

# Crip(pl)ing Pain

Emma Sheppard, Edge Hill University

**Crip theory** is concerned with how compulsory able-bodiedness and compulsory able-mindedness works to structure the world with particular inhabitants in mind (McRuer 2005, Kumari Campbell 2009, Kafer 2013). Briefly – normality is the ideal state, but also the compulsory one, in modern society; the assumption is that a proper, normal, human individual will be of able body and mind, but will also be working towards being, or maintaining, that state through projects of the body and self in order to be without impairment, illness, or neuroatypicality. This assumption of ability is reflected in how the world and society is constructed.

Pain is constructed within compulsory able-bodiedness in several ways:

- The inability to feel pain (whether that pain is categorised as physical or mental) is an impairment; properly normal bodies *feel pain*;
- Properly normal people are able to communicate that they are experiencing pain, describe their pain, and ascribe either source or meaning to the experience, if not during, then after the experience.;
- Pain can be a diagnostic tool, a learning experience, or an effect of an action or process – but pain is in itself meaningless (Conrad and Muñoz 2010).;
- Pain is inherently negative, an ontological impossibility; a person cannot continue to be in pain and continue to be a properly normal human;
- Because pain is negative, it is unwanted (even when the action or process is itself wanted, such as childbirth or certain sports). Those who seek out pain, particularly in the already fraught realm of the erotic, are failing to perform proper normality; they are neither properly able nor properly heterosexual.

**It is in the space of this failure that this project falls – the space where people are in chronic pain, but also engage with consensual erotic pain.**

## Control

This engagement with specific pain, in a manner which has been consented to, gives a space not just for engaging with the body and with pain sensations, but also gives the space in which participants can feel a measure of self control over their otherwise unreliable bodies. BDSM provides them with a way to control their pain through creating increased pain—which they will be released from, that they can stop at any time, and that create a space for re-engaging with their bodies and somatic sensation. The control of pain and bodies practised by the participants seeks not to control the pain directly (as it would be through pain medication or pain reduction techniques) but instead to control what *can be controlled*; namely their bodies responses to pleasure and new, temporary, pain. For Natalie, this turns her menacing chronic pain into something else, subverting her pain through BDSM play; in this way sex is an act of reclaiming the self of controlling what has been lost. For other participants, notably Charlie and David this control is framed in a more typically BDSM manner, around the need for a sense of endurance, and of having pushed the limits. The sense of achievement which they both feel on having incurred consensual pain is one in which they are reminded of their bodily ability and strength, of a sense of mind over matter, which is denied to them through living with chronic pain.

“it also makes my body feel stronger; I tense up, and absorb the impact [of being spanked] and that sort of strength, maybe endurance, makes me feel good” - Natalie

“it’s engaging with my body and being in control of pain, ‘cos as soon as I start engaging with my body, I can start feeling pain .... [kink is] kind of giving me back a good experience of pain” - Julie

## Time

Crip time (Kafer 2013) alters, and is altered by pain, particularly chronic pain. Chronic pain is in itself tiring, draining, it goes hand-in-hand with fatigue, and with a need for time to be in pain, or to take medications and to engage in pain relief practices. Bodies in pain can be unreliable bodies, reacting to experience in different ways even when the experience is repeated. At the same time, these bodies are reliably unreliable; people living with chronic pain learn to expect chronic pain, to predict what will and will not cause pain, and even to judge when pain is worth the activity.

For many of the participants BDSM was a way to experience the body positively, to take Crip time to engage with somatic sensation – particularly somatic sensation associated with constant negativity – in a way that is positive. For Charlie, this engaging with the deliberate experience of BDSM is echoed in a narrative of engaging with piercing and body modification, in order to reclaim their body. For David, BDSM takes the form of deliberate stimulation, providing catharsis that he identified as running parallel to that which he experienced through self harm, but is now explored in a healthier, and arguably safer, way. Both David and Catherine identified this behaviour as also parallel to the practice of stimming, whereby an autistic individual deliberately induces a sensation in themselves ; introducing pain (or rather consenting to pain being induced) provided stimulation as well as increased pleasure responses, in effect allowing them to feel pleasure more strongly by first inducing pain.

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Supervisors: Paul Reynolds and Dr Allison Moore

### Contact:

emma.sheppard@go.edgehill.ac.uk  
@\_ESheppard

