



Cover: “I have been really into these 17–18th century prosthetics for syphilis patients recently, and I thought since this is your 2017/18 issue, it wouldn’t make sense not to include something from that period on the cover of a Bulletin.” (Patrick Staff)

His hand is lightly gripping my jaw from below, holding my head still, ever so light of touch. I look up and away, politely trying to avoid his gaze, an effort that feels pointless given the intimacy of the situation. Two fingers encased in rubber slide into my mouth through a tight gap between my teeth. These two fingers find their way deeper in, past the incisors, molars and lumps of gummy flesh where wisdom teeth should be, to find the nook where muscles and flesh mush together. Once he buries those two rubbered fingers, another two fingers find a connecting spot on the outside of my cheek. He nimbly rubs the fatty, dead zone and its crevices. A puddle of drool is forming between my teeth and bottom lip as he squeezes and massages.

Somewhere around age 15 or 16, I clamped my mouth shut. I don't know if clamped is the right word because it sounds too voluntary, yet saying my mouth *seized itself shut* seems too distinct a separation. I was a participant, of course, yet unable to open. The muscles in my jaw tightened; I was holding them shut, unwilling to let go, yet unable to release them, and I was in pain. I was doing this to myself, but I was unable to stand up, dress myself, operate the right machinery, walk out of my own front door. It didn't occur overnight. The warning signs were there, I had been experiencing the unnerving effect of waking up with my jaw set out of line for months.

I had never really considered the way in which the jaws and teeth rest—and how whenever you close your mouth, everything lands and lines up, such that you aren't even aware it's happening. The bite is molded slowly over years of development and growth. To one day find that the whole manoeuvre, which used to happen so naturally, so gently, doesn't function how you've come to expect is uncanny. Two teeth that have never touched before are suddenly, lightly grazing one another. Two bones that should never meet. The body, almost out of nowhere, finds another way to be completely unfamiliar; a sensation that sets off an alarm in the brain to alert your consciousness to critical malfunction. It's nauseating. I learned from the physiotherapist that we are meant to be able to open our mouths as wide as three fingers, inserting them with a hand held like a boy scout salute. It's become something of a party trick to find out how many fingers friends and acquaintances can fit in their mouth this way. Most people have some sort of affliction of the jaw. But somehow I had willed myself

to only be able to open my mouth as wide as to fit a single finger's width. Still, now, when I recreate the test, try to open wide enough to fit all three fingers, a grinding sound fills my ears, a crack audible to anyone in earshot. At one finger wide, eating was painful, if nearly impossible; my speech was glottal and clotted, but I was unable to do anything else.

A good writer will establish protagonists that do things for reasons. There is a needing-to-get-something, a needing-to-solve-something, even if that character cannot see those reasons clearly or accept their actions as motivated instead of neutral. When you're in class, the screenplay tells a story using CHARACTER and ACTION. To achieve this balance, the main character, or protagonist, must be involved in two story lines. One story line deals with the outer motivation, the external pressure, and the other deals with their inner motivation. The inner and outer worlds are decorated through conflict and theme. I am grappling with this, trying to sift out what is useful. At the time of my seizure, I had an eating disorder.

I would not have named it that, though just a few years later, by my early twenties, I probably would have been using that term again. Character, action, conflict, and theme. As I got older, I stopped calling it an eating disorder, no longer interested in everything that couches that phrase, nor in pathologizing myself. And, now, here I am again, deploying the term to make ends meet. Naming something, inserting motivation. I was x-rayed at the dog-eared local hospital, and gently needled by the inept middle-aged doctor about my sleeping habits, my eating habits. If I was stressed, or unhappy. A therapist recently accredited my childhood, in which I was surrounded by destructive conflict, with abuse. He says, "I would name that child abuse. You weren't being cared for." This had never occurred to me; I had never occupied that narrative. It is apparent to me in this moment, however, re-inscribing an eating disorder into this story, to honor the rules at play. Though I would starve, and binge, I was never put in a hospital against my wishes, nor fed through a tube into my stomach. As I write, I have the liberty to concoct this framework, which in lived practice feels more compromised. Is it a privilege to be able to decide whether one opts in, or opts out, of such a subjectivity? There are many miscommunications of the body.

I am no longer afflicted in the same ways that I was, but a campaign of self-immolation at an age when your brain is still developing has its tolls. I don't think I will ever experience hunger correctly; the synapses, neurons, hormones that send these signals through a body, all fired by sheer willpower. Hunger ceases to motivate action and is now experienced as a dull abstract ache, the correct neuron response nulled to a zombie's dull walk. The distortive lens through which you experience your body, assess it, determine its shape, is also willed into such an existence that it can never be dismantled. The classic image of the eating disordered patient is one that stares into the mirror endlessly, consumed by their own image, starving. A collision of internal and outer motivation. An extreme vanity, so cruel and exacting that it spirals beyond the realm of the sensible. I don't really believe that it's about beauty, or desire. It seems to me now more appropriately read as a response to power. It seems to me now more appropriate to dispel any myth of a free will of the body, or of a myth of blossoming into one's truest self, and instead lean in to the reality of powerlessness and unbecoming that would compel such self-immolation; the unbearable reality of living in one's birth body and the social conditions it is subjected to.

I yearned constantly to have another body. This was an abstract concept even then, but I could acutely feel the ways that the cables of the super computer weren't connected correctly. To be smaller, lighter, more flexible, to backflip, to stand on my toes, to bend like a contortionist felt like it would provide infinite release. Not to disappear, but to transubstantiate materially. I socialized almost exclusively with other female children, but was continuously horrified by my own difference. My rigidity, my size. I was unable to be lifted with as much ease, I broke branches. Like many transgender children, I had an entirely different identity behind closed doors, one that was freer. Unlike many other transgender children, it was one that existed within a permissive environment, living within my northern, working class family. I was raised largely by my grandparents, who had a particular blitz spirit in their attitudes to my femininity. However, it was diligently imparted to me that this identity was safest on the inside. That was a taut line drawn from the earliest point I could remember. As my grandfather was dying, my mother, who has worked my whole life caring for the elderly, witnessed a nurse administer his medication with her bare hands. Encouraging him to open wide, she

dropped each pill, one by one, directly onto his tongue. I was oblivious to the meaning of this transgression, but my Mum was enraged. It was, at last, concrete evidence of the mismanagement of her father's care, which she has always suspected. I was terrified of my own ignorance. This incident occurred many years after my jaw locked, and subsequently, eventually, re-opened.

The body does not end at the skin. We leave traces of our DNA everywhere we go. We live with other bodies within us, microbes and bacteria. We are enmeshed in forces, affects, energies. We are composites of information. My spit was on the gloves that wrapped in plastic the hands of the physiotherapist. Multiple forms of matter can be bodies. Matter is an actor. What is the body if not a body of water, a temporary dam, a brief and accidental coagulation of matter? My jaw was shut. I didn't clamp it, I was seized, and it that be a beautiful submission. Seizing one's mouth shut inspires the most banal metaphors: it is too painful to speak one's own feelings; what needs to be articulated is too difficult; it is too painful to consume, to nourish the body. These are much too lazy ways of understanding the mouth as a holding space between the body and what is outside; an airlock, a filter, a processing plant.

A seizure could be a moment of many bodily potentials. But, uncomfortably mirroring its physical affect, I feel locked into a fixed position when relating this incident. An oppressive linearity, as in: there is before, during, and after the seizure. Things were tense, then they locked, and then they were released. A problem needed solving, an inner conflict and an external pressure. The jaw is released, the body is released, the pressure valve blows steam, and the system is reset. I want to resist this narrative, despite disbelief that such a project is even possible. What if the gripped jaw was a moment of conscientious arrest and reorienting of embodiment? An arrest that was at once solid and liquid, much in the same way that stone is liquid if we are able to think of the material beyond the limitations of our own short, mortal timeline. The pull back through of a body, energetically inert. The seizure perhaps functions as a ground zero for being in one's body. Transformation as a moment of objection, clenched, at multiple material and semiotic levels, sensuously intertwined. Not healing or renewed, but decoratively constrained by narrative, muscle, history, and bone. Seized somatically and energetically, pooling and objecting.

The narrative of the “wrong body,” and the suffering subject who yearns for the healed and whole body, surrounds us. The story of a triumphant return to society, when one is able to transcend their limitations and in turn rehabilitate those around them, is told over and over. It would be misguided here to follow narrative logic, a classroom structure for the script. When I assert the unending, unbearable compromise of being in one’s body, it’s not to re-tell this story, despite how useful a formula can be. I have no interest in positing the insides and outsides at odds, to setting the external and internal pressure at odds with one another, coalescing and running red hot with tension in my jaw. The pooling water between my teeth and bottom lip as I try to hold a position is one of hybridization. Rubber gloved hands covered in spit, I am drooling, leaking and gripped simultaneously, I am undone. The gradual re-opening, loosening, unknotting, fluvial undoing of the jaw does not have to signify the healing of trauma; there is no clear cut division between the physiological or emotional responses of my different historical bodies; a before or after; motivation, or action; conflict of fragmentation or wholeness.

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