attempting friendships with other disabled people. I asked her about what a truly accessible space for people living at the intersection of disability and LGBTQ+ identity might look like, and she provided a vision of a LGBTQ+ space without modifiers, open to all:

Me: “If you were to enter a space, like, a social space, for other lesbians or for other LGBT people in general, um, what would it look like for you for that space to be accessible?”

A: “Um...in my mind [that kind of space] very idealistic...there should just be one space where everybody could come in. If you are...if you especially go in there because you

are gay, of course, or that's the main part, like 'I'm gay and I want to meet other gay people — lesbian, gay, or the whole words [all letters of the initialism] — but it doesn't matter if you are a man or a women [sic], it doesn't matter if you are from Morocco, if you are Dutch, if you are American, if you are whatever religion, whatever, it doesn't make any difference. You just go there to be among gays, and it doesn't matter if you are handicapped or not, you just can go there. And that's what I hope.'"

This is a theoretical space that would allow people to exist as whole people, each living at the intersection of multiple identities. Crucially, it would not homogenize everyone under the category of "disabled person" and instead provide a space open to, but not exclusive to, people with a variety of access needs. Indeed, A is frustrated by the homogenization of "disabled people" into that one category, as it is so broad and says little about a person's individual needs or lived experiences. This, homogenization, she notes, is ubiquitous in present efforts to create disability-centered spaces.

But "queer spaces" and their inhabitants lack the architecture (and sometimes the desire) to create spaces accessible for multiple types of bodies and minds. A provided a real-life example of this in referencing the time she attended the 1998 Gay Games, which the city of Amsterdam hosted¹⁰. When it was time for Americans to come to Amsterdam for the Games, according to A, organizers knew that they could face major pushback if they did not make their events accessible. But this sudden accessibility was only temporary.

¹⁰ This was the first time that the Games — a festival and social gathering of sporting events, live music, food, and socialization — was hosted outside of North America. Amsterdam was chosen for its "liberal reputation and tolerant attitude." See: Friendship '98: Gay Games V. (1998, September 1). Retrieved April 11, 2018, from <http://thecastro.net/gaygames/gaygamesV.html>.

A: “There were a lot of Americans [at the Games] and people from other countries, but mostly Americans — and that time, they made a *lot* of accessible activities. Because in America [disabled people] have a right to go [into these spaces] and if it’s not accessible, you have a problem, as the one who’s organizing. So, a lot of activities, were made just special...just for that week, accessible! And after the Gay Games, it is closed again.

And it’s amazing, because at first it’s like ‘Okay, I can go out there and it’s no problem and I can go in [to bars] and I’m involved, and then the Gay Games are over and the same bar...was unaccessible again. They just took out the [wheelchair] ramp and you just couldn’t go in there anymore.’”

As soon as the Games were over and the ramps were gone, A felt as though participating bars and outdoor spaces figured “all the handicapped gays were gone.” Subsequent requests for ramps were denied, including requests made on behalf of the LGBTQ+/disability organization in which she participated. Disabled people were invisibilized in these spaces once again.

A: “They said [in response to requests for ramps] ‘why *should* we make it accessible? ‘We don’t *see* any handicapped gays, so there’s no need to be accessible.’ But there’s the other side, they don’t see the handicapped people because we can’t go in!

Sometimes disabled peoples’ requests for access to mixed social spaces were met with the response: “You have special places [discos, bars, etc.] for handicapped people, so go to that place.” But within these spaces, suddenly it is LGBTQ+ identities that are made invisible. She noted having to make an impossible choice about her own identity: “Am I disabled today, or am I gay?” Again, entrance to either set of group-specific spaces requires a degree of identity erasure. Fragmentation also takes place within disabled communities on the basis of “type” of disa-

bility: A says on types of disability, “You have physically, mentally...and you have psychiatrically, and you have the Deaf community...and you have very small groups in the end!” This, she notes, is an obstacle in the way of inclusion in its identity-driven divisiveness.

Today, she has found in her friend group and in her wife the opportunity to occupy her disabled identity and her lesbian identity. She and her wife frequently visit friends and go out to what she calls “normal places” as opposed to spaces specifically for lesbians. Citing her age with a laugh, A says that her “[social] situation is...very different from ten years ago.” I asked her about the process of making and keeping friendships and relationships throughout her past life, and she indicated several obstacles she faced both in meeting her wife, and in maintaining friendships and identification with lesbianism while disabled, especially while she was bed-bound. I began:

Me: “How did you manage your friendships and relationships leading up to your marriage, when you had a disability?”

This question led her to talk about meeting her wife on a dating site in the time following her experience being bed-bound. A also notes that even to put herself “out there” on a dating site took courage; she had to lower her inhibitions surrounding her perceived lack of desirability in order to create a profile.

A: “I met [my wife] on a dating site.” [...] I saw her picture and I start writing with her...[sighs] it’s very, ah, how do you say it, really...scared, because...I was putting myself on the website, being that I was in a wheelchair, not everybody would like to have a girlfriend in a wheelchair.”

Me: “Mm.”

A: “So I always had a problem, okay, there must be a moment...I will tell her [about the wheelchair] *before* we met! I mean, I think you can’t just go there to your date, and then come riding in a wheelchair...that’s too much. There must be a point before, you have to say you are in a wheelchair. [Pause] And you put yourself on the website, knowing...it’ll be a problem for some people. So, yeah, it was quite difficult, just, in my own mind...to do that. So it took several steps just to put myself on the website. And then to meet other people, to say to people...and yeah, some people said ‘oh, no’ and ‘sorry but I quit [the relationship] now’. And, yeah, it’s quite hard, but it’s not personal, because I don’t know the person quite yet.”

[...]

I think, it’s not personal, [women on dating sites] [don’t] really know me, and I have...a date with someone, just in writing, and I say: ‘okay, if you really want to have a child in the upcoming two years, I’m sorry, but it’s better to quit it now, because I don’t want a – a little girl in the next two years. So it’s better not to go like each other.’ And in my mind I try to put it on the same level [as being rejected because she is a wheelchair-user], but of course it’s really hard because it’s like, because [the other person thinks]: ‘I don’t want to have a girlfriend in a wheelchair.’”

Me: “Of course!”

A: "Of course it’s hurting you. But, yeah. It’s...I don’t try to feel it but at that time...now, I can [allow myself to feel it], because it’s years after and I have a lovely wife...it’s different. But at that time, I tried not to feel the pain, because, of course, it’s painful when somebody...it puts you in a [bad] way when it’s *because* you’re in a wheelchair.”

The pain of isolation had hit A particularly hard during the years in which she was bed-bound, when, according to her, her sickness subsumed any possible thoughts about relationships or her lesbian identity. She experienced homophobia from several of the nurses¹¹ who attended to her during those years, and had to listen to their serophobic¹² comments, primarily about gay men. She described the experience of concealing her sexuality from those who had intimate access to her body:

A: “I just have to be nice [to homophobic nurses]...say ‘thank you for helping me’ [...] It’s very hard moments [sic]. You have to hide yourself, very, very...just closing ten doors [to her true self], not to cry, not to get angry, because you are really needing the help [of the nurses]. You can’t cry, or get angry, you can’t say something about [the homophobia].”

The feeling of both self-and-others-imposed isolation and marginality in dating/social circles became of prime importance as A discussed social access and issues with appearance-based prejudice (henceforth “lookism”) within queer communities. During the time she was bed-bound, she could not perform the “lesbian look” into which she put effort as a young adult so as to make herself legible to other queer people. She also noted her internal feelings of undesirability due to being visibly disabled, which were only reified by the ableist environment around her.

A: “Social accessibility is even more of a problem than physical accessibility. For a lesbian, it’s a little bit easier, but...the young people — you see, all the older lesbian people, they are not so much about looks, but the younger people...it’s more about [being]

¹¹ A emphasized that it was specifically the Christian nurses who held openly homophobic attitudes: “[Other queer disabled people] always say, ‘oh, Muslim nurse[s] will have the problem’...I have *never* had problems with Muslim nurses.”

¹² Prejudiced against people who have HIV/AIDS.

feminine, looking good, et cetera, so — it's not so different from the heterosexual world anymore.

Me: “So...um, you're not sure but you think that...that young lesbians tend to discriminate more based on looks?”

A: [pause] ...Yes, for a small part, they do, yes, because when I see young lesbian people, it's a lot more femininity than when I when I came to [events hosted by] the COC more than ten years ago.

Worse than this, she noted several times, was lookism within gay *male* communities, especially within the bar/club scene. As a result of this, she says, gay sex bars and places like them wouldn't be truly accessible “even if you put in ten ramps...[because] the stares remain.” Even those spaces which have ramps may not make disabled people feel welcome, impacting the willingness of disabled people to venture into such spaces in the first place.

For A, it took “over twenty years” of becoming accustomed to life as a disabled woman, as well as gradually lowering her inhibitions around being visibly disabled in public space, before more of that space became truly accessible to her. She maintains that LGBTQ+ spaces' lack of acknowledgement for the many intersecting identities of their members is a major problem in social life. At the close of the interview, she reiterates the importance of what she calls a “cross-thinking model”¹³:

A: “You are not *just* a gay [person], you are not *just* handicapped, you're both [...] you shouldn't choose, ‘Am I a lesbian? Am I handicapped?’ and [say] ‘Okay, I'm going to a handicapped event; I'm going to the gay event; so I'm going to [be] just that part.’”

¹³ An intersectional approach to identity and space.

She continued emphatically:

A: “You are a whole person [...] someone is not *just* handicapped or *just* gay, it’s both. And you don’t have to live in two separated worlds.”

Me: “And do you think a lot of gay communities and disabled communities still have problems addressing that?”

A: “Yes. Yes. They’re both...both for that specific group of people. And both say, ‘yes, we are just for this specific group of people, and if someone [who is gay] wants to do something [relating to their] handicap, there is another community for handicapped people. And the handicapped people say, ‘but you’re gay, so you go to the gay community,’ so you just switch, you know, all the time! And you are not connecting.”

The solution to this, A thinks, is a world not divided into interest groups but rather one that acknowledges people as whole and complex, so that people can more easily view themselves as people first, and not a list of labels.

Interview 2: R.

My second interview was with R, conducted via phone. R is an agender, aromantic, asexual person who is a part-time wheelchair user with limited mobility. He is involved in Mad activism and is presently exploring his emerging anarchist politics, which allow him to identify and build community with others of his political affiliation. He currently has a partner¹⁴; she is involved in his political and social groups as well. In addition, R is a passionate anti-theist with a

¹⁴ Although R does not feel sexual or romantic attraction, he does feel sensual attraction, and in private he and his partner kiss and engage in other forms of non-sexual touch (he does not consider kissing to be

dislike of the Christian Church as an institution. He specifically mentioned his anti-theism to me before I closed the interview, as I asked early in the interview about his religious beliefs after he mentioned growing up with Christianity. As I was wrapping up the interview, R interjected:

R: "I wanted to add, because of the slight confusion with the Church stuff [which we briefly spoke of at the start of the interview], I'm an anti-theist."

Me: "Okay."

R: "So, I'm very against Church influence, and I see Church influence in lots of stuff...especially Church influence people don't see [...] it's just part of [pause] Dutch culture. The Church has been putting their...stuff, their opinion on everyone, for lots of time, so you don't break free easily."

R has found a sense of community and education with other anarchists, a label he identifies strongly with; R's politics take precedence within his identity, not necessarily his asexuality or disability. He was quick to contrast the popularity and potential of the term "anarchist" with a less popular identity of his, asexuality, by saying: "I know three asexuals, and now I know one-hundred anarchists." Although he feels his asexuality leads him to have less in common with his queer, non-asexual peers — as well as his heterosexual peers, for that matter — he also feels "really, really good within queer communities." Queer spaces in general, he said, have been accepting both of his physical disability and of his asexuality.¹⁵ In fact, at a Gay Pride event he had pre-

sexual). He cites AVEN, The Asexual Visibility and Education Network, as a provider of information on the "four types of attraction." See: Attraction. (last modified 2017, August 27). Retrieved April 28, 2018, from <http://wiki.asexuality.org/Attraction>.

¹⁵ On the acceptance of his (lack of) sexuality, R notes with a laugh "Nobody cares, uh, that I don't do stuff [have sex]!"

viously attended, he had pointed out that the organizers did not include asexuality on their informational materials and received a positive and genuinely apologetic response. He has also had positive experiences at gay bars and clubs, as will be discussed later.

He notes that the reasons behind the acceptance of his asexuality and his disability result from the other things that help queer people form communities, shared experiences of marginality for “not follow[ing] the hetero-norm.” Although he has experienced extensive pity, paternalism, and other forms of ableism from heterosexual able-bodied people on a consistent basis, R's experience as a person with a disability (PWD)¹⁶ in queer spaces has been positive:

R: “People in queer spaces are used to not, uh, having the person on the inside that’s visible. Someone can look, uh, [like they] have a male sex but actually feel female, and that’s fully accepted and that’s okay. So I say to them, ‘I’m in a wheelchair,’ and they say ‘yup, that’s okay’ and they just accept it. And if I say that to a normal person, they’re always surprised and confused and they don’t accept that I’m not the person I seem to be.”

However, when it comes to the physical accessibility of queer spaces, R becomes more hesitant.

Me: “And...have you felt as though, like, these sort of queer spaces were accessible for you in your wheelchair?”

R: “Uhhh — [pause] — mostly not? But also always...they always apologize, they always feel guilty...and they don’t make me feel uncomfortable about it. [They say] ‘Oh yeah, sorry, we would like to fix it but there’s no money for this...and, uh, if we’re going to change it, we’ll call. Or they’ll ask for advice. Or they just ask for advice, like, ‘how could we change so we could be a bit more accessible?’”

¹⁶ R prefers this term over “disabled person,” so I use it (and its abbreviation, “PWD”) in reference to him.

Me: “And has any of that actually happened?”

R: “Um...nope. But, I’ve only been in the wheelchair for two years...and I...most of the time, I walk into places. [Pause] Because my wheelchair is for long-distance. [...] when I go to the bar I just leave the wheelchair and walk to the bar, uh, and sit down there. So I don’t need to get in with the wheelchair.”

He notes that he can do “everything normal people — walking people — can do, it’s just the long-distance that’s the problem.” This means that a large number of queer spaces become accessible to him by virtue of his part-time wheelchair use. Indeed, R generally avoids popular bars such as Vrankrijk¹⁷ in his wheelchair because its accessibility is, as he describes it, “shit.” This is still better than other bars, which he refers to as “really shit.”

Socially, he has had good luck feeling included within queer spaces as a PWD, noting, “in queer spaces, people are used to being different; used to being stared at, and they know how annoying this is, so they don’t stare.” He enters these spaces with a walking stick instead of his wheelchair, as he assumes there will be available seating inside. However, in Vrankrijk, the few times he *has* visited in his wheelchair, he also felt “socially accepted.”

R defines “queer space” primarily in terms of such spaces’ subversion of normative gender roles, rather than simply by the sexualities of their occupants. He says, “I think a queer space is where people in general...do not follow the ‘hetero-norm’? Being that the man has to be masculine and the female has to be feminine and the man must be the leader and the woman has to be the follower.” He defines “queerness” primarily in terms of gender nonconformity. This led me to inquire about his identity as agender:

¹⁷ An Amsterdam bar that holds “queer night” every Wednesday.

Me: “How do you relate [the gender-nonconforming aspect of queerness] to your being agender?”

R: “The agender thing...it’s just, uh, like, it’s more of a joke to me. Because I’m not masculine, I’m born male, and I was raised male, and I never thought about this [gender]. Because it’s only the last five years that people have started talking about this stuff. But I’ve never felt like a ‘real male,’ uh, and...I definitely don’t feel female, so as long as people don’t call me female, I don’t care.”

He also praises recent shifts in queer culture toward more gender-nonbinary identities, saying of the squats¹⁸ he frequents:

R: “[Squats] have always been more open to...nonbinary people? And five years ago, [nonbinary people] were just there and they were accepted, but they were just, like, an exception [...] and now, there’s really ‘fully queer spaces’ where [laughs] cis people are the exception. And it’s nice!”

In contrast with other interviewees, R also praised gay bars for their subversion of social norms: they were the first example he provided of queer spaces that challenge gender roles.

While others, especially M and A (both lesbian women) criticized the gay bar scene for its over-emphasis on looks and for bargoers’ discrimination against potential partners based on presentation, R sees the gay bar, in many cases, as a site of increased equality.

R: “I go to a gay bar sometimes, and it’s just...interesting to see how they talk different[ly] about their partner. Because they’re still men, they’ve still got a partner, they can

¹⁸ Referring to the squatting movement of the Netherlands, in which people and groups occupy previously-unoccupied buildings so as to become the de facto residents there. This is and was a primarily leftist response to unfair housing practices.

still be more masculine than their partner, but they don't talk about their partner as if...the partner has a lower status.”

The relationship between R's assessment of gay bars and his position(s) of privilege cannot be overlooked. As I mentioned earlier, one of R's observations about queer spaces is that they are spaces with less ableist staring, because queer people already “know what it's like” to be stared at. However, the reason that he may experience less stares in queer spaces is not solely because all other LGBTQ+ people refuse on principle to stare at visible difference. Rather, it is the *absence* of other physical differences — resulting from his whiteness and his comparative position of power under patriarchy — that allow him to move more flexibly through queer space.

It is also important to remember that he frequents queer spaces not by wheelchair, but by walking with a stick: although his disability remains somewhat visible, he himself previously noted the difference in treatment he receives while he is in the chair versus while he is standing. He is close to half a meter taller while standing than he is while in his wheelchair, and notes he is “taken more seriously” while standing than while in the chair.

R: “When I am standing, people take me serious. Because I'm tall. When I'm sitting down I'm [below five feet tall]. People don't take me serious. They treat me like a twelve-year-old. And when I get up, they treat me like an adult. It's something to do with the position, or something.”

While in his chair, R is subjected not only to stares but also to violations of his physical space and autonomy as a disabled person. Notably, this includes dealing with abled peoples' unwanted attempts at assisting him while he is in “normal spaces,” despite his own assertions that he is able to do a task on his own. Most of these offers, he notes, stem from paternalism and misplaced pity. These experiences have had a definite psychological impact:

Me: “Do you think that [the] buildup of microaggressions has emotionally impacted you?”

R: “Yup. ‘Cause I...don’t love...I’m looking for, uh, psychological aid for my fear of going with the public transport [due to others’ invasion of his personal space and disbelief in his autonomy].”

In public space, being in a wheelchair is, to R, like “being public property”: expected always to be available to talk about one’s disability and always gracious at receiving unwanted help. This “public property” treatment extends to the sexual realm, as well: he has been sexually harassed by women several times while he has been in his wheelchair.

I asked R whether he had had any negative experiences in queer spaces that he thought would be worth sharing. In response, he laughed, saying, “Hm! This is gonna take a while.” He at first told me an anecdote about a visit to a “gay sex party” during which he found himself “on a couch, with a guy.” Once he disclosed his asexuality to this man, he received a positive response, and later that night he had a similar experience with another man, with whom he was able to “just cuddle.” R described the experience as “fun...and interesting!”

After thinking, he recounts one more negative experience at what he called a “gay leather fetish party,” in which (due to the limited sensation on one side of his body) he was unaware that a man he had been speaking to at the club was sexually interested in him. At this time, R did not know that he was asexual.

R: “I sat down somewhere, and [a man] sat down next to me, and we had a nice chat. And...I look down, and I see his hand is on my left leg. And I don’t feel my left leg.”

Me: [laughing]

R: [laughing] “And he might have been touching my leg for five minutes, already! I just — I didn’t see, didn’t feel — I also miss [sic] part of my vision, so I couldn’t see it, couldn’t feel it. But I just said, ‘Alright, dude, I’d appreciate it if you don’t [do that]’ And he just apologized [laughing still].”

The bodily and sexual autonomy R demonstrated in this situation cannot be divorced from his race, perceived gender, and perceived dis/ability. In this case, he navigated a situation he describes as “just slightly uncomfortable.” In doing this, he avoided the very invasions of personal space that he spoke of furiously earlier in the interview: when he is in his chair (and, generally, outside of “queer space” as such) he loathes others offering or attempting to move or “help” him with physical tasks without his consent. But within this “queer” situation, R demonstrates the ability to firmly and politely reject unwanted touch, and have that rejection respected. The conditional disappearance of R’s marginalities¹⁹ affords him a sort of social camouflage; he can navigate more easily abled, white, male-dominated queer spaces. He reacts furiously to the dropping of this camouflage outside of queer spaces, and to the inevitable consequences: violations of personal space and autonomy while he is using his wheelchair. This is a signal not only of the cultures of ableism ever-present in our daily lives, but also to the relative protection from bodily vulnerability that queer (and thus, non-wheelchair-using) space has afforded him.

In contrast with his experience as a PWD in queer spaces, R’s experiences with LGBTQ+ identity within spaces for PWD have been less positive. He has done and continues to do wheelchair-sports, including wheelchair-hockey and wheelchair-basketball. He describes his wheelchair-hockey group’s social climate as: “a group of fifteen people with physical disabilities — all

¹⁹ For example, the way in which his (a)sexual, (a)romantic, and (a)gender identities are not always immediately visible and vulnerable to material violence, and that he can sometimes move through spaces without his wheelchair.

kinds of disabilities — and it's just about the sport. We don't...uh, a couple of years ago, we had a drink afterwards, but this group [as opposed to groups of players in the past] is [laughs nervously] not so sociable.” When I asked why this was the case, R explained that the players having disabilities limits their ability to make social plans at all, as many rely on others for transportation:

R: “We have to rely on others to get out [from practice]. So, you have to say in advance, ‘you have to pick me up at, uh, 1:30,’ because we train until 1:00. And sometimes everybody leaves at 1:00 and sometimes half of them stay...but you never know, so you — and otherwise you have to wait [for your ride] — so people try to plan it that they...yeah. Leave [at] a normal time.”

R does not know of anyone in their wheelchair-hockey group or wheelchair basketball group that identifies as LGBTQ+, although he has not asked, and (as previously mentioned) opportunities to socialize are few. R notes that he has experienced some homophobia from other PWD and in spaces for PWD, saying:

R: “I think, overall, people with disabilities are...uh, because they are not really experiencing life themselves, they have to rely on, uh, [moral] instructions. And then, the culture is, uh, Christian, and Christian culture says: ‘there is only one man and one woman,’ so [in spaces with PWD] it's always talk about having a *girlfriend*.”

R's assessment of the contrasts between spaces for PWD, cisheteronormative spaces and queer spaces is unique. Unlike other interviewees, he identifies queer spaces as spaces in which he has generally felt at home (although he most often frequents and feels at home in politically leftist spaces). As an asexual person, he generally feels comfortable interacting with sexualized queer/gay spaces in spite of his own lack of sexual attraction. He also identifies queer spaces as

socially accessible, albeit not physically accessible, for PWD; although he later also reveals that he has a more ambiguous perception of himself as a person with a disability than initially stated. That perceptual ambiguity is clearest in the moments that he refers to walking people as “normal” and in his occasional use of “they” instead of “we” in reference to PWD.

The relationship between this observation, R’s repeated assertions of autonomy and independence, and the particular intersection at which he lives cannot be ignored, especially as I consider R’s experience in comparison with those of my three other subjects. Essential, too, is the link between ableism (and experiences of oppression at large) and its negative impacts on his psychological well-being. As previously cited, experiencing isolation, hostility, and bigotry as a marginalized person feeds into a vicious cycle: bigotry worsens mental health; worsened mental health may lead to increased exposure to bigotry and ableist stigma. In my interview with E, my third subject, we will also see the impacts that racism within queer spaces has on psychological well-being.

Interviews 3 & 4: E & S.

Following this introduction will be information on the final interviews I conducted; both subjects were in the same room at the same time, but I have separated their stories and interviews for the sake of clarity. They occasionally interject into each others’ narratives, which I reflect in the transcribed portions.

I hosted a discussion meeting on April 7th, 2018, for which I created a Facebook event and sent accompanying email invitations. Two participants, S and E, came to that meeting and I interviewed them jointly; sometimes they interjected into one another’s stories, many times with affirmative comments. This meeting took place at the SIT office space where I have been taking

classes since February; we (S, E, myself, and my advisor, Grietje) sat around a kitchen table with both snacks and coffee. S arrived first and we engaged in small talk for only a few minutes, before E arrived. Unlike S, who entered the room and shook my hand shyly and was slow to begin speaking, E entered the room gregariously. She greeted us with enthusiastic “hello!”s, a huge smile on her face as she embraced Grietje and energetically shook my hand. My joint interview with them took place in two parts during that same afternoon, both of which were approximately one hour long, and in between which we took a fifteen minute break, during which I was not recording or taking notes.

I posed my first question to the both of them in the form of a statement:

Me: “So, I’d love to hear, at first, . . . sort of . . . how your queer and disabled identities have developed alongside each other; any intersections or important historical points therein; anything that might, sort of, begin our conversation on that relationship to space.”

E quickly volunteered to introduce herself and begin answering possible questions. S hung back for the first twenty minutes of our collective conversation, and did not join until I asked him his opinion on my conversation with E on activism and burnout.

Interview 3: E.

E is a disabled, Black, mixed-race lesbian in her late-fifties. She was adopted into a multicultural family that, in her words, “really [hung] onto their Dutchness.” Since her childhood, she has struggled with not feeling as though she “belonged” particularly on the basis of race; later she learned about other factors, such as her lesbianism, that also contribute to this feeling of unbelonging and different-ness. As someone living at the intersection of multiple oppressions, E felt a deep sense of fragmentation within herself based on these labels, noting, “they say, ‘Oh,

you're queer. Or you're Black. And maybe you have a disability.'" But when separated this way, she was not seen by others as a whole person, but instead "still in [those] box[es] that they made."

E was enthusiastic about the topic of my research. She told me within minutes of entering our interview space that she had been waiting for "a meeting [like this one]...where [she] could share ideas" with new people. She discovered that she was a lesbian at age eighteen, after having been invited to a COC event and learning what "lesbian" meant.²⁰ Although it was a relief for her to find a term that matched her lived experience, E initially disliked the term "lesbian," as she saw herself as "more than [her] attraction to women," instead (re)claiming the term "pot."²¹

Early on, E involved herself in anti-racist and LGBTQ+ activism, as well as the Mad movement. She was inspired to participate in the latter movement in part because her then-girlfriend was institutionalized, and E wanted "to create a network for her...so sometimes she could run away." One of the then-leaders of the movement was also a gay woman, and E notes that the Mad movement was a space of "openness for being different." During the time she was most active in anti-racist/LGBTQ+ movements, there were two distinct queer movements emerging: one "official" movement, sponsored by the COC, and another which was more underground.

E: "There was an official [LGBTQ+] community with COC, but there were also, let's say, [whispers faux-dramatically] anarchist queers!"

She notes that she "lived for [a] long time in queer communities [and] was squatting with other women" during various parts of her life, too.

²⁰ At the time, she "knew what [male] homosexuals were, but lesbians? [She] had no clue."

²¹ A Dutch slur for lesbians, which roughly translates to "dyke," According to Zimmerman, B. (2012). *Encyclopedia of Lesbian Histories and Cultures*. New York, NY: Routledge.

Many of E's interactions with womens' spaces and queer/lesbian spaces have also been tinged by racism, including the COC itself — which other interviewees also criticized for its inaccessibility.

E: "The COC has had, maybe, in its history...sometimes, a workshop about awareness of disability, but that was also during the time that there was lots of AIDS awareness.

But...still, in the COC, I think the COC is national, but a lot of places, when you come there and you have a disability...they feel sorry for you."

On a related note, she critiques the International Homo/Lesbian Information Center and Archive (IHLIA)²² for its lack of attention to multiply-marginalized LGBTQ+ people, including those who are disabled²³:

E: "You can find out in [IHLIA's] archive that...[although they say] 'oh, we have everything!' For queers and disability, you will find something, but mostly...maybe reports from, uh, maybe other countries, maybe a year-report of the Deaf gays, but yeah. The under-representation is everywhere."

She has found in spaces for queer and trans people of color (QTPoC) and specifically for queer women of color (QWoC) an escape from the whiteness of other LGBTQ+ spaces, including those that are lesbian-specific.

²² An international archive of materials on the LGBTQ+ community around the world, in a variety of different mediums.

²³ She also heavily criticizes the library's reliance on the unpaid intellectual labor of women of color in preparing some "diversity"-based workshops. For more detailed on this phenomenon and its historical roots, see Moschkovich, J. (1983). "–But I Know You, American Woman". In C. Moraga & G. E. Anzaldúa (Eds.), *This Bridge Called My Back: Writings by Radical Women of Color* (2nd ed., pp. 79-80). Kitchen Table: Women of Color Press and Adair, C., & Nakamura, L. (2017). *The Digital Afterlives of This Bridge Called My Back: Woman of Color Feminism, Digital Labor, and Networked Pedagogy*. *American Literature*, 89(2). doi:10.1215/00029831-3861505.

E: “It was, I think, the beginning...of the 80s? I met other women of color, uh, some of them were also identifying as ‘lesbian’ or using the [sexuality] names from their own culture to show their attraction to women, and then, actually, I could really connect with other women of color. And for me that was very, um, good...because in the COC — let’s say, the official lesbian and gay group — there was a lot of times, um, denial of racism, but also there was that idea: [takes on sarcastic tone] ‘We are all equal! So there can’t be sexism...or racism...or exclusion of people with a disability!’”

When she had to interact with more official, and thus exclusionary, queer spaces, she notes: “after a time, I got really sick...because you still are not whole, you know, I always felt like a fragmented puzzle and I wanted to be more whole.” In contrast, she explains that since the late-80s and early-90s, she has been able to live and organize with other QTPoC, in “queer of color spaces.”

Her entrance into these spaces coincided with the emergence of HIV/AIDS; “deal[ing] with limitations, or becoming ill” became a part of life as community members cared for each other. She says that “living with a disability...or illness...or mental sensitivity...became a really common thing.” It was taboo to be a lesbian with HIV at this time²⁴, even though lesbians proudly cared for men with HIV.

E: “The [HIV] positive women were immediately *patients*. [pause] Although they had maybe not suffered, uh, from illnesses or so [sic]. I found that very shocking.

²⁴ Much of this negativity was based on assumptions that lesbians who contracted it must have done so by at some point having sex with a man, which, according to the community, nullified their claim to the label “lesbian”.

Lesbian sex workers who contracted HIV were heavily stigmatized by the community for “selling their bod[ies]” and “when they had to stop their work...when they became ill and HIV+, they became very isolated [from lesbian spaces].”

It was also during this time that many of the young, homeless, and excluded queer people who most needed the support of institutions such as shelters were unable to access them:

E: “When young [queer] people became ill, a lot of shelters would say, ‘no, no, we can’t help you. We can’t place you.’ And also, some of the young people were, uh, using drugs, sometimes also self-medication, and then most of the official places would say, ‘oh, no, no, no, we can’t handle you.’”

It was around that time that E also became physically disabled and chronically ill. Shortly thereafter, she became depressed, and the voices that she had “always heard” in her head turned from benign to dangerous. She received support from her doctors and from her psychiatrist; unlike A, she was able to choose to switch doctors and other carers who made her feel uncomfortable.

E: “I had a female [psychiatrist] who had been an activist...so [the psychiatrist] also understood that personal things can be shared...and have a political dimension.”

Me: [emphatically] “Yes!”

E: “And for me, it’s nice...you can talk in all your own words and about all the different parts of my identity, with my doctor [...] from that moment, my different identities could come together.”

The drawing together of all of her identities has been a big help to E’s mental health. However, E thinks that today, it is actually more difficult to find fully-inclusive spaces than it was decades ago; many self-organized inclusive spaces have closed due both to lack of funds and to burnout

on their leaders' behalf. Queer activist group culture is heavily implicated in the burnout of its leaders:

E: "When activists burn out, others say [fake-yelling] 'Oh, but you are so strong! Why are you ill now? Okay, we will...let's say, we will pray for you and wait till you are back!' So, kind of, isolation of [burnt-out] forefront people and...some of them felt it very hard, because they felt, 'now, um, where is my support?'"

E cites singleminded focus on "productivity" and lack of attention to mental self-care in particular as a major issue within queer activist communities. Most difficult, she says, is the act of reaching out and asking for help from one's group, in an activist culture that prizes (over)work and perseverance over taking time for "self-help [and] healing."

Both social/cultural and academic queer spaces that devalue E's multiple identities "raise [her] stress levels," especially when she is experiencing extreme psychological states already:

E: "In the past ten years, especially when I have chaos in my head, then it's very hard for me to...say what I want, or what is wrong — so when you're not that verbal or articulated enough, they don't see you."

Social and recreational queer spaces, like parties, are also difficult for E to access; she has had conversations with other chronically ill and disabled friends about this, as well:

E: "I could ask my [chronically ill] best friend, 'Okay, where shall we go to?' We don't go to a party what starts at eleven in the night like De Trut.²⁵ [It's a] nice place for dance [sic] but first we have to stay there in line for half and hour [...] it is a great queer place but because of our health, we couldn't go there."

²⁵ A squatted queer club in Amsterdam that hosts weekly, Sunday night parties.

In contrast, she cites a social event that some of her "girlfriends in England" attend, as an example of an accessible event that she would like to attend:

E: "You can go in with wheelchair [sic]...and have a tea...and maybe there in another place, a little dance —"

S: [jumping in] Let's organize it!

E: [yelling excitedly] Yeah, yeah, yeah! [laughter]

I followed up with a question as to whether or not the inaccessibility of queer social spaces was an ongoing trend that they had both observed. E had complaints about recent trends in "queer space":

E: "When I talk about 'queer places' on this moment in Amsterdam, I think — and maybe [S and I] can just share and brainstorm — because what has been labeled as 'queer places' are just commercial hookup and dancing clubs.

S: "And saunas."

E: "Yes, and saunas."

S: "But they are not accessible, all the darkrooms are not accessible with a wheelchair, because [they're] in the cellar —"

E: "And they're very steep [referring to stairs]!"

She also notes that, as evidenced by the lookism within white gay male culture in particular, the rise of gay assimilation has led to the sharing of beauty standards with heteronormative culture:

E: "So, and I think that, um...when the gay movement was a kind of liberation movement — so let's say, in the 80s — when homosexuality was a 'disease' in the DSM²⁶, then there were a lot of [oppressive] things we wanted to oppose to make our lives better, and

²⁶ *The Diagnostic and Statistical Manual of Mental Disorders.*

also to prevent that young people would commit suicide [sic] [...] when a lot of things have been established, like gay marriage, then it's like 'everything is over,' then the whole dominant and very oppressive things [sic], just like, 'gay malehood' as the new norm, and then when you don't fit in, the exclusion is very, very harsh."

Although she thinks that, because of the influence of feminism, lesbian spaces' beauty standards tend to be less rigid, these spaces are not immune from stereotypes and expectations about what "gay" is and looks like. Nor are they immune from racism; she describes such spaces as "very white" and as places in which she "doesn't feel [psychosocially] safe." She sums up the accessibility issues with queer spaces as visibility issues: if you don't fit their "image of what gay is...you don't exist."

E: "In my point of view, in the common gay scene, there is not much interest in being inclusive. And I think — it's especially because it's a lot of those commercial places, they are only interested in so that their business can run [sic], and —"

Grietje: "— and in the more activist spaces, you have to...to be strong, to be well-spoken, to be very rational, and as soon as you have some mental health problems [you aren't accepted]."

E: Yeah, yeah, yeah!

In contrast to those unsafe, exclusionary spaces, E also describes her favorite queer spaces many of which she found when she "met other lesbians of color, some [of whom] were already active in the disability movement." However, she notes that sometimes, finding inclusive spaces required a degree of initiative and energy that not everyone has. That said, E knows of more accessible, diverse, and inclusive queer spaces than any of the other interviewees.

She cites a self-help group made up of women who love women among the queer spaces she values. They organize some gatherings that she likes to attend. However, some events that they organize are still beyond her reach: they organize occasional dances, and E is not physically able to dance, so it would be “no fun to go there.” She also notes another multigenerational feminist space that she had attended, which organized classes, lectures, and social events:

E: “There, it was very diverse. A lot of women who love women were there, also a lot of women from other countries, so they could also use the programs to make connections and being [sic] less isolated...what I really liked was that it was different generations [...] there were also men, and a lot of feminists with different ideas about feminism.”

Those spaces’ lack of emphasis on productivity (and instead, focus on “hearing and enjoying”) things was especially appealing to E as a feature for both accessibility and pleasure.

E feels “at home” in the cultural events organized by another queer network; she emphasizes the cultural and racial diversity of their parties and their commitment to disability and Mad activism:

E: “I feel at home there, because people of different backgrounds — and also, part of that organization, is also helping to open up the social work, and mental health institutions...to open up and be more inclusive when it comes to queer people, and especially queer people of color.”

She concludes that queer space is “sometimes not really a location,” but rather the sum of the people who occupy it, perhaps even “a kitchen table, where you all bring some food.” She often-times had more luck — and felt more nurtured — in “do-it-yourself” queer spaces (such as spaces spontaneously created in peoples’ homes), rather than those that were pre-established.

E: “On this moment, in my environment, are more queer people who have...or have, a, um, disability, or a sensitivity, why they really need to take care for [sic] that broader society doesn’t acknowledge. So...it is that we really try to support each other. Sometimes with information, sometimes with healthy information — so, not really ‘health’ stuff, but, like, inspiring things — like, *Crazywise*.

S: Mm, yeah.

E: That is a film I would really like to see. But that is one [a friend] said to me, and [on and on] Or books, or uh...especially, um, being excluded also meant that I, uh, um, also meant that I love books. Because books...you can read it on your own, so I’m really, you know, a book person, although when I’m very stressed and very down, I can’t read two letters. And art! For to enjoy [sic], but also express myself...uh, and I go sometimes to big events but most of the time I am so disappointed because it is only for a part [of E’s identity] that I feel related.

The mixed-space of art therapy has, in fact, been a recent addition to E’s repertoire of oft-frequented queer spaces. She describes the space as “queer” due to its openness and diversity of people and experiences:

E: “[In art therapy] people from all different backgrounds come together to express ourselves...it’s safe, funny, inspirational...so that’s, a bit, one of my new ‘queer spaces’! Although not everybody is queer, but [sic] there are some other lesbians who are there, there was a gay man, and...in a way, it is safe [because] the women who work there try to make an open atmosphere for everybody [...] They work from the idea that inclusiveness is healthy and important for everybody.”

Throughout the interview, E had expressed interest in the way I phrased an initial question I posed on “queer space.” Her initial conception of an “ideal” queer space is one with:

E: “...a lot of women...actually, where it is mixed, men and women, um...would be nice if there was a lesbian, or gay, or trans [theme/culture] but for me, for the atmosphere, and the program and the meeting...but what is more important for me is that it is non-judging. So that it is a really open mind-space.”

The now-defunct womens’ health group she once participated in was such a space; it had lesbian-feminist influence but was composed of a mixed group of people. “It wasn’t the women [sic] health movement in a little corner...but that there were really the ambitions, like, ‘we have the ideas and practices what can benefit a lot of people.’”

In moving toward closing the interview, I noted:

Me: “I think that sounds like sort of a shared goal...not only among you two but with a lot of people I’ve spoken to. Like, moving past fragmentation and moving toward entirely mixed spaces —“

E: “ — That, that would be ideal! Yup.”

Me: “Which is quite interesting, uh, which is quite different from the spaces I’ve frequented back in America [...] for example, spaces specifically for queer disabled people. Just for us.”

E: “Yup! I think...I think that is also still important. I think it is and, and, and. It is so important, you know, like being here. For me...I have not [thought] ‘which [identity] is more important? Is this more important, or that?’

[...]

E: “I so strongly believe that it’s necessary, say, particular spaces... although we have equal laws — equality laws — there is a big difference between the laws and the experience [in certain spaces].”

E hopes for a time in which there is space for mixed populations of people and for particular identity groups; a time in which individual groups are able to claim space and “invest in each other,” not spending all of their time in shared spaces educating those who are not multiply-marginalized.

Interview 4: S.

S is a mixed-race man in his forties who defines his sexuality as “a man who feels [attracted] more to men than women.”²⁷ For this reason, I will be referring to his sexual identity as “MAM,” or man-attracted-to-men, whenever possible as I move forward. S is a peer support worker for psychosocially disabled²⁸ people, particularly those in crisis and in need of outside support. He is most involved in the Mad Pride community and is a survivor of psychiatric institutionalization. Although he is active in disability spaces and Mad spaces, a complex array of factors deeply effect his (non)relationship to “queer space” and limited his interactions with such spaces. He notes early on that he “[doesn’t] actually feel at home in the gay scene... queer scene.”

S has slowly become more open about his sexuality in Mad and disability-centered spaces. He describes that when he used to share his story in these spaces, he “skipped the gay part of [his] life’s story.” But today, he no longer skips this, in an attempt to be more open about

²⁷ He identifies most with this term, rather than “gay” or “queer,” although he and I will be using all three terms throughout this interview and analysis.

²⁸ I use the former term instead of “mentally ill.” See Price, M. (2013.). *Defining Mental Disability*. In *The Disability Studies Reader* (4th ed., pp. 299-307). New York, London: Routledge.

his identity. That being said, he is still hurt by the use of “homo” — an antigay slur that deeply upsets and offends him — in some Mad spaces (and in many other spaces, too). Still, he feels more comfortable in Mad spaces than in “normal society.”

S: “[In Mad spaces] you’re already talking about minorities, and emancipation, and discrimination...it’s, uh, easier to speak out there...among people who understand, who are broad-minded and not narrow-minded.”

S’s family background is one textured by psychosocial pain and abuse, pain which has tinged his relationship to his sexuality. S recently discovered he is a survivor of childhood sexual abuse (CSA) by a man. This immensely complicates his relationship to his attraction to men (which he was aware — and ashamed — of from a young age). He long felt, “so ashamed of [being a MAM]...and [he] felt filthy and dirty and always pushed it away...[he] wanted to be as normal as possible.” It wasn’t until college that he began to engage with his sexuality: he described this period as a “double life,” both acting the part of a college student and having sex with men anonymously in bars and clubs.

In his early twenties, S both “became manic” after an extended period of depression, and came out as gay. Because these two events coincided, this identity was not always taken seriously: his perceived “madness” delegitimized his proclaimed sexual identity.

S: “I went through a phase when I was Mad, so a lot of people didn’t believe [in his sexuality], and I got hospitalized, and when I came back I had to [come out] again, because it was like: ‘Are you crazy? Or are you really gay?’ It was really difficult for me to...to finally said it [sic].”

E: “Mmhmm!”

S: “...and nobody believe me [sic]!”

E: [understandingly] “Shiiiiit!”

This disbelief was present in other LGBTQ+ people, and was also informed by judgement of the way he looked. S says, “because I look like a straight man, [I feel like] I’m captured in a straight body.” Other gay men reaffirmed his doubts:

S: “I tried to introduce myself in the gay scene [...] people were there [at parties] and I thought, ‘I’m gay too,’ and also they said, ‘Oh, no, no, you’re not gay’ and they really didn’t believe — even if I said I was gay, they didn’t believe me.”

S also had his own doubts as to whether or not he was truly a MAM, as he had “a lot of negative associations with being gay, and having gay sex, and also with being abused...and maybe I’m gay because I was abused and I ‘let myself’ be raped [by a man].” His experience of CSA greatly informs his relationship with identity (and thus) his relationship to the “gay scene,” which is largely constructed around shared identity²⁹. He finds the gay scene “scary” and “[doesn’t] feel at home” there. Furthermore, his twenty-year struggle with addiction has made it difficult for him to remain clean and sober while also engaging with queer spaces.

S: [My time in queer spaces] has been...very shallow contact with people, just drinking and drugging and partying and finding ‘meat’ — you know, finding a man to sleep with.”

When I asked him to clearly define how he conceptualized queer space (in his experience), he cited gay bars and clubs that he had been to, noting, “I don’t go [to those places] anymore...especially when I’m sober.” He discusses his preferred social spaces:

²⁹ For better or for worse, shared identity (rather than simply shared political aims) is a major basis for social and political organizing within LGBTQ+ communities. See Rimmerman, C. A. (2002). *From Identity to Politics: The Lesbian and Gay Movements in the United States*. Philadelphia: Temple University Press.

S: “For me, a nice place to go would just be a mixed place...not just gay people and queer people...I don’t like that. So I only go to normal [places] where all people are together, I think I feel more...relaxed.”

He also has inhibitions surrounding seeking out more meaningful relationships with queer communities, drawing a divide between his life as a Mad person and activist, and his life as a MAM/gay man:

S: “You know, I would love more interaction with more [queer] activist groups, I know they [exist] but I don’t take the time to look where they are [sic] and interfere with them...I’m more busy with the part of Madness [activism].

S has difficulty acknowledging his own access needs with regard to queer spaces. As we spoke about the commercialization of queer space with E, Grietje brought up the point that accessibility is not limited to the physical realm, asking S how his [psychological] access needs were going unmet:

Grietje: “If you talk about accessibility, it’s not only about —“

E: “ — place.”

Grietje, “Yeah, the physical place...and I think, uh, so, [to S] what is your accessibility problem in that?”

S: “I don’t know, when I finish work, uh, I bicycle to [a nearby gay bar] and I see all these gay people standing outside [...] actually, I want to go in, but I don’t feel connected — and maybe that’s my own fear or my own insecurity, I don’t know, but I always drive on by and go home. I don’t know what it is. Maybe it has nothing to do with the accessibility of the club, maybe more with my own, um...insecurity or fear of connection with other people.”

Me: “I think that *is* an access problem.”

S: “All right.”

E: “Can I add something? At that — I’m very aware that when it’s about...the dominant culture of white gay men, that it’s very about looks...the physical thing [sic]...also, particular ways of behaving. Talking. And when you are not fitting into those very narrow profiles... you ‘can’t be gay.’”³⁰

One queer space that S finds to be accessible is a queer movie night. It features a multiplicity of different identities on screen, and “you still meet people, but you don’t have to dance...I feel much safer.” E vocally agreed with this, interjecting, “It’s also not alcohol-based.”

Overall, S dislikes spaces in which “there are a mess of people, it makes [him] uncomfortable, especially when they are all gay or queer.” He continues:

S: “Combined with my experiences at, like, a squatters’ gay party and even there, they said, ‘what are you doing here? You’re not gay.’ And I felt so...disappointed, and I, uh, I just don’t go there anymore, and I just...avoid all gay places. I try to find a place where I do feel comfortable, and actually I feel most comfortable on my couch at home. [...] But I do have the need to connect with more people like me, and I, I find it hard to find the interaction, I don’t know where to find the interaction...so I struggle, searching, journey to, uh...where I’m going to find the place to feel comfortable and at home.”

Me: “And what would that ideal place look like?”

S: “[Laughing] Probably, uh, just outside on a beach or something! Or places...where it’s not just only alcohol and drugs, but more activities like movies and eating together, and being outside in nature, things like that. Sport, maybe. I think there are places like

³⁰ She continues to discuss the impact of commercialization and assimilation on queer space and culture, as discussed on page 41.

that...but I feel a resistance to going there because there are only gay people...and it should be mixed, I think.”

As I was closing the group interview and speaking with E about the importance of both specificity and generality in comfortable spaces, S conceded that the former type, while uncomfortable for him, were also necessary.

S: “Sometimes we shouldn’t make it distinguished and just be ‘we,’ we’re all people. Sometimes it is important to be specific and also, goes with...the self-help groups, like the Narcotics Anonymous [NA], and you have one LGBTQ meeting...and for me, it’s good, because you can talk about specifics and certain examples of your sex life. If you do that in normal NA groups, then people, I think, might judge you or don’t understand you.”

E: [interrupting] "Or you can educate them!"

S: “—Yeah, but...it could be better if you just — NA is for everybody. Every sex, every age, every gender, and...it’s all-inclusive already. But sometimes it’s important to have [specific spaces].”

Although he has fewer experiences in queer spaces than E has had, S comes to the same conclusion: both specificity and generality are essential when establishing disabled [and/or] queer space.

Discussion

As I move toward concluding this research, I seek to more regularly use “queer” as a verb to indicate subversion and transformational possibility. I find it appropriate at this time to call so-

called “queer spaces” that do not work toward radical accessibility “LGBTQ+ spaces” so as to distinguish them from “queer spaces” as I explore the implications of the term.

All subjects indirectly and directly indicated that it was not spaces specific to LGBTQ+ identity that are most materially accessible to them, or even *ideal* in regard to accessibility. Instead, all expressed a wish for more “mixed spaces” unrestricted by specific identity categories and requirements. E had had the most success finding such spaces, the most recent of which was art therapy group. R finds something like this in his anarchist groups; the purpose of such groups is the sharing of knowledge and values and not only personal identity. S noted that he would, as a CSA survivor who is not fully comfortable in gay/queer-dominant spaces, feel much less social pressure and discomfort in mixed spaces. A and E both struggled within spaces in which their identities always seemed fragmented instead of allowing each of them to exist in totality. A remarked that she had to pick between her lesbianism and her disability, and E between her Blackness, lesbianism, and disability, when entering spaces.

My subjects, as a whole, considered the word “queer” to denote gender-nonconformity and political radicality (including anarchism and squatters’ movements). Although they occasionally referred to spaces occupied by LGBTQ+ people as “queer,” they more frequently got specific about the character of a space: for example, saying, “gay [bars/clubs/spaces],” “lesbian spaces,” and “queer-of-color spaces.”

All four interviewees demonstrated a multifaceted understanding of space, and the meaning of accessibility. My first questions about the accessibility of queer spaces were met by all of them with descriptions as to the (lack of) wheelchair ramps and other accommodations in bars,

venues, and other social spaces. This proved to be a troublingly-common feature of more “official” queer spaces: bars, clubs professionally organized events, and inter/national organizations. There was consensus as to the architectural inaccessibility of such spaces.

These structural problems were bolstered by ableist attitudes that render queer disabled people both invisible and hypervisible. Disabled LGBTQ+ subjects were discursively invisibilized when, such as in A’s case, the Gay Games only featured accessible events for the sake of disabled American attendees. Once-briefly-accessible bars were rendered inaccessible once more, based upon the assumption that queer, disabled, Dutch people did not exist. These attitudes also appear as psychosocially disabled people are erased: E noted the culture of productivity within activist spaces that marginalizes psychosocially disabled people, and worsens the mental health of all involved. For S, this involved the questioning of his sexual identity’s validity on the basis of his psychosocial disability; bound up in this is the hegemonic notion that to be diagnosed with a psychosocial disability renders one, by definition, incapable of rational self-determination.³¹

To look at the converse, R’s positive experiences in queer spaces are highly influenced by his ability to enter those spaces as a *less-marked* subject than he does when entering other spaces. R enters gay/queer spaces while walking with the assistance of a cane, instead of in his wheelchair, and thus subverts some of these challenges. This becomes especially noticeable when contrasting R’s perception of gay bars and clubs with that of my other subjects. Specifically, he noted that, unlike “normal” spaces in which he was stared at and met with ableist paternalism, he could move through gay bars and clubs more peacefully.

³¹ Read further on this in Foucault, M. (2001). *Madness and Civilization: A History of Insanity in the Age of Reason*. London: Routledge. Original work published in 1964.

All subjects, including R, stated that bars/clubs/social gatherings for LGBTQ+ people were not physically accessible for wheelchair-users. Even absent physical barriers, social stigmas against wheelchair-users — and denial of their sexualitie(s) — pose a formidable social access barrier within subjects and in their socialization with others. This suggests that the *accumulation of identities* (including but not limited to disability) one carries into Dutch LGBTQ+ space is a key factor in the accessibility of that space. R's experience within gay bars would likely be different if he carried with him different gendered, racialized markers, and if he also was visibly a wheelchair-user.

All subjects experienced denials of sexuality, autonomy, and social inclusion both within (or via exclusion from) LGBTQ+ space and outside of it. This had much to do with physical appearance: S and E noted that others' denial of their own queerness was an ongoing problem; A noted struggles connecting with possible partners and with feeling as though she looked "lesbian enough" while experiencing disability, and especially while bed-bound. E verbally resonated with S's experiences with not appearing "gay enough" for his sexuality to be taken seriously; E's Blackness also proved a factor in her non/acceptance in some queer spaces. Although E noted several spaces for QTPoC, especially QWoC, that already had members who were disabled, she also notes that the energy required to get to these spaces, which are spread widely, becomes an access barrier. Those who do not perform LGBTQ+ identity in a typically legible way are marked as outsiders.

Curiously, we can see alongside this *denial* of queer disabled existence an active *hatred* and aversion (such as within the gay bar scene) toward the disabled people who attempt to enter queer space. Exclusion appears at first only to be based upon the denial that queer disabled bodies and minds exist — but within spaces like gay bars, non-normative bodies and minds appear

to be both noticed and disdained, according to the accounts of A, S, and E. This suggests that the inaccessibility of “official” — or, as E says, “commercial” — LGBTQ+ spaces is not merely justified by lack of awareness of queer/disabled existence, but rather a willful ignorance of it; by *disappearing* subjects’ multiple identities.

Permanent “outsider” status proves itself to be a constituent element of queer, disabled existence. S’s trauma and A’s experience of isolation — imposed by themselves and by others — demonstrate the way the damaging effects of ableism and internalized shame can render one an outsider in their own bodymind. Not only was S questioned as to the sincerity of his gay identity (especially by those who also knew he was Mad) by outsiders, but he began a rigorous line of self-interrogation as to his own validity; especially in regard to his status as a CSA survivor. A experienced increasing isolation from and misunderstanding by her abled friends during the years in which she was bed-bound; subsequent to those years, it was a struggle to (re)gain the confidence to occupy queer space. In particular, she struggled to enter the virtual space of dating apps, due both to real and imagined rejection based on her disability. Again, inaccessibility is produced when A identifies herself as a disabled person and experiences shame and ableism as a result, and again when she is interpellated³² as disabled by the assessment of the collective outside.

Although the possibility always exists to “queer” (as a verb) spaces for disabled people, my subjects’ experiences in disability-centered spaces tended to reproduce heteronormativity, sometimes through outright homophobia, and other times through identity erasure. A did not, at the time of the interview, have any disabled people she considered to be her “friends;” she feels

³² See Althusser, L. (2014). *On the reproduction of capitalism: Ideology and ideological state apparatuses.* (pp. 191-197). London: Verso. Original work published in 1970.

they often tend to focus unduly on their identity status as disabled instead of on a variety of conversation topics. Not only is this, in her opinion, insufficient grounds to form a friendship on, but it's also an act of passive erasure: singleminded focus on disability ignores the intersection of disabled and lesbian experience that A lives at. Both she and R noted homophobia from their intimate caregivers, suggesting that the "disability space" that forms spontaneously between a disabled person and their caregiver may render the queering of such a space impossible.

These interviews and analyses have also revealed that queer space, and space occupied by lesbians, gay men, and/or other members of the LGBTQ+ community are not interchangeable. As E indicated, queer space is not always so concrete as a specific bar, club, or organization; sometimes it is "a kitchen table." Such spaces are informal, non-hierarchical, educational, and aim to heal as well as cultivate social bonds. They are radically inclusive and do not allow their members to exist as fragments. Wheelchair ramps have never been the only feature of an accessible space, although they have become the most widely visible. And indeed, LGBTQ+ spaces in the Netherlands often lack ramps, wide entrances, and other accessibility features required by those using assistive equipment. But crucial to the making of inaccessibility are the discourses of unimportance, invisibility, and ugliness that permeate these spaces. Although inaccessibility can sometimes be measured in a material way, crucial to examine, too, are the shared idea(l)s that permit such inaccessibility to exist.

Conclusion

The question of disability and access to LGBTQ/queer space must, in the future, be addressed with an understanding of the politics of seeing and being seen. The moment(s) of perception are key in determining the social accessibility (and thus, the willingness of its members to

pursue architectural accessibility) of spaces. Dutch disabled LGBTQ+ subjects often go physically and discursively unseen, and this defines the character of their relationships with space. However, there exist possibilities and realities in which queer space — in defiance of both physical and metaphorical structures — is, by definition, striving for access.

One question to further explore is this: is it possible for “mixed” spaces to be queer? Can they be, to use the critical disability studies analogue for queer, “crip”? My initial question sought to discover how disabled Dutch people did or did not navigate queer space. I emerge from this work with an understanding that, by my subjects’ views of “queer” as a specifically political, radical, and transgressive label, spaces that limit and fragment peoples’ experiences may never be queer, as such. This indicates that a queer space *must* continually work toward access (which, as dynamics and people change, is never a complete process). It is the discourses that permeate the space, and the experiences that are “seen” within them, that render a space in/inaccessible.

Thus, Dutch LGBTQ+ disabled subjects who enter “queer” (LGBTQ+) spaces are likely to face forms of inaccessibility that are highly contingent about what they carry with them into it. This is not limited to disability; “access” itself cannot be limited to the vocabularies of disability justice scholars and activists. It is a critical need for all those marginalized by race, gender, class, sexuality, migration status, size, and all accompanying intersections. The need, for example, for a queer space accessible by public transportation cannot be divorced from the race *and* class *and* location of those using it. A space for education and healing must concern itself with the balance of emotional and intellectual labor to ensure the continued well-being of its QWoC; accessible educational materials are not only those that are available in Braille but also those that are available in both Dutch and Arabic.

The relationship between my subjects and queer/LGBTQ+ space is, ultimately, one of “becoming.” These relationships are continually shifting and subject to changes in attitude among other occupants, to change in access needs of subjects themselves, to changes in architectural structure; to social and financial shifts. All of the subjects lamented the unnecessary fragmentation of their multifaceted identities as this takes place in identity-based spaces, and seek/enjoy holistic spaces (while noting the occasional importance of identity specificity). This applies, too, to the way I talk about this research: access is not isolable to disability, “queerness” is not isolable to designated LGBTQ+ spaces, and disability is not isolable to the bodies and minds of individual subjects but rather to the attitudes and discourses within a given space.

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