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August 4, 2023

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When I began my work in disability theology, I hadn't begun to integrate my Catholic faith with the queer experience, beyond simply treating my LGBTQ+ friends like I would anyone else. I did not enter grad school with any vested interest in queer theology, but repeatedly found myself at its doorstep, ultimately locating the bulk of my work at the intersection of the two disciplines, in an academic area referred to as "crip studies."

July is Disability Pride Month, and it follows June's LGBTQ+ month with intention. The common ground between disability and LGBTQ+ issues is a major inroad to understanding, and the situation is dire. Anti-trans activity has grown so great that the Human Rights Campaign has [declared a state of emergency](#) for LGBTQ+ Americans.

I would argue that, masked by a sensationalized fear of a specific sexual agenda, the greater issue is an unwillingness to embrace the ever-changing nature of *all* bodies, which our trans siblings are impelled to address and integrate within themselves much more publicly than we who don't identify as LGBTQ+.

There are things that impact our bodies that will always be out of our control. All people's bodies will change. But what if we cooperate with this change? Here, we encounter the wisdom of the trans body.

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The central claim of crip studies is that there is a normative kind of body against which other kinds of bodies are held. Historically, medicine was performed by male doctors in the context of a male social experience. Social media increasingly sheds light on this patriarchal history, as medical professionals and female patients alike share their abysmal experiences with women's health care, particularly gynecology and fertility illnesses.

What's more, a woman's body cycles monthly, and in a dramatic fashion. Half of the world's population bleeds — painfully — one out of every four weeks. A significant amount of that percentage also undergoes childbirth.

Yet the pace of U.S. work/life balance is not designed around monthly breaks to recuperate, and we know from the atrocious state of maternity leave in America that

society is not set up to accommodate pregnancy alongside full-time work.

This is what it means for the male body to be the norm; not that there is one normative type of male body — though there are certainly unfair bodily standards for men — but that the relatively *unchanging* nature of a man's physique and hormones is the bodily standard.

As a result, women are expected to try and appear as unchanging as men. Men changing into "silver foxes" is more widely seen as not just acceptable but attractive, while women's aging is meant to be combated by any injectable means necessary. A woman whose body has borne the unavoidable changes of pregnancy is expected to bounce back quickly.



(Dreamstime/Somnath Mahata)

So much more so does society fear the disabled body. This is not only because of the physically grotesque nature of disability, which can render unfamiliar people uncomfortable at the sight of alternative facies, absent limbs or oozing sores. Disability also puts on full display the uncontrollable changing of a body.

We would much rather believe that if we do the right combination of exercises, consume the right supplemental herbs and spices, and pray the right series of prayers, that we will create or earn an unchanging or healed body.

While these practices can certainly better us — and God's perfect healing is always a mystical possibility — there are things that impact our bodies that will always be out of our control: genetic mutation, catastrophic accident, the natural progression of aging. All people's bodies will change.

But what if we cooperate with this change? Here, we encounter the wisdom of the trans body.

Contrary to those who would suggest that gender dysphoria is nothing more than a symptom of mental illness or sin, we know from both personal testimony as well as [scientific evidence](#) that the trans experience is a valid, bodily one. Being born intersex — the "I" of the LGBTQIA+ acronym — is a [reality of the natural world](#), beckoning us to recognize that while the sexual binary may be the average, it is not the *always*.

Still, there are those who argue that God does not make mistakes: The body God assigns is the one God intends.



(Unsplash/Max Bender)

For one thing, this argument is precarious for those who experience chronic illness and disability. If we say that God intends the body a person has — and that God intends that body to be unchanging — then we must concede that God, who we believe never wills suffering, nevertheless intends a person's illness or disability. This does not accommodate those for whom disability and illness are nothing but suffering for the duration of their lives.

This argument also ignores that the Catholic Church's [natural law tradition](#) allows for nature — both in its natural and accidental attributes as well as its free and chaotic human attributes — to operate as it will to the benefit of said freedom.

We can understand that God does not intend genetic disability, but that it happens as a result of the natural processes of cellular division. In such instances, those born with atypical bodies are a part of nature's design permitted by God, but not intended. We can also understand that amputation as a result of a catastrophic DUI is not intended by God, but a natural result of humans being free to drive drunk.

The same argument says a person whose body experiences gender dysphoria is a part of the natural world permitted by God, if not intended. And this is still assuming the trans experience is a bad one.

Not all bodily experiences that are natural but atypical are characterized by suffering. Many disabled and chronically ill people find spiritual meaning in their experiences, and feel they come out truer versions of themselves by having to accommodate their self-understanding with a nonnormative body, even and especially if that means manipulating their physical body to better maneuver through the world with safety and confidence.



(Dreamstime/Joa Souza)

This takes discernment. For example, getting cochlear implants is a major culture shift for some deaf people, especially those who have been involved in communities where signed language is the norm. Getting surgery of any kind — whether it's to shave down bone or insert a pacemaker — takes months of recovery and can increase pain before it decreases it.

And there are spiritual implications: Who am I, if I receive a transplanted organ? Will people see me differently if I decide to use a cane? Why would God give me a body that needs so much work just to function like "everyone else's"?

Couldn't this also be the reality for trans people? Couldn't a trans person be discerning the will of God in their life by utilizing their spiritual resources to navigate a body that does not feel like their own, even when pursuing bodily modifications that allow them to be safer and more confident?

It's here that the soul often comes into play, which raises questions, such as: Does a male body have a male soul? If that body changes, does the soul change? Does a disabled body have a disabled soul? If a nondisabled body becomes disabled, does the soul change? To what extent do the attributes of the body reflect the attributes of the soul? Does even asking these questions inappropriately divide the body and soul? And if anyone could give us any interior insight to a trans soul, would it not be a trans person?

This latter point was affirmed by self-identified conservative Christian Rick Colby [who testified](#) in the Ohio House of Representatives about how his opinions were changed by personal relationship, in this case, with his trans son. The trans experience "is a deep-rooted dysphoria that, yes, even has spiritual elements to it," he said. "My son [assigned female at birth] has a masculine soul, and he's said he's felt this way since he was 5."

This notion of self-knowledge has been at the forefront of trans debates, particularly in the context of gender-affirming care for trans children. To what extent can we believe that a minor has enough self-knowledge to know they are trans? How can this knowledge be distinguished from preferences for socially gendered attire and activities? Is this age-appropriate behavior they will outgrow, or something deeper? And who decides: the doctor, the parents or the child?

To be certain, children must be assisted by loved ones in this discernment, and the notion that children should have full self-determination is a radical one. Few people have an understanding of their bodies that is informed enough to make life-altering decisions without consultation. Scientific expertise and close relationships are crucial.

But the Catholic Church has always placed a significant amount of responsibility upon minors in the determination of their spiritual maturity and self-responsibility. First graders receive their first Communion, and eighth and ninth graders receive confirmation under the expectation that they are freely and independently choosing to pursue an adult relationship with Jesus and adult responsibility within the Catholic Church.

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Catholics already expect a high level of maturity from minors, and entrust them with the most complex of mysteries — that of the Eucharist and the Trinity — far before children could possibly cognize them, because the church values participation in the true body of Christ over full understanding of its spiritual mysteries.

If experience within and of the body of Christ is so important, could this not be our template for approaching the experiences of children within their own spiritual and corporeal bodies? And we could certainly then entrust this same discernment of body and spirit to adults.

Queer history is a history of self-reflection and discernment. As such, we should feel comfortable entrusting self-examination and expression to people for whom this is a necessary part of assessing personal safety: who to come out to, where to work and live, when to hold hands on the street.

But we should also see the fear of bodily self-determination that trans people represent as a symptom of a much broader fear of self-determination by those whose bodies are not the norm.



(Unsplash/Mark Paton)

For example, women who choose to have few or no children — whether because of grave risk, trauma or contraindication — are often judged, particularly in Christian spaces where large families and generativity are heralded as the height of women's virtue.

Similarly, disabled persons' medical, financial and reproductive choices are even more limited. The history of institutionalization and sterilization of disabled persons places in harsh relief the fear of disabled bodies becoming more normalized.

In the United States in 2023, most disabled persons who claim Social Security Disability Insurance [cannot make more than \\$1,470](#) monthly without losing their benefits, which implicitly discourages people with disabilities from marrying and having children. Reversing the paternalism that attempts to quell self-determination for disabled people would require substantial change of our social spaces and support systems.

Encouraging trans self-determination — and supporting it with the trusting privacy and political protections all persons are due — requires a trust in the inner workings of the spirit in personal discernment about the body. This goes deeper than simply saying, "Who a person sleeps with or what they do with their body is none of my business."

The more we embrace different bodies and bodies that change over time, the better we embrace the changes of our own.