

Eli Clare
eli@eliclare.com
www.eliclare.com
(802) 453-5370

RESISTING SHAME, MAKING OUR BODIES HOME
Keynote Speech, Trans Health Conference, May 29, 2008
by Eli Clare

*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 makes us restless, uncomfortable, 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 shame is: how it wakes us up in the morning, puts us to bed at night, whispers to us as we're having sex, sitting in job interviews, pulling on our clothes to go out. 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 health care 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.

Certainly as a disabled genderqueer writer and activist, I've 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've told these stories more than once, but in my telling I've 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, 300-mile cycling trip out west, part of a 95-person tour.

One long day, we leave camp early, pedal into our first climb, 20 miles up and up and up to brush by Mt. 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 clearcuts 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've 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'd race downhill, wind billowing under my t-shirt, sweat uphill, wave to each logging truck that passed by. I was inseparable from my bike, that pile of metal, rubber, and plastic, all pleasure and motion

I can see Samuel in my rear view mirror, 50 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're peppering him with questions about me. "What's wrong with him?" "What's his neurological condition?" "Does he have MS or Parkinson's?" "He's so brave; what kind of trike does he have?" All week we've been dealing with this crap, folks assuming he's my caretaker, chaperone, guide,

talking to him but not me. We've agreed that his response to these questions needs to be, "Ask Eli." But I don't know that these people are playing twenty questions with my lover because no one is acting upon his suggestion. No one's talking to me.

Samuel catches up, we ride side-by-side, and he tells me about the endless stream of questions. He's 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's all I can think as shame takes hold. We try to process it through, 1,500 feet into this climb, another 500 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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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, communities become home. How do we as trans people, health care providers, 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 transness a birth defect, a disability simply in need of cure. They say, “I should have easy access to good respectful health care, 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 transness this way. Do they *really* believe disability ensures decent—much less good and respectful—health care? I could tell you a litany of stories, cite you pages of statistics, confirming that exactly the opposite is true. I could rant for hours about ableism in medical contexts. But my frustration doesn’t 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’ve been asked all too often whether I’d take the hypothetical cure pill, always asked in ways that make it clear there’s 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. 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 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'm challenging here. Rather, it's 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's another important strand of naming at work in our communities—a strand that declares transness not a disease, gender non-conformity 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 transness 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's lean towards places where we name our bodily differences, even through our ambivalence, grief, and longing, in ways that don't invite and encourage shame.

At this juncture, let me to turn for a moment to the providers in the room—some of who are trans and many who aren't—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'm 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 practices of shame as a health care issue, and second, to partner with trans people in resisting shame and it's many impacts.

On that cycling trip, 15 miles into a 20 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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Fostering resistance and finding places where shame is no longer home requires 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 won’t be found in *GQ* or *Cosmo*. We tell stories and get nods of acknowledgement, rather than hostile disbelief or curious non-recognition. 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, determination to come out to family, to have difficult

conversations with health care providers, to negotiate with employers, to navigate the impossible maze of government bureaucracy. Community at its best and most functional means we're 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 won't 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 can't bear butches and drag kings, when crossdressers deny any commonality with drag queens, when MTFs can't imagine FTM realities and vice versa, when post-op transwomen shun pre- or non-op MTFs. We argue about disclosure and passing, privilege and privacy, about who should or shouldn't 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're left with meanness and judgment on all sides. Shame festers in this kind of flawed community. And the answer here is easy; we simply can't afford it.

Let me turn again to the providers in the room and tell you how much we need health care that is non-judgmental; that partners with us as we work to make our bodies home; that grants us self-determination; that frames transness, not as pathology, but human variation; that gives us resources and tools in resistance to shame. Sometimes our lives depend upon it.

In the months after I returned from that cycling trip, shame stalked me. I'd go to the gym to workout, and in the mirrors, I'd see *ugly, stupid, wrong*. And I'd say back, "Beautiful, strong, right," I'd ride my trike, and on every pedal stroke, I'd hear those long ago bullies, echoing back, "Defect, monkey, retard, hey defect," and I'd say to shame, "Get out. You are no longer welcome here." Sometimes I'd believe myself, other time 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 disability community surrounded by bodily difference. I pounded words out onto paper. I read disability politics. I can't say I'm done; I doubt there is one definitive end to this struggle, one complete passage between shame and pride.

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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 transwomen as not real women and transmen as not real men, that doesn't 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 in collective and political ways, not simply reach for an argument about personal privacy that's only available to those of us who pass. I want us to confront the conditions that nurture, foster, 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're dressing to go out or just singing along to our favorite song. These moments don't 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've passively waited for them. No, we're all too aware of how hard we've worked for them, but still they arrive unexpected. Sometimes in community or with a single friend. Sometimes with the encouragement of families and partners, or in collaboration with health care providers and therapists. Sometimes they arrive as we're rabble-rousing in the streets or when we're 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's build community that nurtures them. Let's figure out ways of naming bodily difference that fosters comfort and joy. Let's build a politics that holds space, safety, options, and shuts no one out. Let's pay attention to shame as both a community issue and a health issue. Let's create the space to make our bodies home, filling our skin to its very edges.

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