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Introduction

This book is wrapped in deep love and compassion. Its use is not just limited to therapists, but body workers, social workers, teachers, nurses, etc. We were trained within and for the System. No matter the oppressive system—we are Gatekeepers (and decently paid ones) in those systems. So let us begin . . .

My dear fellow colonized therapists,

We need to not just understand and be aware, but also take activated action.

It is time that we recognize the historical roots of the disability rights movement, and how mental and emotional health are firmly in the center of this movement. We need to remember that the disability rights movement was founded by queer people, in particular queer, trans, black, brown, and indigenous racialized people.

May we honor the beauty and necessity of mutual aid in all of its forms, and be willing to recognize the fluidity of human experiences.

Many of us began this career path with a deep calling to help others, but what we really needed was to help ourselves . . . to locate the root of our need to give and help and triage almost everyone everywhere despite ourselves.

Many of us began this process of learning, interning, and performing in order to help people. What we were really doing was making ourselves feel better by cyclically caregiving and educating others.

Many of us began this process honored that so many people trusted us with their stories and pain, yet rarely did we make the space to tend

to our own excruciating stories of abandonment, neglect, and low-key co-dependency. May we value our various roles, and the abilities of each of us, while we learn from one another. May we find the beauty and necessity in conscious peer support.

My dear fellow colonized therapists,

May we place a high value on the healing power of simply having choices.

May we vow to never again support or participate in coercion or forced treatment.

May we transform together, the mental and emotional health care system.

May we understand that for change and healing to be sustainable and real, it must happen throughout our communities and systems.

May we remember that “I” am not solely the responsibility of each individual seeking help, that engaging at an individual level is unsustainable and inhumane.

May we share power and value reciprocal relationships between people with lived experience and those who are working to support us.

May we engage from a decolonial and anti-oppression framework, meaning that we understand that structural ableism both informs and reinforces other structures of oppression (i.e., racism, sexism, classism).

May we seek to dismantle all forms of oppression, recognizing that our freedom, rights, and liberation must be collective and, therefore, include the most vulnerable among us.

May we learn from the Land, from the Indigenous people of the Land, and engage in reciprocal right relationship with the Land, as well as one another.

As we slowly awaken, undo, and decolonize our mental and emotional behavioral care systems, may we allow for room to not know and to learn from the people we serve.

May we stop calling the people who participate in therapeutic work with us “patients” and “clients.” It is so capitalistic and pathologizing.

May we find new language rooted in healing justice and possibility.

May we have fun cocreating new ways of relating and calling in.

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My dear fellow colonized therapists,

May we stop medicalizing and pathologizing race and ethnicity while using “multiculturalism” and “diversity” training as a cure-all elixir.

May we continuously learn about the differences between gender identity, gender expression, and sexual orientation.

May we please stop calling the end of therapy sessions, “termination sessions?”

May we please have large-sized-fat-affirming chairs that are comfortable for every body in our offices? These are basic accessibility requests.

May we begin to unpack and teach people to live with their trauma more and “treat it” less.

May we ask about folks’ migration stories.

May we create genograms and timelines for trauma, abuse, IPV, diseases,¹ and so forth and begin to unpack intergenerational trauma—not just staunch the bleeding.

May we stop insinuating that people under the poverty line need to work harder. Poor people are some of the hardest working folks I know.

May we talk about colorism, race-based trauma, anti-Black racism, and neoliberalism.

May we work on our own emotional and ancestral shame, guilt, and grief.

May we realize how illness is written on our bodies and the bodies of our therapy participants—through relationships, rituals, and their stories.

May we realize that this process is full of dichotomies and paradoxes. A personal, yet collective journey; a lonely, yet supported journey; a political and healing journey; an abolishing and merging journey; and a practical and scientific, yet ancestral and fluid healing journey.

May we honor that the very nature of the decolonial process is one that seeks to change how we see the world, while living within the world

1 A term learned about through the work of Louise Hay and Caroline Myss. See the glossary for more on how it is used.

sustainably. Decolonization cannot be intellectualized as it is historical and constantly evolving, within and outside of us.

May we remember that colonial capitalism banks on our obsession with money and “making it,” as it has been programmed generationally into us and our lineages. The heart and brain of oppression is class warfare.

May we work on our own grief and honor our righteous sacred rage.

May we make space for big feelings, old teachings, and new ways of implementing our elders’ medicines.

My dear fellow colonized therapists,

May we democratize medical knowledge, in particular, the often-exclusive forms of “professionalized” therapeutic knowledge, and recognize that the mental health industrial complex (MHIC) does not have a monopoly on mental and emotional wellness.

May we continue to engage and think globally, and act locally.

May we build on a national level; believe in building strong, grassroots community-based systems of care, while forming international partnerships to undermine imperialistic practices; and support economic justice for previously colonized nations.

May we engage in models of care that shifts tasks and work, and may we be conscious that the work of listening, healing, supporting, and so forth is not limited to those with a particular license or degree.

May we recognize in ourselves the ways that dominant ideas about what type of person is seen as a potential caregiver or healer or professional simply replicates oppressive hierarchy.

May we stand firm in our beliefs that we do not heal or treat; we merely have the privilege of offering support and help.

May we innately know and believe that everyone is capable of healing themselves.

May we seek to resist colonial and commodifying practices of divorcing global indigenous, religious, spiritual, and holistic healing practices from their roots, in particular the roots of emotional and mental health modern-day practices.

May we recognize the power of our ancestors' practices with respect to their historical context and reject cultural appropriation of healing traditions.

In evolution,
Dr. Jenn

The damage the MIC [medical industrial complex] has inflicted on our planet should be enough for us all to dream and invest in building alternativesWhat could true wellness and care look like for our communities?

—Mia Mingus (2015)

Transformation has to be politicized, viewed ecologically, and pursued interdependently.

—Gabes Torres (2022)

Becoming aware of our stories leads to grief, but it also leads to validation.

—Lisa Olivera, *Already Enough:
A Path to Self-Acceptance* (2022)

When you are living in a garbage dump, you don't breathe too deeply. This is how it is living in a society polluted with hateful supremacy. Which is why everyone suffocates, and even newborns breathe with a shallowness. We need fresh new air.

—Jaiya John, *Freedom: Medicine Words for
Your Brave Revolution* (2020)

This book is for those of us who tend to the root of things.

The Root Workers.

Those of you who tend to the deeply buried parts of human suffering, society, and the global consciousness.

Those of you who truly embody space holding. The containers. The

“sin-eaters.” The hope holders. The medicine makers. The soldiers of suffering. That is what I think really helpful mental health practitioners do. We contain and metabolize suffering into possibility. We offer constant shifts in perspective. We help those in pain, deep in their defenses, to consider *choosing* to see it all differently. We provide options and create connections for access. We push, sometimes shove. We hold the fort. We worry. We make sure it’s safe, and we water. We water the roots. We prune the leaves. Some of us excavate the bones. We are those who witness and metabolize the pain in society, the shadow parts of the collective.

Historically our names were curandera/o, shaman, priestess, witch, babalawo, iyanifa, santera/o, palera/o, ndi obi, szeptunka, kaiwhakaora, íeach, Bengali Babas, and many other names across the globe that had been reserved for people who help the healing process, outside of the Anglo-Christian gaze. Of course, there are still many practicing, thriving, traditional Indigenous healers listed above; however, the hook of colonialism and white supremacy have created a curtain of silence, shame, or secretiveness around many (not all) Indigenous healer identities.

This is due to safety, legal ramifications, acculturation, internalized white supremacy, but mostly at the root is colonization.

Colonial consciousness has created rules that are not as client-centered as they would have us believe. The Medical Industrial Complex (MIC) has turned healing practices into for-profit practices. Persons who once “healed” now “treat.” Persons who once “scanned” now “assess.” Persons who once “cleared energies” now “diagnose.” This lucrative pivot in practices benefits those at the top of the power hierarchy of these interlocking systems (not the people receiving the care, and sometimes not the providers). So you see, the Medical/Mental Health Industries have capitalized on and commodified healers and healing. This in turn has deeply impacted everyone, including our Earth.

White supremacy informs and births white culture which is analogous and difficult to pin down. It is everywhere and tangled within the roots of many things. White culture leans toward individualistic, consumeristic, time-oriented/results-oriented, “professional,” de-spiritualized, hierarchical, monotheistic, dichotomous, content-over-process thinking and is quite rageful and violent. This permeates therapy, our clinical education, and how

we engage in therapeutic practice. From our session limits, to the theories most valued, to the ways in which supervision is more about accumulating hours than processing super uncomfortable human interactions and natural processes. We live in a society with a myriad of experiences, stories, and perspectives. Our experiences are affected by the media, ancestral trauma, our environment, our families and their stories, as well as by our lived experiences, how we walk in the world, and how we are perceived.

The Root of Dis-Ease

This book is naming the root of disconnect from our bodies, minds, emotions, one another, and Earth. We are affected on multiple levels, and this book seeks to begin the process of reconvergence and reconnection—Individually, Systemically, and Ancestrally:

Individually → Internalized White Supremacy (can look like internalized racial inferiority or internalized racial superiority privilege.) It disconnects us from one another, our culture, our humanity, our Earth, global issues that we believe do not affect us, among other things. We have internalized and been fed diets of colonial consciousness throughout our lives, in conscious and unconscious ways.

Politically → Medical/Mental Health Industrial Complex are systems of profit over health, wellness, and care. Healing is almost never mentioned. Fee services, pathologized treatments, denial of services to poor and migrant communities, attempts to control populations through forced sterilization, to dangerous contraceptives and minimizing the prevalence of trafficked young women of color. To the deep health crisis (including mental health) burrowing itself within the tentacles of late-stage capitalism and imperialism.

Ancestrally/Historically → Colonization has us collectively disconnected, activated, and in deep grief all at once. There is a deep disconnect between therapy services and our history. There is a lack of culturally competent services; minimal discussion or context throughout the educational process for other ways of knowing; minimal aware-

ness around forced migration, ableism, capitalism, and cultural ways of healing; as well as demonization and erasure of Indigenous healing and practices globally.

Its roots run deep. This book will highlight how the MHIC history and the harm we experience in the present are connected to everything: eugenics, childhood adversity, queer and crip politics, capitalism, colonization, slavery, immigration, war, prisons, and reproductive oppression. These are all systems of oppression.

The Shoulders We Stand Upon

The psychological roots of the colonization are embedded in our bodies, in how we problem solve, in how we think about what freedom feels like and looks like. Over the last 20-plus years, I have been deeply enamored and consumed by feeling free and safe in my body. But this has also included my mind. I have sought out teachers and practices with a deep ache in my person; this ache was a hunger. I wanted more; I expected my initiation into psychotherapy and to becoming a therapist would somehow quench this ache. It didn't. It hasn't.

Any of us who studied Freudian psychoanalysis are familiar with the Oedipus complex and the mother wound. It was like psychology and the practice of therapy were not giving me what I needed, psychotherapy became the “good enough mother.” But like any healthy relationship, I realized that one practice, modality, philosophy, or person couldn't possibly give me everything I needed; it was not possible.

Along the way I have been exposed to an array of teachers, books, critical theories, and brilliant people who crafted an eclectic and holistic shift in me. I could double the size of this book with the fields, theories, activists-scholars, and free thinkers who have impacted *Decolonizing Therapy*, and on the lands, roots, and people which it firmly stands.

For now I will note that the politicization of my therapeutic practices, and emotional—decolonial I process that I am still personally embarking upon has involved the storytelling, scholarship and activism of: Ignacio

Martín-Baró and Liberation Psychology, Paulo Freire, Frantz Fanon, Nelson Mandela, Lacanian psychoanalysis, transpersonal psychology, breathwork, Central and North American shamanism, African spirituality, Buddhism, somatic therapy, psychodrama, African psychology, community mental health, Jungian analysis, family systems therapy, Dr. Kimberlé Crenshaw, critical race theory, queer theory, Dr. Joy DeGruy, People's Institute of Survival and Beyond's antiracism work, Ruth King's rage work; Dr. Bola Cofield's Blackness and love work; bell hooks, Dr. Maria Yellow Horse Brave Heart, Dr. Luisah Teish's Black Mother Rising class, Dr. Judith Lewis Herman's Trauma and Recovery course, the organizing of AnakBayan NJ and NY, and countless others. It is so important to remember that we did not arrive here alone or without massive support and companionship.

Mental Health Oppression

Mental health oppression is the systemic suppression of emotional discharge and the invalidation of oppressed people's minds. It is violent, and working as it was intended. It is the attempt to control people by enforcing standards of conduct, thereby, invalidating their process, categorizing people into diagnoses, pressuring people "to do something about it," and punishing any attempts at liberation. Mental health oppression oppresses people systematically "forgotten," left out of the equation, and relegated to the margins. What it also does is maintain imperialism, white supremacy, ableism, fatphobia, and transphobia, by reinforcing and hiding the function of these very oppressive movements—TO GET PEOPLE TO CONFORM.

Mental health oppression affects people NOT living with mental anguish. It helps to maintain the structures and hierarchies of society by keeping people and their big emotions in line. It is abusive. It is an abuse of power on the part of mental health professionals. It minimizes people's capacity to really believe that they can connect, trust one another, and liberate themselves.

Mental health oppression impedes all liberation movements. It makes people afraid of big feelings and afraid of losing their minds if they were to let go and let out. The largest deceit of all is mind control. This sick syndrome of gaslighting where people are tricked and bamboozled into thinking

that overseers/police, politicians, and millionaires are generally trustworthy. We are collectively gaslit into believing that unhoused people and disabled people are to blame for their predicaments.

System Blaming Versus People Blaming

Decolonizing Therapy advocates for stepping out and acknowledging violent systems, antiquated colonial consciousness, and a lack of supportive connective spaces, while deciding how we will divest and heal from them. We are calling attention to the systematic targeting of oppressed communities under the guise of care, health, and safety. Like other oppressive systems, there are many individuals within the MHIC who do good work. You who picked up this book likely went into the MHIC to serve your communities because you wanted to change the system, and provide reliable and safe care to those who need it. You may be an individual who helps many mental health/therapy participants to find loopholes, shortcuts, and life rafts through the river that is drowning so many.

I am not anti-mental health or therapy. I am a critical lover of the field. I was so deeply blindsided and gaslit by a field I believed was in it to heal, but upon entering I immediately saw the sea of disconnect. Three years in, I discovered how deeply unstable the MHIC really was. Five years in, I felt the lack of care for the lives of the people seeking services (likely, it was sooner than that). Seven years in, I realized going into “private practice” or providing coaching of some sort was a way that providers tried to make it out alive and on their terms, and make more money. Nine years in, I was pretty politicized, bone tired, burned out, and being blamed for my exhaustion. I was carrying a bigger course, case, and group session load than I could hold.

I am not saying that there are no useful or helpful things within the mental health systems. I am exposing the reality that many of us or our loved ones are dependent on the mental health systems because it is “all that we got,” while we are simultaneously trying to change it—and ultimately build alternatives to it. Many people that I have served had not wanted to

utilize the mental health system, yet they had few other options. Still, many of us are fighting for access to current (or better) services within the MIC.

This book offers no easy clear answers, and the world and structures we are forced to live in are often unfair and unjust. Similar to our work to resist and challenge capitalism or to create alternatives to the police and prisons, resisting and challenging the MIC is rife with complexity, and there is so much we need that we don't yet have. This book offers more questions, with a side of possibility. I believe it might be terribly ironic for one person to have all the answers.

I am not blaming white supremacy. I am holding it accountable. I am not blaming the MHIC. I am holding it accountable. I am calling attention to the systemic targeting of oppressed communities under the false pretense of health and safety.

I am holding the institution of white supremacy accountable for the ways in which resources have been poorly and criminally allocated. The ways in which mental health is underfunded across every institution of learning, but inner-city police forces are overfunded. I am holding the institutions accountable for neglect of its people, for creating millions of motherless Black and Brown children, for the violence on all of our women, for the so few options when it comes to our health care needs, and the kind of care we receive (or lack thereof).

I along with you my readers, am demanding change. Except, change needs to arise from within our organizations, our practices, our structures, and work. Our therapy participants can no longer afford to be fearful and distrustful of mental health support. What would it look like to not be fearful of mental health support? What would it look like to be able to have trust that the care, interventions, treatments, and support received would not just care for the individual, but would also be care-filled for the larger community and the Earth?

This book reviews a brief history of how colonization is a root core human trauma; the importance of emotional–decolonial process; the history of how mental hygiene became mental health; how this has perpetuated further harm (to therapists and participants); and how the MHIC stole,

institutionalized, and created a business, to what present-day therapy is. We will explore what emotional and mental health practices and care could look like outside of theory, while including healing-centered engagement,² mutual care, peer support, accessibility, and sustainability.

This book is an ode to decolonial action—A return to the root of the ways that people globally became well, after experiences of trauma—in particular trauma as colonization. This is a call to connect the MHIC to our political work. This is why we politicize our practices; healing, wellness, health, emotional freedom, and disability are part of liberatory practices. Healing is political, particularly when our ancestral healing practices have been co-opted by the mental health fields, then deemed groundless and invalid.

Years of colonization, the demonization of natural Indigenous methods of healing, and the systemic medicalization of healing has created the Medical and Mental Health Industrial Complexes (Mingus, 2015). Interlocking systems of policies, structures, governing bodies, institutions, rules, and legal Ponzi and pyramid schemes where ableism is manufactured, perpetuated, and fed. The MHIC, a part of the MIC, is a massive system with tentacles that reach beyond doctors, nurses, teaching institutions, clinics, and hospital beds. It is a system about profit.

Decolonizing Therapy involves breaking cycles of “because that’s how it’s always been” responses, feelings of inadequacy and imposter syndrome on the parts of practitioners of therapies, and goes beyond narrow definitions of identity politics. Rather than to shout that mental health systems need holistic practices, it may be more prudent to note that seldom do systems that benefit from staying the same actually change without: solidarity, a need for accountability, an understanding of historical perspectives, Indigenous and Black stories, historically marginalized peoples’ stories, frontline input on colonial capitalism, an analysis of power, and deep-rooted understanding that therapy alone will not liberate us.

The mental health structures, diagnoses, programs, and solutions that we research and create are not devoid of corporate and financial interest. Yet

2 Healing-centered engagement is a term coined by Shawn Ginwright (2018).

the Indigenous and ancestral ways of knowing and healing are demonized, appropriated, minimized, and/or pathologized, and are often seen as not “professional, therapeutic, evidence-based, or peer-reviewed.” These critiques on the mental health systems are not a plea to stop all care, instead we are demanding trauma-responsive, culturally full, transparent, anti-carceral, non-ableist care. We all deserve this. Our children deserve this. Our elders deserve this. Future generations deserve this. This book is my offering for more cross-movement, intergenerational, neurodivergent, gender-queer, ancestral, abolition-centered, embodied therapeutic work that actually works, and does not devour.

Throughout, I invite you to continue to ask ourselves:

- *What could true wellness and care support look like for one another?*
- *Are we attempting to change an innately violent field amid an innately violent structure, in the name of keeping our degrees, titles, and cushion of our professions?*
- *How has colonial violence been embedded within the bodies and psyches of the people we work with; within ourselves; and within the institutions, businesses, nonprofits, and coaching consulting programs we create?*
- *Who gets to decide what is healthy, healing, and harmless?*

Calling You In

If you are a clinician, therapist, social worker, psychologist, psychiatrist, healer, and helper—if your work is to help people feel and be better, in any capacity—this book is for you. But it delves deeper than technique. It delves deeper than naming and pathologizing and creating more boxes. It goes deeper than centering whiteness—whiteness does that all on its own. It goes deeper than “how to . . .” Instead, it is an invitation for the helpers to be helped and held. It is an invitation to create the space to be creative in and to cast big imaginative possibilities for a return to our practices while in the modern world—again and again.

This book invites all readers IN; into your own rabbit hole of healing. Into your own ancestral lineage. Into your own migration stories. Into

the history of the original Indigenous peoples of the land you reside on, and explains why naming, honoring, and decolonizing our real estate and our emotional states are key components to liberation (in my opinion anyway).

The ordinary response to atrocities is to banish them from consciousness. Atrocities, however, refuse to be buried. Equally as powerful as the desire to deny atrocities is the conviction that denial does not work.

Folk wisdom is filled with ghosts who refuse to rest in their graves until their stories are told. Murder will out. Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims.

—Judith Lewis Herman (1992), *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*

Taking an emotional–decolonial approach when creating and facilitating healing spaces will help while we are in transition, creating space for what currently IS, while we are questioning, dismantling, and abolishing. It is a shift in perspective. It is a verb—a call to action.

I have been a student and practitioner of psychotherapy—particularly clinical psychology—for over 18 years. I have provided “treatment” as a “clinician”³ working for and providing services to the community through partial care programs for children and adolescents in a major trauma university hospital; providing “trauma-informed care” to adolescents incarcerated in residential centers for sexual abuse; providing neuropsychological assessments and assisted support techniques around memory and cognition

³ I am providing quotation marks around these words throughout the book to acknowledge that this is common Eurocentric shared clinical language that has been widely taught and understood by mental health practitioners globally. However, the quotation marks also indicate that I no longer prescribe to these words, terms, and identities and that this entire book is a journey toward discovery/finding new ways, together, to talk about and come back Home to Healing and Hope. Yet, I recognize that the use of these terms create a shared colonial education that make discussing this work possible.

for people living with HIV/AIDS; and supporting young children living with terminal cancer diagnoses receiving chemotherapy—as well as dealing with their impending deaths. I have organized and advocated on the streets of what are now known as San Francisco, New York City, Chicago, Los Angeles, and Jersey City—screaming and chanting for miles and hours, holding hands and locking arms with hundreds of people I to protect people indigenous to the land we stood on, and indigenous to lands globally.

I have sat in small crowded rooms and learned from some of the most brilliant individuals and community organizers for hours, as we processed, discussed, debated, and created plans of resistance and hope for our youth with our communities. I have provided multiple forms of mothering, support, group therapy, counseling, and care to hundreds—maybe thousands—of university students (who predominantly have grown up at or below the poverty level with diverse backgrounds and identities) for over 12 years. These were years spent teaching college students, holding space daily for multiple forms of crisis, and providing triage after sexual assaults, community shootings, deaths, deportations, and food and housing insecurity. Not to mention the unofficial support provided to colleagues who encountered multiple forms of university racism and oppression.

I have cofacilitated a nationally recognized peer education group where I wrote grants, facilitated retreats at the ocean, and provided group psychotherapy and somatic and psychodrama techniques. I have had the honor of holding space for and cofacilitating the LGBTQIA+ Support Group for students on a university campus for 11 years.

People do not come into any of the spaces I mentioned above truly knowing that colonization—the violence of homeland separation—is a core wound for themselves or their ancestors. When they come into spaces for “therapy,” the issues and “symptoms” are camouflaged with issues around sleeplessness, anger, sadness, conflicts, trouble with focusing, not being seen/heard/believed, childhood traumatic events, problems with family, and one of the most common “taking on too much that isn’t mine to take.” Usually our time together starts with the aforementioned concerns and perhaps weeks or even a month or so later, the core wounding arises. It can sound like:

- “I just really miss home . . .”
- “I didn’t grow up with my dad, and he didn’t grow up with his . . .”
- “I don’t know why I hate myself so much, I just know that I learned this from somewhere, no matter how many affirmations or cognitive distortions I correct—I do—it’s like DEEP, you know?”
- “I keep dreaming, I think it’s a dream, about this woman. I feel like she is my great-grandmother or aunt or something, and she keeps showing me her hands in water. These big, big Brown hands—and I just cry and cry . . .”
- “I am so bone-tired. I say the right things; change my hair. I articulate, smile even when I don’t feel like it. I am always on time—and they just don’t listen to me, and I haven’t gotten a raise in over 7 years. I feel like I am everyone’s go-to, but I am never made the ‘boss.’”
- “I don’t want to pass this down to my child. I can’t. I got to do something . . .”
- “I remember how anxious and fearful I felt as a child to wonder if my mother would be home making tamales after school or whether she would be deported. I still have this anxiety with me today . . .”
- “I don’t want to keep making my Blackness the most interesting thing about me. I have so much more to say, discuss, do—beyond just one of my identities. None of my white friends, coworkers, or even my partner asks me about who I am aside from my Blackness . . . even my last birthday party was at a museum with a Black artist exhibit. I should be happy! Instead, I am resentful and disconnected all of the time.”
- “I grew up in the religion. I grew up wearing white and attending *misas*. This isn’t a fad for me. But, why do we need to hide our identity? Why do we need to hide our traditions? Isn’t that the remnants from some slave shit?!”
- “My mom is fine with my identity. My nanna is even accepting of my identity. She said, ‘I don’t care who ya love or what ya look like, as long as you love, and are loved in return and don’t harm yourself.’ That is huge, but I feel so unsafe, almost everywhere. I am Black, big, trans, dyslexic, and have a lisp—with a five-o’clock shadow. I feel unsafe, even here, I know you are cool and all, but didn’t therapy like say that queer folk had mental issues a ways back? That is still scary, you know?! Like damn, where is a bitch safe?”