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# Our Body-Minds Are Not Apologies: How Systemic Oppression, Beauty Standards & Desirability Politics Impact the Body-Image & Sex Lives of Trans & Non-Binary People with Physical (Dis)abilities

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# Our Body-Minds Are Not Apologies:

## How Systemic Oppression, Beauty Standards & Desirability Politics Impact the Body-Image & Sex Lives of Trans & Non-Binary People with Physical (Dis)abilities

by

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## Abstract

Due to the ableism, whiteness, and cisgender-heteropatriarchy in the US, people who are marked by racial, physical, neuro, and gendered differences are stereotypically considered to be less desirable. By applying a perspective informed by Disability Studies, Trans Studies, and Queer of Color Theory (including scholars like Eli Clare, Robert McRuer, Sonya Renee Taylor, Audre Lorde, Sami Schalk, Chris Finley, and Alicia Cox), I investigate how societal norms, beauty standards, and systemic oppression have disproportionately impacted the body-images and sex lives of trans and non-binary people with physical (dis)abilities. This thesis aims to shed light on the variety of ways in which we - as a society - can adapt to resist oppression by centering conversations of pleasure and joy in our lives, despite the ongoing violence and harm that minority groups are subjected to.

## Introduction & Relevance

Oftentimes, when sexuality and body-image are discussed, whether that be in the media, scholarly work, or everyday conversations, it predominantly revolves around normative and privileged identities and bodies (e.g., white, thin, able-bodied, cisgender, heterosexual, and monogamous individuals). Leading to a lack of representation, general knowledge, and awareness of those of us who are considered to have "non-normative" bodies, such as being trans and/or non-binary and (dis)abled. Being left out of these mainstream conversations makes it even more difficult to feel truly connected and at peace with ourselves, and the ways in which we physically relate to and intimately interact with others. When I was initially constructing this project, I noticed a major gap in the academic world in regard to research and discussions pertaining to the intersections of transness and (dis)ability in the context of body-image, sex, and desirability. I wanted to question this lack of representation further and investigate what this exclusion tells people about themselves; how it impacts their own perceptions of self, and other aspects of their personal lives as well.

With this all in mind, my overall goal with this project is to create more scholarly work that highlights Queer and (dis)abled experiences and, more importantly, providing a space for those who exist within these intersections of identity to feel seen, represented and cared for. Although societal systems of oppression and violence disproportionately target and impact those with intersecting marginalized identities the most, it is something that ultimately has negative and long-lasting impacts for everyone, though to varying degrees. In western colonial society, we are convinced that it is shameful to discuss our experiences with sexuality, sex, the erotic, and our body-minds in general. This is why it is so important to question why and how this has been our reality for far too long, how the silencing of these topics affects all of us, and also figure out ways to spearhead sorely needed conversations and create new realities.

Moreover, in order for you as the reader to understand my perspectives as a writer, I want to acknowledge my positionality and personal connection to this topic. First off, I was born and raised in Portland, Oregon in the United States, which is a state (and country) known for its racist history and majoritively white population. I myself am a white, middle-class, college educated, non-binary person with undiagnosed chronic pain and neurodivergence, and although I can relate to many aspects of this topic, there are also obvious gaps within my own lived experience due to my race and socioeconomic status. As an attempt to bridge these gaps of personal knowledge and lived experiences, I aim to incorporate many voices and perspectives in this project. I will be doing this by creating a conversation-like narrative that brings together both those who took my survey about being trans and/or non-binary and (dis)abled, and the experiences and concepts discussed through a genealogy of people from (Dis)ability Studies, Queer of Color Critique, Trans Studies and Body Liberation Movements.

Through this project, I found that the body-image and self-perceptions of those from marginalized communities and identities have been heavily impacted from living within a colonial, oppressive society that tells us our differences make us “wrong” and “broken.” These negative effects have directly impacted the ways in which we interact with others in sexual and other intimate ways, which subsequently influence how we perceive our body-minds and sexualities as a whole. Although I initially created this project with my intended audience being Queer people, people with physical (dis)abilities, and those who exist on the intersections of these identities, my project has evolved to include those who have ever felt left out of these conversations regarding bodies, sex, sexuality, and desirability. For those whose identities and bodies are categorized as “other” and are only briefly mentioned, if at all; those whose pleasure, comfort, and joy is not centered in conversations about sex; those who exist beyond the socially created binaries of gender and (dis)ability; those who have felt undesirable or unattractive due to their differences; for anyone who has ever felt broken- this is for you.

## Why Transness & (Dis)ability?

Something that I found difficult to differentiate between within this topic is how to categorize and explain the identities I am discussing; especially since (dis)ability and transness are such wide and fluid experiences, often explained as binaries or something that you either are or are not. I want to challenge those assumptions of what is trans “enough” or (dis)abled “enough” by providing a space for anyone who identifies within these communities to share their experiences and perspectives on the topic at hand. My definitions of these identities follow those as offered by Critical Disability Studies, Trans Studies scholars and Black Feminists. For instance, in the Keywords Essay, “Disability” by Sami Schalk, she defines (dis)ability as “a social and political category describing bodyminds that depart from the bodily, mental, and/or behavioral norms of a society” (Schalk 73). As she says, those whose *body-minds* (which will be discussed further in the Literature Review) do not align with what has been considered the “norm” in society in regard to bodily, mental and behavioral functions are considered to have a (dis)ability. Something that is frequently differentiated between is whether or not someone’s (dis)ability is “visible” or not, meaning if it is easily perceived by others, which makes “invisible” (dis)abilities mean those that are not as easily perceived or apparent to others. There is so much overlap between these two categories of (dis)ability, but the main thing that pertains to this project is the way that people outside of this community (i.e., able-bodied people, and an ableist society) will perceive us differently based on how we vary from the norm, and how those perceptions then impact our own self-perceptions and lived experiences.

In a similar vein, this idea of visibility can be used when discussing transness. When I refer to trans identity, I am also referring to non-binary, two-spirit, gender fluid, gender non-conforming individuals, overall people whose gender goes beyond the cisgender experience and gender binary. There are many ways to describe what it means to be trans, and that definition is unique to every trans individual, but when I discuss it, I am drawing on scholars of color in Trans Studies that define it as: those whose gender moves “across,” “beyond,” and “through” a bounded position (Lau 237). So in this case, if someone is “visibly” trans, that means their transness is more identifiable and easily perceived by others. As opposed to if someone’s transness is more “invisible,” whether it be if they are stealth (i.e., when someone is trans and does not openly disclose this information to others), or conforms to cisgender norms, that puts them at less risk of experiencing transphobic violence in comparison to a more visibly trans person. Similarly to how ableism and ableist expectations harm people with and without visible impairments, systems rooted in transphobia also impact those whose identities are less visible to the public and are just as harmful and influential for their self-perceptions and treatment by others. This presents the issues of transnormativity, which assumes trans people are trying or desiring to conform to cisgender norms and lifestyles, and while some trans people may be desiring that experience, it would be inaccurate to state every trans person’s goal is to be perceived as cisgender; it is really more about living authentically and trying to make your external self reflect your internal self. Though it is important to acknowledge these differences and how being visibly different from the norm in society places someone at more risk of violence, I also want to make space for those whose identities are not as easily perceived by others. Being trans and/or non-binary and having a (dis)ability still affects someone just as much, even if others do not notice these characteristics about them. Similarly, the intersections of race, ethnicity, cultural background, and class are critical aspects of identity that must be acknowledged when discussing one's bodily experience; if someone is QTBIPOC (Queer, Trans, Black, Indigenous People of color), the compounding of multiple oppressive systems that stem from a western and colonial society, rooted in white supremacy, makes them more vulnerable if they are "visibly" not white.

Relating to this, when I was recruiting people to take my survey, it was a common occurrence that people with "invisible" (dis)abilities expressed feelings of imposter syndrome in regard to their (dis)ability status, and not feeling like they were (dis)abled "enough" to be a part of this project. I want to reiterate that although the perception of others will likely differ depending on if someone's (dis)ability or transess/Queerness is "visible" or not, being outside of the norm of able-bodiedness or a cisgenderness will undeniably have just as much of an impact on their life experiences and perceptions of self. Likewise, there were a few respondents who are asexual or exist somewhere on this spectrum, so even though this project focuses on the experience of having sex, and though some asexual people do have sex, I also want to make space for those who do not, but still may engage in or desire physical intimacy. Hence, why I also use the term "intimacy," which goes far beyond just sexual intercourse; it encompasses the emotional, spiritual and non-sexual physical intimacy that can be experienced between anyone and any relationship. Discussing asexuality can be a touchy topic for some, especially for those who are incorrectly perceived as asexual due to having a (dis)ability, although that says much more about how society deems (dis)abled people as undesirable and therefore "lacking" the urge of having sex, or not desiring physical intimacy. This is a harmful stereotype and incorrect assumption to make, but that being said, it is important to simultaneously acknowledge this while also acknowledging that asexual people do exist and their experiences matter in this overall conversation.

## Literature Review

### *-Theory-*

Something that has been not only a critical aspect of Disability Studies, but also foundational to the adaptation of this project is the concept of the *body-mind*. Eli Clare, a writer, educator and activist for trans and disability rights, describes this concept coined by Margaret Price as referring to “the inextricable relationships between our bodies and our minds and the ways in which the ideology of cure operates as if the two are distinct — the mind superior to the body, the mind defining personhood, the mind separating humans from nonhumans” (Clare xvi). Oftentimes, especially in response to colonial forces, the body and the mind have been seen and treated as two separate entities; where the mind is perceived as superior to the body, which then those in power use this idea to justify the weaponization, demonization and overall harm that they inflict onto non-normative bodies (and body-minds). This separation is yet another way that western colonial society has enforced rigid binaries and understandings of the human experience, and with this, body-minds are also split into the categories of who is considered “desirable” through the eyes of our society and culture, and who is considered “undesirable.”

In Christine Shio Lim’s thesis titled, *Check Your Preferences: Desirability Politics and Contemporary Discourses on Sex, Dating, and Intimacy*, she explains how “desirability politics function on an institutional level, underlying these institutions are the subjective experiences of individuals whose self-worth is tied to their desirability” (Lim 20). Bodies that do not fit the beauty standards or social norms in western society (i.e., anyone that is not thin, white, cisgender, heterosexual, able-bodied, etc.) are categorized as being “undesirable” in society, which is then used as a means to justify the discrimination, mistreatment and harm that is inflicted upon the body-minds of these folks. Similarly, as Sonya Renee Taylor explains to us in her book, *The Body is Not an Apology*, “The default body becomes the template for the normal body. The only reason we would need to erase someone’s difference is because we still equate difference with danger or undesirability” (Taylor 36). This quote highlights how categorizing bodies as “undesirable” is not only extremely common, but it is normalized and accepted as truth within society. This also means that those whose bodies deviate from the norm, that is, people who have a (dis)ability, trans and non-cis people, people of color, and fat people, are deemed to be undesirable and their bodily differences are seen as a threat to the status quo. Like all of these scholars argue and ask for us to collectively question, what does it do when certain bodies are told they are undesirable? How does that impact their self-perception and view on their self-worth? Furthermore, how do these oppressive systems directly impact our bodily experiences in regard to sex and intimate relationships?

One of the many ways that society inflicts this violence upon marginalized body-minds is through acts of body terrorism. Sonya Renee Taylor coins and defines this term in her book as:

> An act of terrorism against our bodies to perpetuate body shame and to support body-based oppression… Living in a society structured to profit from our self-hate creates a dynamic in which we are so terrified of being ourselves that we adopt terror-based ways of being in our bodies. All of this is fueled by a system that makes large quantities of money off of our shame and bias (Taylor 58).

Body terrorism does not just occur as an outside force inflicting violence upon others, but it eventually becomes absorbed and internalized within individuals who face this violence themselves. A scholar who does not directly discuss (dis)ability, but whose work emphasizes the harm of colonialism and white supremacy in the context of the body, Queerness and the erotic is Chris Finley, who is a member of the Colville Confederated Tribes. In the article "Decolonizing the Queer Native Body (and Recovering the Native Bull-Dyke): Bringing "Sexy Back" and 'Out of Native Studies' Closet," discusses how colonialism and heteropatriarchy function as a means to discipline everyone, Indigenous and not. While giving power to the colonizers and subjecting Indigenous peoples to violence at the hands of these entangled systems of oppression, it simultaneously controls everyone through its tactics of shame, repression, silence, discipline, and fear (Finley 34). These feelings are especially projected onto our sexualities and experiences of the erotic, demonizing those who have been especially targeted by said systems; and those who have been deemed "undesirable" in the eyes of the colonizer. This consistent mistreatment and discouragement of discussing one's sexuality and the erotic for Indigenous peoples led to the silencing of their experiences as a way to strip them of their humanity, sovereignty, and worthiness of experiencing joy and pleasure in their body-minds. The categorization and creation of identities that are considered Queer or (dis)abled are social constructions of the west, which means those who have come into contact with western colonization have been subjected to western social and beauty standards, the gender binary and gender roles, stigmas regarding sex and bodies, etc. This has inevitably impacted how people are able to live their lives and express themselves; imagine what your experience of sexuality, gender, and the erotic could be like outside of the confines of colonialism.

Specifically in regard to the erotic, many people have explored this concept and tried to define what it encapsulates in this context, one of the most influential ways it has been discussed was by Audre Lorde in *Uses of the Erotic: The Erotic as Power*. Where she expressed the variety of ways in which the erotic functions in our lives. The first main function being:

> The power which comes from sharing deeply any pursuit with another person. The sharing of joy, whether physical, emotional, psychic, or intellectual, forms a bridge between the sharers which can be the basis for understanding much of what is not shared between them, and lessens the threat of their difference (Lorde 4).

Although the stigmas against certain bodies and the demonization of sexuality are major ways that the erotic has been suppressed and controlled in our lives, we also have the potential of combating these things by utilizing community as a form of resistance. Like Lorde tells us, one of the main ways of experiencing the erotic is for it to be shared amongst one another, whether that be within our larger communities, or within interpersonal relationships with friends, partners, chosen family, strangers, etc. To connect with others and create the space to safely express and explore what the erotic means to us is a critical way of resisting the ways in which we have been taught to fear the erotic and disconnect from it. Likewise, many Indigenous Studies scholars, such as the previously mentioned Chris Finley and Alicia Cox, emphasize the importance of community in regard to healing and recovering the sovereign erotic. For instance, Cox explains how, “Recovering names for ourselves and voicing our stories in the face of colonial erasures, we reclaim our bodies as part of the land to which we belong and are responsible, and we resituate our lives among the circle of our communities” (Cox 92). Connecting with those around us; forming trusting and safe relationships; discussing our experiences with others; and confronting the ways in which societal messages have been ingrained within all of us; are just some of the ways we can encourage one another to break the silence and release the shame around our body-minds and connection to the erotic, which has been passed down throughout generations.

Equally important in this discussion is the erotic in the context of (dis)ability, as Robert McRuer asks in his book *Disabling Sex: Notes for a Crip Theory of Sexuality*, "what if disability were sexy? And what if disabled people were understood to be both subjects and objects of a multiplicity of erotic desires and practices, both within and outside the parameters of heteronormative sexuality?" (McRuer 107). Like Finley and Cox discuss in their work, in order to recover one's (sovereign) erotic and autonomy, we must deconstruct the structures within our lives and society that attempt to silence and suppress these aspects of our beings. Deconstructing these systems of heteropatriarchy, heteronormativity and colonialism can feel like a daunting and isolating task if trying to undergo it all alone. That is why it is so important to make these conversations central in our lives and relationships, by discussing our body-minds, sexualities and erotics, we can destigmatize these very normal and naturally-occurring experiences, and therefore realize all of the ways in which these systems have impacted every single one of us. Then through identifying these underlying factors, we can collectively unlearn, deconstruct and tear them down to create something new that has the potential of benefiting us all.

Another factor that needs to be further discussed, in order to understand the ways in which especially Queer and (dis)abled people have been negatively impacted and targeted, is the presence of the medical industrial complex. Through systems of cisnormativity and ableism, those of us whose body-minds do not fit neatly into these categories of being cisgender or able-bodied are seen as being problems in need of "fixing," or that our differences are something that can be and should be "cured" through medical intervention. This process is called pathologization, which is something that has been commonly discussed in (Dis)ability Studies and Crip Critique discourse communities, since it so heavily impacts the lives of (dis)abled people. This field of study critiques the medical-industrial complex, specifically with how the medical model of disability sees an individual as being “defective” due to having a (dis)ability, or being trans, a person of color, anything that is outside of the Eurocentric colonial norm. As opposed to the social model of disability, which highlights how society normalizes the able-bodied experience, which then creates systemic barriers to access for everyone else, therefore creating the need to differentiate between (dis)abled and able-bodied people. This reality then relies on medical diagnosis to identify our experiences and situations, which becomes even more of an access issue when medical bills and treatment are so expensive that only those from high socioeconomic statuses and health insurance have the opportunity to receive these resources. Furthermore, this lack of access can also be seen in relation to who is granted the opportunity and space to explore and experience their sexualities and bodies in an erotic manner, and who is stereotyped as being asexual and infantilized.

Although it is important to acknowledge that many people with (dis)abilities are asexual, there are just as many able-bodied people who are also asexual, so to assume someone does not wish to engage in sexual acts simply based on their (dis)ability status would be inaccurate. But sexuality and the erotic are things everyone experiences, even if you do not wish to engage in sexual acts, this reclamation of one’s body-mind and relationship to the erotic is still relevant here. The issue of pathologization also applies to ideas of how people are expected to perform their sexuality. People are shamed for having sex, and they are also shamed for not wanting to have sex, so as I and all of the scholars I have cited would argue, there is no reason for us to feel shame or to shame others for these natural desires or lack of desire. However despite this being the case for how we understand things to be, it does not erase the fact that people are still shamed and that has very real and lasting effects. It not only impacts how they live their lives and perceive themselves, but also how they are taught to tie their worth to whether or not their body-minds conform to societal ideals and expectations. This always seems to cause more harm and pain, when we should instead be encouraging and supporting more joy and pleasure to be experienced in our lives, which is something that has been emphasized time and time again by the QTBIPOC scholars I have cited, and more.

The existence and prominence of body terrorism, colonialism, white supremacy, desirability politics, and pathologization in western society undeniably impacts how we perceive ourselves and others. These factors all inevitably affect how we connect to, interact with, and treat other people's body-minds as well as our own. This is something that everyone, no matter what communities you come from, can relate to and need to be aware of in order to unlearn these things that society perpetuates through the utilization of these oppressive systems. We are all impacted by sexism, racism, ableism, fatphobia, homophobia, transphobia, etc., and though in diverse and varying ways, we can not truly be liberated or help others become liberated from these systems unless we interrogate them and try to deconstruct them in our personal lives and within a larger community. This all leads back to why I chose to focus my project on trans and non-binary people with physical disabilities, which can encompass people of any racial and ethnic background, of any class, of any body size. Intersectionality, as coined and defined by Kimberlé Crenshaw, is:

> A metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves. And they create obstacles that often are not understood within conventional ways of thinking about anti-racism, feminism, [and other] social

> justice advocacy structures we have (*Kimberlé Crenshaw: What Is Intersectionality?* 2017).

This "prism," as she explains it, allows us to understand how the intersections of marginalized identities, in this case ableism and transphobia, compound for trans and (dis)abled people and how it impacts their day to day lives and experiences. This approach to understanding oppression is critical to both the fields of study I interact with and the overall discussion of how bodies are treated differently within society, which is due to how they are perceived by those in positions and structures of power. Those who exist at the intersections of privileged identities are granted the experience of being considered desirable; they are given the opportunity of experiencing pleasure and safety in sexual relationships; they are given autonomy over their bodies when their outward appearances align with the norm. But that means everyone else who exists outside of these boundaries encompassed by the "norm" are labeled as undesirable, and their body-minds are pathologized and critiqued. What would it be like if everyone agreed that every body(-mind) is inherently deserving of access to pleasure, autonomy, joy and respect solely based on the fact that we are alive and worthy of these things?

### ***-Previous Research on Similar Topics-***

In addition to the theoretical aspects of this project, there have been other research projects conducted that inspired the development of this project. Although they are all similar in some ways, either relating to body-image, (dis)ability, transness, sex, society, etc. I was unable to find any studies that incorporated these identities and topics in the way this paper aims to do. So, in order to situate my project and its focuses, I want to highlight some of these previous studies and what they found in their respective projects. The first being an article written by Carla Pfeffer, titled "Bodies in Relation--Bodies in Transition: Lesbian Partners of Trans Men and Body Image*.”* This piece uses case study interviews to explore the ways in which body-image and gender dysphoria experienced by trans men impacts their interpersonal relationships with cis woman partners. This study highlights how impactful one's body-image and self-perceptions are in terms of relationships, and sexual and non-sexual intimacy between partners, and especially for those who may feel a disconnect between their body-mind. Although there are obvious differences between my research and Pfeffer's, we are both trying to highlight the trans experience in regards to body-image and intimacy. Specifically, her work expresses how distressing and painful it is for trans people suffering with gender dysphoria, some quotes she shared from interviewees said that: "Being in the wrong body is a crime. Death is appealing to those of us, who are encased in the wrong shell, who are trapped in a flesh of darkness, that… sickens us to the point of madness." Pfeffer additionally states how transitioning allows people to "[live] in a body that doesn't make you sick and alienated every time you look in the mirror or take a shower" (Pfeffer, 330). These are heavy feelings that, although exist within oneself, ultimately also impact the relations and connections we share with others. It is both saddening and isolating to experience these feelings alone, but through community, connection and gender affirming healthcare, we are able to receive the support and services needed in order to reconnect to our body-minds and find joy amidst the pain.

Despite the accuracy and truth that is presented by Pfeffer in this article, it is also important to acknowledge that not every trans or non-cis person will experience gender-dysphoria or a body-mind disconnect. This common misunderstanding is developed through the concept of transmedicalism, which in Chris Hendrie's article "The Trap of Transmedicalization: Holding Communities and Identities Hostage," this is defined as:

> A feeling of distress originating from the incongruence between one's assigned gender and gender identity, is a condition to be treated through medical intervention such as hormone therapy and gender affirming surgeries. Transmedicalism grounds transness in gender dysphoria, asserting that a lack of gender dysphoria is a lack of transness (Hendrie 54).

While we understand the importance and critical existence of gender affirming healthcare, and how it is life-saving care, there are also many of us who do not require it in order to feel connected or represented wholly in our body-minds. However, this parallel drawn between dysphoria and "true" transness is harmful for those of us who do not experience it, but that does not take away our identity as trans and non-cis people. This being said, I want to emphasize how this project is intended to provide space for all (trans)gender and body-mind experiences, and by doing so, showcase how no matter how someone mentally and physically experiences their gender, we are all still negatively impacted by these systems of oppression in similar ways.

Likewise, it is hard to pinpoint what exactly is influencing someone's body-image, self-perception, approach to relationships with others, etc., but one of the most common findings amongst other research is how western society portrays, treats and discusses body-minds. This especially goes for those of us whose body-minds extend beyond the narrow lens of what is considered desirable. As Mya Vaughn et al.'s study, *Women with Disabilities Discuss Sexuality in San Francisco Focus* shows, many participants reported having "difficulties in expressing their sexuality [which are] often compounded by stigma, discrimination, and other psychosocial factors" (Vaughn et al. 30). Vaughn showcases how detrimental negative outside forces are to how we experience the erotic, if we are taught from a young age to feel shame about our body-minds then our sexualities are directly being shamed as well, and vice versa. We experience sex and the erotic through our tangible lived experience, so it only makes sense that we highlight how outside forces (such as stigma, discrimination and other psychosocial factors) are responsible for creating misconceptions, disconnections, and shame surrounding our body-minds and how they express our sexualities. This leads me to ask, how do we have fulfilling sex lives if we live in a society that is so riddled with sex-shame and body-shame? How can we break past and resist those barriers? How can we experience joy in our bodies despite the mistreatment and miseducation around them?

## Methodology & Data

When discussing methodologies, it is important to also discuss the epistemology (i.e., knowledge production) that informs how I analyze the results of my methods and what perspectives I am bringing to said analysis. One of the most valuable and critical ways of understanding knowledge is looking at it through the lens of Queer of Color Theory and Indigenous Studies, which sees lived experience as a valid and powerful form of producing knowledge and sharing it with others within and outside of your community. With something as personal, yet political, regarding bodies and minds; sexuality and the erotic; (dis)ability and transness, the best way to understand how these things interconnect is by asking people within these communities about their experiences, since they hold the most knowledge about it. There is no way to fully know the intricacies of people’s lives and draw connections between our own if we do not ask questions and share our stories with one another. It is so powerful to use our voices to bring attention to our experiences and insights, which will in turn allow us to interrogate the systems that impact us all and find ways to resist them and cultivate liberation within our communities.

This approach to epistemology is what led me to focus my methodology around centering the voices of those who are most marginalized due to bodily "difference" and use a critical framework informed by Queer of Color Theory and (Dis)ability Studies to deepen the understanding of how living in a western colonial society has so deeply impacted our lived experiences, and the wellbeing of our body-minds. Due to my positionality as a white, Queer, non-binary, and perceived able-bodied individual, there are many experiences I cannot personally relate to nor discuss as I do, hence why it is so crucial to incorporate the works and stories of those who do have this knowledge and have lived it themselves. This approach to epistemology and methodology allows me to analyze my utilized method of a survey, which I created in the Fall of 2023 and released to the public in the Winter of 2024. I had a small sample of 10 people who responded, with ages ranging from 19 to 41 years of age and a variety of non-cisgender identities and (dis)abilities, both physical and non-physical. This chart below shows the ways in which each respondent self-identified themselves in the survey, for the race portion, since the survey lacked a specific question about racial identity, if it says "not specified," it is because they did not specify their race in the question about if they have other identities that they want to include about themselves.

***-Survey Demographics-***

| Respondent | Age | Gender | (Dis)abilities | Race & Ethnicity | Sexuality |
|---|---|---|---|---|---|
| 1 | 22 | Genderqueer/ Non-binary | POTS, Autism & ADHD | White | Bisexual |
| 2 | 28 | Trans femme/ Non-binary | h-EDS & POTS | Hispanic | Bisexual |
| 3 | 25 | Non-binary | Psoriasis | Not specified | Pansexual |
| 4 | 21 | Trans/ | Chronic pain, | Not specified | Demisexual |

| | | | | | |
|---|---|---|---|---|---|
| | | Genderqueer | hyperhidrosis, severe anxiety, Bipolar II, Autism & ADHD | | |
| 5 | 21 | Genderfluid | Chronic pain, epilepsy, POT1, asthma, Autism & ADHD | White | Bisexual & Asexual |
| 6 | 19 | Trans masculine/ Non-binary | FND, Chronic Fatigue, EDS, Autism & PTSD | Not specified | Lesbian |
| 7 | 41 | Agender | Blind | Not specified | Asexual |
| 8 | 30 | Trans man | Spinal cord injury, Muteness & Epilepsy | Not specified | Pansexual |
| 9 | 22 | Non-binary | POTS & EDS | Not specified | Pansexual |
| 10 | 36 | Non-binary | PTSD, GAD, major depression, Social Anxiety Disorder, Auditory Processing Disorder, Non-verbal Learning Disorder, Endometriosis, Adenomyosis, Menorrhagia, Vertigo, Anemia, Asthma, Cluster headaches | Tlingit (Native Alaskan) | Pansexual |

### *-Survey Setup-*

Regarding the specifics of the survey setup, it consisted of 27 questions total, 6 were demographic-related, followed by a mix of 12 close-ended and 9 open-ended questions. The close-ended questions generated quantitative results, since I asked people to rate certain experiences on a scale of 1 to 10. In addition, the survey included open-ended questions that generated qualitative results by asking people to expand on the previously rated experiences. These questions are included in the Appendix section, which comes after the conclusion. I wanted the people who took my survey to feel as comfortable as possible, since the material may feel very sensitive and vulnerable to a lot of people. For that reason, I decided to not ask for names since keeping their identities private and anonymous from the public was something that felt important and more ethical in this context. As for the population who took this survey, there is a random mix of people I have met while attending Portland State University, people who heard about it through others who took the survey (snowball sample), and people who found my survey via my social media (Instagram and Reddit).

Since this project revolves around how the body-image and sex lives of trans and/or non-binary people with physical (dis)abilities are impacted by society and marginalization, this survey was specifically aimed at those who are trans and/or non-binary *and* have a physical (dis)ability. Although this project emphasizes the experience of physical and “visible” (dis)abilities, almost all the respondents also had non-physical (dis)abilities which also play a huge role in their life experiences and self-perceptions, so those will be included in the Results section when mentioning their identities even though I do not specifically discuss how they play a role in this topic. So although all of the responses were relevant to some degree and important in their own ways, in order for the results to qualify for this topic they needed to completely align with this specific intersection of identities. On the other hand, this outcome shows how interested people are in having a space to discuss their experiences with (dis)ability, body-image and sexual intimacy, which within itself demonstrates the significance of this conversation and project as a whole.

### *-Limitations-*

It was initially harder than I expected to recruit people to participate because I decided to do so strictly through word of mouth (e.g., friends, classmates, family) and social media posts (e.g., Instagram and Reddit). This inevitably created a limitation in the project regarding sample size and diversity of answers. Only 16 people in total took the survey, and only 10 out of the 16 respondents met the criteria for the population this project focuses on. So, if I were to do this project again, I would find more ways of spreading the word about the survey and hopefully have a larger time limit to collect responses. Additionally, it would have been useful if I had made flyers in order to extend the survey even farther than what it was able to do using social media, while also giving myself more time to collect the responses to begin with. I also initially thought I would just have a population of people from Portland, Oregon, so I did not ask any questions about where the person taking the survey lives or is from, which would also have an impact on their perception of these topics. More than 60% of the respondents identified as non-binary, so it would have been helpful to get more perspectives from people with a wider range of gender experiences, though of course every non-binary experiences things differently it would have been useful to get more of a equal participation from “binary” or heterosexual trans people as well. Furthermore, if I could remake the survey I would add more questions regarding location, socioeconomic status, education level, and a more specific question about race (my question of *are there other important identities of yours that you would like to share?* was not sufficient enough) in order to collect those aspects of identity as well that are relevant to this topic.

### *-Themes-*

Through analyzing the survey responses, I noticed many of the themes that I discussed and highlighted in my literature review were being reflected in people's lived experiences. For instance, almost everyone at some point throughout their responses mentioned their experience with the pathologization of (dis)ability and transness and how that directly affected the ways in which they perceived their body-minds and their desirability to others. In addition to this, those who either used to or currently experience gender dysphoria reported how negatively it impacted their feeling of connectedness between their body and mind, which made it difficult for them to be physically intimate with others. This was also highlighted when people discussed their (dis)abilities and how disconnected from themselves they tend to feel when their bodies do not cooperate or function in ways that they wish they did. This lack of cooperation and unpredictability with their health created a lot of anxiety and fear surrounding their bodies, which also makes it difficult at times to desire engaging in sexual intimacy since they were too preoccupied worrying about their physical wellbeing. Overall, the more "in control" and aligned people felt about their bodies and gender expression enabled them to feel connected and in tune with their body-minds, empowering them to have the confidence and freedom to prioritize their pleasure and sexual and erotic desires.

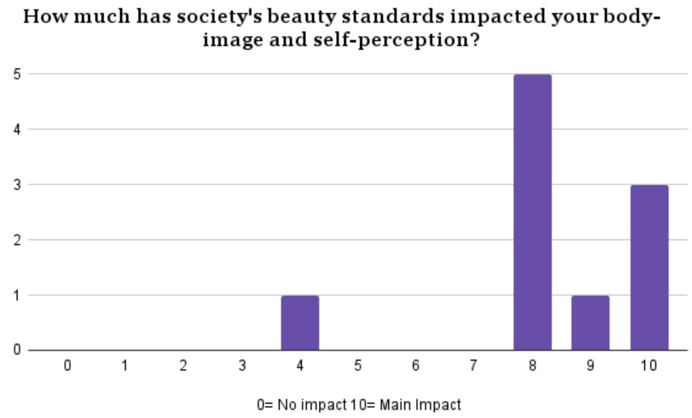
## Results & Discussion

To begin, before diving into the bulk of the responses, since the experiences of sex and physical intimacy are a big focus point in this project, I want to first start off with sharing some of the ways that the survey respondents described what sex means to them. Everyone has a unique relationship and perspective of what sex is and what they consider it to consist of. *Respondent 2* described sex as being "just another form of intimacy that can be shared between people," likewise *Respondents 3, 4, 8, and 9* touched upon the importance of the elements of spirituality, energy, intimacy and vulnerability of sex. Additionally, *Respondents 1, 6, 7, and 10* referred to the specific acts that they consider to be sex: oral, anal, hands only, vaginal penetration, foreplay, mutual masturbation; along with the variety of emotions that can be experienced during sex: silly, fun, "love, anger, detached, 'make-up,' casual, etc." There are so many ways we can experience sexual intimacy and so much wiggle room and freedom with how we define it. These quotes provide context of what is being referred to throughout the rest of the survey responses and what situations someway may be thinking of when reflecting on their experiences with sex as a whole.

Many themes arose throughout this survey, and I am going to discuss the major ones that I noticed and believe are note-worthy. I split them into a few categories, but ultimately they all overlap and intertwine with one another. 1) How negatively society impacts our self-perceptions and body-image; 2) How gender dysphoria, pathologization and transnormativity impacts us; 3) How the fear of being "visibly" trans and (dis)abled in public spaces impacts perceptions of self; 4) How asexuality comes into play; and 5) How we can use radical acceptance, community, joy and pleasure as resistance against societal oppression and body terrorism.

### *-How Society Impacts Our Perceptions of Self-*

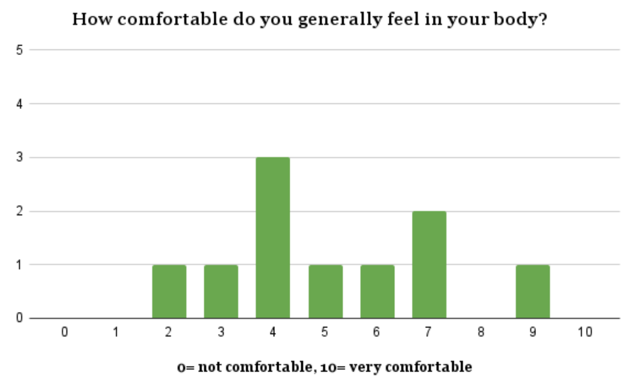
To begin, when asked what has impacted the respondent's body-image the most throughout their life, 80% discussed the role society has played in the ways in which they view, relate to and feel about their bodies. The first major aspect was identified by *Respondent 2*, who said how "Eurocentric beauty standards" have had the biggest impact on their body-image. This is an aspect of our society that so deeply affects the ways in which we value and perceive beauty; whiteness and European features (e.g., light skin, big blue eyes, straight and blonde hair, small nose, etc.) are idolized and therefore others and excludes anything that falls outside of those things. Similarly, something that is normalized and imposed on society via Eurocentrism is the gender binary and expectation of how people should look, act, dress, feel, etc. based on their gender assigned at birth. This excludes gender diversity and transness, while also limiting the ways in which cisgender people are "allowed" to be within a colonial and Eurocentric society. This ties into a question I asked about if *being trans/or not cis impacts how you perceive your desirability? Respondent 1* explained how:



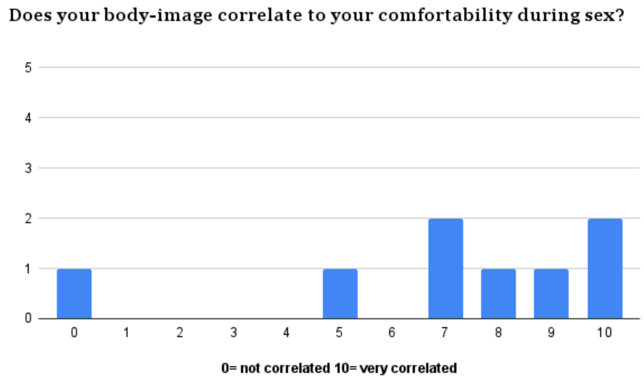
> Due to a lot of societal standards and expectations of what a queer/non-cis individual should or shouldn't look, talk, walk, act like, etc. makes it hard to be comfortable in my body, when in reality, logically I enjoy my body, but when consciously thinking about my gender identity I have to meticulously make sure I'm not worrying, thinking, or fixating on what society makes me feel like I have to look like in order to be respected. On top of my disabilities, even more pressure is put on me which results in a significant amount of negative cognizance.

Their experiences expressed in this quote depict something a lot of us can relate to in many ways. Although it is somewhat of an impossible task to imagine how we would view ourselves if society was completely taken out of the picture, it is undeniable that societal standards have the biggest impact on how everyone views themselves and their desirability to others. Another aspect of Eurocentric beauty standards is the anti-fat rhetoric and expectation that one must be thin in order to have value and be deemed as desirable in the eyes of western society. This body standard has been deeply ingrained into so many of us, and it only leads to negative body-image and low self-worth. *Respondent 8* shared their experience about how “because I'm in a wheelchair I have a large muffin top that makes me sad.” Similarly *Respondent 7* said how “the way people talk about fat and older bodies is depressing. It happens to everyone, and we should accept that with more kindness and grace.” There are so many different types of bodies and the way they can look vary drastically and that should not be seen as a bad thing or something worthy of shame and guilt. Like Sonya Renee Taylor tells us, “Your body is NOT an apology.”

### *-Gender Dysphoria, Pathologization & Transnormativity-*



***Bar Chart 1***



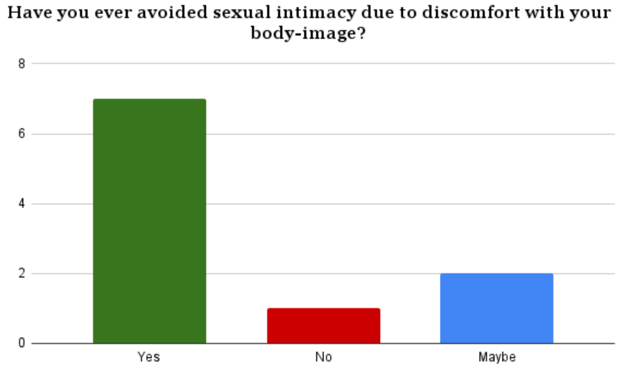
***Bar Chart 2***

Along with this application of societal expectations in our day to day lives is the pathologization of (dis)ability and transness. Meaning, if your experience of gender or bodily experience differs from that of cisgender or able-bodied norms, then we feel like something is wrong with us and needs to be “fixed” or “cured.” This issue is especially highlighted in the questions I asked regarding how having a (dis)ability and being trans and/or non-binary has impacted their relationship to their body. 8 out of the 10 respondents mentioned in some way how their (dis)ability impacted their feelings of trust with their body, which in turn, influenced how connected and in-tune they felt with their bodies, and with others in a sexual context. Bar chart 1 shows the results of how people rated how comfortable they generally feel in their bodies on a scale of 1 to 10 (not comfortable to very comfortable). Bar chart 2 that shows the results of how correlated they feel their comfortability during sex is with their body-image. This relates to bar chart 3, which asks them if they have ever avoided sexual intimacy due to discomfort with their body-image (answered either: yes, no, or maybe).

***Bar Chart 3***

As these charts show, the majority of people felt somewhere in the middle about how comfortable they tend to feel in their bodies, while 60% (20% did not respond) expressed that their comfortability during sex is heavily correlated to their body-image. I wanted to know specifically when people have avoided sex due to their body-image, and most of the responses mentioned how the worry of being misgendered or having their bodies and forms of self-expression be ridiculed by their sexual partners. For example, *Respondent 1* stated:

> I wasn't feeling comfortable in my body in general and avoided sex due to the fear of not being fully respected/treated as I wanted to be, in relation to how I felt about my body in comparison to my gender identity in relation to prior times, mainly taking on a certain "gender role" in sex and then wanting to change how I participate in sexual activities to something my partner might not like, understand, or respect.



Connected to these fears expressed, *Respondent 10* mentioned how:

> Both when I was underweight and now that I'm “overweight” by 50-ish pounds, I've periodically had partners tell me my tummy or body shape are a turnoff. People will

> sometimes date me knowing full well that I'm non-binary, but expect me to femme it up when they want to get laid, or they'll start using binary feminine language toward me in intimate situations. So I go through a period of avoiding sex until someone is affirming and doesn't act like they're doing me a favor by sleeping with someone they're not attracted to.

These two responses show how critical it is that our gender identities and body-minds are being respected, acknowledged, and not judged, critiqued or shamed. Additionally, it is important that we feel both mentally and physically connected and comfortable not only with ourselves, but with whoever it is that we are engaging with sexually. These experiences show how vital the concept of the body-mind is when discussing sex, since they highlight how inseparable the mental experience is when it comes to the physical experience, and vice versa, when it comes to being intimate and vulnerable with others.

Another aspect of these bar graphs, when looking at them alongside the other information collected from the survey, is that those who reported having experienced gender dysphoria both in the past and currently (50% of respondents) rated themselves lower on the scale of bodily comfortability and higher on the correlation between body-image and comfortability during sex scale. Likewise, 4 out of the 10 respondents mentioned how they had a difficult and strained relationship with their bodies before receiving gender affirming care (e.g., hormone replacement therapy (HRT), top surgery, bottom surgery, facial feminization/masculinization surgery, etc.), but since then have felt much more at home in their bodies. *Respondent 5* said that “before top surgery, my relationship with my body was miserable. I tried to hide as much of myself as I could, but now that I’ve had top surgery, my connection with my body is much more euphoric.” In contrast, due to one’s health situation and (dis)ability, many individuals are unable to receive this care and being able to present themselves in ways that would affirm their gender is much more difficult. *Respondent 10* said:

> I often wish I could wear a binder or something, but I can't (undiagnosed, unresolved issues with my ribs-- even bras and bralettes cause issues including pain and ribs feeling out of place). I wish I could get top surgery but I'm not sure how good an idea that is with my health issues.

Gender dysphoria is often explained as feeling like you were born in the "wrong" body and need to change it through a variety of medical interventions, for example, *Respondent 9* described their experience with this as feeling "badly! I feel like I 'don't fit' in my skin." Although this experience is common for many trans and/or non-binary people, that is not necessarily the case for everyone in the community. Though due to the pathologization of transness, a transnormative narrative becomes instilled in us that there is a certain way we are expected to linearly transition (both socially and medically) and if we do not, then we are not "truly trans." This medicalization of transness is reflected in the medical model of (dis)ability as well, which fails to acknowledge how society has made things inaccessible to people with different physical and mental needs, which inevitably impacts how we perceive ourselves.

This experience is reflected in many people's responses when asked about how their (dis)ability has impacted their relationship to their body. *Respondent 4* said:

> I have been very frustrated with my body in the past, especially when I needed a cane to walk, and when I was healing from top surgery (which took over six months when it should have taken two to four). It felt like my body had given up on me. Now I feel more like my body is doing the best that it can, and I love it for that---it just sucks how inaccessible the world is. Mostly at this point I just want to know what is wrong with me

> so it can be treated. My hyperhidrosis mostly affects my hands, so it can make doing art, reading physical books, writing, etc. (anything that has to do with paper, really) very difficult, which is extremely frustrating.

Like they said, “it sucks how inaccessible the world is,” this statement within itself proves how the main issue for people with (dis)abilities is the fact that our society has physically created cities, buildings, structures in general with barriers that only able-bodied people have the ease of moving through. This ableism makes it so that people with (dis)abilities are seen as the thing that needs to be changed or “fixed,” when in reality, society and the way that it functions and operates is what needs to be changed and fixed. *Respondent 6* reported that having a (dis)ability has “affected how much I trust my body, I know it's limits, but I still want to push it because I want to be “normal”.” The desire to feel “normal” is something at least 50% of the respondents mentioned at one point in their responses, due to the amount of societal expectations that have been placed onto every single one of us, it is distressing to not be within that categorization of normal.

### *-Being “Visibly” Trans & (Dis)abled in Public-*

Being outside of this socially prescribed norm puts us at the risk of experiencing transphobic or ableist-based discrimination and violence, tying back to Taylor’s concept of body terrorism, it can be scary simply existing in public spaces when you do not pass as “normal.” 30% of respondents mentioned their worry with this in their responses, *Respondent 5* said how “being visibly trans often skyrockets my stress in public considering some of the transphobia I’ve faced, so in some ways I still feel that urge to hide my body in one way or another.” *Respondent 8* said “it's scary hoping to pass.” And *Respondent 3* said “I often feel perceived more often in public, so I have more focus on things that draw people's attention and that makes it harder to try new things and express myself in different ways." These responses show how much it is on our mind as people who vary from the norm regarding how we will be perceived by others when in public and interacting with others, which often leads us to changing our appearance or how we otherwise would be in order to "pass."

This also inevitably impacts how we perceive our desirability and how others perceive us (or do not perceive us) in a sexual context. For instance, it can be difficult to find partners, especially when they do not share similar identities or experiences to us, who genuinely respect and properly tend to and care for our body-minds and overall well being. I asked people to discuss what about their (past and/or present) partners make them feel comfortable, *Respondent 10* emphasized how:

> Partners who are proactive about making sure everything is consensual and who go out of their way to be gender-affirming are easier to be comfortable with. Too many cis men in particular tend to switch to binary, misgendering language in intimate situations. And consent helps with feeling like I have agency not just in terms of intimacy but also in terms of my health issues/disabilities. Sometimes people think if they skip asking, they can "help" and it'll make sex or other intimate situations better, but if they ask me instead of assuming I can tell them what I know works and what doesn't.

This response shows the necessity and desire many of us have in regard to wanting partners who are communicative and center consent, care, and supportive curiosity. Like they mentioned, it is common for able-bodied individuals to not ask questions about the needs of their (dis)abled partners out of worry it might make things awkward or uncomfortable. Similarly with cis partners of trans and/or non-binary people, many people skip over asking how they would like to be referred to as (either with their body parts, pronouns, or certain names), which can lead to misgendering and the assumption of cisgender-heterosexual gender roles. To combat the many misconceptions and sticky situations that can occur with these dynamics is the joy and safety that occurs when trans and (dis)abled people share this intimacy with other trans and (dis)abled people; trans and disability intimacy is within itself a form of resistance and joy that can be experienced in our lives and it is magical. However, there is bound to be intimacy shared with others outside of our own communities, so in that case, it is important that those who are able-bodied or cis in these dynamics do research (respectfully!) ask us questions about how to prioritize our comfort and pleasure.

### ***-The Role of Asexuality-***

Something that may come as a surprise, since this project has a lot to do with sexuality and bodies, is that 30% of the respondents identify as asexual or demisexual. These sexual orientations refer to the general lack of desire to engage in sexual intimacy with others, or they may need a romantic and deep connection with their partner(s) before having the desire to have sex with them. As I mentioned earlier on in this paper, there is a lot of stigma regarding (dis)ability in regard to sex, and many able-bodied people assume that (dis)abled people inherently lack a sex drive or desire to have sex, and that is simply not the reality of things. However, that is not to diminish the fact that asexuality exists and is a valid identity for one to have. Sexuality is so different for every single individual, and therefore every asexual person is different and has a unique experience to sex and their bodies, so their participation in this conversation is a very important element to understanding the wide range of experiences and feelings regarding this topic.

A misconception about asexual people is that they will never participate in sex, and though that is the case for some people who are ace, there are also some people who will occasionally have sex with their partners (that's why it is a spectrum). When I asked what sex means to them, *Respondent 4* said that "sex is an expression of intimacy through physical closeness and physical vulnerability." While *Respondent* 5 shared: "I'm not sure! I'm somewhere on the ace spectrum, so to me sex has always felt daunting and horrifying, though I'm not sure how much of that is my dysphoria bleeding through into other areas of my life." As both of these perspectives show, sex is an intimate and physically vulnerable experience for many, so if you naturally lack the desire to partake in that sort of activity, or feel dysphoric in your body, that can make it even more difficult to desire connecting with someone in that way. Likewise, in response to the question about what about their partners makes them feel comfortable with them, *Respondent 6* said "I just don't feel comfortable with my body in a sexual sense. I think that translates to my relationship with them." *Respondent 7* said "I didn't know I was ace at the time. Being expected and pushed to perform sex was a nightmare. It made me hate them." And *Respondent 4* said:

> Because [I am] a demisexual person, I can only experience sexual attraction to people when I'm really close to them so I've only had three sexual partners ever, one of which I don't think I was actually attracted to (this was before I figured out that I'm demisexual). Both of the people that I've had as sexual partners have been really non-judgmental and caring, so that is the reason why I've done any sexual things with them in the first place.

Similarly, those who are allosexual (experience attraction and sexual desire to others), it seems like it takes similar things for us to be comfortable with our partners, non-judgmental communication, openness, and respect. A lot of people use sex and physical intimacy to connect to their body-minds and the body-minds of others, or to validate their desirability and attractiveness to others, so taking out the element of desire has the potential of changing a lot about one's experience to their bodies and self-perceptions. However, living in a culture and society that so heavily shames yet praises sex and desirability makes it hard to live outside of these expectations even if you do not personally experience them.

### *-Radical Acceptance, Community, Joy & Pleasure as Resistance-*

Often when we discuss the experiences of marginalized peoples within a western colonial society, we focus on the negative things, the pain, the violence, the discrimination. Although this project also focuses on those things, I want to provide an alternative narrative as well, that highlights and includes some moments of trans and (dis)abled joy that occurred throughout the responses I collected from my survey. Specifically, at the end of the survey, I asked the respondents to tell me when they feel the most joy in their bodies. Almost 50% mentioned the importance and empowerment they feel in their bodies when they dress in ways that properly express and represent who they are. For instance, this can be seen in *Respondent 5's* answer, they said they feel the most joy in their body when:

> I'm wearing clothes I love in the body I fought for. Between transitioning and my eating disorder recovery, I have had to fight incredibly hard for a body that is nourished and affirming. I am still a work in progress as I imagine most of us are, but being able to wear clothes that make me feel good is a privilege I have not always had. It's a simple thing, but it's life-changing.

Additionally, to heal our bodies from society's expectations of how they should look and remembering that we are whole, worthy beings in spite of it, many people also highlighted the importance and strength of community and culture in addition to their ways of dressing and general self-expression. *Respondent 10* said:

> I feel the most joy in my body when I feel the most “myself”. When I express my gender the way that feels right for me, and express my Tlingit heritage. Especially if I'm around people who are affirming and I'm having a low pain, low symptom day. That's the good stuff.

Likewise, *Respondent 2* said that the “day after my weekly [estrogen] shot or when my partner hypes me up” gives them the most joy in their body. When we are given the tools and opportunities to express not only the mental aspects of ourselves, but the physical as well, we are given the chance to feel whole and at home within our beings. As important as it is to explore who we are and what we need and desire on our own terms, we would not be the same without community and creating meaningful, trusting, open and caring relationships with those in our lives; both who are “inside” and “outside” of our identity-based communities.

Tying back to the aforementioned concept of (dis)ability intimacy, one of the greatest joys we can experience is creating intimate relations with others who truly understand and relate to our own lived experiences and identities. The ability to give someone the space to be their true authentic self; with no expectation to change their ways of being or presenting; without feeling the need to adjust or compromise their comfort or needs out of fear of not being understood or respected- there is a complete sense of belonging and liberation that is cultivated in a unique way. I believe this is how intimacy should be experienced for everyone; no matter their identity or how they relate to others. This is a space that has the potential to be developed and nurtured by all types of people in all types of relationships, but there is a very specific and special connection that is created when we get to be in intimate relations with others who share our identities and understandings of the world. (Dis)ability and trans intimacy within itself is a form of resistance and joy, since we are centering our experiences and others alike in the hope to generate authenticity, love, and connection for ourselves- something that society has excluded us from for far too long. We have the power to create new realities and ways of relating to one another; this is just one of the ways in which we can work to reclaim our body-minds by reconnecting to those in our community.

Bringing back a concept Taylor coined in her book, radical self-love, and acceptance can be formative tools utilized to combat and resist societal oppressions and body terrorism. If it was a widely encouraged and societally-supported belief that every body(-mind) is inherently worthy of experiencing joy, pleasure, and care within community with others, there would be no room for shame or negative body-image days. It would be understood and accepted that everything in life fluctuates and is constantly changing, and especially within the context of our body-minds. If we truly listen to the voices of those who have been the most excluded and harmed by these systems in society, along with applying the things Taylor encourages us to practice into our day-to-day lives, liberation from body shame and sex shame is bound to occur for everyone. Like she reminds us, radical self-love and acceptance is not something that we need to become, it is something that already lives within us, we have to return to that inherent state of being (Taylor 16).

## Conclusion

We all have unique and personal relationships to our body-minds and how we interact with those of others. However, when people hold intersecting identities that have been historically marginalized in a western colonial society, their experiences may look quite different and varying, but all ultimately relating and interconnected. As scholars in the fields of Disability Studies, Queer of Color Critique, and Trans Studies, have explored and dissected, and like previous research that has been done, we can see the importance of centering the voices and discussing the experiences of people with intersectional identities and their relationships to systems of power and society as a whole. In this case, people with bodies that appear and function differently than what is considered the “norm,” are bound to be treated differently by society due to the variety of oppressive systems that pathologize, stigmatize and shame our body-minds and desires. Understanding the complexities and diversity of the human experience and how we then connect with others and cultivate intimate relationships will allow us to understand the ways in which societal expectations have negatively impacted our experiences. Along with collectively finding ways to attempt to resist those oppressive components and create much needed social change to improve our relationships to self, to community, and to the world around us.

## Appendix

### *Survey questions:*

1. What’s your age?
2. Are you someone who has a physical disability?
3. If yes, what is your disability/disabilities?
4. What is your gender identity?
5. What is your sexual orientation?
6. Are there other important identities you would like to share?
7. How comfortable do you generally feel about your body? (0-10 scale)
8. Does having a disability impact your body-image? (0-10 scale)

9. In what ways has your disability impacted your body-image?
10. Does being trans/or not cis impact your body-image? (0-10 scale)
11. Do you experience gender dysphoria? (options: in the past and currently; in the past, but not currently;not in the past, but currently; not in the past and not currently; unsure/maybe; other).
12. If yes, how often do you experience gender dysphoria? (options: daily; weekly; monthly; yearly; never; not sure).
13. How has being trans/or not cis impacted your body-image?
14. How much has society's beauty standards impacted your body-image and self-perception? (0-10 scale).
15. What has impacted your body-image the most?
16. How comfortable do you often feel with your sexual partners? (0-10 scale).
17. What about your partners makes you feel more/or less comfortable with them?
18. Everyone experiences and defines sex differently, what does sex mean to you?
19. How often do you engage in sexual activity? (options: daily, weekly, monthly, yearly, never, other).
20. Does your body-image correlate to your comfortability during sex? (0-10 scale)
21. What makes you feel most comfortable during sexual intimacy?
22. Have you ever avoided sexual activity due to discomfort with your body image? (options: yes, no, maybe).
23. If yes, how often have you avoided sexual activity due to discomfort with your body image?
24. Are there any specific examples of when you have avoided sex/physical intimacy because of your body-image?
25. How satisfied do you generally feel with your sex life? (0-10 scale).
26. When do you feel the most joy in your body?
27. Is there anything that came up during this that you would like to add?

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