Text Matters, Number 16, 2026
https://doi.org/10.18778/2083-2931.16.03

Check for updates

COPE
Member since 2018
JM13713

Jen Ham
University of California Santa Cruz

Sabrina Ali Jamal-Eddine
University of South Carolina
University of Illinois Chicago

Cripping Intimacy: Interdependence and Promiscuous Care

ABSTRACT

"Cripping Intimacy" is an account of crip ways of living and loving as resistance amidst a phobic majoritarian public sphere. Through a shared narrative of access intimacy—the elusive affective experience of having one's access needs met—and promiscuous care—the multiplication of care through experimentation—the authors trace the practices they have co-created together over the last twenty years of friendship and disablement. Beyond meeting access needs, the authors gesture toward how these sorts of intimate acts can bring into reach/being the crip worlds not yet available.

Keywords: crip intimacy, access intimacy, promiscuous care, interdependence.

creative commons

© by the author, licensee Lodz University – Lodz University Press, Lodz, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0 (https://creativecommons.org/licenses/by-nc-nd/4.0/)

Funding information: Not applicable. **Conflicts of interests:** None. **Ethical considerations:** The Authors assure of no violations of publication ethics and take full responsibility for the content of the publication.

Received: 15 Sept. 2025. Verified: 25 Jan. 2026. Accepted: 30 May 2026.

PROLOGUE

JEN: My hands are full as we wait in line at the New Orleans thrift store whose poorly insulated walls strain half-heartedly to keep out the muggy December swamp air. I've looped the strap of Sabs' water bottle around the last three fingers of my left hand, leaving the palm open and remaining two fingers to clutch her clunky encased iPhone while draping her crop beige sweater thrift find over the crook of my elbow. My right arm winds around her left to tether me in space and orientation as she steps us closer to the cashier.

"Are you two sisters?" an elderly man asks with his voice like cracked leather lilting at the edges in a slight accent. I nudge her conspiratorially with the linked arm, careful not to jab too hard at her sensitive assemblage of slippery joints and surgical alterations.

"No," we deny collectively with a shadow of a smile dusting both our lips.

"Then you must be *very* good friends," says the cashier at a different thrift store in the surprisingly crisp San Francisco summer six months later in a logical response to the repetition of the same question and same denial. This time, there is a knowing pronunciation to the way "friends" saunters from her lips—as if that much physical contact, the flushed joining of her arm to mine in the service of sighted guiding, could be nothing other than more than platonic.

We look nothing alike, considering that one of us is Arab and the other is Asian, but 20+ years of serving as each other's access partner exudes an imprint of deep familiarity often unconsciously recognized as kinship and other times speculated as romance. This misrecognition has comically happened time and time again over the last 20 years, revealing a public incapable of imagining intimacy beyond the familial or the romantic. Despite our ethnically distinct appearances, homophobic tendencies lead people to assume familial ties before romantic ones, while a lack of exposure to disability precludes their consideration of these ties as access intimacy.

Mia Mingus coined the term "access intimacy" to describe the elusive experience of having one's access needs implicitly and affectively met or even just understood if nothing materially changes besides a shared touch, look, laugh that reassures togetherness in this moment and that you've got each other's backs. The following shared narrative contributes our experience of living access intimacy.

INTERDEPENDENCE

Mingus describes access intimacy as the ease, safety, and relational closeness you feel with others when entering space where all your access needs are met. In order to understand access intimacy, one must also understand

interdependence and the relationality between these two concepts. Interdependence rejects the myth of independence and its underlying Western capitalist politic of individualism. Akemi Nishida explains that while the inability to perform independence has been weaponized against disabled people, "interdependent care is often imagined as and sprouts from the core belief that everyone is dependent on one another and requires care as much as everyone contributes to the care and well-being of others" (129). While Nishida illuminates the ubiquitous nature of interdependence, Mingus illuminates the ontology of interdependence as she states that "[a]ccess intimacy is interdependence in action." Ultimately, access intimacy is the mechanism of action that enables the praxis of interdependence. Nishida explains that "politically, interdependency is a way to value community-based collective and mutual care [as] resistance work that pushes against the independence-driven and individualist demands enforced within the United States" (128). Actualizing interdependence through the praxis of access intimacy becomes a tangible method of resistance to Western individualism.

SABS: We met when we were just ten years old. We were introduced to each other by a classmate on the first day of fifth grade where we had one of those rare, immediate clicks of best friendship. Jen's sense of humor, my envy of her clothes that I could never wear as the child of a Lebanese Muslim immigrant, our shared love for cooking—often followed by scolding from Jen's Korean immigrant mother who was dissatisfied with our attempts at cleaning—shopping, talking about boys we would never speak to, and attempting to get the perfect mid-air jumping pics created a foundational bond between us. I have only memorized four people's phone numbers in my life—my mother's, my father's, my brother's, and Jen's. Jen is my kin. She is a living, breathing archive who knows more about me, my life, and my access needs than anyone on this earth.

When we met twenty years ago, Jen had low vision. She was accompanied by an array of assistive devices that allowed her to zoom in on the whiteboard and zoom in on her papers with high contrast. I had a curvature in my spine that caused aches when sitting on the ground, but I had not yet crossed the invisible, arbitrary, ever-moving, contextually dependent line that might label me as "disabled." Following Jen's lead, we quickly developed access intimacy. For us, this includes linking arms for guidance everywhere we go, whispers of "watch your step," which we abbreviated as "WYS" pronounced "WIS," and providing rich visual descriptions of men, environments, outfits, and movie screens. Through this process, my positionality and consequential interpretation and perception of the world have become a part of Jen.

Our school district was phenomenal at both supporting and facilitating our interdependence. Considering our equal honors-level

math proficiencies, they placed us in the same math class for 8 years until graduation. We developed a nearly decade-long routine where we would sit in the back of class and I would fill gaps of inaccessibility, from reading the board to locating Jen's homework assignments, and we would leave class five minutes early to traverse the halls with her close-circuit TV cart prior to the flood of students between classes.

Five years later, I acquired my disability, which was manufactured through medicalized violence. I underwent a 12-level posterior spinal fusion for the curvature in my back and awoke with incessant breathing pain that felt like someone was cutting me with a knife every time I inhaled or moved my arms. I ended up being one of over 500 patients who experienced failed surgeries by the surgeon who eventually fled the country and left many of us with manufactured disability.

During those 2.5 years of non-stop breathing pain prior to undergoing my revision spinal fusion, Jen and I developed a deepened interdependence, expanding the access intimacy we had already built prior to my disablement. We slowly cultivated a routine that included linked arms so I could guide us while Jen carried my water bottle and backpack, something we still practice to this day. We meet each other's access needs. Nishida describes "affective collectivity," a concept connected to the type of access intimacy that is built between people over time, as "an ontological and sensual connection that is nurtured as care partners co-experience one another's differently shaped bodies, movements, rhythms, heat, and odors, among other sensory information through recursive care tasks or as they go, side by side, through every up and down of each other's daily lives" (37). Symbiotically moving side by side and up and down steps with linked arms, Jen and I quite literally embody the expression "joined at the hip"—although considering our height difference, my hip is half a foot higher than Jen's. Our co-movement and familiarity with each other's bodies have become ingrained as second nature for us. Affective collectivity also includes accumulation of "haptic memories and knowledge . . . of each other's distinct capacities, needs, paces, and even desires" (Nishida 105–06). Our interdependence, repetitive praxis of access intimacy, and affective collectivity have further deepened our crip kinship and sense of connectedness as human beings.

My life changed drastically at the age of 16 upon awaking from my first surgery: I could no longer play soccer, attend summer camp, go to school dances, ride a bike, run, etc.; my days were consumed by pain. Because of the unspoken pact surgeons have with each other, it took 2.5 years for me to finally undergo a full revision surgery, which I did through taking an institutionally approved year-long medical leave of absence between high school and college.

My high school developed a plan with an array of accommodations for me after I had acquired my disability and prior to undergoing my revision surgery: these included using the elevator, having an accessible parking spot, and adjusting my schedule. My disability was non-apparent, and a memory I will never forget is a time when Jen and I were using the elevator between classes. The only other people who ever used the elevator were students with broken legs. Linked arms, we entered the elevator, and a student with a broken leg looked down at all four of our uncompromised legs and said, "what's wrong with you?!" I muttered "uhhhh," knowing that the ten-second elevator ride would not be long enough to explain my story of medicalized violence and non-apparent disability. Jen quickly chimed in, "SHE'S PREGNANT!" He said, "oh, okay," and we promptly exited the elevator, laughing our way to the next class. In addition to becoming my arms and back, Jen also became my memory, my emotional support, and my personal massage therapist. My memory was severely impacted from all of the medications I needed after undergoing major surgeries and from developing forgetfulness as a survival strategy to trauma. Jen constantly tells me stories that I have no recollection of. Because she is the only person on this earth who knows everything about me, she is the only person who can serve as my systematic, 20-year archival memory: she tells me stories from the last two decades of the life we shared together in-person and virtually, and also reminds me of the reasons why I broke up with past partners while making sure my memory, or lack thereof, does not drive me to resume toxic relationships.

So essentially, for the first five years of our friendship, I was a non-disabled person practicing access intimacy and interdependence with a disabled person. Mingus clarifies that access intimacy is not charity or help, although it is often harmfully perceived as such by non-disabled people when one person is labeled as disabled and the other is not. This is rooted in the pathologization of certain care needs, meaning that the care I provide Jen is recognized, acknowledged, and legitimized more than the care Jen provides me, both before and after I acquired my disability. Nishida explains how society's failure to recognize the interdependent care that disabled people provide is rooted in the hierarchization and "standardization of care offered by the care industrial complex [which] often values physical care over emotional and spiritual care" (9).

Prior to acquiring my disability, Jen supported me and my humanness. Mingus explains, "[t]here is a good feeling after and while you are experiencing access intimacy. It is a freeing, light, loving feeling. It brings the people who are a part of it closer; it builds and deepens connection." Before my first surgery, I experienced just as much benefit from practicing access intimacy as I did afterwards. This is in part because having access

needs is not dependent on a socially constructed disabled versus non-disabled binary—I had (unrecognized) access needs before and after experiencing disablement. This is in part because I experienced the relational euphoria of being in a deepened relationship that only a radical practice of access intimacy can achieve. This is in part because interdependence mends aloneness in a capitalist society that facilitates isolation through the compulsory promotion of independence.

Our practice of access intimacy has never been stagnant either: it is a fluid practice that oftentimes requires the navigation of conflicting, complex needs which slowly evolve as our respective impairments shift. For example, when Jen's vision completely diminished, she got a guide dog named Verna. I am allergic to dogs and sensitive to sound, so Verna's shedding, jingling collar, and loud snores made sleeping difficult for me when sharing space. We have worked around this friction when we are together through white noise from an air purifier and having me pre-medicate with allergy medicine the week prior to making a visit. Additionally, my ADHD has intensified, and my restless leg syndrome makes it difficult for Jen to share a bed with me, so we often try to get two double beds when possible. Another friction we have worked through is that my back disability can make it painful for me to link arms with Jen for longer than a short walk. When we go on long walks or hikes together, we use a tether or a flannel that allows us to link together without me needing to raise my arm. Jen is also losing her hearing which will inevitably shift our practice of access intimacy in the future; however, we will continue to innovate with and for each other.

As someone who is disabled and queer, I have witnessed the inextricability between queer and crip kinship, and it is rooted in shared practices of radical acceptance and love. And this brings me to my final reflection on access intimacy, which is love. Jen and I have emotionally supported each other—to the best of our respective abilities—in navigating relationships, sex, and romance as disabled girls and eventually women. From navigating my weeklong back pain flare after experiencing my first orgasm to collectively crafting *crip coming out* texts for Jen's prospective partners to let them know that she is blind—our slyest attempt yet suggests that cat cafes will *not* be an option for the first date because Jen's guide dog will also be in attendance.

Access intimacy thoroughly complicates romantic relationships for disabled people. It is a pre-requisite for any prospective partner, and it also deepens our connection with, and attachment to, our respective romantic partner. In my first long-term relationship, access intimacy manifested as my ex-girlfriend massaging my back every night, and in my second long-term relationship, it manifested as my ex-boyfriend effortlessly placing me on my back every time I got my breathing pain—although many of the

times I got the breathing pain were from interactions with him considering that he was double my size.

Mingus explains that

> access intimacy is not easy to build. When it doesn't happen magically and organically, it has been hard to create. It requires a lot of trust and faith and practice. And it has been lonely because not everyone is ready for it (or even a good fit for it) and it has taken discipline inside myself to not settle for crappy access when I don't have to, which often means I have less access.

It can be more challenging for disabled people to leave toxic relationships because mastery of access intimacy tends to be rare and, once you get used to being in the euphoric space of access intimacy with a partner, it can be difficult to imagine letting it go. Mingus states: "[A]ccess intimacy makes love more possible in my life and in myself. And I will always be grateful for that. I'll never understand the magic of it or how it works exactly, only that it softens my heart and lets me exhale."

The last friction I will raise from my personal romantic relationship comes from partners not always understanding that non-sexual access intimacy takes place beyond monogamous relationships. I am a femme woman. I remember that after I guided my blind classmate/friend, my masculine ex-girlfriend questioned why I was linking arms with a man and questioned our phone calls when I would fill the gaps left by the inaccessible online platform used within our class. While touch, love, and access intimacy are sexualized and partitioned, crip kinship is resistance.

PROMISCOUS CARE

JEN: I'm on the way to a United Auto Worker's Region 6 union summer camp with an academic researcher I had just gone on strike with and an estranged bargaining committee member. Both these people are more or less strangers—just the first of many I'd come to depend on during the weeklong training. It's one of the first times I didn't coordinate to bring Sabs in for access support on a trip—partially because I've been communicating heavily with the organizers about my needs and partially because I experienced spontaneous organic care during our strike just months before. For the first time since becoming totally blind, I felt I could trust people to step up when I needed it. Throughout the week, I would meet Kani, Ren, Amy, Joyce, Matt, Victor, Luna, and so many more who took part and parcel in creating access for me: whether it was walking

to and from the dorms to our ever-changing meeting room for the day, sneaking out pizza slices from the food court, finding relief areas for my guide dog, reading out what was unexpectedly written on the board during workshops, sitting quietly in a patch of sun outside when background noise fatigue set in, showing me where the bathrooms were, so on and so forth; I never felt like I could not get a need met.

What I experienced in that week—besides the secrets of a successful organizer—was what the Care Collective calls an "ethics of promiscuous care," practiced with the aim "to multiply the numbers of people we can care for, about and with, thus permitting us to experiment with the ways that we care (33). This is adapted from Douglas Crimp's essay, "How to Have Promiscuity in an Epidemic," in which he proclaimed that gay men's promiscuity would not be the thing that destroyed them but the very thing that would save them. For Crimp, community safety is less about changing one's individual sex life and behaviors to minimize exposure to the virus and more about sharing resources and supporting those who are HIV-positive or those whose partners are. He explains that living and loving promiscuously is to "protect ourselves and one another" (270).

Rooted in the practice of mutual and polyamorous reciprocity, this kind of promiscuous care unspools the care reserved for the exclusive partner to extend to the many that make up one's ecosystem of lovers, friends, exes, and their relatives. It is an experimental intimacy and care of radical egalitarianism.

In the same vein of revolutionary living and loving, Alexandra Kollontai, a century earlier than the Care Collective, proposed a new political imaginary of love, "winged Eros." In contrast to the demands of bourgeois morality which sequestered "all for the loved one," "[t]he morality of the proletariat demands all for the collective" (Kollontai). Instead of privileging the couple-form and insulating needs and desire within the dyad, Kollontai's "winged Eros" suggests responsibility from each according to their ability, to each according to their needs. Disloyalty to the single loved one opens up equality between persons, mutual recognition of the rights of the other, abolition of belonging and ownership of one to another, listening and understanding the intimate inter-workings of the comrade stranger (Kollontai).

In "Disability, Debility, and Caring Queerly," Crosby and Jakobsen assert that each "autonomous individual is complexly dependent on the labor of others" (81). Instead of privatizing and marketizing such dependencies—in the case of care that is either done by the unremunerated labor of the spouse and supplemented by, or substituted with, contracting a precariously employed care worker within the seclusion of the so-called private sphere—the promiscuity of winged Eros would communize care

for and between both the disabled and not-yet disabled. This way of caring is embedded in the "collective and political project to acknowledge bodily functions as common to all, rather than as something that care workers must make disappear" (Crosby and Jakobsen 95). This is to say, promiscuous care works to resist the regime that organizes our bodymind needs into a political economy that perpetuates precarity and surplus domestic labor. We are all multiply dependent on one another's labors of love. In rejecting the expropriation, exploitation, and monetization of these labors—in the care economy and within the privatized couple—we affirm our shared visceral vulnerability to, and need of, one another as the basis for a radical politics of care.

As tempting as it is to lean on Sabs for my access needs, if I always put those needs on her, it not only puts constraints on what new and different relations could be brought into being but also constricts the kinds of worlds possible. Since Sabs and I live on opposite sides of the country, I can either wait until things line up so that Sabs can be my access partner or I can manipulate contexts to open up the tendrils of relationality and accept to be promiscuous in the kinds of care I make for myself with/and others.

This means that sometimes I toggle between real-time strangers and virtual strangers on the BeMyEyes app. It means walking into a public space and trusting in the crip-come-hither effect to get assisted in finding the counter/table/doorway when your guide dog inevitably lunges for the other dogs or the spilled crumbs on the floor. It means asking the campus pharmacist to sprint with you to catch the right bus. It is how we get care needs met without depending solely on the one friend who knows how to do access, and thereby burning them out. It is how we live the maxim of "access is love"—by teaching others how to meet our access needs and how to voice their own, and how releasing fear of access scarcity opens an abundance of access among the many.

POSTCRIPT

"I had a good friend like that once," the cashier continues as she tallies up the pile of clothes. "We were like sisters but not sisters. . . We did everything together, shared everything . . . but we. . .," she fights for what words to divulge, "grew apart." Her voice hollows with the layers of memories and emotions briefly snatching her away to a different time and place. She starts to say more, begins to, then admonishes herself with a chuckle instead.

I wonder what she thinks—what anyone thinks—as they passively observe me sling the near bursting backpack of thrifted spoils over my slight shoulders with the same naturalness I sling my arm through Sabs'

as she guides my stiletto clad ass over the lifted threshold and out the door, and as she dodges us around dilapidated sidewalk concrete and poles while simultaneously reading me the menu of our happy hour destination: "Ooo, they have crab cakes, coconut shrimp, sweet plantains—WYS—five dollar margaritas . . . oh my god, Jen, that girl's dog looks spot on like Verna. Like spot on."

Feeling a simple contented smile settle with familiarity onto my lips at Sabs' antics and the utter comfort of being so at ease in the world with her, I found my mind meandering back to that cashier; I can taste the decadence of her nostalgia undercut by the sharp tang of her remorse at the loss of her friend. I think how lucky I am to have sustained what Sabs and I have for so many years, but it is also not only luck. It is as much a necessity born out of a crip politics to exist and resist as it is a joy forged by the tenderness of shared identity and experience, which makes longevity not just possible but persevering. It is a peculiarity of crip intimacy that brings worlds closer together so that my bodymind and its needs, struggles, dreams, and desires rub up against Sabs' (and others') and that thing—that ineffable connection that is intimacy—comes to embody something more, something that Alice Wong called "an ever-expanding universe composed of a myriad of heavenly bodies" (xviii).

Works Cited

Care Collective. *Care Manifesto: The Politics of Interdependence*. Verso, 2020.

Crimp, Douglas. "How to Have Promiscuity in an Epidemic." *Art and Theory*, no. 43, 1987, pp. 237–71. https://doi.org/10.2307/3397576

Crosby, Christina, and Janet R. Jakobsen. "Disability, Debility, and Caring Queerly." *Social Text*, vol. 38, no. 4, 2020, pp. 77–103. https://doi.org/10.1215/01642472-8680454

Kollontai, Alexandra. "Make Way for Winged Eros: A Letter to Working Youth." Translated by Alix Holt, *Molodoya Gvardiya*, 1923, https://www.marxists.org/archive/kollonta/1923/winged-eros.htm, accessed 20 Aug. 2025.

Mingus, Mia. "Access Intimacy, Interdependence and Disability Justice." *Leaving Evidence*, 12 Apr. 2017, leavingevidence.wordpress.com/2017/04/12/access-intimacy-interdependence-and-disability-justice/, accessed 30 Aug. 2025.

Nishida, Akemi. *Just Care: Messy Entanglements of Disability, Dependency and Desire*. Temple UP, 2022.

Wong, Alice. *Disability Intimacy: Essays on Love, Care, and Desire*. Vintage, 2024.

Jen Ham is a blind-deaf PhD candidate in the History of Consciousness at the University of California Santa Cruz. Her dissertation centers on the political economy of disability and the social domination of health.
jeham@ucsc.edu

Sabrina Ali Jamal-Eddine, PhD, RN, is a health humanities nurse scientist, disability justice scholar-activist, and Assistant Professor in the College of Nursing at the University of South Carolina and previous postdoc in Disability and Human Development at the University of Illinois Chicago.
https://orcid.org/0000-0003-1474-5954
jamaleds@mailbox.sc.edu