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Critical Disability Studies

6 March 2017

An Exploration of Transableism

This paper is not a traditional paper. It is an exploration of my thought processes and emotions towards the transable community. Here, I will consider the parallels between transableism and transgenderism. Through this discussion, I become an ally, and with the lens of an ally, I explore the conflict around harm and medicalization between the traditional disabled community and the transable community.

I first heard the word transableism while scrolling through Facebook a few months ago. The motivations behind transableism are very similar to that of transgenderism. Transableism, put simply, is when a nondisabled person transitions into the disabled community. When transable people are asked why they went through such drastic bodily modification, they answer with the same underlying idea that transgender people use: they were born in the wrong body. Transable people believe they are born nondisabled, and so they often perform body modifications to become disabled. The transition can happen in a myriad of ways. Sometimes people simply use a wheelchair or crutches but do not actually become disabled. Other times, people seek help from doctors and surgeons to perform amputations or other body modifications. Most often, unfortunately, people take it upon themselves to perform the disabling surgery.

I remember I initially had a very disturbed reaction to the idea of transableism. The motivations and methods to achieve transableism seemed grotesque, barbaric, and downright foolish. These people were born nondisabled and had the good fortune to remain nondisabled, up until they transitioned. Part of me wanted to diagnose this behavior as a disorder; in fact, one exists—Body Identity Integrity Disorder (BIID). After learning of this disorder, I thought the issue was solved. This deviant behavior had been neatly packaged into this disorder. I moved forward content about being tolerant towards transable people although not being accepting of them.

When discussing transableism with a friend they challenged my position: “If you agree with transgenderism, how can you disagree with transableism? Don’t the arguments used by transable people follow the same logic as those used by transgender people? Are they not born in ‘perfectly healthy’ bodies, and choose to transition knowing that life will be made more difficult afterwards?” I had to reconsider my position: If I disagree with transableism, should I not, then, disagree with transgenderism? Transgender people have also been diagnosed with a disorder, so why did I go beyond tolerance and genuinely accept them? In fact the arguments for and against transgenderism and transableism are mirror images of each other. Once again, I was stuck.

This internal conflict was especially difficult for me because of my involvement with the queer community. My identity as queer and disabled seemed to be in conflict with each other. On the one hand, I found myself “gatekeeping” the disabled community, excluding anyone who was not *really* disabled, but at the same time, I am accepting of transgender people. How could I be accepting of transgender folks but not transable folks? I needed to examine my beliefs further.

One very real possibility that could explain my hesitancy to allow transable people into the disabled community is internalized ableism. As Eli Clare writes, there is an emotional reality that overwrites the social and medical models. The lived experience as a disabled person cannot be easily summed up in theories and models because life is messy and emotional. No matter how much I read about the social model of disability, there is still a part of me that wishes I could climb stairs or jump. There is a part of me that feels that I am missing out, that I am lacking, that I am not living a full life, that I am not a whole person. These feelings mirror mainstream society’s reaction to a disabled person—pity.

I believe that this societal reaction is what differentiates transableism from transgenderism. Even though sexism and transphobia are still alive and causing harm, there is no pity like there is with ableism. No one pities someone for being a woman alone. Perhaps this is the reason I cannot fathom why someone would give up a perfectly healthy body for a “lesser body.” A body that has a higher rate of mental illness, of suicide, of sexual assault, and a lower rate of employment, less education, and lower income. A body that is perceived to equate to loss of power, autonomy and personhood. Ultimately, a body that is pitied. Being conscious of my internal ableism, I can now move forward and become more accepting of transable identities.

Keeping in mind this newfound acceptance, a conflict arises around medicalization between the traditional disabled community and the transable community. Transable people view disability in a fundamentally different way than the disability studies community does. The disability studies community is, for the most part, pushing back on the medicalization and the pathologization of disability. By doing so, disability studies sets disability not as an individual ailment that can be cured or treated, but rather realizes the social aspect of disability and how that plays a much larger role in our lives than does our medical needs. The transable community, however, is advocating *in favor of* medicalization. For transgender folk, they often have to see a doctor and get diagnosed with GID in order to be prescribed hormones and be considered for a sex-reassignment surgery. Similarly, transable folks can only get their insurance to cover treatment and/or surgery if they are diagnosed with BIID and this treatment is seen as a cure for their disorder.

But even when transable folk are diagnosed with BIID, they often still do not have access to body modification surgeries like amputation. Scottish doctor Robert Smith performed 2 amputations on people with BIID, but was stopped by the hospital before he could continue with a third operation (Elliott 73). Smith says he did not understand why these people would want these surgeries, but that they were undeniably happy and grateful after having gone through with them. Smith was convinced he was doing the right thing. He was stopped mostly because of the Hippocratic oath. One of the fundamental principles of this Oath is to “to do harm”. This creates an ethical dilemma that can also be seen in cases of assisted suicide. From the doctor’s point of view, they are disfiguring a perfectly healthy body for no apparent reason, which will not only render the person less than whole, but will likely come with a lifetime of medical complications and social stigmas. Thus, operations like these are often considered as doing harm.

However, I want to push back on this thinking a little bit. Firstly, the people who want these surgeries are not pursuing these surgeries out of a whim. Their experiences and emotions are legitimate and they need these surgeries. They are not going to give up very easily, and if a surgery is not a viable option, they will find other means. Elliott tells a story of woman who “after being refused a hospital amputation, tied off her legs with tourniquets and began to pack them in ice, hoping that gangrene would set in, necessitating an amputation. She passed out and ultimately gave up. Now she says she will probably have to lie under a train, or shoot her legs off with a shotgun” (Elliott 73). Denying transable people safe surgeries forces their hand and inevitably leads to at-home modifications, which are a lot more dangerous than an operation by a certified surgeon. I would go as far as to say that doctors are doing more harm by denying these surgeries. If doctors truly understood what these people are going through, they would understand that this modification is a necessity for transable people to live their true selves and will stop at nothing to achieve that.

I also want to push back on the idea of a disabling surgery as constituting harm. I admit, I have internalized ableism, but I can and should still point out ableism in others. The idea of a disabling surgery as constituting harm implies that it is harmful to be disabled. The nondisabled body is whole and functioning, and any disabling surgeries will make it less than whole, not completely functional, and thus less desirable. This belief of disability is rooted in the medical model of disability, where disability is seen as an individual issue. The concern is legitimate because, yes, the transable person will likely have issues with mobility, employment, etc., but the issue is not the disability itself. The issue is society’s perceptions and lack of access for disabled people. So, while the doctors who regard body modification surgeries for transable folk are correct in thinking that their lives will be more difficult after the surgery, the reason it will be more difficult is because of the surgery. Thus, the harm is ultimately caused by society, not the surgery.

All in all, I think writing this paper helped me resolve my hesitations for the transable community. I do not think I will ever fully understand how or why they feel they way they do, but I do think that despite having conflicting views and goals towards the medical industry, I am still able to stand in solidarity with them. They will definitely need that and more in this political climate. I also have my work cutout for me in terms of dealing with my internalized ableism. I am not sure how to begin to tackle that, but I hope it is something that I will *overcome* with time.

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