



Transversality and Trauma Recovery: From Feminist Psychology to Schizoanalytic Micropolitics

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Introduction

The word trauma is derived from Greek, *‘τραύμα,’* meaning ‘wound.’ As a linguistic signifier, the signified of the word is obscured through the extension of ‘wound.’ Is a wound visible? Is a wound measurable? Is a wound physical? Can a wound be invisible, unmeasurable and nonphysical? These questions move in two directions where intension and extension of trauma, as a sign, becomes assembled within a medical literature, within a psychiatric literature and within a feminist political literature.

Firstly, regarding the material-physical dimension of trauma within *The International Classification of Diseases (ICD)*, the word ‘trauma’ is used to signify a type of physical injury with rapid onset “resulting from an interaction of the body with energy” (ICD-11: 22). Accordingly, and in line with the translation of *‘τραύμα,’* the interaction of body with energy generates a wound on or in the body through blunt force or penetration. Here, there is an implication that the trauma is physically measurable in some intensity and may be treated through some medical procedure. The colliding of material through space and the resulting crash of forces become assembled through the post-trauma scene. Forming an assemblage, the interactions of bodies and energy crash and collide through space and time.

Secondly, as a psychological concept, trauma has held as a centrally important concept within nosology, etiology and epidemiology of mental illness. The nosological phenomena of psychological trauma are experienced as traumatic stress. The *ICD* defines psychological trauma as “an extremely threatening or horrific event or series of events” (ICD-11: 6B40, 6B41). Similarly, *The Diagnostic and Statistical Manual of the American Psychiatric Association (DSM)* defines trauma as “death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence” (DSM-V: 309.81). Unlike the definition of physical trauma provided by the *ICD*, as the signifier for an extreme stress experienced psychologically, trauma is not necessarily physically



apparent but potentially develops into psychological maladaptation. Etiologically, as the only psychiatric disorder with an etiological cause, this form of stress potentially causes “Post-Traumatic Stress Disorder” and “Complex Post-Traumatic Stress Disorder” (DSM-V: 309.81; ICD-11: 6B40, 6B41).

Finally, contradicting these lines of capture, feminist psychiatrist Judith Herman posits that trauma is a matter and function of power and connection. This notion of power and connection draws a direct link to the fundamental concepts of feminist political movements. Like Herman’s trauma recovery, central to the feminist political project is the concept of power. As a political philosophy, according to feminist theory, power is conceptualized in two distinct ways (Allen 2016): power over the oppressed and power as a personal-political struggle. Thus, Herman states that because “the core experiences of psychological trauma are disempowerment and disconnection from others,” recovery from trauma “is based upon the empowerment of the survivor and the creation of new connections” (1992: 133).

Each of these concepts of trauma is sticky and unclear in the clinical definitions. Trauma is objective and yet subjective, it is physically external and yet psychically internal, and it is measurable and yet phenomenological. Trauma becomes an assemblage of collective enunciation and the machinic, a power relation, a relation between forces, and a deterritorializing line across the physical and the psychic. Each of these concepts is inherently political, affecting the personal lives of the traumatized, and yet, at this site of psychiatric capture, where survivors of violence become clinical specimens rather than social actors in a political struggle, each of these conceptualizations has led to modes of oppression, including feminist psychology.

Like the paradigms of psychoanalysis, cognitivism and biological psychiatry, feminist movements to confront violence have resorted to carceral means (Fagan 1996; Gottschalk 2006; Smith et al. 2006; Baily 2010; Bierria et al. 2017; Farr 2016, 2019, 2020, 2021; Kim 2020a, 2020b). This is particularly apparent within the anti-rape and anti-domestic violence movements. Mimi Kim writes, “early initiatives to more strategically engage law enforcement took the form of organizational innovations aimed expressly at establishing lasting collaborative ties between domestic violence advocates and local state institutions of crime control” (2020b: 255). These collaborations had the effect of “a once subversive feminist social movement [succumbing] to eventual subordination to the criminal justice system” (Kim 2020b: 256). This is carceral feminism.

From this irony resulting from personal-political confrontations with power and violence, the work of Felix Guattari on transversality offers a means to challenge carcerality and a technique for treatment. As a clinical concept aimed at changing subjects through the micropolitical, “transversality was not a philosophical but a



political concept” and for Guattari, “the idea was to use it imaginatively in order to change [...] institutions as we know them, beginning with analytic method” (Genosko 2000: 108). Similar to the two central concepts of power proffered by feminist theory and praxis, the work of Guattari develops the micropolitical theory of transversality as a formulation and trajectory focused on the disestablishment of pyramidal structures between patients, doctors, and clinical staff.

In the following article, the lessons drawn from feminist psychology, anti-violence activism, and Guattari’s transversality are brought together into discordant harmony. In the first section, Herman’s theory of trauma is outlined through the concepts of power and connection. The second section identifies the difficulties within feminist psychology arising from carceral feminism. As a direction for confronting this, the third section outlines Guattari’s theory of transversality. This is followed by ways in which feminist psychology and transversality are in accord. Finally, where carceral feminism has had the effect of disempowering activists, the concluding section sketches recent movements in anti-violence activism to develop noncarceral and activist oriented responses to violence in the form of transformative justice and community accountability.

Power and Connection in the Feminist Psychology of Trauma

A central concept within feminist discourse is the concept of power. Within liberal feminism, this concept is analysed through systems of rights and the struggle for women’s rights in society (Baehr 2021). According to radical feminism, power is central to the function of patriarchy and exercised through male domination over women (Firestone 1969; Dworkin 1974; MacKinnon 1982, 1989). Queer feminism investigates heteronormativity and heteropatriarchy as functions of power (De Lauretis 1991; Stryker 2008). And intersectional feminism conceptualizes the sites of analysis over gender, race and class as “inextricably linked to an analysis of power” (Cho et al. 2013: 797). Likewise, feminist discourse on violence places power as the central characteristic of violence against women (Farr 2019, 2020, 2021). Here, the paradigmatic feminist expressions of domestic violence and sexual assault provide insight into the function of power: 1. domestic violence is “a pattern of abusive behaviour in any relationship that is used by one partner to gain or maintain power and control over another intimate partner” (Domestic Violence n.d.) and 2. sexual assault is “any type of sexual contact or behaviour that occurs without the explicit consent of the recipient” (Sexual Assault n.d.). From the groundwork set by feminist scholarship, feminist psychology has likewise zeroed in on the matter and function of power within the experience of psychological trauma.



The analysis of trauma as a matter of power was first introduced through the feminist psychology of Judith Herman. In her book *Trauma and Recovery* (1992), Herman developed a feminist psychological theory of trauma that continues to influence and guide treatment and conceptualization through the present. In this way, for both Herman and feminist theory in general, three pillars stand out: 1) conceptualization of power, 2) the struggle for empowerment and connection, and 3) the personal-political nature of power. Each of these three pillars is described below with regard to interconnected moments of violence and trauma. As groundwork for her theory, Herman states, “trauma is an affliction of the powerless” (1992: 33). The traumatized are in a position without power and it is this position of powerlessness that facilitates trauma. However, more than just an affliction of the powerless, the key to her theory of trauma is that the experience of loss of power over oneself and one’s grasp of the world signifies the experience of trauma. Herman’s conceptualization of trauma is directly informed by feminist definitions of violence arising through the battered women’s movement and anti-rape movements. Like Herman’s conceptualization of trauma as based in power and disconnection, feminism focuses on the role of power and disconnection within the experience of violence. Herman describes this as the key moment within her theory of traumatic experience:

At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning (1992: 33).

Herman’s description of traumatic experience is paradigmatic of feminist definitions of violence. As described above, like Herman’s description of the moment of trauma, the feminist definitions of domestic violence and sexual assault locate power at the centre of experience. Essential within the conceptualization of domestic violence, sexual assault and trauma from a feminist perspective is the context of power, control, force and coercion through which a person becomes socially and psychologically subjugated. Here, the paradigmatic expressions of domestic violence and sexual assault become the conceptualization of traumatic experience as such extending into realms of traumatic experience beyond domestic violence and sexual assault. At the same time, parallel to the concept of power, the discourse on trauma hinges on the concept of connection as the key to grasping the conceptualization of traumatic experience. As a phenomenological experience of the subject, Herman explains that “the core experiences of psychological trauma are disempowerment and disconnection from others” (1992: 133). In this sense, Herman’s concept of trauma arises from the phenomenological experience of power and powerlessness through a co-essential moment of connection and disconnection: trauma is a matter and function of both psychological and social contexts.



This connection in the conceptualization of trauma furthermore informs the concept of treatment and recovery. Just as traumatic experience must be conceptualized within the context of power and connection, according to Herman, recovery from trauma must be viewed through the lens of power and connection. Because the central issue afflicting a traumatised person is the stripping away of power and the breaking of the social network, “recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections” (1992: 133). Together these concepts form the internal workings of her model for both formulation and treatment: trauma is a matter of power and thus the traumatized person must find power; trauma is a matter of disconnection and thus a traumatized person must find connection. This transformation from object acted upon to agentive action, from object to subject, can only occur through psychological liberation as a social act of regaining power. At this site of power and connection, subject experience meets social relationality.

In the feminist analysis of power and violence, the path toward the transformation of the individual is inseparable from the larger social movement that confronts personal experience on a social scale (Farr 2019, 2020, 2021). This integration between the individual subject and the social subject is encapsulated within the feminist dictum, “the personal is political” (Hanisch 1969). As the first principle of the feminist movement, the personal-political provides the key to grasping how experience in private becomes a public matter. From this first principle, feminist confrontations with violence unify theory and praxis to build a political movement against domestic violence and sexual assault, and likewise, feminist psychology of trauma moves from individual treatment to social change: because domestic violence and sexual assault are political issues, in order to make changes on the individual level, it is necessary to develop a political-social movement that confronts domestic violence and sexual assault on a larger political-social level, and similarly, because trauma is a political issue, it is necessary to develop a movement to confront trauma as a socially determined condition. Drawing a connecting line with the feminist movement Herman explains the necessity of political movements in that:

To hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common alliance. For the individual victim, this social context is created by relationships with friends, lovers, and family. For the larger society, the social context is created by political movements that give voice to the disempowered. The systematic study of psychological trauma therefore depends on the support of a political movement. Indeed, whether such study can be pursued or discussed in public is itself a political question. The study of war trauma becomes legitimate only in a context that challenges the sacrifice of young men in war. The study of trauma in sexual and domestic life becomes legitimate only in a context that challenges the subordination of women and children. Advances in the field occur only when they are supported by a political movement powerful enough to legitimate an alliance



between investigators and patients and to counteract the ordinary social processes of silencing and denial. In the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting (1992: 9).

Like the feminist dictum which precedes her, because trauma is a political issue, according to Herman, in order to make changes on the psychological level, it is necessary to develop a political-social movement that confronts trauma on the larger system level (Herman 1992). Like the intervention into political life through the private, feminism challenges the boundaries between the psychological and social as a matter of power. As such, through the personal-political characteristics of domestic violence and sexual assault, intervention can only be accomplished through the political organization of individuals in struggle, thereby establishing an entity of collective resistance. In short, violence and trauma can be confronted only through the disestablishment of imbalanced hierarchies and the creation of survivors' social and political power.

From Trauma Recovery to Anti-Violence Movement

Herman's theory of trauma embodies a political struggle for emancipation from violence as the key determinant of trauma recovery. This is directly connected to concrete historical circumstances of the feminist movement. Within the context of feminist confrontations with violence and feminist psychology of trauma, the history of the anti-rape movement and the battered women's movement provide the backdrop for a theory and practice. From the groundwork set in the 1960s radical feminist movement, the anti-rape movement and the battered women's movement developed a mode of organizing political action and conceptualizing personal experience (Farr 2019). In its earliest formation, the anti-rape movement and the battered women's movement established the personal within the private sphere as a struggle within the public sphere (Schechter 1982; Dobash/Dobash 1992; Lehrner/Allen 2009; Bailey 2010; Cohn 2010). Through these personal-political formations, these movements affirmed the struggle against domestic and sexual violence as focused on the acquisition of personal-political power within both the private and public spheres (Baily 2010). By building the movement via interpersonal networks of support groups, feminist activists created the theory of domestic violence and sexual assault from the direct voice of survivors (Farr 2019, 2021). Developed through survivor support groups, theories of domestic violence, as tactics used to gain or maintain power and control, and of sexual assault, as coerced or non-consensual sexual behaviour, both support feminist discourse as a critical analysis of heteropatriarchy the contrary of which is power back in the hands of survivors (Farr 2021). In this personal-political sense, both exiting an abusive relationship and beginning the process of rebuilding one's life requires a survivor of



domestic violence or sexual assault to seize agency through supportive connections to a community.

The movements against domestic violence and sexual assault continue to influence activists through today, and Herman's conceptualization of traumatic experience is likewise echoed within the contemporary feminist movements confronting violence. Arising from feminist confrontations with violence in the form of the anti-rape movement and the battered women's movement, contemporary activists identify their struggle as the anti-violence movement. Relocating sites of violence within the personal-political, the anti-violence movement has expanded to confront multiple intersections of power and violence as these occur across positions of not only gender but also race, class, ability, sexual orientation and gender identity (Farr 2016, 2019, 2020, 2021). The movement has reoriented to identify ways in which violence is manifested not only through heteropatriarchal relationality, but also through systems of power developed through the history of white supremacy and colonization as manifested through police brutality, hate violence, discrimination, and the prison industrial complex (Smith et al. 2006; Bierria et al. 2017; Kim 2020). This connection between different forms of violence establishes a line of analysis in which heteropatriarchy and white supremacy maintain power and control through multiple means across both private and public spheres (Farr 2019, 2020, 2021). In terms of the conceptualization of violence, these transitions within the movement have redeveloped understandings of violence as interconnected patterns of relations and power imbalances across formerly disparate domains.

However, by bringing together these disparate critical concepts, the anti-violence movement has likewise distanced itself from its predecessors. Through systematic reanalysis of violence as interconnected across differing modes of power, the movement against sexual assault and domestic violence reappears as developing the ironic consequence of increasing state violence through criminal enforcement (Fagan 1996; Gottschalk 2006; Smith et al. 2006; Baily 2010; Kim 2020a, 2020b). Since the founding of the anti-rape movement and the battered women's movement, a series of critical difficulties within feminist theory and anti-violence praxis have put a spotlight on ways in which the successes of the anti-rape movement and the battered women's movement have likewise perpetuated violence. A primary focus of the anti-rape movement and the battered women's movement was pressing for legal changes to definitions of sexual assault and domestic violence (Schechter 1982; Dobash/Dobash 1992; Lehrner/Allen 2009; Bailey 2010; Cohn 2010). In the midst of fighting for women's liberation, the political moment of feminist confrontations with violence became focused on provision of victim rights to survivors and the establishment of criminal law for perpetrators.



It is at this moment, when feminist social movements align with the state, that new forms of violence and oppression become possible. Mimi Kim (2020b) identifies this redirection toward criminal law as a “carceral creep” within feminism that pushes the social movements against violence toward carceral and state violence. Pointing to the movement against domestic violence as a central force within this redirecting, Kim writes that “the emerging anti-domestic violence social movement made informal demands for police to protect victims of relationship violence and forged localized collaborative relationships with ‘friendly’ officers and prosecutors” (2020b: 255). It is at this site where social movement is redirected to state control that the feminist movements opposing violence embrace violence perpetrated by the state. Kim points out this irony, stating that although the movements which have grown these demands “initiated from an adversarial position” directed against heteropatriarchal systems of power, these movements have “devolved into mandates contributing to the policies of mass incarceration” (2020a: 312). As the result, these grass roots feminist movements thus became synonymous with the expanding carceral system, and the radical feminism inspiring the personal-political moment of liberation became carceral feminism (Kim 2020a, 2020b).

These formulations extend into the theory of trauma within feminist psychology as developed by Herman. Within the field of feminist psychology, without a critical analysis of carceral feminism, the concepts of power and connection take on the elements of state violence and carcerality. Herman posits that “issues of public acknowledgment and justice are the central preoccupation of survivors” of which “the formal arena of both recognition and restitution is the criminal justice system” (1992: 72). Echoing the battered women’s movement and the anti-rape movement, rather than imagine a different form of system, Herman (1992) criticizes the criminal legal system for not strictly enforcing violence against women. Throughout Herman’s work, she has focused attention on survivor voices while simultaneously remaining tacit on how the carceral system is itself a form of violence. From the perspective of the anti-violence movement, the movements against domestic violence and sexual assault in particular have established criminal justice and carcerality as renewed forms of trauma. However, also from the perspective of the anti-violence movement, these renewed forms of violence and trauma perpetrated by the state can be analysed through the tools developed via feminist social movements. Be it domestic violence or state violence, violence is the maintenance of power and control through force and coercion, and likewise, trauma is the experience of disempowerment and disconnection as a result of this violence.

Between the anti-violence movement and Herman’s assessment and reconfiguration of trauma, both as productions of feminism, the personal-political comes to a crossroads. In one direction is movement from the individual consciousness to the transformation of social structures. In the other direction is the movement from carcerality and state



violence to subjection. At this intersection of the psychological and the social, the symptoms of traumatic stress are a syndrome of political power: psychological trauma is a matter and function of power and connection both of which are manipulated by state violence. These conceptualizations of violence and trauma—wherein the transformation of the personal requires a transformation of the political and a transformation of the political requires a transformation of the personal—provide the tenets to struggle against the violence perpetrated at both the interpersonal and the institutional levels. However, in order for these conceptualizations to not fall back on the state and carcerality, it is necessary to unravel the modes in which revolutionary change surpasses repair. In this sense, feminist analysis has developed the key to unlocking the practical implications of a schizoanalytic turn, but only if schizoanalysis can provide the route toward a radical seizure in both feminist analysis and trauma studies.

Clinical Transversality

Although Félix Guattari is most well-known for his collaborations with Gilles Deleuze (Deleuze/Guattari 1977, 1980), Guattari's work arises in a clinical context (Genosko 2002). From the years 1956 until his death in 1992, Guattari was a clinician working at the psychiatric institution la Borde, a centre of activist psychiatry which implemented a radical liberationist perspective dubbed institutional psychotherapy. Guattari began his academic work preparing for a career in pharmacy. This did not last long, and under the influence of his mentor, Jean Oury, he abandoned the study of pharmacy to begin a career in institutional psychotherapy. Oury directed the psychiatric hospital of la Borde, where he developed a theory and praxis of psychiatry that crossed the boundaries between the subject and the institution. In 1956 Guattari moved into a position at this hospital and began a lifelong career treating psychoses under the auspices of institutional psychotherapy. During his time at la Borde, under the influence of Oury, Guattari began his course of psychoanalysis, and between the years of 1962 and 1969, Guattari immersed himself in psychoanalysis under Lacan's direction. These two influences precipitated the critique generated by Guattari of both psychoanalysis and Oury's institutional psychotherapy.

At la Borde and in his psychoanalytic work, Guattari observed that there is a problem of transference with psychotic patients as they are treated within a psychiatric hospital wherein the combination of psychosis and environment prevents the same forms of transference developed within the neurotic patient lying on the couch. Unlike the neurotic patient, the haecceity of the psychiatric hospital and the psychotic patient produces an opportunity through which a line of organization is established for a groupuscular formation amongst the community of patients forming the institution. From this problematic, Oury developed a model that he termed institutional



psychotherapy as a radical departure from the hierarchical clinic that focused on the importance of patient organization in a bottom-up structure that eliminated the effects of the clinic hierarchy. Here, at the outset of the discussion, it is critical to highlight that the “French term institution does not cover the same semantic field as the English term ‘institution’” (Goffey 2016: 38). Where, in English, institution signifies an agency structure, be it a hospital or clinic, “in French [institution] is captured by the term *établissement*” (Goffey 2016: 38). Andrew Goffey explains that “Oury, following Tosquelles in his insistence on distinguishing ‘institution’ and *établissement*, remarks in a manner that is largely consistent with the spirit, if not the letter, of Guattari’s thinking” (2016: 38). The translators of *Anti-Oedipus*, Hurley, Seem and Lane note that “preferring the term ‘institutional analysis’ over [Oury’s term] ‘institutional psychotherapy,’ Guattari sought to push the movement in a more political direction, toward what he later described as a political analysis of desire” (Deleuze/Guattari 1977: 30n). Furthermore, “this injection of a psychoanalytical discourse (Lacan’s version) into a custodial institution led to a collectivization of the analytical concepts” (Deleuze/Guattari 1977: 30n). As a precursor to the arguments laid out in *Anti-Oedipus*, “transference came to be seen as institutional, and fantasies were seen to be collective: desire was a problem of groups” (Deleuze/Guattari 1977: 30n). It is in this context that Guattari developed his clinical theory of transversality.

Gary Genosko posits three main periods as a model for understanding Guattari’s work on the whole: 1) early psychoanalytic work (Guattari 1984) “as a tool for heightening and maximizing an institution’s therapeutic coefficient – which exists in its bureaucracy and officialdom, structures, roles and hierarchies” (Genosko 2002: 55), where Guattari “developed the key-concept of transversality in the 1960s” (Alliez/Goffey 2011: 26), 2) collaborative work with Deleuze (Deleuze/Guattari 1977, 1980; Guattari 2006) on the “seminal concomitant distinction between subject groups and subjugated groups” (Genosko 2002: 54) where the concept “became the transversality of deterritorialized instances” (Alliez/Goffey 2011: 26), and finally 3) in his final phase of *The Three Ecologies* and *Chaosmosis* (Guattari 1989, 1992, 2009), “near the end of his life Guattari theorized along these lines a virtual ecology” (Genosko 2002: 75) which was “always linked to a risk of plunging outside of sense, outside of constituted structures” (Alliez/Goffey 2011: 26). And yet, although “the concept’s mutation over time is a consequence of the array of new ideas with which it intersects in Guattari’s later writings,” Genosko asserts that “it must not be forgotten that the concept of transversality had for Guattari practical tasks to perform in specific institutional settings” (2000: 108).

First spelled out within Guattari’s essay titled “Transversality” (1972), the early concept explains the process and momentum of transference within the institution as this might act as a medium toward an emancipatory recovery. Guattari extracts the term



from mathematics where it is used within differential topology. Here, “transversality is a description of how two objects intersect” (Greenblatt 2015: 1), the most simple definition of which states that if “F and G be vector subspaces of a vector space E [then] F and G are transverse if $F + G = E$ ” (Greenblatt 2015: 2). Thus, on a map, two transverse territories intersect with one another to become “the ‘opposite’ of a tangency” (Greenblatt 2015: 1). To introduce his concept, Guattari quotes Schopenhauer’s parable of the porcupines, a quotation also used by Freud (1913) in *Group Psychology and the Analysis of the Ego*:

One cold winter’s day, a herd of porcupines huddled together to protect themselves against the cold by their combined warmth. But their spines pricked each other so painfully that they soon drew apart again. Since the cold continued, however, they had to draw together once more, and once more they found the pricking painful. This alternate moving together and apart went on until they discovered just the right distance to preserve them from both evils. (Guattari 1984: 18)

In this quotation, the group fears itself but in confronting this fear the group becomes both the means for healing and the means for political action. Gary Genosko explains that transversality “belongs to the processual subject’s engendering of an existential territory and self-transportation beyond it” as this is manifested through the concepts of “mobility (traversing domains, levels, dimensions, the ability to carry and be carried beyond); creativity (productivity, adventurousness, aspiration, laying down lines of flight); self-engendering (autoproduction, self-positing subjectivity), territories from which one can really take off into new universes of reference” (2002: 55). As a tool for the clinic, transversality “may be used by groups creatively autoproducing themselves as they adapt, cross, communicate and travel, in short, as they traverse different levels, segments and roles” (Genosko 2002: 55). As such, transversality is a process that moves the group from subjugation toward subjectivation and from powerlessness toward liberation. In terms of technique, Guattari identifies a clear theoretical path toward implementation via critique.

Guattari explains that “the idea of transversality is opposed to: a) verticality, as described in the organogramme of a pyramidal structure (leaders, assistants, etc.) [and] b) horizontality, as it exists in the disturbed wards of a hospital, or even more, in the senile wards; in other words, a state of affairs in which things and people fit in as best they can with the situation in which they find themselves” (1984: 17). As a verticality, the power relations between patient and doctor become pyramidal. Similarly, as a horizontality, the power relation between patients becomes determined through the power (*pouvoir*) of the verticality manifesting a flatness. Thus, according to Guattari, horizontality is parallel to and equally subjugating a force as verticality within the clinic, for the pyramidal structure through verticality produced the subjugation of



horizontality. Guattari theorises the horizontal and vertical organization in terms of a “coefficient of transversality” that either facilitates or destabilizes the pyramidal structure of the hierarchy, thereby producing the power (*puissance*) of the doctor and the accompanying power (*pouvoir*) of the institution while simultaneously arresting the power (*puissance* and *pouvoir*) of the patients. Guattari plainly states that his “hypothesis is this: it is possible to change the various coefficients of unconscious transversality at the various levels of an institution” (1984: 18), thereby establishing the group as a subject rather than as the subjugated. In order to illustrate in what ways this works, Guattari remarks that one should:

Think of a field with a fence around it in which there are horses with adjustable blinkers: the adjustment of their blinkers is the ‘coefficient of transversality.’ If they are not so adjusted as to make the horses totally blind, then presumably a certain traumatic form of encounter will take place. Gradually, as the flaps are opened, one can envisage them moving about more easily. Let us try to imagine how people relate to one another in terms of affectivity [...] In a hospital, the ‘coefficient of transversality’ is the degree of blindness of each of the people present. However, I would suggest that the official adjusting of all the blinkers, and the overt communication that results from it, depends almost automatically at the level of the medical superintendent, the nursing superintendent, the financial administrator and so on. Hence all movement is from the summit to the base. (1984: 17-18)

Here, the blinkers of the horses are adjusted to produce various effects, and as such produce coefficients through which the adjustment produces one of the possible “traumatic form(s) of encounter(s).” Because formulations of the coefficients are both horizontal and vertical, “any modification must be in terms of a structural redefinition of the whole institution,” for like the horses in the above example, “so long as people remain fixated on themselves, they never see anything but themselves” (Guattari 1984: 17-18). Thus, where a social arrangement is hierarchical and without possibility for change from the base, the pyramidal structure holds the attention of the base away from the creative potentials of the micropolitical. Likewise, where the lower strata of the pyramid are arrested at the horizontal, the pyramidal structure directs attention away from the hierarchy toward the navel. This macropolitical form of organization produces a micropolitical moment through the verticality of the coefficient, yet this micropolitical moment is captured by the macropolitical in such a way that the horizontality of the power (*puissance*) at the base is conditioned through the verticality of the power (*pouvoir*) at the top of the pyramid. Groups that are formed in this manner are subjugated by the pyramidal structure to remain in arrest on the horizontal.

The solution to this problem, according to Guattari, is in the destabilization of the pyramidal structure through micropolitical rebellions that eliminate verticality and horizontality from the arrangement. In order to produce the effects of transversal



micropolitics within the institution, Guattari developed a plan for manipulating the coefficients through bringing patients, doctors, nurses and staff together to share responsibilities within the clinic. At la Borde, Guattari helped implement a nonhierarchical structure of organization in which patients became therapists, cooks became nurses, and doctors became patients. The coefficient of transversality, the blinkers, were opened in such a way to provide access for patients, those originally at the horizontal organizational level, to instil transformational changes at the macropolitical level within the larger institution. The hospital became transverse. As such, this manipulation of the coefficient produced an effect of collective treatment for psychosis on patients within the clinic while simultaneously becoming a centre for radical psychiatry within the broader academic and medical community.

Where the vertical-horizontal mode of social arrangement proves to enforce the structure of the system, a transversal approach builds from the micropolitical engagements of individual actors up towards a collective power (*pouvoir*). In this way, Guattari posits that “transversality is a dimension that tries to overcome both the impasse of pure verticality and that of mere horizontality: it tends to be achieved when there is maximum communication among different levels and, above all, in different meanings” (1984: 18). In order to accomplish this, the coefficient of transversality, the blinkers, must be manipulated in such a way as to produce a different result: through a manipulation of the coefficient, “the level of transversality existing in the group that has the real power unconsciously determines how the extensive possibilities of the other levels of transversality are regulated” (Guattari 1984: 19). From this micropolitical manoeuvre, Guattari believed that a transversality formed between individual actors thereby establishing a group movement that potentially grows up to a macropolitical level. Through micropolitical engagements, communication and meaning is developed through the group as a deterritorializing movement of power (*puissance*). From these microrebellions, the collective creates for itself the meanings of particular communications as a function of group engagement. The development of meaning at the micropolitical level then builds up toward a macropolitical power (*pouvoir*) directly from the individual power (*puissance*) of collective members: “it is this that an independent group is working towards” (Guattari 1984: 18). It is this form of agitation that holds the potential for micropolitical transformations building up to the level of macropolitical change while simultaneously retaining the deterritorializing line of flight within the micropolitical organization.

Transversality as Framework for the Triphasic Model of Trauma Recovery

Although manifesting around the treatment of psychosis, from Guattari’s conceptualization of transversality, there are strong ramifications on the treatment of



trauma through the micropolitical organization of survivors to create transversal encounters. In this way, the work of Herman is partly allied with the transversality of Guattari. The mechanism of recovery for both Herman and Guattari is determined by the vectors of power and network. Although focused on two distinct arenas of social struggle, both Herman's feminist psychology and Guattari's transversality are based on personal-political struggle in the form of micropolitical engagements. Outlining the personal-political moment, Herman posits that because "the core experiences of psychological trauma are disempowerment and disconnection from others," a recovery from trauma "is based upon the empowerment of the survivor and the creation of new connections" (1992: 133). Arising from this proposal that regaining power and creating connections are at the centre of trauma recovery, Herman suggests a model of recovery as building up toward the development of power through connectivity.

Herman pronounces that in her model of treatment, "recovery unfolds in three stages" (1992: 155), each focussed on reestablishing power and control within a survivor's life through interpersonal connectivity. Herman describes the process of recovery through each of the three phases in detail within the second part of her book. Across theoretical orientations and as a transtheoretical approach, her model is dubbed 'The Triphasic Model of Trauma Recovery'. She explains the model as follows: "the central task of the first stage is the establishment of safety; the central task of the second stage is remembrance and mourning;" and "the central task of the third stage is reconnection with ordinary life" (1992: 155). Across each of Herman's three phases, what remains central to the model of trauma recovery is the necessity to reestablish power and control for a survivor over their own life.

Herman explains that "the first principle of recovery is the empowerment of the survivor" (1992: 133). At no point in this process in which power and control is held over a survivor may that survivor come to be liberated from violence, but rather wielding new forms of power and control revictimizes and subjugates survivors to new forms of power and control. The survivor of violence "must be the author and arbiter of her own recovery" and although "others may offer advice, support, assistance, affection, and care" (Herman 1992: 133), only the survivor's own agency can become the cure. This focus upon the deindividuation of the traumatized person, the building of power, and the connectivity of the survivor network are the points through which the transversality of Herman's triphasic model become available. Each of the stages provides a particular coefficient from which a transversal encounter may be realized for traumatic stress.

The first phase of recovery is establishing safety. The task of establishing safety within a survivor's life and relationships provides a clue as to where the coefficient of transversality might be placed. Accordingly, because "this task takes precedence over all



others,” because “no other therapeutic work can possibly succeed if safety has not been adequately secured,” and because “no other therapeutic work should even be attempted until a reasonable degree of safety has been achieved” (Herman 1992: 159-60), transversal coefficients are built from a lack of safety to secured power via social connections as the shared momentum to construct political power. Herman explains that because “trauma robs the victim of a sense of power and control,” and because, as explained above, “the guiding principle of recovery is to restore power and control to the survivor,” therefore “the first task of recovery is to establish the survivor’s safety” (1992: 159), thereby providing the basis from which treatment may progress to power and connection. In Herman’s practice, this was accomplished through the early sessions of individual psychotherapy wherein the therapist establishes a relationship and alliance with the patient lasting “days to weeks with acutely traumatized people or months to years with survivors of chronic abuse” (Herman 1992: 160).

As a transversal application to the triphasic model, the work of establishing safety becomes simultaneously the induction of the patient into a community network of social interaction between space, patient, therapist and group. Even though Herman’s model was developed from a practice of individual psychotherapy, Herman simultaneously extracted this model from a feminist social struggle that unifies the personal struggles of survivors with the political struggle against violence. And thus, establishing a base of micropolitical power becomes the resilience built into the activist community and is synonymous with security for the traumatized person. The first phase of establishing safety is therefore accomplished through the organized group of politicized survivors inducting a new member into their fold. The patient, the space, the therapist and the group collectively challenge the pyramidal structure of social hierarchies maintaining violence. The coefficient involved in establishing safety thereby transforms the unconscious processes dictating the affects and effects of the individual participant through connectivity within the group.

The second phase of recovery is remembering and mourning. Herman posits that “the basic principle of empowerment continues to apply during the second stage of recovery” (1992: 175), but within the second phase, the survivor must begin to confront the trauma. According to Herman’s model of individual psychotherapy, after establishing a safe and trusting relationship with the psychotherapist, the traumatized individual develops the courage to confront memory of trauma and to mourn what was lost. Through this process of preparation for remembering, “the choice to confront the horrors of the past rests with the survivor”, and thus, “the therapist plays the role of a witness and ally, in whose presence the survivor can speak of the unspeakable” (Herman 1992: 175). Herman affirms that this moment is a difficult one for both patient and psychotherapist alike, for “the reconstruction of trauma places great demands on the courage of both patient and therapist” thus requiring “that both be clear in their purpose



and secure in their alliance” (1992: 175). Within this final affirmation on the phasic formulation, there are clues as to where the coefficient of transversality lies. The traumatized person must form an awareness of the other person and a shared congruence of experience through the confrontation. As with the moment of establishing safety, the coefficient of transversality becomes the transformative mechanism of recovery again through a political base of power where the personal is political.

Across the three phases, the transversal line of recovery for traumatized people takes on a role of connecting disparate and isolated individuals into a collective unity against the powerlessness. The transversal coefficient during this phase thus becomes energized through shared remembering of traumatic events. Herman was particularly interested in the ways this phase of recovery becomes a political expression through testimonies of injustice and an opportunity to connect with the stories of others who have survived similar circumstances. Citing the work of Cienfuegos and Monelli (1983) who took narratives of Chilean torture survivors and then transcribed these narratives documenting the injustices of the Pinochet regime as political testimonies, Herman takes note of the importance of the “social and political components of the testimony method in treatment” (1992: 182). The transversal coefficient here becomes the political momentum behind the movement against the Pinochet regime. Likewise, through a feminist movement, survivors of domestic violence or sexual assault link the struggles against heteropatriarchy with the personal-political aspect of the trauma narrative. Sharing these stories within the group becomes the force that propels the line of flight: the trauma was a personal experience that no other than the survivor can truly know and understand, and yet, the sharing of this experience as a moment of empowered reconnection builds transversal coefficients that are inherently political.

Finally, the third phase of recovery is reconnection. At this final moment, Herman explains that “the traumatized person recognizes that she has been a victim and understands the effects of her victimization” (1992: 197). Herman continues, “now she is ready to incorporate the lessons of her traumatic experience into her life [...] [and] to take concrete steps to increase her sense of power and control, to protect herself against future danger, and to deepen her alliances with those whom she has learned to trust” (1992: 197). At this moment of the third phase, the transference of the patient onto the psychotherapist transforms into a relationship across the boundaries erected through individuation. As in the first phase of establishing safety, “once again the survivor devotes energy to the care of her body, her immediate environment, her material needs, and her relationships with others [...], [however] while in the first stage the goal was simply to secure a defensive position of basic safety, by the third stage the survivor is ready to engage more actively in the world” (Herman 1992: 197).



As a personal-political connectivity bridging the individuated consciousness of survivorship and a collective mobilization, Herman's conceptualization of empowerment and reconnection defines a contrapyramidal network that builds power rhizomatically outwards. Where the previous two phases focused on a transversal coefficient that focused the personal-political relationship into the connectivity of the group, the transversal coefficient within the third phase instead redirects the focus of the personal-political back outward. Establishing safety develops a coefficient of in-group trust and security, remembering and mourning develops a coefficient of in-group courage, but reconnection develops a coefficient of personal-political power through direct action. The survivor group becomes a politically mobilized force that directs its energy not merely at transforming the in-group relationship, but toward transforming social relationships as such. It is at this moment that the personal-political traverses the artificial boundaries established by traumatic and individuating social forces to become the current that sweeps away oppressive heteropatriarchal conditions at the base of the pyramidal structure.

The Coefficient of Transversality within Trauma Recovery

Crystalizing around the treatment of psychosis, Guattari's analysis of the micropolitical organization entails strong ramifications on feminist psychology and anti-violence praxis. Treatment through the micropolitical organization of patients creates transversal encounters tapping the unconscious. Through the development of power within the group, the micropolitical engagement of transversality bridges the personal and political while simultaneously developing the power of the individual. Here, the work of Herman is similar to the transversality of Guattari in that the treatment of traumatic stress focuses on building power through connection, the mechanism of recovery for both Herman and Guattari thusly determined by the vectors of power and network. However, while both Herman's feminist psychology and Guattari's transversality are based on political struggle for power and connection, Herman's vision for trauma recovery is reparative and Guattari's formulation of transversality is revolutionary.

For Guattari, political struggle is in the form of micropolitical engagements aimed at destabilizing the pyramidal structure of the clinical hierarchy. This is not the case for Herman where although power and connection is central to her conceptualization of recovery, the connection is only superficially linked to the personal-political struggle. Furthermore, where the theory and practice of feminist psychology and trauma recovery was developed as a means toward liberation from trauma, it has been strongly influenced by the carceral feminism typical of feminist confrontations with violence. As pointed out above, this has resulted in "mandates contributing to the policies of mass incarceration" (Kim 2020a: 312) ultimately disempowering people and disconnecting



communities from a revolutionary potential. Looking back toward Guattari, this irony of trauma recovery is answered through transversality. As discussed above, the implementation of a clinical transversality is characterized by the manipulation of the horizontality and verticality of coefficients. In order to establish transversal encounters for trauma, the difficulty lies in identifying these coefficients of transversality. A critical direction for this current can be found within the contemporary anti-violence movement through the combined struggle against violence.

As a counter-current to carceral feminism, the anti-violence movement represents a revolutionary social movement against the regimes of domestic violence and sexual assault while remaining firmly committed to prison abolition. From within this counter-current to feminist carcerality, activists have developed alternative models of intervention into violence outside of and in opposition to the criminal justice system. As a solution to this difficulty, groups across the country have begun to form community-based collectives to further the goals of the anti-violence movement through interventions outside of the criminal justice system (Ahmed et al. 2014; Kim et al. 2012). Incite! Women and Trans People of Color against Violence and the National Coalition of Anti-Violence Coalitions (NCAVP) together advocate for alternatives to criminal justice solutions including community accountability and transformative practice approaches to domestic violence and sexual assault (Ahmed et al. 2014; Jindasurat et al. 2015; Incite! 2006). On this, the NCAVP states that “a small but growing number of organizations are developing skills and best practices on anti-violence work separate from the criminal legal system” (Ahmed et al. 2014: 71). They continue that working “to hold abusive partners accountable, while supporting survivor safety, self-determination, and empowerment,” these strategies “address intersectional identities, trauma-informed responses to violence and community engagement, and are often effective because of this complexity” (Ahmed et al. 2014: 71). Called transformative practice and community accountability, these strategies are potentially a transversal praxis that has the potential to strengthen activist communities while simultaneously challenging structures of power over survivors of violence and oppressed communities.

As a strong example of this effort, a collaboration between domestic violence, sexual assault and prison abolitionist groups across the US developed a route toward transformative practice with *The Creative Interventions Toolkit* (Kim et al. 2012; Kim 2018). As a curriculum for transformative justice and community accountability, the toolkit was designed by front line activists to fit the need of preventing police violence while simultaneously providing survivors with access to justice. Field-tested through direct implementation by anti-violence projects, Incite! Collectives, and other organizing groups, the toolkit has provided a means to power and connection for survivors of domestic violence and sexual assault who refuse criminal justice solutions to find transformative alternatives on their own terms (Kim et al. 2012; Ahmed et al. 2014; Kim



2018). At the same time that this counter current takes aim at carceral responses, it likewise takes seriously the problem of accountability for domestic violence and sexual assault in which a major factor in domestic and sexual violence is a tacit acceptance of domestic and sexual violence within society leading to a lack of accountability for those who have done harm (Incite! 2006; Black et al. 2011; Ahmed et al. 2014; Jindasurat et al. 2015; Kim 2018). Here, recommending transformative practice and community accountability as a mode of violence intervention, they propose developing anti-violence activism contra carceral feminism through access to resources for community building and transformation outside of the disciplinary model. Describing the transformative model, Kim writes:

[T]ransformative justice has been popularized largely within social movement spaces aligned with the politics of prison abolition, a term signifying opposition not only to the criminal justice system but also to reform measures that can serve to legitimize the existing system of crime control. Rejecting the criminal justice system as primarily responsible for the violent oppression of marginalized communities, transformative justice responses to gender violence and other forms of interpersonal or community violence seek resolutions within more intimate systems of community or civil society. Following more radical political traditions, transformative justice relies upon the leadership and interests of marginalized communities. At the level of individual- or community-level acts of violence, those most impacted by violence understand best the immediate and underlying conditions in which interpersonal acts of violence are embedded. Ultimately, as community members directly impacted by violence but also sharing home and collective space with victims and perpetrators of violence, they hold the potential for greater investment in the wellbeing of all parties involved and the creation of conditions that could prevent future harm, including that perpetrated by the state. (2018: 226-27)

This model demonstrates both Herman's conceptualization of recovery through power and connection and Guattari's conceptualization of transversality. Building the bridge toward mapping transversal coefficients, the Creative Interventions model provides these coefficients while attending to the difficulties around carceral feminism. The authors state that their concept of community-based intervention means working through a collective of people on action-oriented, community-based, coordinated and holistic interventions to violence by centring those most affected and supporting complex routes toward transformation (Kim et al. 2012: 71-72). As a framing for transformation, the authors identify three areas for intervention: 1) survivor support, 2) accountability, and 3) social change (Kim et al. 2012: 125-28). For domestic violence and sexual assault, the goals for a trauma recovery become: first to open the closed systems of the ideologically constructed nuclear family and the interpersonal relationship into the community to become a semi-open networked system, second to raise community consciousness around the realities of domestic and sexual violence so that those who do harm are held accountable for their actions in their communities, and finally for those



who do harm to have the opportunity to help transform the community by holding themselves accountable. Following these three areas of intervention, where transformation is conceptualized as a means to change both individuals and communities simultaneously, transversal coefficients can be identified.

From Guattari's concept of transversality as a micropolitical organizing model within the clinic, transversal coefficients run along first the horizontal lines affecting the equally disenfranchised strata of patients and second the vertical lines of the pyramidal structure maintaining the hierarchy between patients and doctors. Transformative justice and community accountability demonstrate these coefficients on the survivor-community level. On the one hand, along the vertical line, hierarchy is eliminated between service providers, judges, courts, police, survivors, harm doers, and community. In order to accomplish this, all of the three intervention areas join together to develop the intervention as an organized effort. This act of disestablishing the pyramidal hierarchy destabilizes the hierarchical top-down structure of the carceral model. On the other hand, along the horizontal line, the equally disenfranchised relationship between survivors of violence, doers of harm, and community members is overcome through a collective rejection of carceral models and power sharing. These two transversal coefficients likewise reconnect to the personal-political theory of trauma recovery developed by Herman and the micropolitical of Guattari.

Both Guattari's conceptualization of transversality contra the pyramidal structures of the hospital and Herman's conceptualization of recovery as focused on power and connection are together echoed within the transformative model. Firstly, where the carceral model depends on 1) agencies providing services to a strata of the equally powerless as in social advocacies and domestic violence shelters, and 2) a criminal justice system of policing, judgement, and punishment, the transformative model relocates power within the collective. And secondly, where the carceral model depends on a strata of the disempowered and disenfranchised, the transformative model provides structures for power and connection. Balancing these coefficients, the praxis develops power and connection through the personal-political landscape of the collective thus developing a micropolitical of praxis. Thus, Creative Intervention's (Kim et al. 2012) areas for intervention can be conceptualized as micropolitical interventions consisting of three overarching goals. The first is to create greater access to survivor-centred change establishing power and connection for the traumatized. From this first goal, the second goal initiates social changes through transverse relationships beginning at the level of the survivor's community. Finally, equally important to these and parallel to social transformation is the goal of establishing accountability involving a person who has done harm and bringing them into the transformational process.



Transformative practice, like transversality, is first and foremost a micropolitical intervention into disrupted relationships. However, as a model for social change, transformative practices establish community power and connection. As a result of collective efforts, the process initiates revolutionary changes to the structure of both interpersonal relationships and communities. As an organizing principle and technique within transformative justice, Guattari's transversality provides the engine through which Herman's conceptualization of power and connection transcends the personal-political to make changes across systems simultaneously. In this way, through a transversal model focused not only on the transformation of relationships but also on social transformation, the irony of carceral feminism is confronted and feminism is reinvented as a means to power and connection via personal-political struggle.

Conclusion

Feminist theory is focused on the critique of heteropatriarchal power and the personal-political in the struggle for liberation. However, through what Mimi Kim terms "the carceral creep," feminist social movements have embraced criminal justice responses to violence against women, thus becoming a carceral feminism. From the basic propositions of feminism, feminist psychologist Judith Herman developed a model of theorizing and treating traumatic stress. Like the feminism which preceded her, Herman's focus on the personal-political core of psychological experience has the potential to become a revolutionary moment in psychology. However, also like the feminism which preceded her, Herman's feminist psychology creeps toward carcerality.

As a direction for intervention into the intersection of carceral feminism and feminist psychology, Félix Guattari's theory and praxis of transversality offers a clinical analytic technique that can be harnessed for revolutionary clinical ends. Aimed at disrupting pyramidal hierarchies, Guattari conceptualized transversality through a clinical psychoanalytic lens thus providing a means to develop micropolitical rebellion within clinical encounters. Toward this conceptualization, Guattari identifies a specific technique in developing the micropolitical within clinical contexts. He argues that by manipulating horizontal and vertical coefficients outlining the pyramidal structure of the clinic, transversality can achieve "maximum communication among different levels and, above all, in different meanings" (1984: 18).

Applying transversality to feminist psychology and anti-violence activism, a counterpoint to carceral feminism is introduced through community-based noncarceral and transformative interventions into domestic violence and sexual assault. As a revolutionary mode of personal-political action, transformative justice and community accountability provide a mode of organizing through which the technique of



transversality can establish and maintain power and connection within a community. To establish and maintain power and connection through transversal lines of revolutionary personal-political action means to challenge both interpersonal violence and the systems of carcerality.

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