



*'Some of us have a body that we need to adjust
in order for them to be a good place to live':*

Belonging, resting places and gender talents

An interview with Esben Esther Pirelli Benestad

The interviewer was David Denborough



Dr Esben Esther Pirelli Benestad is a Norwegian trans/bigendered doctor whose work has been a significant influence for many narrative practitioners in relation to transgender experience and gender relations, and identities more generally (see Benestad, 2016). Esben Esther's concepts of gender belonging and gender talents have proved very helpful to practitioners. In this interview, Esben Esther introduces further concepts of 'bodily adjustments' and 'resting places' that can be significant in relation to gender belonging. The interview took place in Adelaide in March, 2019. Esben Esther works at the University of Agder, Norway, and can be contacted c/o esben.esther@uia.no

Abstract

This paper describes the application of the dialectical narrative inquiry, a therapeutic approach that incorporates phenomenology and narrative inquiry within narrative practices in order to elicit double-storied accounts of people's lives. I describe this approach through my work with Sarah, a 28-year-old university student who had been experiencing difficulties in her interpersonal relationships. Sarah and I were able to develop her personal dialectic, chart her landscapes through re-authoring questions, and clarify her positions regarding her problematic and preferred responses to experiences of 'Ambivalence and Insensitivity'. Through the use of macro-scaffolding over subsequent sessions, Sarah and I were able to identify her personal values and her hopes and intentions for the future. We also identified specific barriers to enacting these preferences, and personal skills and knowledges that she would be able to draw on in order to move towards her hopes and intentions for the future.

Key words: *transgender, bi-gender, gender, gender belonging, gender talents, bodily adjustments, resting places*

DD: Hi Esben Esther, It's lovely to see you here in Adelaide! Thanks for agreeing to be interviewed about the research you have recently been involved with that reaches out to people who experience gender incongruence. I'm particularly interested in the significant differences in people's experiences before and after they have had bodily adjustments in order to feel their body is more in line with their identity. Can you tell us about this?

EE: This relates to research that has been done in Brazil, in France and in Italy and we were then inspired to conduct it in Norway. As they had about 400 responses in France and Brazil, we hoped for 200 at least in Norway. We contacted all the activist and health organisations who work with people who experience gender incongruence and, rather than 200, we received 538 responses! We were very happy with this. Through an online survey, we asked questions on many different themes including sexuality, discrimination and suicidal thoughts. It was a big questionnaire. More than 60% of those who responded had experienced discrimination in medical wards and medical settings. And more than 80% indicated that they have had suicidal thoughts and almost 30% have had suicidal attempts.

We also asked a question that I think is very important. We asked, 'To the extent that you have had suicidal ideations and/or suicidal attempts, did this occur before or after you had bodily adjustments in order to feel your body more in line with your identity?' We learned that the total of 80% who had experienced suicidal thoughts was reduced to 5% after bodily adjustments.

DD: That does seem profoundly significant ... Can you just say a little more about the phrase 'bodily adjustments'?

EE: The language that we use is very important. We use the phrase 'bodily adjustments' rather than words like 'bodily corrections' because we don't want to imply that there is a 'correct body' somewhere. In 40 years of practice as a medical doctor I never saw a correct body! People adjust their body according to their wishes and needs – rather than to 'correct it'. What is significant about this research is that we see this dramatic change in relation to before and after bodily adjustments.

We still need further explorations. When we look further into it, we may discover that there is a time immediately after the bodily adjustment when people might still be struggling in relation to suicidal thoughts ... we don't yet know enough about the significance of space and time. But what this does tell us is that if people are experiencing gender incongruence, and if they are also experiencing discrimination, then this is a context that is dangerous if not responded to properly. This research should tell all therapists and counsellors, and for that matter surgeons, that you shouldn't wait, because it's the waiting time here that seems to be the most dangerous.

DD: Can you say just a bit more about 'bodily adjustments' and give us a bit of a sense of the diversity of body adjustments? And then secondly, how this relates to gender belonging?

EE: Yes. The word or term or concept of 'transition' is often used in this context. And transition has often been defined as an objective measure where you adjust your body as much as possible (if possible) to be like the body of 'the other sex'. This is the terminology in the ICD-10 (International Classification of Diseases) in relation to gender dysphoria and gender transition

I have a different understanding of 'transition'. I still use the word transition but this is *subjective* transition. I am interested in what does the person need, 'What bodily adjustments do you need in order to feel comfortable in your body?' And then there is a plethora of different things that people may like to do. Some of these may be very important to the person, and some may be less important.

I very often meet with people who were assigned female at birth who do not necessarily feel like males, but feel like something else, and many of those would love to have their breasts removed. That's the surgery that seems most common in my context. Others get the bodily adjustment they need through hormone treatment, be it testosterone or oestrogen and androgen blockers.

What's important to recognise is that there are so many resting places between the gender majorities that should be open for anyone.

We need to ensure that everyone can find their resting place.

DD: I find that concept of 'resting place' very beautiful.

EE: At present, I do not see so many people who want to have their genitals adjusted. This is also confirmed in our research. Many do not want that surgery, partly because they don't think the results are too good and partly because they say something to the effect of, 'Well, we are well off with what we have got'. They may say that they enjoy their sexuality so much that they don't want to have surgery. Because genitals are so profoundly gendered, this is an area that may require creativity.

DD: Can you say more about this creativity in relation to genitals and gender?

EE: Yes. I sometimes assist in conversations about de-gendering of genitals. Genitals are sometimes used as birth canals, sometimes they are used for peeing, sometimes they are used for sex. It is really only the clitoris who is made only for pleasure. That's beautiful isn't it?

I suggest that pleasure has no gender. So, if you can derive pleasure from the use of so-called genital organs, we can de-gender this pleasure, and say it's just pleasure. Sometimes we can suggest that a person gives their genitals another name, like 'big clitoris' (perhaps it also may have been enlarged through androgen supply). I also hear the term 'pussy pole' for that which is ordinarily called a penis. In these sorts of ways it is possible to let creativity in. Renaming or de-gendering, is an option for people who may not want to have surgery on their genitals and/or for whom it is not an option. It is a serious surgery and, with any major surgery, there are complications. If it was light and easy, it wouldn't be such a big deal, but it's not light and easy.

DD: It's also not an option to a very large portion of the world's population ...

EE: Absolutely. It is really only an option for the rich to have genital surgery. But we must find resting places for all. Having said this, I also think it's important that it is not the therapist who should suggest not to take surgery because that has to come from people themselves. It's

not for professionals to determine what bodily adjustments are significant. The good questions instead are, 'Do you feel that you need to have some bodily adjustments in order to live well with your body?' And if the person says yes, then 'Well what adjustments would you wish for or want to have?' Quite often the adjustments they are hoping for are possible through hormonal treatment. Depending on the context, sometimes I do not ask and sometimes I might ask, 'Do you have any thoughts about adjusting your genitals and things like that?' If I don't ask about that, the person may think that there is no room for genitals in the conversation, so sometimes I have to ask about that. Very often, the person might say, 'Well maybe sometime in the future'. But it is very rarely the main priority.

In the research that I was referring to above, out of the 500 responses, less than 50% define themselves within what we call the gender binary. The rest define themselves out of the binary, or as non-binary. This also has implications in relation to bodily adjustments. As a culture becomes more accepting of gender expressions beyond the binary, then different options also become available.

DD: We have talked on previous occasions about the significance of the cultural work to ensure that within cultures there are more options for gender expressions or gender belonging. I can't remember exactly how you describe this ... as cultural, political work? Can you say something about this?

EE: Yes, if a society like Australia opens up a third way to identify as a gender, then it's like the society puts up a mirror that makes people appear who could not earlier appear. In a metaphorical way, we could say that many people live in societies that operate in a way that if you lift a mirror in front of your own face, you won't see anything, because there's no pronoun for you, there is no identification for you, there is no word for you. Alternatively, there might be a sinful or pathological word for you so you could have a distorted image of yourself in the mirror. There is a great deal for societies to do in order to make space for what I would like to call the complexity of nature.

DD: I've also heard you speak about what we all have to gain when people's diverse gender

talents are recognised. Could you say something about gender talents?

EE: It must be more than 10 years ago, when I made three speeches to a group of people with 'Ehlers-Danlos syndrome'. This is a syndrome that makes connective tissue very elastic. Many acrobats actually have that trait. And there are some other aspects of people's experience with Ehlers-Danlos that relate to sexuality which is why I was invited to speak with them. During our third meeting, by the end of my talk, the people looked kind of depressed. There were perhaps 65 people sitting there, looking into their laps. And I thought, what can you do, what can you do? And then it came to me to ask, 'Are there aspects of your experience that we could call Ehlers-Danlos talents?' At that moment, it was like a magic wand went through the room, lifted all the chins up, and made faces look proud. They said, 'Yes, what do you think Houdini had?' And then a very different conversation took place.

It was in that moment that I saw the power of the word 'talent'. On my way home, I thought about myself for the first time as 'trans-talented'. As I started to use this term, a lot of other trans-talented people liked it. We are so used to being pathologised and told what is wrong with us that acknowledging trans-talent is subversive.

And then my thinking went further because if a talent is pathologised, linked to sin, linked to something went wrong, or linked to no words, no pronouns, no nothing ... then that talent will become a curse. Even though it is a talent. it will hurt your life. But if it is welcomed, acknowledged, appreciated, then this talent becomes a gift. It becomes a gift not only for the person in question, but a gift for everyone.

I have trans-talents. I have welcomed this. It has been welcomed by other people around me. So I am trans-gifted. I have started using that phrase too. I meet a lot of trans-gifted people and it almost makes me cry when I see how this concept can lift chins from looking down in the lap, to pride.

DD: Your care and creativity with words is really significant to me. I know you as a doctor, sexologist, researcher, activist and poet. Can you say more about the significance of words in these realms ...

EE: There have been many different experiences that have taught me the power of words. A friend, originally from Hong Kong, Kam Way, was assigned female at birth and he appears as a male. I heard Kam say 'I would never describe myself that I was born into the wrong body, because if I had been born into another body, I wouldn't have been me.' From that very moment I have never used the term 'born in the wrong body', but I can say, some of us have a body that we need to adjust in order for them to be a good place to live.

DD: You talked about resting places earlier, a beautiful concept, can you say something more about resting places?

EE: When you reach a resting place, you know that you don't have to go any further. It evokes those places, for example a spot by the sea, where you don't need anything else. It also evokes something to do with meaning ... when you read a book or theory or research, and you come across a concept that suddenly explains your experience ... that is a resting place as well. A resting place is where you feel at home and at ease.

DD: And in relation to realms of gender and gender belonging?

EE: A resting place represents when you have made whatever adjustments you need to make so that your body is good to live in and that these adjustments are appreciated by the people you relate to. The adjustments may be small or big ... and the acknowledgements may also be only in small circles or sometimes they are also more public. In Norway, I am known as someone who is both a man and a woman. I have negotiated a way to be non-gendered, or non-binary, or whatever word we put to this ... and in some people's minds, both man and woman. In my home country that has been taken in and acknowledged by many people. At times I can meet very tough guys, with crew cuts and camouflage, pants and military boots and they could look quite scary to my prejudices, but they will come over and shake my hand and say, 'We really do admire what you are doing.' I know these are just my experiences ... and of course, many trans and non-binary people are facing profound discrimination and violence. But my experience is also one of finding a resting place and acceptance of my gender talents.

I think that there are many, many things that people are longing for, but not daring to say, or not daring to ask for in their own lives. And when somebody does things that has to do with allowing yourself to express that which is important for you, that which is linked to your talents, it also gives a permission to other people to do the same.

By and by, I am hopeful that society will change so that when it concerns gender more people can be seen not as either/or, but some kind of both/and. I feel like these realms are a little sacred.

DD: I certainly think that your life-saving and life-affirming work is sacred. And I completely agree that when people dare to make room for resting places in their own lives, it offers something to everyone else, that their bravery offers something to us all. Thank you for sharing your gender talents and thoughts about gender belonging and resting places!

Reference

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