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Resisting Shame: Making Our Bodies Home

Eli Clare

INTRODUCTION

I wrote the following as a keynote speech for the Gender Odyssey Conference, an annual Seattle-based gathering of transgender, transsexual, and gender-nonconforming people—mostly on the female-to-male (FTM) spectrum—along with our friends, families, partners, and allies. Imagine a conference ballroom full of post-transition trans men and FTMs who are just beginning to think about transition; drag kings and genderqueers who are creating a myriad of genders outside the binary of woman and man; flaming queers and heterosexual couples; and partners and parents.

Before I start, I stand at the podium and look out over the crowd. I see my sister and brother-in-law, who are here with me in trans community for the first time; I see one of my best friends who is just beginning his transition; I see folks I know casually from events like this one; I see row upon row of people I have never met. I know that in a minute I will be asking all of them to think and to feel deeply about the raw and tender topic of shame. I take a breath and begin, attempting to hold this community right here and now with my words.

SPEECH

when the watermelon come ripe
and cicadas drum the fields

when cicadas drum the fields
and we break the rind

when we break the rind
and eat the fruit in chunks

when we eat the fruit in chunks
and juice streaks our shirts

when juice streaks our shirts
let us leave having tasted hope

I come to this gathering thinking about shame—that chasm of loathing lodged in our bodies, a seemingly impenetrable fog, an unspeakable and unspoken fist. Shame all too often becomes our home. This is what I want to talk about, even though it's one of those topics that make us restless, uncomfortable, and off-balance. I could start with the politics of where shame comes from: how violence and media images, stereotypes and lies, weave together to become shame's fertile ground. I could start with what we tell ourselves about pride: how we pair shame and pride as opposites and act as if there's a distinct passage between the two. I could start with the ways in which trans communities talk around the edges of shame, using the language of body dissonance and gender dysphoria. But this afternoon I want to strike at the center, to talk directly about the raw, overwhelming mess that is shame. How it wakes us up in the morning and puts us to bed at night, whispering to us as we have sex, tracking our every move as we dress to go out, lying to us as we sit in job interviews. Shame visits us in the bedroom and at the beach, in the medical exam room and at the therapist's office. Shame lives in the mirror and the camera, and its impact is huge, ranging from low self-esteem to addiction, from infrequent healthcare to suicide. This afternoon I want to talk about the ways in which shame inhabits our bodies and how we can resist that habitation.

Shame is an issue of health and wellness, community and family, deeply personal and overtly political. It's hard to know where to begin because built into the sheer bodily experience of shame is a deep, deep isolation that evades language. And so, let me start with a story.

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Certainly as a disabled genderqueer writer and activist, I have told my share of stories about shame. All too young, I understood my body as irrevocably different: shaky, off-balance, speech hard to understand, a body that moved slow, wrists cocked at odd angles, muscles knotted with tremors. But really, irrevocably different is a half-lie; actually, what I came to know was bad, wrong, broken, in need of repair. All the taunting, gawking, isolation, all the rocks hurled at me, all the pitying words—I stored them in my bones. They became the marrow, my first experience of shame.

I have told these stories more than once, but in my telling I have often acted as if shame were a thing of the past, as if I had completed the passage from shame to pride, body hatred to love. But that too would be a half-lie. And so, here's another kind of story, a story about shame roaring into the present.

Last summer my sweetie and I went on a week-long, three-hundred-mile cycling trip here in the Pacific Northwest, part of a ninety-five-person tour. One long day, we leave camp early, pedal into our first climb, twenty miles up and up and up to brush by Mount Adams before descending back to the Columbia River. Slow and steady, I throw myself into the rhythm of my low-slung, recumbent trike. We're ascending a paved logging road, scrubby, overgrown clear-cuts alternating with the deep green of fir and spruce, remnants of old growth forest. No cars pass us, except our own support vehicles. Twenty years ago logging trucks reigned here, but now the woods are logged out. Bikes stream by me because, on my recumbent trike, I am slow, slow, slow, but I have warmed up, legs pushing and pulling. I breathe the trees, the mist, the sheer motion into me. This is home.

I grew up in the backwoods of Oregon, riding roads exactly like this on my Schwinn ten-speed. I would race downhill, wind billowing under my tee shirt, sweat uphill, wave to each logging truck that passed by. I was inseparable from my bike, that pile of metal, rubber, and plastic; I was all pleasure and motion.

I can see Samuel in my rearview mirror fifty yards behind me, the bit of swing in his shoulders telling me his legs have finally loosened up. But there's no way for me to know what else is happening, that as people pass him—for he is as slow as I this morning—they are peppering him with questions about me. "What's wrong with him?" "What's his neurological condition?" "Does he have MS or Parkinson's?" "He is so brave; what kind of trike does he have?" All week we have been dealing with this crap; folks assuming he is my caretaker, chaperone, guide, talking to him but not me. We have agreed that his response to these questions needs to be, "Ask Eli." But I do not know that these people are playing twenty-questions with my lover because no one is acting upon his suggestion. No one is talking to me.

Samuel catches up, we ride side-by-side, and he tells me about the endless stream of questions. He is pissed, bewildered, anxious; and I, in turn, am incandescent with rage. I want to throw rocks and spit curses, not so much for me, but for the distress I see in Samuel's face. My rage, however, is short lived. "Do I bring you anything but grief and trouble?" That is all I can think as shame takes hold. We try to process it through, fifteen hundred feet into this climb, another five hundred to go. But soon I'm howling to the mountain, the trees, sobbing into the fog, gulping down air and words. "What's wrong with me, why won't they talk to me? What's wrong with me? Wrong with me. Wrong." This too is home—this isolation, this desolation, this inconsolable sense of wrongness.

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when the watermelon come ripe
and cicadas drum the fields
do we leave having tasted hope

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I tell this story, in part, because I know I am not the only person for whom shame has become home. I am not the only one. Somehow I am reassured by this but at the same time it breaks my heart. I want us to find places of resistance: places where our bodies, families, and communities

become home. How do we as trans people, providers who work in trans communities, friends, family, and partners foster resistance? Let me begin an answer by digging into one of the ways we name ourselves.

I often hear trans people name their trans-ness a birth defect, a disability simply in need of a cure. They say, "I should have easy access to good, respectful healthcare, just as other disabled people do." The word *defect* always takes my breath away; it's a punch in the stomach. But before I get to that, I need to say the whole equation makes me incredulous, even as I respect the people who frame their trans-ness this way. Do they *really* believe disability ensures decent—much less good and respectful—healthcare? I could tell you a litany of stories, cite to you pages of statistics, confirming that exactly the opposite is true. I could rant for hours about ableism—that is, disability-based oppression—in medical contexts. But my frustration does not stop here.

To couple disability with the need for cure accepts wholesale some of the exact bigotry that I, and other disabled people, struggle against every day. I have been asked all too often whether I would take the hypothetical cure pill, always asked in ways that make it clear there is only one real answer: "Why, of course, in a heartbeat." But that's not my answer. For me, having cerebral palsy is like having blue eyes and red hair. I simply don't know my body any other way. Thank you very much, but no. No to the New Age folks who have offered crystals and vitamins; no to the preachers who have prayed over me; no to the doctors who have suggested an array of drugs and possible surgery—all with uncertain outcomes.

This obsession with cure turns disabled bodies into medical problems to be solved. In doing so, it ignores disability as an issue of social justice; it ignores that many disabled people would rather put an end to ableism than have our bodies "fixed." Of course this gets complicated when I turn back to the trans community, to those of us who seek to reshape our gendered and sexed bodies. But really, it's not our desire or need for bodily change that I am challenging here. Rather, it is how we name those desires and

needs. Because to claim our bodies as defective, and to pair defect with cure, not only disregards the experiences of many disabled people, it also leaves us as trans people wide open to shame.

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Of course, there is another important strand of naming at work in our communities—a strand that declares trans-ness not a disease, gender nonconformity not a pathology, and bodily uniqueness not an illness. A strand that turns the word *dysphoria* inside out, claiming that we are not the ones dysphoric about our genders, but rather dysphoria lives in the world's response to us. This naming acts as a necessary counterbalance. But I have to ask, "What about those of us who do, in truth, deal with deep, persistent body dissonance, discomfort, dysphoria?" A social justice politics by itself will never be enough to resist shame.

And now let me step towards the word *defect* because it keeps ringing in my ears. It's an intense word, loaded in this culture with pity and hatred, a word that has tracked me all my life and brought nothing but shame. The bullies have circled round, calling, "Defect, monkey, retard, hey defect," leaving me no escape. Complete strangers on the street have asked, "What's your defect?", curiosity and rudeness splaying my skin. Doctors have filled my chart with the phrase "birth defect," observed my gait, checked my reflexes, measured my muscle tone. That word is certainly a punch in the stomach.

And so when folks name their trans-ness a birth defect, invoking some horrible bodily wrongness, I find myself asking an incredulous, "Why?" Why would anyone freely choose that word for themselves? But the question really needs to be, what leads us to the belief that our bodies are

defective in the first place? The answer has to include shame, and medical technology alone will never cure that.

From this place—exactly here—we need to start fostering resistance, grappling with the complex twine of gender dysphoria and body shame. What are the specifics of our shame? How do we move through hatred, disgust, numbness toward comfort and love, all the while acknowledging body dissonance and dysphoria as real, sometimes overwhelming, forces? Let us lean toward places where we name our bodily differences—even through our ambivalence, grief, and longing—in ways that do not invite and encourage shame.

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At this juncture, let me turn for a moment to the human-service providers in the room—the doctors, nurses, social workers, case workers, and therapists here today, some of whom are trans and many who are not—because you have a particular relationship to shame. So many of the places you work—the exam room and the therapist's office, the ER and the psychiatric facility—have long been sites of profound shame for trans people. In saying this, I am not singling anyone out or blaming any one individual, but I am calling out a truth. I want to ask you for two things: first, to foster an understanding in your work of shame as an issue of physical and mental health, even sometimes as a survival issue; and second, to partner with trans people in resisting shame and its many impacts.

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On that cycling trip, fifteen miles into a twenty-mile climb, I howled to the mountain, "What's wrong with me, why won't they talk to me? What's wrong with me? Wrong with me. Wrong."

When I signed up for the trip, I expected to find joy, exhaustion, challenge. I had trained hard, rode long miles, and expected sweat, pain, exhilaration, but not this marrow-deep shame. It caught me by surprise, reminded me once again that I have traveled nowhere near a complete passage between body hatred and body love. Instead, shame and pride

dance, spar, sit at the same table. Once taught inconsolable wrongness, how do we unlearn it, return to that time before the lessons began? Or is there no return, no restoration, but rather acceptance, resistance, building anew amidst this dense thicket?

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when we break the rind
and eat the fruit in chunks
do we leave having tasted hope

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Fostering resistance and finding places where shame is no longer home require so much in so many different realms. I've come to believe that community is one of the keys. Shame feeds upon isolation. If it were a toxic weed grown out of control, isolation would be its rain and fertilizer. In community at its best and most functional, we find reflections of ourselves, reflections that will not be found in *GQ* or *Cosmo.* We tell stories and get nods of acknowledgement, rather than hostile disbelief or curious nonrecognition. We get to lay down the exhausting work of explaining our bodies. We discover the advice and comfort of people who have traversed the same ground we have. We find the strength, courage, and determination to come out to family; to have difficult conversations with healthcare providers; to negotiate with employers; to navigate the impossible maze of government bureaucracy. Community at its best and most functional means we are not alone.

But many of us have also been in community at its meanest and least functional: when no one is listening hard, when passing transsexuals will not be seen with genderqueer folk, when genderqueers scorn folks who choose to transition, when older trans people say younger trans people have it so easy, when FTMs cannot bear butches and drag kings, when cross-dressers deny any commonality with drag queens, when MTFs cannot imagine FTM realities and vice versa, when post-op trans women shun pre- or non-op MTFs. We argue about disclosure and passing, privilege and

privacy, about who should or should not call themselves trans. You know what I mean. In this kind of community, the door always slams hard on someone's real-lived experience. We lose all the nuance of our lives—the layers of history, fear, protection, shame, exhaustion, resistance, pride, and pure practicality—and we are left with meanness and judgment on all sides. Shame festers in this kind of flawed community. And the answer here is easy: we simply cannot afford it.

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Let me turn again to the providers in the room and tell you how much we need services that are nonjudgmental, that partner with us as we work to make our bodies home, that grant us self-determination, that frame transness not as pathology but as human variation, that give us resources and tools in resistance to shame. Sometimes our lives depend on it.

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In the months after I returned from that cycling trip, shame stalked me. I would go to the gym to workout, and in the mirrors, I would see *ugly*, *stupid*, *wrong*. And I would say back, "Beautiful, strong, right." I would ride my trike, and on every pedal stroke I would hear those long-ago bullies, echoing back, "Defect, monkey, retard, hey defect," and I would say to shame, "Get out. You are no longer welcome here." Sometimes I would believe myself, other times not. I enlisted my friends, my communities, my politics, my hope, my rage. I told the story repeatedly. I used other people's outrage to bolster my own. Slowly one by one, I unpacked the lies that backed my shame. I sat in community. I pounded words out onto paper. I read disability politics. I cannot say I am done; I doubt there is one definitive end to this struggle, one complete passage between shame and pride.

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and juice streaks our shirts
do we leave having tasted hope

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And yet, I stand here in this room with all of you knowing that the work of making our bodies home is well worth it. I want us to challenge the transphobia that frames trans women as not real women and trans men as not real men, that does not allow for the existence of third, fourth, fifth genders, of genderqueers, of possibilities way too many to name. I want to encourage us to think about disclosure and who we are in collective and political ways, not simply reach for an argument about individual choice and personal privacy that is only available to those of us who pass.

Let me pause here because I know that issues of disclosure are so loaded. I am not suggesting that all trans people need to come out all the time or that those of us who choose to be "stealth" are suspect. As a genderqueer who lives in the world as a white guy, I certainly understand the challenges and risks of disclosure on a daily basis. And yet, if we are to make a sustaining community that profoundly challenges shame, we need to acknowledge the collective and political implications that trail our personal, individual decisions.

In short, I want us to confront all the conditions—both inside our communities and outside—that nurture, foster, and create shame in the first place.

Although I doubt there is one complete passage between shame and pride, there are many tunnels through the thicket; and on the other side lives an openness that lets us slide into our bodies and makes space for persistent joy and comfort. Body love can wake us up in the morning, put us to bed at night, visit us as we are dressing to go out or just singing along to our favorite song. These moments do not usually arrive as big, as loud, as brash, as a Pride parade. They just show up one day in the mirror or the camera—not that we have passively waited for them. No, we are all too aware of how hard we have worked for them, but still they arrive unexpectedly, sometimes in community or with a single friend; sometimes with the encouragement of families and partners, or in collaboration with healthcare

providers and therapists. Sometimes they arrive as we are rabble-rousing in the streets or when we are stuffing envelopes for the next fundraiser. They arrive as we tromp through the woods or walk down the street or dance up a storm on Friday night.

However those moments arrive, let us build a community that nurtures them. Let us figure out ways of naming bodily difference that fosters comfort and joy. Let us build a politics that holds space, safety, options, and shuts no one out. Let us pay attention to shame as an issue of health and wellness, community and family. Let us create the space to make our bodies home, filling our skin to its very edges.

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