Trans and White Trash: An Ethnography of Trans People in the Deep South

ELIAS CAPELLO (they/them)
Savannah College of Art and Design
1600 Peachtree Rd NW
Atlanta, GA 30309, USA
ecapello@scad.edu

SUMMARY In this article, I use queer ethnographic and autoethnographic methods to tell a story of how white trash trans people in the Deep South imagine futures amid a haunted colonial landscape. In conversation with feminist and decolonial theoretical frameworks of haunting and potential history, I show that trauma narratives haunt trans people in Louisiana and that trans trauma narratives are an artifact of settler colonialism. In contrast, I situate stories of trans people in the Deep South as multifaceted radical potential histories. [trans, autoethnographies, imagined futures, decolonial feminism, white trash]

“At no point did my therapist ask me what I liked about being trans. This sent me into a really negative, haunted state. I was constantly thinking about and haunted by my trauma.”

–Stephanie

Recently, I met with a new friend at a coffee shop in Northampton, Massachusetts. She has spent time all over the United States, but predominately in the South and the West Coast. We both talked about how we were promised a queer paradise in Northampton but had found the South to be more politically queer. As we talked, she smoked several cigarettes, the puffs of smoke clouding my face. The smell brought me back to the countless other smoke breaks I have been part of as a queer ethnographer, reminding me of the many young trans people who asked for a light after an interview or at an event.

As I watched my friend’s cigarette burn out, I thought, This is a shared trans space. This is a material, tangible artifact of trans life. As her cigarette got close to the end, I thought of ideas of the anti-social queer (Caserio et al. 2006). As she carefully put out her cigarette and placed it into her carton of used-up cigarettes, I thought about the origins of the word faggot. Johansson (1981) hypothesizes that the term fag comes from the English and Scottish terms faggot, fadge, and faggald, referring to a bundle of sticks or a heap. Fag re-emerged colloquially to mean cigarettes, and fadge remained associated with promiscuous women. He argues that, in the 1920s, English speakers began to use the terms fag and faggot with a shared meaning. I thought about the assumed disposability of a faggot.
I thought about how many times I’ve been called a “faggot” for being openly genderqueer in public. I looked at all the burnt-out fags lying next to each other. White trash people have a hard time imagining a future for ourselves. As a result, we often take an anti-future, anti-productivity, and anti-health approach to life. I see these practices as an embodiment of a queer anti-future and queer death drive framework (Caserio et al. 2006). I grew up on the banks of the Mississippi River, in an area known by locals as “pollution row” at the corner of “cancer alley.” The ghosts of slavery and colonization haunt Louisiana; death hovers over and through much of the bayou. It grows like moss all over the trunks and branches of trees. It becomes you. If you are lucky, you have four options for surviving: you can work at Walmart, the DOW, the U.S. Military, or the private prisons occupying the land. Death still waits for you, though, in the form of cancer, diabetes, police brutality, suicide, or unnatural disasters. Despite this, in seemingly unimportant towns like Houma, Thibodaux, Bossier, and Monroe, there are networks of trans folks imagining and creating new futures for our communities. Trans activists in Louisiana engage in place-making within a haunted landscape, imagine radical futures, and work towards creating those futures.

Culturally and politically, the Deep South is an interesting region of gendered politics because of the failure of neoliberal LGBT+ politics—a set of politics based on the inclusion of LGBT+ people into current power structures—to take shape. The most common forms of neoliberalism in LGBT+ politics are same-sex marriage and anti-hate crime legislation (Spade 2011). Same-sex marriage was not legalized in many southern states until the Supreme Court decision of Obergefell vs. Hodges in 2015. However, southern states such as Louisiana passed statewide public employment protections based on sexual orientation and gender identity in 2016, only one year behind “more progressive” states such as Massachusetts (Equal Opportunity and Non-Discrimination Act 2016). This complicated timeline reflects something deeper than homophobia and transphobia: strategic action on the part of southern LGBT+ activists.

Although organizations such as Louisiana Trans Advocates, Gender Liberation, and Southerners on New Ground are perceived to be “smaller” in nature than the Human Rights Campaign, these organizations produce, engage with, and retain “potential histories” (Azoulay 2019, 10) that resist national queer and trans subjects. These potential histories resist the assimilation of trans people into productive national citizens and embrace a queer ethos of health and happiness.

In this article, I focus on the individual stories and transition narratives of trans people who attended a small social support group in rural Louisiana, and I explore how trans people imagine futures outside of colonial forms of happiness and health. Within the colonial project of the United States, colonizers introduced and enforced a two-gender system (Miranda 2010). With this two gender system, medical institutions, media, and cisgender people weaponized tools such as Diagnostic Statistics Manual (DSM) to mandate narratives of suffering for trans people to access healthcare, the idea that a transitioning body is an incomplete body, and that in order to be happy and successful one must strive toward cisnormativity. Rather than seeing the Deep South as stuck in an outdated history, I position it as a site of queer possibility and imagination.
I frame trans subjectivity as in flux, ever-changing, rather than an imposed “before and after” of bodily transition.

Using Ghost Stories as Lessons to Imagine Futures

Drawing from Sara Ahmed’s (2015) framework of how everyday institutions of white supremacy and white supremacist history haunt the present, is there a way we can learn from these ghost stories to imagine trans-centered futures? We might mistakenly believe this means running from our past and present traumas towards a better future. We might think this involves escaping our daily haunts. However, as I learned from the people I met conducting research, liberation is not freedom from our past. Instead, liberation requires a critical understanding of our past and a critical representation of it.

Even though participants expected that, as an academic, I would record stories of trauma, many people also had stories of friendship, community, evaluating their role in white supremacy, and resistance to cisnormative ideals. For example, Mike’s story was not just about mental illness and hospitalization but imagining a future for white working-class trans folks coming from small towns in Louisiana, Texas, and Arkansas to meet once a month and share resources and food. Mike told me about the group, “The first time I stepped into that room, I felt like I could breathe. I was scared, yeah; I didn’t know what my future was going to be. But I was finally living in the present. I wasn’t hoping to be somethin’—I was somethin’.”

Mike’s experience of the group resonates with Anzoulay’s (2019, 10) conception of “potential history.” His story signals a potential history because he shows that liberation does not exist in the future. Rather, it is in our collective past and present. This is what organizations in the Deep South are aware of and creating. They are creating a trans solidarity. I saw this site of solidarity through white trash culture.

Ahmed (2010) shows that happiness is an imposed imperative that often leaves out queer and trans people. I argue that heteronormative narratives of happiness influence the medical and trauma narratives imposed onto trans people. The trans people I met often noted how they felt like they could not talk about the negative aspects of physical transitions with other trans people or their providers. For example, if someone appreciated surgery but was unhappy or uncomfortable with how the scars appeared post-surgery, they felt like they could not express such frustration. A tension exists between the trauma trans people are expected to tell and their struggles with the system of proving an assumed gender binary. For example, as an older person, Mike did not wish to take testosterone; he was already happy with his facial hair. However, he felt there was no space to share this among cisgender people. It is only among other transgender people that he could share his struggles with testosterone.

Building on Ahmed’s (2010) argument that narratives of happiness leave out queer people, I argue that in the transition narratives expected of trans people in cisgenderist spaces, happiness and satisfaction with every aspect of being trans become imperatives. There is freedom in spaces where trans people can accept themselves as they are, express distress around some elements of
transition, and speak honestly about their experiences without judgment from colonial medicalized gazes.

**Trans-Informed Ethnography**

I began my relationship with a trans advocacy group, where I worked as an organizer, in 2012. From 2012 to 2015, I facilitated workshops, attended round-table discussions, met with organizers, and helped plan collective actions. As a young activist, I witnessed older activists pass down generational and cultural knowledge of what worked and did not work to promote change in Louisiana. In 2015, I left Louisiana for graduate school at the University of Massachusetts, Amherst. There, I received a National Science Foundation Fellowship, returning to Louisiana in 2016 to begin the Master’s research that would become the foundation for my dissertation. To build the necessary relationships for a long-term ethnographic project, I often did jobs other volunteers did not wish to do, such as lifting boxes, working manual labor projects for the group, and handing out water at protests and rallies.

I spent a total of twelve months conducting fieldwork in Shreveport, Louisiana and surrounding rural areas for my Master’s research. With the permission of the attendees, the advocacy group leadership, and the Institutional Review Board at UMASS-Amherst, I attended community events and took ethnographic field notes. During the first three months of fieldwork, I got to know organizations in the area and local activists. I learned who was on the ground in Shreveport and surrounding rural areas, what issues trans people faced, and what would be a helpful research project and publication for people in the community. In addition, I accompanied members of the organization to meetings, protests, and outreach efforts and volunteered when needed.

Queer autoethnographies show that documenting relationships to labels rather than treating labels as homogenous shortcuts to experiences is important for both researcher and participants. For example, Jamie Heckert (2010) documents several moments of rupture where, as a queer ethnographer, he had to decide whether to out himself. I was out to participants as a non-binary person, but not always in public. Instead of assuming my experiences as a trans person are fixed, autoethnography allows me to queer the navigation of my story, transition, and fieldwork. However, identity is fluid. For myself, I use *non-binary* as a specific individual label as part of the umbrella and community label of *transgender*.

Because I was out to research participants as non-binary, I was quickly inundated with stories of origin, family, trauma, safety, and violence. Participants acted on an assumed intimacy and trust based on shared identity. Many interviews turned into ethnographic conversations about our identities and safety. As queer ethnographers argue, who we are, personally and structurally, needs to be a part of the way we design our research methods (Gray 2009; Padilla 2008; Wekker 2006; Dahl 2010; Rooke 2010; Wilson 2019). I use autoethnography as a way to accomplish this. Queering the boundaries between community and observer led me to journal my own experiences during the twelve months of fieldwork. I took photographs and videos of myself, drew depictions of events by hand, and reflected on my
shifting questions, frameworks, mentalities, and emotional experience. I also documented my own experience navigating legislation across state lines in order to access hormones.

In deciding who to approach for interviews, I looked for those involved in organizing at some level and who self-identified as either non-binary or trans. I included people I met at events, those I lived with during my time in Shreveport, and those who held official organizing titles. In a couple of instances, during recorded interviews, participants referred me to someone else or invited another person to speak as well. I recruited participants by posting advertisements for the study on the transgender advocacy group’s Facebook page and reaching out directly to people I met at community events. Twenty individuals in the group volunteered to participate in the study. Although I focused on participants from rural geographies, the conversations spanned racialized, age, and gender demographics. I conducted interviews that averaged four hours with each participant wherever they felt most comfortable. I use pseudonyms to protect the confidentiality of each participant.

Five months into my engaged ethnographic research project, I began audio-recorded interviews with these twenty trans adults. I built from ethnographic work in memory (Monaco 2010; Zengin 2019), place (Riaño Alcalá 2000; Edelman 2016), and identity-making (Adams 2009; McIlroy and Storbeck 2011; Lane 2016) to design the interview questions. Queer ethnography also influenced how I approached asking questions about identity. For example, Jones and Adams (2010, 200) argue that rather than identity groups acting as static labels, they are “relational achievements.” Therefore, rather than asking participants their identities directly, I asked them to tell their own stories of their relationship to safety, labels such as trans, and experiences of community.

In designing the interview questions, I wanted participants to engage with queer and trans imagination. There is plenty of research on the troubles of being transgender in the US (Miller and Grollman 2015; Blair and Hoskin 2015; Hoxmeier and Madlem 2018; Ullman 2020), but, as a trans person myself, I want to break away from such pornographic and violent depictions. I have learned from Indigenous and Black feminist anthropology that such a decision honors my humanity and that of research participants. Therefore, rather than focus on the problems trans people face, I asked questions that motivated participants to imagine new worlds where they would feel safe, experience chosen family, and experience community.

**Trauma Narratives as a Form of Colonial Haunting**

To help make the theoretical connections between two seemingly disparate communities (white trash and trans communities), I turn to queer ethnography. In particular, building with queer ethnographies (e.g., Rooke 2010; Jones and Adams 2010), I aim to use autoethnography to queer the distinctions between the researcher and the subjects of research and the borders between identities and belonging. Learning from how Kimmerer (2013) weaves together Indigenous storytelling, her personal narrative, and scientific knowledge, I weave together my narrative, white trash storytelling, and ethnographic knowledge to re-evaluate relationships to histories and imagination.
I apply Azoulay’s (2019) work on potential histories as a decolonial framework to the context of trans narratives. She argues that imperialist politics validate objects, people, and journeys by their completion through colonial ideas of history. The idea of a finished history is a colonial construct. I see three theoretical connections: First, dividing trans narratives into a before and after transition from one neatly defined category of sexuality and gender to another is a colonial construct (Stallings 2020). Second, doing so creates a division between the observer (cisgender doctors, media, and therapists) and the observed (transgender people). But, third, trans narratives of health and happiness defy colonial expectations of gender.

Before and After Transition: A Colonial Construct

Azoulay (2019, 10) argues that a key element of colonial violence is “imperial shutters”: the depiction of time as existing only before and after. I argue that the structural and social practice of seeing trans people’s transition stories as neatly divided into a before-and-after model of time is a form of colonial haunting. Under this colonial framework, a trans body is incomplete and unfinished until the person undergoes the physical transition required (by the state, medical institutions, and American media) to prove their transness.

With the medicalization of trans bodies, culturally legible trans subjectivities in the West are “finished” bodies and “completed” futures in the form of taking hormones, completing all possible surgeries, and being completely happy. Settler colonialism depends on cisnormativity and impacts transition narratives as a form of colonial haunting. It is in the language of diagnosis that we can see this form of colonial haunting.

Miranda (2010) argues that language was critical to the transphobia introduced by the colonial project of the United States. She uses the term “re-naming” (260) to describe how the Spanish pathologized perceived gender variance by Indigenous communities. Spanish colonizers divided Indigenous communities into two distinct gender categories because of enslaving Indigenous people to do labor (ibid.). The re-naming of trans people continued long after initial European contact and continues today. For example, Harry Benjamin (1996) diagnosed gender-variant people as “transsexual,” which marked a shift from the German usage of the word *transvestite* and the generally accepted *berdache* in sociology (Hirschfeld 2003; Roscoe 1998). Benjamin set the diagnostic criteria for “transsexual” as individuals who want to change their bodies to align with cultural standards of binary sex. In the 1960s, doctors associated wealth, whiteness, and passing as cisgender with being an authentic transsexual. For Indigenous communities and trans communities of color more broadly, identities such as “two-spirit,” “stud,” “butch,” and “femme” are left out by the gender binary (Singer 2015; Stallings 2020). For people who identify with these terms, identity is not predicated on neatly defined categories but a sense of connectedness with community and sexuality.

To support this “before-and-after” narrative, the media promoted the transition stories of Renée Richards and Christine Jorgensen as authentic and “good transsexuals” from the 1960s through the 1980s (Skidmore 2011, 271–2). Along with ideas of the authentic transsexual came medically imposed “real-life tests”
that psychologists and physicians expected transgender people to pass before accessing care (Meyer et al. 2001, 17). This meant taking on binary pronouns, identifying and expressing as either traditionally feminine or masculine, and keeping a gendered appearance and employment at a new workplace for at least two years (American Psychological Association 1980; Meyer et al. 2001).

Instead of thinking of trans people as having a sexual disorder, in the 1990s, medical discourse and the language in the Diagnostic Statistical Manual of Mental Disorders (DSM) shifted to describing those with gender non-normative bodies as having gender disorders (American Psychological Association 1980; 2013). Rather than expecting trans people to conform to binary ideals of sex and bodies, physicians and psychologists expected them to conform to binary, static ideas of gender. As a result, mental health professionals upheld cisgender ways of life as the ideal that trans people should ascribe to in order to access driver’s licenses, apply for jobs, passports, and other documents needed to survive.

Cisgender Observation of Trans Bodies

Within this orientation, cisgender psychologists expected trans people to seek their care for a few years to prove they were authentically trans. This authentication process meant assimilating into a gender binary, a narrative of suffering, and colonial ideals of a complete transition. Consequently, happiness and wellness became associated with cisgenderism, whereas suffering and pain became associated with transgenderism. For example, to be diagnosed with gender identity disorder, a patient had to prove to a therapist that they suffered substantially from gender dysphoria. In addition, the patient had to know they were transgender since childhood (American Psychological Association 1980). This diagnostic criteria and model did not allow for gender fluidity, creating a structure where to experience “valid” gender dysphoria, the patient had to have a static and permanent gender identity. Rather than sharing what might bring joy about being transgender, patients were expected to discuss at length what was terrible about their bodies, their traumas, and their suffering to receive a diagnosis.

The fifth edition of the DSM shifted from using the word transsexualism and re-named the diagnosis to gender identity disorder (American Psychological Association 2013, 33). The diagnosis misgenders the patient and imposes a binary with which patients should align themselves. For example, its diagnostic criteria for trans men are as follows:

A Persistent and intense distress about being a girl, and a stated desire to be a boy (not merely a desire for any perceived cultural advantages from being a boy), or insistence that she is a boy
B Either (1) or (2)

1. Persistent marked aversion to normative feminine clothing and insistence on wearing stereotypical masculine clothing, e.g., boys’ underwear and other accessories
2. Persistent repudiation of female anatomic structures, as evidence by at least one of the following:
a an assertion that she has, or will, grow a penis  
b rejection of urinating in a sitting position  
c assertion that she does not want to grow breasts or enstruate

Here, the diagnostic criteria language not only misgenders the patient but also leaves what is “normative feminine clothing” and “stereotypical masculine clothing” open to interpretation by physicians and mental health care workers. With this system, if a trans person did not change their clothes, body, name, or identity to match normative masculine ideals, they were denied a diagnosis and thus access to hormones or surgery (Meyer et al. 2001). Additionally, to meet the diagnostic criteria, the patient must have known about their trans-gender identity from a young age. Some clauses of the DSM fifth edition claim that most transgender people know and can vocalize their discomfort with their assigned gender as young as the age of three (American Psychological Association 2013).

Trans Narratives of Health and Happiness:  
Defying Colonial Expectations of Gender

In addition to the imposed binaries and their assumed permanence, the current DSM (5th Edition) emphasizes that patients must suffer and vocalize this suffering in a culturally legible way to their therapist in order for the therapist to diagnose a patient with “gender identity disorder” (American Psychological Association 2013). Before providing treatment, psychologists and physicians expected trans people to create narratives of what they hated about themselves, their bodies, and what they wanted to change. This practice did not allow transgender people to be themselves without shame.

In this regime, a trans story becomes a painful life story, even if a given individual did not struggle as much as others. As a result, some transgender people who had an easy transition feel they must not be trans enough. For example, Sam, a nineteen-year-old trans man, told me,

I have an accepting family. They helped me pay for my top surgery. But when I talk to my therapist or doctor, or even classmates, I think they expect me to talk about my pain. They always re-direct and ask me to share about any traumatic experiences. But I don’t have any. And sometimes, I feel less trans because I don’t have any painful experiences.

Instead of teaching transgender people they have a lot to offer the world by virtue of being transgender, cisgenderist work teaches us to pity transgender people.

During participant observation of the social support group, I heard many transgender activists talk about constructing narratives for medical care providers, therapists, media, and state representatives. For example, Stephanie shared the following:

Um, for the year I saw a therapist, to get the letter, I emphasized the classic trauma narratives. I emphasized how bad things were for me. I mean, they were truly terrible. I am unsafe as a transgender woman walking the streets of Louisiana. Accessing hormones is about survival. And I emphasized that.
One day in a social support group meeting, several participants similarly expressed feeling like they have to perform a trauma narrative to media, doctors, and cisgender family members to prove themselves trans. For example, Marissa, a forty-five-year-old trans woman who worked part-time in retail, brought up how the curation of violence was an expectation in most of her discussions with cisgender people.

We are constantly asked to curate ourselves, to make ourselves bite-sized for the latest op-ed for the *New York Times* or Buzzfeed. And with this, we recount the classic trauma narrative. We dissect ourselves before they can even cut us.

Marissa argued that to make trans lives culturally legible to media, trans people must undertake what she terms “the classic trauma narrative.” She argues that this narrative is about making transition stories smaller for news to sell and grab the attention of audiences, a process she refers to as “dissection.”

**Resisting Cisgender Narratives of Health**

Trans people such as Sam, Big Daddy, Mike, Carrie, and others I met during fieldwork often did not align with the mainstream portrayals and understandings of transness discussed above. Mike had been a part of the advocacy and support group in Shreveport for three years. At fifty-five years old, he came out later in life and was worn down by working-class labor over the years. Rural, poor, and white trash subjectivities do not align neatly with cisnormative views of trans lives, and this is precisely the radical potential of the stories and histories I collected. Often, trans people imagined and worked to create their own systems of healthcare that resisted cisnormative, fat-phobic, and white-centered narratives of trans bodies and happiness. For example, Carrie, a military veteran who struggled to keep a part-time job, told me about her transition:

I first got hormones from a friend. I did this after years of seeing a therapist that everyone recommended as the trans therapist. 2011 was a different time, though; we were just at a turning point, I think, in health care and how cis people see us, right? Well, anyway, I saw this therapist that said I did not sit like a lady enough or speak like a lady enough, so she wasn’t going to give me estrogen and progesterone. Serving in the military, I get it; it took a toll on my body and mannerisms that don’t fit mainstream femininity. So I left her care and took street hormones for several years, and I’m much happier. And I don’t give a fuck what people think. This is the happiest I’ve been.

In Carrie’s story, because of her positionality as a veteran, she did not fit the psychologist’s notion of womanhood. The psychologist acted as a gatekeeper in defining what womanhood is. To take care of her health, Carrie left institutionalized forms of medicine and began taking street hormones, those not prescribed or monitored by a doctor, achieving happiness despite the psychologist.

In contrast to Carrie’s story, some trans women reported facing stigma due to cis doctors, colleagues, and family members expressing that they perform
femininity in too stereotyped of a way. As Stephanie, the twenty-nine-year-old leader of the trans advocacy organization, told me,

Most of the fun part of transitioning was getting my nails done and wearing cute clothes. That’s the juicy part for me; to face stigma for somehow being more performative in our femininity does not make sense to me. We are just following the system they [cisgender people] created.

As Stephanie shared, within a medicalized notion of transness, trans women are expected to mimic cisgender women but are also critiqued for doing so. Outside of medically transitioning, Stephanie had fun with other parts of transition such as doing her nails and “wearing cute clothes,” which allowed her to experience a “juicy” womanhood.

Like standard narratives of femininity, white trash trans people imagined a future where health is not defined by weight. In interviews, several trans people referred to periods in their life when they struggled to fit into standard norms of beauty, masculinity, or femininity. Several trans men I interviewed had eating disorders. At one social support meeting, Jaxon, who supported his mother and worked part-time as a stage manager while completing community college, expressed struggling with his weight since coming out as a trans guy at seventeen. He told us, “I felt like less of a man, like I wasn’t masculine enough unless I starved myself and got rid of my extra weight.” Several trans guys nodded, and Mike added in,

I feel pretty skinny myself, but I can never fit the BMI the doctor wants me to fit. I think realistically, for BMI, I’m probably a mix of what is expected for males and females. But they never consider that. It’s either male or female. For me, that is not a good standard of what makes one healthy. I can smoke cigarettes all day and drink Red Bull and be the skinniest I have ever been. But if I actually eat? I gain much more weight. And I’m tired of therapists and other gatekeepers telling me I’m not trying hard enough to be masculine. What does that even mean?

As a fat person myself, I connected with Jaxon’s and Mike’s experiences, particularly as a fat person in academia, where skinniness is associated with intelligence. I will probably always have the curves expected of women in the American Body Mass Index (BMI) System. Regardless of how much weight I lose, I will still be five feet and two inches tall, making it harder to meet the BMI metric.

During the meeting, the facilitator stepped in and asked, “I wonder if there is a way to create a system of health and happiness outside of this bullshit?” People looked around at each other and nodded.

Jaxon raised his hand. “Could we create a list of providers?”

Stephanie nodded in agreement, but Mike looked skeptical. He proposed instead, “What if we created a support list? Like a phone tree where we can call each other up. Like, ‘Man, I need to refill my meds; can you come with me?’”

I nodded and stepped in to offer that such a program already existed in Memphis, and we could learn from their model of care. Stephanie agreed and added, “See, that’s it. That’s the problem. Even if we find friendly cis people, they aren’t trans. We need a trans-led program. They make money off of our pain.”
Jaxon added in, “Yeah, like how my chest is fucked up after a cis surgeon wanted to make some money off trans suffering. Don’t even get me started on a certain surgeon in Florida.” There was a long silence as people in the meeting looked down and agreed wordlessly.

Stephanie interrupted the silence. Looking at me taking notes, she asked me if I wanted to go with her to tour the health program in Memphis and speak to the organizers, and I agreed.

**Cisgender Body Politics**

In the context of my fieldwork, there was a split driven by the planes of colonial violence Azoulay outlines: between geography and narratives of possibility, on the one hand, and a body politic and narratives of bodily transitions, on the other. These splits result in the “haunting” and “ghost stories” of Louisiana. I use haunted in the way feminist social theorists argue that our pasts haunt our present-day and futures. As Subramaniam (2014, 23) argues, “Ghosts, rather than a superstitious legacy of the past, are a haunting reminder of an ignored past.” Sara Ahmed (2015) takes the idea of haunting further, arguing that institutions are haunted by habitual forms of action that are not named or made explicit.

For trans people, the split between those Azoulay (2019, 11) calls “normalized” and “other” is validated and made culturally legible to cis people through trauma narratives. As Mike spoke with me, he stroked his beard and told me about his experiences with being misdiagnosed as having bipolar disorder. A doctor who saw Mike as a “troubled woman” diagnosed him with bipolar disorder and hospitalized him. After hospitalization, Mike went back into suppressing his authentic gender. As he spoke about the drugs the hospital gave him, their impact, and the violence he faced when hospitalized, Mike took long pauses. I reminded him that we did not have to talk about it. He responded, “I know, but I want to. Someone needs to know.” From my perspective, I saw Mike validating himself as trans to me, an academic, through his trauma. He assumed that, as an observer, I would see trauma as validating his transness.

Over time in my fieldwork, I became curious about this haunting, the idea that trans people must suffer and researchers must document trans suffering to prove it material, real, and culturally legible. This cultural legibility is based on what decolonial feminist anthropologist Irma McLaurin (2001) argues is the complicated nature of colonial frameworks of language. She discusses how she is expected to signal herself in her academic writing as “the colonizer” (65) while also distinct from colonizers. Language is both full of oppressive history and potential for trans struggles (Zimman 2017). For example, Valentine (2007) argues that the label transgender has facilitated a broad vision of social justice but that we must pay attention to how broad social theoretical models are embedded in the day-to-day politics of identity.

**Trans & White Trash**

Big Daddy, as people in the local community know her, volunteered to house me while I was in Louisiana doing research. Her house was covered in junk and rusted artifacts scattered throughout the front and backyard. Her neighbor had
a large confederate flag on his front lawn. Since we were without air conditioning, I spent most of my days on the front porch talking to research participants. The confederate flag stood hanging there, out of the corner of my eye, reminding me where I was.

When I stepped out onto the porch one morning, Mike was already waiting for me, sitting with Big Daddy, smoking cigarettes and drinking Miller Lites. I took a seat in a lawn chair between them. Mike did not earn a regular paycheck; his disability check covered some of his bills, and he made some additional income by picking up small landscaping and construction projects. Otherwise, he depended on his cisgender female partner, whom he described as emotionally and physically abusive.

Mike smoked at least six cigarettes over the span of a few hours while he told me his story. He embodied an anti-health formation of future and happiness that gave a sense of queer ethics and morals, creating a sense of contentment and happiness outside of mainstream imperatives of wellness and health. Mike emphasized several times that he was not on hormones, having stopped testosterone about five years earlier due to financial costs. Mike was proud that he had been able to complete one year of college on a women’s music scholarship.

Mike’s story contrasted with the trans subjectivities, queer theory, and queer ethnographies that I spent time in graduate school reading and discussing, and around which I had developing cultural theories. Separated from other trans subjectivities by geographies, economics, and histories, Mike seemed to be at odds with them. In particular, there was a tension between transness and southern cultural identity. Naisargi Dave (2012, 138) describes the type of tension queer activists experience among queer, ethnic, and national identities as “incommensurability.” Her work examines how queer activists in India found themselves balancing neoliberal ideals of LGBT+ activism with their truths to have their narratives heard. This often meant a national narrative of queer human rights. In contrast, Mike’s narrative was a radical potential history because he did not assimilate into a neoliberal narrative of LGBT+ activism. For him, being both white trash and trans were compatible.

During our conversation, Mike mentioned he was inspired by stories of trans tennis player and coach Renée Richards to realize, “You could be trans.” I was curious because Mike’s experience seemed so far from that of Richards, who had acquired fame and wealth through her tennis career. I asked Mike how he heard about her coming out story and what it sparked for him. He told me,

It sat in the back of my mind. It came up as a joke at a construction site [where] I did part-time work, and people were laughing about her. But I remember thinking, “Oh, that is a possibility; you can be trans.” But, as you know, it was not until I met other trans men in Bossier [parish] that I thought, “Oh, this is something I can do.”

I smiled and nodded as Mike spoke about his experience in realizing his own identity and imagining his future. I asked him directly about how he seemed to
be coming from two disparate experiences, and told him how I also struggled with this in graduate school.

He turned it on me and asked me, “Like what, you don’t feel trans enough? Shoot. Man, look at you; you have a beard.”

I laughed. I told Mike, “It’s not that. In graduate school, I don’t feel radical or smart enough to be queer. Some people assume because I am on T [testosterone], I conform too much, and I promote binary gender roles.”

“You tell them, ‘Come down here,’ and ask them to survive one day,” Mike countered. He went on:

I know people look at white trash people and think, “They are so racist and homophobic there; no way that trans people live there.” But that doesn’t make sense. If you look around the street, you see confederate flags and American flags, right? Those American flags are just as racist as the confederate ones—it was the same history. And I don’t feel for the self-effacing woke folks that don’t know grounded shit. What good are you doing by minimizing your experiences? Aren’t racism and transphobia connected through whiteness? That’s some wealthy white guilt bullshit.

For Mike, white supremacy is built on both racism and transphobia. He does not see it as helpful to minimize the experiences of any trans person because even the experiences of white trans people can speak to how racism and transphobia are connected. There was a sense of protectiveness and anger in Mike’s voice when he responded to how I felt about my experiences in graduate school. He became angry at the idea that white trash people are to be blamed for white supremacy without a critical reflection on the relationships between class struggles and white supremacy.

“For you,” I asked, “how does being white trash coincide with being trans?”

“Yeah. I got a pretty funny story for this one,” Mike said. “One time, I was in the parking lot of the Walmart meeting up with a young trans guy. He was like eighteen or whatever. His mom brought him and wanted him to try T, so I gave him some.”

Instead of waiting for medical institutions to claim the young person was trans enough to take hormones, Mike gave them for free within a cultural landscape of a Walmart parking lot. For him, being both white trash and trans were compatible under the narrative of health and happiness as a community outside of government or mainstream medical restrictions.

Conclusion

In my fieldwork, I am grouped both in and outside of shared identity categories with my participants. Language, what Anzaldúa (1987), calls the *tongue*, becomes a site of both colonization and decolonization. While I was setting up fieldwork for my Master’s degree, another graduate student reported me to our department head for using the word *cisgender* and naming *cisgender culture*, claiming that I made the classroom unsafe for her and her learning. The department head asked me to stop using the word *cisgender*. As a queer theorist, ethnographer, and decolonial feminist, I found it degrading that linguistically, in this shared space, I was allowed to use words like *transsexual*, *transvestite*, and *transgendered*—all slurs. Yet
I was not allowed to use the term *cisgender*. As Said (1979) argues, it is expected that only the “other” has culture to be observed. When colleagues are offended by the phrase *cisgender culture*, it is an attempt to cut my tongue—to cut my community’s collective agency in using language to mark the unmarked. As a twenty-two-year-old scholar, I took it as my learning. The lack of a name for cisgender ways of knowing is part of the oppression trans people experience.

As an out trans ethnographer, I experienced many instances during formal interviews and outside of them where participants expected that my work was to document the pain and suffering of trans people. Sometimes participants jumped to their “coming out story” or a scripted narrative they thought I wanted to hear or document. What is it about transgender bodies and stories in a colonial system that demands suffering?

Due to colonial constructs of the gender binary, many trans people in the Deep South find themselves haunted by trans trauma narratives, which rely on the idea that there are neat categories of before and after transition, that transgender bodies are for the observation and validation of cisgender observers, and trans authenticity is validated through suffering. In contrast, the stories of trans people in the rural Deep South offer a radical way forward outside of suffering. During smoke breaks, the trans and queer people I met during fieldwork created new possibilities and histories that signaled and learned from the past. Rather than focus on their suffering, rural, poor, and white trash trans folks offered stories of happiness outside of cisnormative views of trans lives.

Queer ethnography is more than using ethnographic methods to understand queer subjectivities; it works to apply queer theory to re-imagine boundaries around the observer and the observed, normative conventions of time, maturity, health, and happiness. White trash ethnography bridges discussions of queerness and whiteness by suggesting the focus of suffering for trans folks is grounded in both whiteness and cisgender culture. This suggestion has broader implications for future research in trans studies, ethnography, and critical race studies.

In particular, the trans stories I shared here suggest that future research should shift away from focusing on the narratives of suffering for trans folks, relics of white medical institutions and a colonial gender binary. Storytelling and research should critique colonial ideas of observation for trans communities and account for cisnormative biases. If the very concept of what can be materialized and complete deems trans subjectivities as invalid, ethnographers can provide a more humanizing way forward for cisgender and trans communities alike. The white trash trans stories in this article thus contribute to an ongoing discussion of the relationship between whiteness and cisnormativity that future studies should continue to explore.

References


https://feministkilljoys.com/2015/02/02/institutional-habits/


