In Transition:

Analyzing Shifting and Competing Anglophone Discourses Impacting Canadian Trans People

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By

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Abstract

Medical, community, and academic discourses offer competing interpretations of sex, gender, and the complexities of trans experiences, with variable attention to trans contributions to social and political thought and practice. Existing research shows that academic, medical, and psychological discourses continue to use pathologizing approaches and often misgender trans people (Ansara & Hegarty, 2011), with predictably negative impacts on trans people and communities (McNeil, Bailey, Ellis, Morton, & Regan, 2012). Using Critical Discourse Analysis and working from a stance that is critical of institutional complicities with dominating forms of power, this thesis explores the implications of medical, community, and academic discourses about trans people. In the interests of richly contextualized analysis, I have chosen to ground my discussions of selected discourses within a historical context, attending to the lived impacts on trans people and communities, and to the importance of evaluating ethical practices used in treating and researching them, through the inclusion of auto-ethnographic reflections on my own experiences. The majority of medical discourse sampled pathologizes trans experiences, defining trans people as abnormal and describing sex, gender, and sexuality as interconnected binaries. Transsexual separatist communities mirror this discourse in numerous ways, modifying medicalized categories to define their own transsexual identities as normal and all other trans identities as abnormal. Trans activists challenge both discourses, incorporating aspects of social justice thought and affirming diversities of perspective and experience. The thesis concludes with a review of participatory research projects representing a tentative step forward for researchers, trans people and communities by incorporating trans discourses within scientific approaches. These projects break with some of the ethical problems informing past psycho/medical inquiry and offer a glimpse at what trans-positive science might look like. Recommendations to realise this potential and recast academics as allies to minoritized communities are offered.

Dedication

This project would never have been completed without the support and encouragement of my partner, wife, and best friend. Rachel, thank you for your patience, support, and encouragement throughout this project. I love you.

Without the guidance and support of my supervisor, Dr. Marie Lovrod, the process culminating in this degree would have been even more difficult. Thank you for handling my eccentric and excitable brain and guiding me through this intense process.

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Chapter 1: Academic, Social, and Historical Background

For trans people in the West, medical and psychological discourse is largely inescapable. Upon acknowledging their trans identities, trans people are at the mercy of doctors, psychologists, psychiatrists, pharmacists, and surgeons (Gridley et al., 2016, p. 260; McNeil, Bailey, Ellis, Morton, & Regan, 2012; McNeil, Bailey, Ellis, & Regan, 2013). Over time, some internalize the discourses used in healthcare settings and begin talking about and understanding their identities and bodies in these terms (Califa, 2002, p. 146). Some trans people, on the other hand, develop understandings of their identities and bodies that conflict with or challenge the underlying assumptions of these medical discourses. When this happens, they may feel the need to wear a mask of acceptability (Tannehill, 2015) to access necessary healthcare (Rowe, 2009, 2014). This experience has been referred to as "auditioning for care" (Rowe, 2009, 2014), a phrase describing the pressure that trans people feel to shape the way they talk about themselves and their experiences to fit accepted medical and psychological moulds, if only to obtain the healthcare they need to transition in the way that feels right for them (Rowe, 2009, 2014).

Throughout their treatment, trans people can expect that the health team administering their transition-related care will be largely composed of non-trans (cisgender) people who do not share their experiences, barriers, or challenges with gender and who have little formal education on the matter (Goldberg & Lindenberg, 2006; McNeil et al., 2012; Ziegler, 2016). This reliance on cisgender professionals has been repeated historically across nearly all academic and clinical spaces (e.g., Dewhurst, Scott, & Randall, 1969; World Professional Association for Transgender Health [WPATH], 2017a), including in those tasked with setting research and treatment protocols for the very trans people they exclude (e.g., WPATH, 2017a); thus, not only has firsthand trans experience been largely excluded from treatment and teaching spaces, but trans people have also

been excluded from the processes of developing or modifying the ethical frameworks academics and healthcare professionals use to treat or research them.

Because so much of the transition process relies upon cisgender healthcare professionals, the common feeling within trans communities is that healthcare professionals serve as gatekeepers who can give, deny, or take away their access to (potentially lifesaving) transition-related care (Gridley et al., 2016; McNeil et al., 2012; McNeil et al., 2013; Ziegler, 2016). Auditioning for care arises from this process of systematic gatekeeping between trans people and the healthcare they need, whereby they must prove that they are trans enough (Gridley et al., 2016, p. 259) and stable enough (Gridley et al., 2016, p. 260; McNeil et al. 2012) to access care. Providing such proof can has led to situations where trans people are denied access to transition-related care for any number of dubious reasons (James, 2003; McNeil et al. 2012). This occurs because being trans enough often translates as presenting a gender that is the 'complete opposite' of that assigned at birth (Gridley et al., 2016, p. 259), while being stable enough relies on not having obvious mental health problems (Gridley et al., 2016, p. 260) and on resources beyond the person's control (such as employment, freedom from poverty, supportive family and peers, or housing; Canadian Mental Health Association [CMHA], n.d.; World Health Organization [WHO], 2014).

Given these somewhat arbitrary guidelines, the possibilities for abuse and associated harms remain high for people seeking transition-related care (McNeil et al., 2012). As a result, trans people have long challenged the dominance of gatekeeping organizations and sought changes to when, where, how, and with whom they access transition-related care. Recently, this resistance has begun to make large inroads toward accomplishing its goals. In Canada alone, resistance to gatekeeping in trans healthcare has led to decentralization of transition-related services in Ontario (Fraser, 2016); the closure of the controversial child gender service located at

Canadian Addictions and Mental Health (CAMH) in Toronto (Ubelacker, 2015); and the training of primary care doctors across the country to work with trans patients (Ontario College of Family Physicians [OCFP], 2016; Rainbow Health Ontario [RHO], n.d.).

The trend of trans exclusion in healthcare policy and practice is beginning to wane; yet, the scars of this exclusion still remain, and academia and healthcare have a long way to go before trans people are no longer oppressed or marginalized within medical spaces. A symptom of continued academic marginalization exists in the ways that critical insights by trans people and their allies are siloed within trans-specific journals run and/or edited by trans people themselves, and outside of core journals in a field (Wanta & Unger, 2017). The disconnection between trans studies scholars and cisgender professionals demonstrates how large is the gulf of missing knowledge that must be filled before full integration of trans people is realized.

Nevertheless, trans communities *have* made progress. They have established shared discourses to talk about their identities and experiences beyond those of the medical and psychological professions described above. These counter discourses, and the slow shift from looking at the lives of trans people through a medicalized lens to a community-created lens (Wanta & Unger, 2017) is the prime interest behind this thesis. Ultimately, I seek to examine competing and shifting discourses about trans people in relation to ethical practices used in treating and researching them and their communities, by interrogating selected examples. By examining professional and community discourses in relation to ethics and the barriers, privileges, and experiences of navigating life as a trans person, I will reveal the authors' biases and contribute to new ethical frameworks for researching topics important to trans communities, offering better informed approaches to understanding the oppression of trans people and (possibly unwitting) institutionalized participation in it.

I will highlight examples of competing discourses about trans people and identities, describe and analyze them, place them within larger historical contexts, and, using Critical Discourse Analysis (CDA), connect them to their effects on trans people and communities and to wider public understandings of gender diversity through auto-ethnography. In order to tie these discourses to their social, cultural, and historical consequences, I will draw upon my own personal experience living as a trans person, my peer support efforts within various North American trans communities, and my experience as a volunteer on the front lines of the fight for trans rights. Further, I will draw on selected works associated with Gender Identity Clinics (GICs), community-based researchers, and leaders from trans communities, which serve as reliable examples of employed discourse for analysis.

By using a critical lens derived from a trans-centred political standpoint, I am attempting to build academic knowledge, not just from previous academic (largely) trans-exclusive knowledge, but also from the community knowledge available to me through my own lived experience and my work within North American trans communities. Moreover, by critically examining competing and shifting discourses, I hope that current services, as well as their barriers and ethical assumptions, can be seen in a new light and their impacts can more fully be understood. Further, I hope that this examination can be used with a view to improving services and treatments available to the trans communities, breaking down barriers affecting access, and making treatment and research involving trans people more ethical and trans-positive.

Outline

This thesis will present the background, research, results, and discussion within a chronological historical arc. Thus, the first chapter will focus on the background provided in the available literature, starting from the late 1800s, when early medical and scholarly investigations of trans people began to emerge, and ending in the mid-1960s as the current medical model of

Gender Identity Disorder (now known as Gender Dysphoria) was being developed. In the second chapter, I will outline the theoretical framework, ontology and epistemology, methods, and my own position in relation to the research. In the third chapter, I will resume the historical narrative by focusing on the 1960s to 1990s, as I set the stage for analysis of included medical and psychological discourse samples. In the fourth chapter, the resistance to medical and psychological discourses from the 1970s to 2000s will take center stage. Here, the competing discourses emerging within trans communities, and not necessarily within academia, will be analyzed and placed in historical context. Then, in the fifth chapter, the discourses used within participatory trans research projects, which emerged from the 1990s to 2010s will be analyzed. This most recent shift in discourse will be connected to the discussions provided throughout chapters three and four, leading to my conclusions, as I suggest a pathway forward for new and more ethical trans research.

Literature Review

Thus far, limited research exists into how academics, healthcare professionals, and trans people talk about trans people and identities and how this impacts trans people and communities. Of the literature that is available, most exists outside peer-reviewed journals (e.g., McNeil et al., 2012; Rowe, 2009, 2014; Ziegler, 2016) or is siloed within trans-specific journals (e.g., Gridley et al., 2016). In one article that escaped these silos, Ansara and Hegarty (2011) collected and reviewed literature published between 1999 and 2008 on the topic of transgender and gender variant youth. They connected authors publishing in the area to how often they referred to trans youth as if being trans was a disease or disorder (using pathologizing language), or referred to trans people by the wrong gender or gender pronoun (using misgendering language). Upon analysis, Ansara and Hegarty found that the use of pathologizing and misgendering language was rampant in available peer-reviewed articles.

Through examining the connections between their included authors, Ansara and Hegarty (2011) discovered a pattern to the language used. Those who worked within existing networks of collaboration with other authors in the sample—referred to as an 'invisible college'—were more likely to include pathologizing language than those who worked outside of such networks (Ansara & Hegarty, 2011). This means that those authors who published directly, or with someone else who published directly, with the most prolific author in the sample (Kenneth Zucker) demonstrated a more pronounced tendency toward pathologizing and misgendering language (Ansara & Hegarty, 2011). Although Ansara and Hegarty (2011) stopped short of drawing concrete connections between this problematic use of language and included authors' affiliations with gender identity clinics, trans people have long suspected the existence of such a relationship. Considering that the most prolific authors in the invisible college Ansara and Hegarty (2011) described, also administer(ed) gender identity clinics—including CAMH and the Sick Kids gender clinic in Toronto—this suspected relationship seems plausible. Further, the extent to which authors from this invisible college were involved in the creation of diagnostic criteria around gender and sexuality (Bradley et al., 1991) also presents some cause for concern (Davy, 2015; Chibbaro Jr., 2008).

Outside of the article by Ansara and Hegarty (2011), I was unable to find any other peer-reviewed studies of how healthcare professionals and academics talk about trans people. However, articles were available addressing misgendering and pathologizing language use as a barrier to accessing care (Gridley et al., 2016) and trans perspectives on accessing healthcare (James et al., 2016; McNeil et al. 2012; McNeil et al. 2013; Rowe, 2009, 2014; Ziegler, 2016), among other adjacent topics. Gridley et al. (2016) digitally interviewed trans youth (aged 14-22) and their caregivers about barriers they encounter in attempting to access transition-related care. Using thematic analysis, these authors identified 6 main themes, of which two—"uncoordinated

care and gatekeeping" and "inconsistent use of chosen name/pronoun"—suggest a trans-negative character to the medical model and healthcare professionals' language use.

Throughout the article, participant quotes hinted at the larger negative effects of how some medical and psychological professionals have treated trans youth. One caregiver noted:

> Having more docs…who focus on transgender issues would be the single biggest improvement… and [provider reassurance] that being transgender is not an ailment [but] rather another variation of being human would go a long way in helping parents [like me] accept their transgendered [sic] children early on. (Gridley et al., 2016, p. 258)

Thus, doctors can help parents accept their trans child by normalizing, and not pathologizing, trans experiences. Conversely, doctors can bolster unsupportive parents by pathologizing the child's experience, questioning their identity, and/or misgendering them (Gridley et al., 2016).

Ultimately, healthcare professionals play an important role in shifting public understandings of trans people, well beyond parents, guardians, and caregivers of trans youth. Given the authority healthcare professionals carry, their language use can support or undermine acceptance of trans identities more broadly. In Gridley et al.'s (2016) study, one trans youth was quoted saying "It's really cool to be able to go somewhere that I wasn't immediately uncomfortable as soon as I got there" (p. 258) when talking about healthcare professionals who use the correct name and pronoun and focus on the relevant health issues and not only on their gender identity.

The notion that healthcare professionals can impact acceptance of trans people, and that pathologization, misgendering, and gatekeeping keep trans people from the transition-related care they need, were echoed in all other articles identified on the topic. Kosenko, Rintamaki, Raney, and Maness (2013), who looked into how trans patients describe barriers to accessing healthcare, found that "gender insensitivity"—when healthcare providers misgender clients or imply their

gender is a disease or disorder—“denial of services,” and “forced care”—referred to here as gatekeeping—were prominent among their six themes. Similarly, Garofalo, Deleon, Osmer, Doll, and Harper (2006), Sanchez, Sanchez, and Danoff, (2009), and Shipherd, Green, and Abramovitz (2010), and also provide evidence from trans communities that healthcare professionals' discourses and practices create barriers to accessing care.

Within gray literature, community-engaged research has demonstrated that gender identity clinics impact trans people and communities, often in very negative ways. In McNeil et al. (2012) and McNeil et al. (2013) trans people in the United Kingdom and Ireland respectively, comment on their experiences with gender identity clinics in their countries, and many share experiences of being misgendered, sexualized, pathologized, ignored, or shunned (usually for pre-existing comorbid mental health conditions). These researchers found that less than half of their trans sample reported their experiences with gender identity clinics as positive and that, for a significant portion of their sample, such experiences had a negative impact on their overall mental health (McNeil et al., 2012, p. 34).

Documented experiences of being misgendered, sexualized, pathologized, ignored, or shunned match my own encounters with the CAMH gender identity clinic here in Canada, and echo those of other trans people for whom I have served as a trans support group coordinator. When I attended CAMH, my intake interview included in depth questions about my sexual interests, including questions about my sexual fetishes, whether I enjoyed pain or humiliation, or whether I was sexually attracted to children. These questions made the prospect of getting treatment from this clinic supremely uncomfortable, compounding the discomfort of knowing that CAMH was my only option for accessing transition-related surgical care. Moreover, I was frequently confronted with trans friends and peers who were emotionally crushed from their first experiences with gender identity clinics. Many reported unsettling interview and questionnaire

experiences, similar to mine, and others expressed severe distress and, rarely, suicidal thoughts at the thought of needing to return.

From my situation, as well as those of my friends and peers, one thing is very clear: trans people are often blindsided by the difference between how medical and psychological professionals understand their identities and how trans people, themselves, do. Thus, by comparing how healthcare professionals, community-based researchers, and trans communities talk about trans people and identities, I will highlight the differences and illustrate their impacts on the lives of trans people. To do this, I will analyze the ethical assumptions underlying these discourses and connect them to my lived experience.

While this analysis seeks to make an original contribution by linking academic discourses around trans people to ethical approaches exercised in academic research, it is important to acknowledge the influence of related goals adopted by a trans-run media watchdog based out of the United Kingdom. Trans Media Watch (n.d.), tasks itself with monitoring, analyzing, and challenging problematic representations of trans and gender variant people in UK-based media. In so doing, this organization uncovers and publicizes the (un)ethical practice of media corporations and pressures them to change problematic policies on reporting the experiences of trans people. These goals, which are paralleled in this analysis, have been largely successful at changing the policies and practices of media organizations in the United Kingdom (e.g., Green, 2011). It is my hope that the present analysis may be even partially as successful. Finally, it is important to acknowledge the influence of non-academic trans communities who teach, analyze, challenge, and dismantle these discourses as a means of resistance and survival.

Historical Context

Just as Mercedes Allen (2008), a Canadian trans blogger and activist, starts her six-part series on transgender history, so must I: “[h]istory is written by the victors,” and historically

speaking, trans people have not often been among those victors. Thus, the historical record around trans people and movements is often murky and rarely well cited. Only in the last 20 years or so have academics, often trans themselves, turned an institutional eye to the histories of trans people and movements. Now, academics such as Susan Stryker, Aaron Devor, and Meg-John Barker are beginning to fill in the historical record with primary sources, while developing the tools to record trans histories more accurately, moving forward. This work is far from complete and, until it is, trans histories often rely on secondary sources, hearsay, and conjecture, rather than primary sources and lived experience. Therefore, I welcome verifiable corrections and encourage engagement with trans archives such as the Transgender Archives at the University of Victoria or to the LGBT archives at the University of Saskatchewan.

Choosing a place to begin a discussion of history is always an arbitrary act, open to debate and criticism, because inevitably, crucial events and steps leading up to the selected moment must be left out. The history of trans people, trans identities, and medical understandings of them did not just randomly begin in 1869; in fact, it is important to note that trans people are not a distinctly recent phenomenon. Rather, in the broadest sense of the term, trans people have existed throughout much of recorded history and have played essential roles in many of the world's cultures (Stryker, 2017). From Asia and the Pacific Islands (e.g., see: Winter & Udomsak, 2002) to North American Indigenous cultures (e.g., see: Wilson, 2013), people who might be considered trans today were often given roles of social importance, including those crucial for cultural and religious ceremonies (e.g., Nanda, 1986). Even within Western colonial cultures, those who transgress gender have a long, rich history (Feinberg, 1997).

That said, in 1869, Karl Friedrich Otto Westphal published a case study of individuals with what he termed "die kontraire Sexualempfindung," translated as "contrary sexual feeling" (Foucault, 1978, p. 43; Halperin, 2004, p. 173), one case study on a feminine presenting person

designated male at birth (DMAB) and the other on a woman sexually attracted to other women. Although Westphal was preceded by Karl Heinrich Ulrichs (Kennedy, 1997; Tobin, 2015), Foucault credited Westphal with the birth of understandings of homosexuality (Foucault, 1978; Tobin, 2015) and Westphal is generally thought to have authored the first medical article on trans expression and homosexuality (Allen, 2008; Foucault, 1978; Tobin, 2015).

As author of the first article of its type, Westphal had an exceptionally large influence on the way that same-sex attraction and trans expression have been understood since. So, when he described these sexuality- and gender-related behaviours as a symptom of mental illness, the perception stuck, or so the narrative goes (Foucault, 1978; Halperin, 2004). However, prominent gay scholar Warren Johansson (1991) complicates this idea by arguing that, from his firsthand experience with the source, Westphal did not intend to pathologize specific sexuality- and gender-related behaviours. Rather, in his view, Westphal suggested that related behaviours may present as the consequence of some other mental illness. Nevertheless, Westphal's article offers a first look into how academics have come to understand sexualities and trans identities.

One key aspect of Westphal's work is that he described both same-sex sexual behaviours and gender transgressive behaviours as 'contrary sexual feelings' (Dynes, 2016, p. 266; Johansson, 1990). Although understood to be separate today, in Westphal's time, gender transgressive behaviours were seen as inherently and inseparably linked to sexual behaviours and homosexuality. In fact, his 'contrary sexual feeling' would come to be referred to as "sexual inversion," implying a sense of gender role reversal, including tastes, habits, and dress (Ellis, 1927, p. 1; Johansson, 1990). This link between gender and sexuality can be seen again in Krafft-Ebing's study, *Psychopathia Sexualis,* where he outlined two main types of homosexuality, congenital and acquired, and argued that each involved some manner of gender transgressive behaviour (Stryker & Whittle, 2006).

First published in 1877, Krafft-Ebing's *Psychopathia Sexualis,* sought to classify and categorize sexual disorders of all types (Krafft-Ebing, 1893, p. 4). Unfortunately, underlying Krafft-Ebing's work was an assumption that any deviation from procreative heterosexual sex constituted a physical or mental illness (Krafft-Ebing, 1893). This assumption made explicit what Foucault (1978, p. 43) and others say Westphal implied: that homosexuality (and its associated gender transgressions) is best understood as a medical disorder (Krafft-Ebing, 1893, p. 183). Today, this view has waned significantly, but works such as those by Krafft-Ebing and Westphal set the stage for how homosexuality and gender transgressive behaviours were to be seen in the century to come.

Some 20 years later, Magnus Hirschfeld, a gay man himself, entered the scene with the goal of seeing homosexuality decriminalized in the German Empire (Djajic-Horvath, 2014). As a medical practitioner and scholar, Hirschfeld was eager to study and describe all manner of sexual behaviours (Djajic-Horvath, 2014). Writing often on the topics of homosexuality and gender transgressive behaviours, Hirschfeld coined the term 'transvestite' in 1910 to refer to the erotic desire to dress in the clothes of the 'opposite sex'(Djajic-Horvath, 2014). Although Hirschfeld still linked homosexuality and gender transgressive behaviours, his coinage of 'transvestite' would eventually lead to the separation of homosexuality and transsexuality as concepts and to the birth of a whole new field of research.

Havelock Ellis, a contemporary of Hirschfeld, questioned his assumption that transvestism and homosexuality are inherently linked and disagreed with Hirschfeld's use of terminology. Ellis coined, but failed to popularize, the terms 'sexo-aesthetic inversion' and 'eonism' as replacements for 'transvestism' (Ellis, 1939, 1927). With these terms, Ellis attempted to highlight the separation between gender transgressive behaviours and homosexuality (Ellis, 1939, 1927). However, much like most of the academics and physicians of the time period, he

still viewed both homosexuality and gender transgressive behaviour as sexual anomalies, deviations, and disorders (Ellis, 1939, 1927). While his attempt to shift the discourse around gender transgressive behaviour was not immediately successful, Ellis's work served as the first significant wedge between these two concepts, thus contributing to today's view that they are distinct and separate.

In 1919, Hirschfeld opened the Institut für Sexualwissenschaft (the Institute for Sexual Science) in Berlin (Bauer, 2017; Stryker, 2017), which comprised a research library, an archive, as well as medical, psychological, and sexological practices, treated patients, and advocated social progress for women, and gay, lesbian, and trans people (Bauer, 2017; Stryker, 2017). In 1922, Hirschfeld began exploring ways to allow people to transition physically from one sex to another by castrating Dora Richter at her own request (Bauer, 2017; Stryker, 2017). This offered clinic staff an early opportunity to examine the effects of reduced testosterone on the anatomy of a person designated male at birth. While up until this point, Hirschfeld asserted that homosexuality and gender transgressive behaviours were inherently linked, his new work hinted that it was not the entire story. In 1923, Hirschfeld coined the term 'transsexual,' introducing the possibility of a conceptual separation between homosexuality and transsexuality (Bauer, 2017; Stryker, 2017).

In 1930, Dora had her penis and scrotum removed as well, and in 1931, she became the first patient to have a vagina surgically created (known as a vaginoplasty) at the Institute (Bauer, 2017; Stryker, 2017). From there, the Institute began to help other trans people physically transition from male to female, including the most famous of their patients, Lili Elbe, who received four surgeries between 1930 and 1931 (Bauer, 2017; Hoyer, 2015, 2004). Elbe had her penis, testicles, and scrotum removed, had an artificial vagina created, and had an ovary and uterus implanted (Bauer, 2017; Hoyer, 2015, 2004). Sadly, her fourth operation, the

transplantation of a uterus, led to her death when the organ rejected (Bauer, 2017; Hoyer, 2015, 2004). Despite Lili's untimely death, her medical transition informed transition-related care for trans women after her, making the procedure safer and establishing more realistic expectations for all those treated since.

During the same time, J. Allen Gilbert published "Homosexuality and Its Treatment," detailing his experiences treating homosexual clients (Katz, 2015, 1976). In this report, he detailed the case of "H," (identified as Dr. Alan Hart after his death), a client who sought psychotherapy for a phobia of loud noises (Katz, 2015, 1976). During the therapeutic process, Gilbert somehow revealed Hart to be homosexual, and through continued consultations, Hart decided that a hysterectomy and social transition were necessary treatment (Katz, 2015, 1976). With his surgical intervention complete, Hart proceeded to live the rest of his life as a man, legally changing his name and sex, placing him as the first trans man worldwide to do so (Katz, 2015, 1976). From there, however, accepted treatments for trans people designated female at birth would stagnate, lagging nearly 20 years behind those for trans people designated male at birth.

Throughout the 1920s and 1930s, trans, gay, and lesbian themes began to flow from academic and medical spaces into popular culture. Mae West debuted the first play with trans themes, *The Drag*, possibly inspired by drag balls—underground LGBT subculture events where people compete via cross-gender dress and dance—which emerged earlier in the decade (Schlissel, 1997). Virginia Woolf published *Orlando: A Biography* featuring a gender swapped main character—magically transformed into the opposite sex (Woolf, 1928). French athlete, and later Nazi informant (Ruffin, 2004), Violette Morris became a public figure when Fédération française sportive féminine (FFSF – French Women's Athletic Federation) refused to renew her licence and barred her from the 1928 Olympics for bisexual and gender transgressive behaviours

(such as smoking, swearing, and wearing trousers; Ruffin, 1989). Ultimately, this time period became something of a re-awakening for transgender, gay, and lesbian themes as researchers began to explore homosexuality and gender transgressive behaviours.

Unfortunately, this period of re-awakening was about to draw to a terrifying and world shaking close. In 1933, Adolf Hitler was appointed Chancellor of Germany, ushering in beginning of Germany's Nazi era. Germany was the home of Ulrichs, Westphal, Krafft-Ebing, Hirschfeld, and the Institute for Sexual Science, and Germany's pivotal role in the world's burgeoning understanding of same-sex desire and gender transgressive behaviour was suddenly at odds with the Nazis' regressive social reforms. The Nazis normalized violently negative views on same-sex attraction and gender transgressive behaviour, as well as disdain for academics and scientists (especially those with Jewish roots). Germany was no longer a safe place for gender and sexual diversity to be discussed or explored scientifically. Thankfully, in 1930, Harry Benjamin, a German-American doctor living in New York (Schlit, 2016), arranged a speaking tour for Hirschfeld across the United States (Bauer, 2017, p. 104), drawing Hirschfeld out of his native Germany during the rise of the Nazis.

The Nazis were deeply invested in revising Germany's history with regards to race, ethnicity, sexuality, and gender, redefining knowledge on same-sex sexual desire and gender transgressive behaviours as politically dangerous and leading to the destruction of the Institute of Sexual Research, its library, and its archive (Bauer, 2017). This act obliterated decades of work and made accessing and building academic knowledge harder (Bauer, 2017). Worse still, agents of the Nazi party also sought out, interned, enslaved, and murdered lesbian, gay, bisexual, and trans people from within their conquered lands and nations. Ultimately, the Nazis were fairly successful in driving related research to a grinding halt; safe havens for LGBT people were few

and far between worldwide, while in North America, research into same-sex sexual desire and gender transgressive behaviours was still in its infancy.

In 1942, Harry Klinefelter recognized and begun to diagnose Klinefelter's syndrome—an intersex condition characterized by a trisomy (XXY) of the sex chromosomes, which presents as assigned males with a feminized appearance, sterility, and occasionally a need for social or medical transition (Fedor, n.d.). It was not until 1948, however, that trans people in North America were able to access treatment that assisted, rather than thwarted, their transitions. In 1948, famous sexologist Alfred Kinsey asked Dr. Harry Benjamin to consult with a young boy who wanted to become a girl (Schlit, 2016). With the youth's mother's ardent support, Benjamin began treating the youth with estrogen and referred the family to European doctors for transition-related surgery (Schlit, 2016). Benjamin was enthralled and began treatments in San Francisco and New York, studying the potential use of hormone therapy for the treatment of the trans people (Schlit, 2016), thus becoming perhaps the first doctor to use hormone replacement in this way. The regimen quickly became and remains a standard treatment for trans people today (WPATH, 2011).

Around the same time, two other American doctors, David Cauldwell and Robert Stoller, were publicly advocating for the acceptance of the homosexuality and transvestism (Stryker, 2017). They, like their predecessors, understood homosexuality and gender transgressive behaviours as innate parts of a person's psyche (Cauldwell, 2006). Cauldwell became the first to use the existing term transsexual as it is currently understood, referring to a person who seeks surgical (i.e., genital) transition (Cauldwell, 2006). While this term, much like transvestite before it, has fallen out of favour with large parts of trans communities, Cauldwell's distinction between transsexualism and transvestism, between biological sex and psychological gender, would come

to inform how trans communities would talk about themselves and their experiences in the following 60 years (See Chapter 4).

By 1949, doctors in the United Kingdom had slowly developed a surgical intervention to create a phallus from existing tissue for people transitioning to male. Michael Dillon, a British physician, was the first to undergo the surgical technique which, at the time, required 13 separate surgeries spanning more than 4 years (Kennedy, 2007). For vaginoplasty, on the other hand, surgical technique was advancing more quickly. During the late 1940s and early 1950s, surgeons in Denmark were available to perform vaginoplasty surgeries for Danish trans women (Jorgenson, 1967); however, due to a law prohibiting sex reassignment surgery for non-citizens, their influence was limited until 1951 when an American soldier, Christine Jorgensen, returning from military service, obtained special permission from the Danish Minister of Justice to undergo the procedure (Jorgenson, 1967). Over the course of the next two years, Jorgensen underwent the three procedures necessary to transition (Jorgenson, 1967). Upon arriving back in the United States, Jorgensen became an instant celebrity with newspapers reporting (incorrectly) that she was the first person to have sex reassignment surgery (Jorgenson, 1967). The sensationalized media circus surrounding Jorgensen's transition inadvertently led to something of a standardization of medical practices around transition-related care, with Jorgensen's case serving as the model. Thereafter, trans people were expected to undergo hormone replacement therapy on a path towards eventual sex reassignment surgery.

In the early 1950s, organizations began to be created to fight for the acceptance of gays and lesbians. One of the earliest and most influential of these groups was the Mattachine Society, founded in Los Angeles in 1950 (Johansson & Percy, 1994). More than 60 years after its founding, the Mattachine Society is remembered for its (post-1953) commitment to working with health professionals and the public to promote assimilation to heterosexual culture by wearing a

mask of respectability (D'Emilio, 1998; Johansson & Percy, 1994; Meeker, 2001). This led the Mattachine Society to call on members to stop promiscuous sexual activity, gender transgression, and other behaviours that were unappealing to mainstream heterosexual society (Meeker, 2001). While the effects on gay communities are hotly debated, these calls inadvertently bolstered the understanding that trans people and gender transgressive behaviours are distinct and separate from homosexuality.

Virginia Prince was another important figure in this developing understanding of trans identities as different and separate from sexuality and sexual identities. Prince, a wildly influential and then wildly unpopular figure within trans history, began publishing *Transvestia,* a periodical, reader-driven, trans-themed magazine in 1960 (Prince, 1997). With *Transvestia,* Prince pushed her belief in heterosexual crossdressing, thus challenging the link between homosexuality and gender transgressive behaviour (Prince, 1997). Through her first-of-its-kind publication, and through the crossdressing support groups she founded, Prince gained a great deal of influence on the topics of transsexuality and trans identities. Unfortunately, Prince's understanding of trans communities was considerably more limited and exclusionary than those who came before her. She viewed herself as a heterosexual crossdresser and redefined the already existing term 'transgender' (and later the related term 'transgenderist') to describe her specific experiences (Prince, 1978/2005). To Prince, transgenderist referred to those who transition socially but have no desire for sex reassignment surgery, while transsexual referred only to those who sought both social and surgical transitions (Prince, 1978/2005). In using these terms in such a highly specific way, Prince seemingly gave birth to one of the first and most rancorous divisions within trans communities, resulting in the transsexual separatist movement. This movement, made of people who, unlike Prince, identify as transsexual, sees the issues facing

transsexual and transgender people (as Prince would use these words) as distinct and incompatible (more to follow in subsequent chapters).

Finally, Dr. John Money and his youngest patient, now known as David Reimer, also played influential roles. In the mid-1950s, Dr. Money came to be known as a pioneer in the field sexual development due, in part, to his theories regarding the socially constructed nature of gender (Colapinto, 2000). During his career as sexologist and psychologist, Money frequently attempted to normalize homosexuality and gender transgressive behaviours. One way he attempted to do this involved subtle changes to the terminology that he used in his writing. Rather than using terms like 'pervasion' or 'sexual preference,' he wrote about 'paraphilias' and 'sexual orientation' (Ehrhardt, 2007). Further, he helped popularize, and, in some cases, coin, terms such as 'gender identity' and 'gender role' (Ehrhardt, 2007).

Despite his largely positive influence up until this point, Dr. Money is perhaps best known for his unethical and heinous treatment of David Reimer. Shortly after David was born, a botched circumcision left him without a functioning penis (Colapinto, 2000). Due to the accident, David's family was referred to Dr. Money who, seeing David and his identical twin as an excellent chance to validate his theories about the socially constructed nature of gender, convinced David's parents to elect for 'corrective surgery' and to raise David as a girl (Colapinto, 2000). David's parents did just that, hiding his birth assigned sex from him, until his teenage years (Colapinto, 2000). Referred to in psychological circles as the 'John/Joan' case, this experiment was considered a success until it came to international attention in 1997. When news of this horrific failure finally broke, it was discovered that David's parents had gotten into the habit of routinely lying about the success of the experiment during check-ups, and they finally discontinued seeing Dr. Money after he started pressuring them to consent to a vaginoplasty procedure (Colapinto, 2000). However, after years of being considered a success, so-called

'normalizing surgeries,' had become common practice for treating children born with intersex conditions of all sorts.

For David, too, the damage had already been done. By age 13, it was clear to his family that this experiment was not a success; David was severely depressed, and did not identify as female despite the preceding years of socialization (Colapinto, 2000). At 14, David's parents informed him of the events leading up to his surgery, and by 15 (1980), he began identifying and living again as a boy (Colapinto, 2000). After his quiet transition back to male, David and his family remained silent for many years until, in 1997 with the assistance of the sexologist Milton Diamond, David broke his silence in an attempt to dissuade physicians from treating infants in a similar way (Colapinto, 2000). Despite this public coming out, or perhaps because of it, David remained deeply depressed and, in 2004, took his own life (Colapinto, 2004).

While this is certainly a grim note to close out the chapter, this story provides important context for the next chapter in the history of transition-related healthcare: The Rise of Gender Identity Clinics. In the very same year that Dr. Money started his experiment with David Reimer, the Johns Hopkins Medical Center opened the first Gender Identity Clinic in North America with Dr. Money as its head psychologist (*The News-Letter*, 2014). It is upon experiences like Reimer's, then, that the modern medical model of trans treatment came to support itself, and where I begin linking these histories to how academic and medical professionals talk about trans people today and the ongoing impacts on trans people and trans communities.

Chapter 2: Setting the Methodological Stage

In the first chapter, I provided historical context for understanding trans communities and trans healthcare movements. Here, I will provide the ontology, epistemology, theoretical frameworks, and methods I will use in subsequent chapters and begin to lay the ground work for the auto-ethnographic aspects of this thesis by outlining my position, relative to the research.

Ontology and Epistemology

Ontology—a branch of philosophy that focuses on being, relational dynamics, and how they influence what may be perceived to constitute truths and facts—and epistemology—a branch of philosophy that focuses on what knowledge is and how it is developed—form the base assumptions of research and the bedrock for all further research decisions. Having ontological and epistemological assumptions that do not align can lead to misleading or confusing findings and reduce the usefulness of the results (e.g, Creswell, 2014).

Both ontologically and epistemologically I tend toward pragmatism in my approach. Ontologically speaking, this is to say that I believe that reality is partially objective and partially constructed and the boundary between these competing versions of reality is flexible and requires debate and interpretation, based on current situations and research questions at hand. This pragmatic approach colors my understanding and, as a result, will bleed through in the auto-ethnographic elements throughout this thesis. This pragmatic view also places questions of methods as secondary to research direction and research questions (Saunders, Lewis, & Thornhill, 2007) or places "emphasis [on] practical usefulness and consequences of ideas and statements" (Nowell, 2015), allowing me the freedom to drift across the traditional binaries created by the objectivist-social constructionist and positivist-interpretivist divides in order to address my research questions. Put another way, "pragmatism invokes a methodological pluralism and disciplinary tolerance [and] encourages a multi-perspectival style of inquiry that

privileges practice and benefits from the complementarity, rather than opposition, of different understandings of world politics" (Bauer & Brighi, 2002, p. 111).

Primarily however, I will use a critical paradigm in this thesis, which sees human reality as socially constructed and subject to multiple and complex internal and external pressures created and communicated through language and affected by contemporary power relations. Epistemologically speaking, I tend towards a similar pragmatic approach; however, as a member of multiple marginalized groups, a critical lens—which understands the intersecting power dynamics of a given situation as a way to more fully interrogate the knowledge that is being constructed—also comes naturally to me. Thus, I see knowledge in these situations as constructed through language, as well as personal, social, and familial connections, and existing power relations. This will be elaborated on in the Theoretical Framework section below.

Theoretical Framework

As was mentioned in the previous chapter, this research examines the ways that healthcare professionals, trans people themselves, and community-based researchers talk about trans people, and how these discourses impact trans individuals and communities, (currently constructed as) a socially marginalized population. As such, this analysis will discuss the roles of power structures in creating, supporting, and continuing trans marginalizations inside and outside academia. To accomplish this, I will rely on a Foucauldian approach to critical discourse analysis, a neo-Marxist understanding of how power operates, and a critical psychological approach to the diagnosis and treatment of mental illness. Together, these critical approaches will help me highlight the power dynamics at play and explore the resultant social conflicts.

Critical Discourse Analysis

The term 'critical discourse analysis' can refer both to a methodological approach, as well as its underlying theory. Theoretically speaking, critical discourse analysis, as it will be

employed below, builds from two broad orientations: poststructuralism and Marxism (Fairclough, 2013). I draw first from Foucauldian theory the view that discourse is constructed and constructive in nature—that is, that language use constructs how we understand reality—and that discourse is inherently and inextricably linked to society, its class and power structures, and the speaker's position(s) within these (Foucault, 1972, p. 32). This view, then, highlights the ways public discourse builds, shapes, and changes human identities and actions, and demonstrates how discourse can either facilitate or impede change from the status quo, sometimes simultaneously (Foucault, 1972). Second, I draw from neo-Marxist philosophy the assumption that discourse's creation and use is inherently political, and thus reproduces and entrenches broader ideological interests and inter-class conflicts (Hall, 1996; Luke, 1997).

Critical discourse analysis (CDA), then, starts from the assumption that power imbalances already exist among the producer of a discourse, its subject, and its receiver[1] (Luke, 1997). Thus, the tools of discourse production can be seen as material purveyors of cultural capital, which enable movement of ideas and people among society's classes and social groups (For more information on cultural capital, see Bourdieu, 1973)— yet arising from the unequal access to requisite skills, information, and resources to produce discourse. This means that the ways people talk or write provide (or take away) privileges often attributed to talent, education, or class. Rather than attempting to hypothesize, or prove, the existence of such power imbalances, critical

[1] This is a vast oversimplification of the way discourse operates. Creators of discourse are also receivers and receivers are often producers. This becomes particularly important when marginalized receivers of discourse mimic socially powerful discursive elements as forms subversion, critique, or role reversal. However, within this thesis, these roles are simplified mostly to focus on one discursive stream at a time. (Foucault, 1972)

discourse analysis examines how existing power imbalances and ideological communications set the stage for unequal access to institutions, services, and skills in ways that enable or prevent movement among social classes and groups (Bourdieu, 1973; Luke, 1997).

Foucauldian theory of discourse. According to Foucauldian theory, reality, as much as it is associated with the physical materials that can be seen and interacted with, is actually a mental projection filtered through the lens of experience, education, and socialization. As such, the way that an object is viewed is subject to knowledge, language, and other objects associated with it (Foucault, 1972). These discursive associations (known as schemata in psychological terminology; Myers & Spencer, 2006) provide a meaningful understanding of the object in question, but also shape the ways we view the object, what we consider to be appropriate uses for it, and what actions we take with it (Foucault, 1972).

Of course, understandings of subjects—that is, other people, groups, and identity classes—are similarly constructed (Foucault, 1972). As a result, thoughts about other people and ourselves, along with resulting actions, are changed and limited by the discourses to which we have been subjected (Foucault, 1972). As an example, consider a group of people outside your normal social circle; whether positive or negative, your understanding of this group and their situation have all been constructed from the discourses to which you have been exposed. However, if you interact regularly with people from this group, your understanding, or discursive frame could shift, as well. Together with how discourse affects understandings of objects, this means that as far as the world (including the objects, subjects, and knowledge of which it is composed) can be understood, human interpretations of reality are subject to discourse and its constructive nature.

But, discourse does not simply emerge from the ether to construct the world. Instead, it is produced as an effect of history and is a structure built and inhabited by humans (Whisnant,

2012). Discourse, then, is recreated, changed, and adapted when we link objects, people, and knowledge in an attempt to communicate meaning. Thus, humans build current upon past discourses, incorporating changes to accepted social understandings. Because different social understandings are accepted by different groups, discourses can never truly be separated from those who produce them, nor can they be separated from their creators' social roles (Foucault, 1980). By analyzing individual discursive strategies, an understanding of both the person's identity—that is, ethnicity, gender, sexuality, and economic class—and their social context can be developed, based on their social position (Foucault, 1980). Similarly, the tools, knowledge, and skills to which a person has access and to which a person is made subject, can be similarly determined.

This last point is particularly important because, in Foucault's view, discourse is not only intimately related to the person who creates it, but also to social and cultural power (Foucault, 1972, 1980). Thus, in creating discourse, the speaker has a potential degree of social, cultural, or (even possibly) political agency (Foucault, 1980). In this way, discourse can act as a means of moving among social classes and groups, or in Bourdieu's words, as cultural capital (Bourdieu, 1973). However, for this to happen, the discourse must be created in such a way as to use the 'correct' tools, knowledge, and skills within the 'correct' context. Without all of these factors coming together, cultural capital—and thus social and cultural power—remains out of reach.

Neo-Marxist philosophy. While Foucault wrote about the ways that discourse can create or recreate power (Foucault, 1972, 1980), his theories fail to examine the role of class or social group in facilitating this power creation process (Whisnant, 2012). Understanding the interactions between class and power, which is integral to Marxist philosophy, reveals the interlocking forces that facilitate the creation of social power through discourse (also known as power discourse; Foucault, 1980). In this way, adding what Luke (1997) calls "neo-Marxist philosophy" to

Foucault's theory of discourse leverages analysis of the differential social positions of a discourse's creator, subject, and receiver.

Within this neo-Marxist understanding of power, discursive tools, knowledge, and skills are cultural resources to which one gains access, at least in part, due to being a part of specific classes (Gramsci, 2000; Willis, 1977). Those in lower classes have less access to the tools, knowledge, and skills necessary to create socially accepted discourses (i.e. 'truth'), even about the groups they inhabit or their own experiences. Meanwhile, those in higher classes are assigned more value within a society and have ready access to the tools necessary to create discursive power, no matter their experience with the topic or the limits on their knowledge. This casts discourse as a resource created and used within political economies, as both a means to movement among classes and a tool of class-based oppression (Gramsci, 2000; Luke, 1997).

The circular and contradictory nature of discourse relates most clearly to Gramsci's theory of cultural hegemony (Gramsci, 2000), which understands discursive tools, knowledge, and skills as a means of social control, and discourse as a resource most available to those in the ruling classes (Gramsci, 2000). According to this theory, those with social privilege use their control of the cultural means of production (i.e., discursive tools, knowledge, and skills) to manipulate socially accepted views, beliefs, values, explanations, and perceptions informing mainstream society (i.e., 'truth'), in order to reproduce their own worldview (Gramsci, 2000). In doing so, newly modified discourses become the basis on which new 'truths' must be created and, as such, generate power once again for those with social privilege, while offering undervalued classes a framework for understanding and working towards social power, but requiring resources they do not have (Gramsci, 2000). Needless to say, this means of discursive power accumulation only serves to widen the gap between the classes and enflame already existing interclass conflicts.

However, the unspoken assumption is that lower classes remain unaware of such social manipulations. Without lower classes believing that the accepted social norms, views, and values (i.e., ‘truth’) are in everyone’s best interests, there would be no reason for them to continue to support prevailing ‘truths’ or those who institute them. According to Gramsci, this is the inherent weakness in discursive forms of social control, and the key to taking away their power (Gramsci, 2000).

While a truly Marxist analysis of this topic would focus primarily on the economic class differences between those who control the cultural means of production and those subject to its hegemonic influence, this thesis seeks to extend these analytic techniques to incorporate differences in identity class. Rather than highlighting how economically deprived classes are oppressed by the higher class’s control of the cultural means of production, this analysis will focus on how undervalued identity classes, such as members of trans communities, are often deprived of access to the tools, knowledge, and skills necessary to create ‘truth,’ even about their own identities or experiences. Meanwhile, those in more culturally valued identity classes, such as medical professionals, have ready access to the tools necessary to create discursive power, no matter how limited their knowledge or lack of personal experience. Since those with marginalized identities, including trans people (Hitomi, 2016), disproportionately make up the lower economic classes including those living in absolute or relative poverty, the focus on identity class rather than economic class can be seen as a reasonable extrapolation of this Marxist analysis. Nevertheless, a focused analysis on the economic aspects of this topic would be a valuable addition to this literature.

Critical Psychology

The theories underlying critical discourse analysis offer a way of understanding the role of discourse in the consolidation and transition of power systems. However, an important aspect

of the discourse around trans identities and communities is the pathologization of their experiences (Ansara & Hegarty, 2012). In particular, trans people, their experiences, and their identities are painted largely in psychological and pathological terms, where trans identities are assumed to be a form of mental illness and trans people are assumed to be inherently psychologically damaged. Further, trans identities are currently framed within a psychological model that views gender transgressive behaviour in terms of degrees of psychological disorder. Because of this, it is necessary to understand how such a psychological disorder is viewed during discourse analysis. In this case, the interrogation of trans experience as disordered draws upon critical psychology.

Critical psychology contends that mental illness is, at least in part, a result of existing social power imbalances (Parker, 2007); it aims to critique the assumptions in conventional psychological theory and practice (Parker, 2007, 1999). In particular, critical psychology disputes claims that psychopathology is objectively constructed and inherently individual in nature (Parker, 1999). Instead, it highlights the culturally- and historically-bound nature of mental illness and illuminates the structural factors involved with the development and maintenance of psychological behaviours deemed problematic (Parker, 1999). Invoking this theory invites looking beyond an individual's psychological or biological 'failings' in order to better understand the role social power plays in the construction and maintenance of the definitions of psychopathology, including whose interests are best served by said definitions (Parker, 1999).

Feminist Standpoint Theory

Finally, because this thesis relies on both critical discourse analysis and auto-ethnographic methodologies, it is important to outline the theoretical framework used to understand the place of the researcher and of the auto-ethnographic elements of this thesis: feminist standpoint theory. Feminist standpoint theory refers to a theoretical approach to research that centres the lives and

experiences of marginalized people (Esterberg, 2002). Integral to this approach are questions about what it means to be 'objective' and whether accepted understandings of 'objectivity' can ever truly be 'neutral,' or free from underlying ideological assumptions or interests (Esterberg, 2002). Feminist standpoint theory encourages researchers and consumers of academic texts to examine critically the role that presumed scientific objectivity plays in research and whether this 'God's-eye view' of marginalized populations is potentially harmful to the targeted people, the communities they come from, and those who claim 'objectivity' themselves (Harding, 1993).

This epistemological approach accomplishes its political goals by framing the research design process from the viewpoint, or standpoint, of those in the marginalized communities of interest (Esterberg, 2002). Typically, this means that the author, whether or not they are a member of the marginalized communities of interest, challenges their accepted understandings by looking at the topic from the perspective of the affected population (Harding, 1993). In the case of this study, I aim to broaden my own viewpoint by focusing on the broadest spectrum of trans people possible, including those from different (and perhaps more marginal) standpoints, in the design and implementation of the research.

Methodology

Critical Discourse Analysis

Theoretically speaking, critical discourse analysis relies on a poststructuralist understanding of the constructed nature of discourse and a Marxist understanding of interclass conflict and power relations (Fairclough, 2013). Methodologically speaking, however, critical discourse analysis is used to explore social and cultural practices through analysis of discourses (Luke, 1997). In practice, critical discourse analysis relies on the methods of critical linguistics—which attempts to link language use with social context. Critical discourse analysis can vary widely, as it "is diverse as [discourse analysis] in general" (van Dijk, 2013). One common

element, however, is the assumption that power imbalances exist between the producer, subject, and consumers of any given discourse (Fairclough, 2013; Luke, 1997; van Dijk, 2013). Critical discourse analysis is *not* meant to be impartial. Instead, adopting a political stance critical of institutions of power is a necessary step in using this theory and methodology (van Dijk, 2013).

Since critical discourse analysis presupposes power differentials, it does not concern itself with questions of whether they exist (Luke, 1997). Rather, critical discourse analysis aims to document power differentials as they appear within the text, to explore their effects on the subject(s) of the text, and to connect said power differentials to broader ideological constructs acting through the text. To better differentiate between these goals, Fairclough (1995) proposed a model of critical discourse analysis consisting of three interrelated levels of analysis, each primarily concerned with its own unit of discursive scope: micro, meso, and macro.

Firstly, at the micro-level, my goal is to describe the textual, linguistic, and rhetorical elements/strategies of the included texts (Fairclough, 1995). As such, approaches derived from the field of critical linguistics will be applied to textual features, noting the use of metaphors, idioms, verb tenses, voice, and tone. In addition, textual features, identified by previous authors will also be highlighted. These include gender pronoun use/misuse (Ansara & Hegarty, 2012), objectifying speech patterns (Serano, 2007), unnecessary psychological jargon and medicalized terminology (Serano, 2007), and terms associated with pathology (Ansara & Hegarty, 2012).

Secondly, the meso-level of analysis involves interpretation of the discursive practices surrounding the text and its author(s) (Fairclough, 1995). This includes reviewing the context of the text's production and subsequent consumption, as well as examining the relative amounts of social power available to both the author(s) and primary consumers of a text. As a result, questions regarding the position of the text's author, the author's goals in creating the text, their access to the cultural means of production, and the author's social and cultural standing in

relation to the text's potential consumers (perceived or actual) will be addressed. Since contextualizing the authors and consumers of the discourse is essential to this level, I will also include the author's history of interacting with trans communities, where available.

Lastly, at the macro-level of analysis, my goal is to explain the social practices surrounding the text and to highlight connections with the social, cultural, and historical contexts within which it exists (Fairclough, 1995). At this stage, I will make the power differentials discovered in previous steps explicit and draw connections between the text and related ideological positions relevant to the time, place, and position of each selected text and its author(s). Because this analysis will include textual materials generated in or around gender identity clinics, this level of analysis will be expanded somewhat to allow connections to be drawn not only to the author(s) of the text(s) in question but also to their site(s) of production. This is particularly important due to the review and subsequent closure of CAMH's youth gender services (CAMH, 2015; Ubelacker, 2015), and the more recent legislative changes outlawing reparative therapies in Ontario-based institutions (Fraser, 2016).

Despite the delineation of three levels of critical discourse analysis, their applications cannot be separated, nor can each level be examined only once (Fairclough, 1995). Instead, micro, meso and macro levels frame the discussion relative to their particular units of assessment (i.e., textual, discursive, and social practice). However, since each unit of analysis is nested within, and dependent upon, all other layers of analysis, these levels can never be understood as independent (Fairclough, 1995). Further, new information originating from any of these levels changes the understanding and context of all others; thus, each must be revisited throughout data analysis in an iterative way. As such, it is normal, and expected, for analyses of this type to circle through these levels repeatedly, adding more context, depth, and understanding with each

subsequent pass. Figure A-1 in Appendix A shows a visual representation of this process and offers further description of the levels of analysis described above.

Auto-ethnography

Where ethnography refers to a collection of observations from inside a research project, developed through the eyes of researchers and participants in order to understand the culture of a group and the effects of the research more clearly (Hoey, 2014), auto-ethnography focuses on the author's experience as it relates to the project, its process, and its practices (Ellis, 2004). In this way, auto-ethnography serves as a form of self-reflection or self-critique that allows the author to connect their own experiences throughout the research project to the broader social, cultural, and political context and implications of the research (Ellis, 2004; Ellis, Adams, & Bochner, 2011). However, in this case, the ethnographic component of this analysis is not entirely aligned with strict auto-ethnographic methodologies, alone. While I will be sharing my experiences throughout the project and connecting these to broader social meanings, I will also be speaking as a member of the communities affected by the texts, as a researcher involved with the literature on issues important to trans people, and as a trans community organizer with experience in a variety of communities across the country. As such, I will be taking a position that complicates and blurs the lines between participant, observer, and researcher, thereby blurring the lines between the methods of auto-ethnography and feminist ethnography as well—a practice that highlights how gender operates within different groups (Aune, 2008), often through the application of feminist standpoint theory (Esterberg, 2002; Harding, 1993).

Auto-ethnographic observations will be woven throughout all sections of this thesis; however, these will be more prevalent for more recent periods, where I have more lived experience and community knowledge specific to the social, cultural, or historical context. Finally, auto-ethnographic elements of this thesis will be used to contextualize the analysis and to

connect discourses to their impacts within trans communities, as well as to the current base of academic literature. The goal of this method, then, is to build academic knowledge, not just from previous academic knowledge, but also from my own lived experience and the knowledge of trans people.

Methods

Inclusion Criteria

In selecting primary articles for analysis, three minimum criteria were set. The first was that articles must have been published within the time period discussed in the chapter. Thus, examples of medical discourse as it developed between 1967 and 1989 will rely on articles published during that time. This criterion was included to limit the effect of the spectacular changes in social climate around trans people and communities, making recent articles much less indicative of the discourses common to the historical period(s) in question. Second, to exclude articles with poorly informed or passing discussions about trans people, articles were required to have engaged meaningfully with discursive practices around and involving trans people. All articles included were read prior to selection to ensure that they adequately met this criterion.

Finally, to focus this analysis on the relationship between employed discourses and ethical approaches used within the texts, all of the included articles must have contained, or implied, some information about ethical practices. While it was not necessary that included materials explicitly outline their ethical approaches to trans populations, content on ethics was considered particularly useful as a limit on my own assumptions. However, given the constructed and constructive nature of discourse and the inherent link between discourse and the mobilization, acquisition, and contestation of power, it could easily be argued that all trans-related discourse carries an implicit ethical perspective that positions the concerns of trans people and communities themselves along a continuum of relevant to or distant from the objectives

claimed. For this reason, it is best to see this criterion as more implicit and less selective, but still important to understanding and achieving the goals of this research.

Included Texts and Article Sourcing

Included materials represent examples of discourses employed by particularly noteworthy authors. These were sorted into three broad categories, based on the historical contexts in which they emerged, and their position relative to trans people and communities. Materials sorted into the first of these categories employ discourses associated with the traditional medical model of understanding trans people and identities, published between 1967 and 1989. These materials were sourced from authors associated with Gender Identity Clinics, where this model was formally institutionalized and remains nearly ubiquitous. Materials included in this category were "Transvestism and Transsexualism in the Male and Female" (1967) by Harry Benjamin, "Childhood Cross-gender Identification" (1968) by Richard Green, "The Concept of Autogynephilia and the Typology of Male Gender Dysphoria" (1989) and "Typology of Male-to-Female Transsexualism" (1985), both by Ray Blanchard. Additionally, two one-hour recordings of the first International Symposium on Gender Identity (Dewhurst, Scott, & Randall, 1969) were also included.

Materials in the second category employ one of the competing community-based discourses about trans people and identities. For this category, materials were sourced from blogs, magazine articles, and other intra-community communications. Examples were included specifically because known power imbalances often prevent trans people from controlling the means of knowledge production within academic spaces and, as a result, they must rely on other media and tools to produce their discourses. Materials in this chapter included the seven most recent blog posts by prominent transsexual separatist JustJennifer (2017a,b, 2016a,b,c, 2015); two (considerably longer) personal blog posts by Elizabeth (2013a,b) on *Notes from the T Side*;

two articles from Julia Serano (2017, 2015), author of *Whipping Girl* (2007); one by Cristan Williams (2016), creator of *TransAdvocate*; an interview with Janet Mock (King, 2014); an article by Dana Taylor, published by the *TransAdvocate*; (2013), and the transcript from a talk by Virginia Prince (1978/2005).

Materials sorted into the third and final category seem to blend aspects of the previous two categories. These examples of discourse, found in academic and gray literature, use community-based approaches for researching trans people. The projects underlying these materials involve trans people within the research process to varying degrees and often explicitly state their ethical approaches to trans communities. This category highlights the most recent shift in discourses about trans people and communities and should dissuade any notions that the earlier discourses are fully representative. Materials in this category include publications from the projects of Nemoto, Bodeker, and Iwamoto (2011); the *TransPULSE* study led by Bauer and Travers (Bauer, Scheim, Deutsch, & Massarella, 2014); the *Trans Mental Health Study 2012* by McNeil et al. (2012); and “Cisgenderism in psychology: Pathologizing and misgendering children from 1999 to 2008" by Ansara and Hegarty (2011). A more detailed description of the materials included here can be found it Chapters 3, 4, and 5 respectively. A complete list of the included materials, organized by chapter of analysis, can be found in Table A-1 in Appendix B.

Auto-ethnographic Groundwork and Political Stance

I identify as a feminine-presenting, non-binary trans person. While all of this sounds complicated and possibly exclusionary (or some may say snowflakey), each of these ‘labels’ are simply shorthand to express how I know myself today and to spare others a long retelling of the time- and energy-intensive processes by which I learned about myself. In an effort to clarify my position relative to this research and to demystify the labels presented above, I feel that it is necessary to quickly define these terms and discuss their significance to my life and my research.

With regards to my gender identity and gender expression, I typically express my gender through a mixture of masculine, feminine, and androgynous clothing and accessory choices.

Generally, however, I present myself more as feminine than masculine (**feminine-presenting**). Yet, I do not fully embrace a feminine gender identity or identify as a woman; instead, my gender identity remains somewhat stably between (or outside of) the two culturally accepted identities of man and woman (**non-binary**). Because of this, I tend to prefer the pronouns they/them whenever possible; although I welcome she/her considering the culture I live in, my gender presentation, and my preference of a feminine gender identity to a masculine one. Finally, I identify as a **trans person** because, despite my gender expression and gender identity, I was assigned male at birth and I have taken the steps that were right for me to align my gender expression, gender identity, and embodied reality.

For those living on the front lines of the current trans rights movement, my self-identifications above are likely enough to expose and explain my position with regards to the research offered here and my feelings about the medical complex that exists around trans people, their bodies, and identities. For readers without this experience or knowledge, suffice it to say that my life and my identities do not conform to those which most medical gatekeepers value or see as valid expressions of trans experience, even today. In particular, these gatekeepers would likely take issue with my complicated sexual identities (especially the specifics, which I have chosen not to share) and/or my non-binary and somewhat fluid gender identity. Any of these could have been reason enough to deny me hormonal and surgical treatments.

While I was fortunate enough to slip through gatekeeping systems to obtain the transition-related care I (mostly) wanted and needed, others like me were not so lucky. Many trans people I have met through my work leading trans support groups came with stories of having been severely delayed in their transition processes or out-and-out denied treatment by gatekeepers. Of

these stories, the ones that stick out are always the most horrible ones. These stories include a couple of trans women who spoke of how they have been trying to access transition-related care for more than 10 years without success, a number who felt that they needed to profess deep suicidal ideation in order to get through the system, and those who developed a desire for more cosmetic surgeries as a result of unkind comments, suggestions, and questions by medical staff.

In the auto-ethnographic sections distributed throughout this thesis, I will share some of these stories. Most will be based on my own personal experiences attempting to access transition-related care, walking through life as a trans person, and/or working for trans-focused activist organizations and movements. Others will consist of themes commonly discussed within trans communities about interactions with medical and psychological gatekeeping or publically available stories I have found as a result of my interest in the topic, my work for these organizations, or my various research projects. By including these publicly circulating or personal stories, thoughts, and opinions, I hope to add texture to the analysis of the discourses and their impacts on trans people, and ultimately, to humanize the research and its results, as a way to push for an end to the conditions that create such sad stories in the first place.

With these goals in mind, however, it is important to make one thing very clear: This process, like that of critical discourse analysis itself, is *not* meant to be objective. Rather, it is coloured by my lived experiences and that of other members of trans communities. These particular experiences form the basis of a political stance that underlies my thesis and shapes the methodology, methods, and design of the research; that stance is critical of the current systems of power and prioritizes the health and transition-related needs of trans people over the desires of gatekeeping organizations. Gatekeeping discriminates against trans people and communities and pushes all people to adopt specific, acceptable and respectable gender identities and expressions at the risk of losing access to transition-related services. In more academic terms, this means that

that gatekeeping transition-related care serves to create and propagate hegemonic gender norms and, thus, is cissexist in nature.

The medical model of understanding trans identities creates and validates at least some of the cissexism currently facing trans people and communities. Therefore, a necessary step towards reducing the harmful influence of the current hegemonic power structures involved in gatekeeping organizations is to challenge the medical model. As such, my personal experience and the experiences others have shared with me tend to critique the current system of power for disenfranchising trans people from their own medical treatments, in ways that are not benevolent towards trans people or communities.

Chapter 3: The Medical Model (1960s to 1990s)

Building from Chapter 1, which outlines the historical context leading to creation of the first Gender Identity Clinic in North America, this chapter reviews the emergence of the medical model for understanding trans people, and begins the analysis of different discourses employed to talk about trans people and identities. Published materials employing medical discourses will be analyzed here, in ways that distinguish it from the others to be examined, and that link its use to real-world impacts on trans people and communities. I will provide evidence of the discursive biases informing the institutions trans people rely on for their care and demonstrate the effects of dominance and aggression that these biases perpetuate. Throughout this chapter, I will include my own lived experience as necessary to clarify and contextualize these impacts.

Historical Context

Largely as a result of Money's work, including his failed attempt to 'correct' David Reimer's circumcision accident, similar 'corrective,' sometimes sterilizing surgical procedures were institutionalized within accepted medical guidelines. (Creighton, 2001). Today, intersex people and their allies are strongly pushing to end 'corrective' surgery (e.g., Human Rights Watch, 2017; Raphael & Oberman, 2017). Much like his work on intersex children, John Money's work with trans people was grounded in his theory that gender identity relies upon consistent socialization, prior to 2 years old (Creighton, 2001; Money, Hampson, & Hampson, 1957). According to the theory, after this critical period, a person's understanding of gender, gender role, and gender identity becomes fixed or, at least, much less capable of change.

Money assumed that normalizing the genitals of intersex children and getting the child's parents to socialize them consistently into either chosen gender role would facilitate their conventional social development throughout the rest of their lives (Creighton, 2001; Money et al., 1957; Money, Hampson, & Hampson, 1955). On the other hand, Money assumed that people

asking for transition-related care had already been socialized into a gender identity and role opposing their birth assigned sex; thus, to put it bluntly, the damage had been done and the easier path towards a 'normal' gender would involve bringing their bodies into line with their developed gender identity. Because of his theoretical grounding, Money supported transition-related care and sexual reassignment surgery (Bullough, 2003).

In 1965, at the urging of John Money, Johns Hopkins Hospital in Baltimore, Maryland, started serving the specific transition-related needs of trans people (Bullough, 2003; *The News-Letter*, 2014). This program, now widely regarded as the first Gender Identity Clinic in North America (*The News-Letter*, 2014), was the first which offered trans people a standardized path to accessing needed surgical care. Similar to today, however, this path involved jumping through a number of hoops that were anything but empowering, including a psychiatric evaluation, hormone replacement therapy, and living as their preferred gender for a set amount of time (Day, 2016).

Despite the clinic's instrumental role in developing the frameworks for providing transition-related care, the clinic's goals were investigative or experimental in nature and were never primarily to treat trans people (Buckley, 1966). In 1966, John Hoopes, plastic surgeon and head of the Gender Identity Clinic, told *The New York Times* that: "This program, including the surgery, is investigational … The most important result of our efforts will be to determine precisely what constitutes a transsexual and what makes him [sic] remain that way" (Buckley, 1966). In line with these goals then, John Hopkins became the first clinic in North America where doctors and researchers could go to learn about sex reassignment surgery (*The News-Letter*, 2014). Ultimately, this meant that Johns Hopkins became the model around which other similar institutions were *constructed*, institutionalizing their approach across North America.

In 1966, Harry Benjamin published his ground-breaking medical textbook, *The Transsexual Phenomenon.* In his book, Benjamin relayed case details of nearly 500 mostly male-assigned patients seeking transition-related care over a ten-year period (Benjamin, 1966). To Benjamin (1996, p. 11), it was clear that psychotherapy was ineffective in changing a patient's gender identity to align with sex assigned at birth. As a result, he hypothesized that gender was set early in childhood, if not before birth, and that changing a person's internal sense of gender after this point was nearly impossible (Benjamin, 1967, 1966). Thus, he argued that trans people should be given access to transition-related care in order to relieve the stress and other psychological harms of their gender-sex incongruence (Benjamin, 1967).

Although Benjamin's theories differed from Money's in many ways, the overlap, their remarkable popularity at the time, and the similarity of their conclusions, represented a paradigm-shift, where medical professionals started to see transition-related care as an effective treatment for gender-sex incongruence. Between 1965 and 1975, more than twenty new clinics emerged across North America (Reay, 2014), including at the Clarke Institute in Toronto (James, 2003). This rapid expansion brought with it new problems, including a lack of treatment standards and an absence of effective oversight. In 1969, the first International Symposium on Gender Identity, held in London (Devor, 2013; Dewhurst et al., 1969; WPATH, n.d.b), allowed prominent researchers and clinicians to discuss these matters for the first time beyond a national stage.

Over the next 8 years, the International Symposium on Gender Identity laid the ground work for a new organization, which sought to "sponsor professional conferences, establish standards of care in treating gender identity disorders, distribute information, and offer ethical guidelines to professionals" (Zhou, n.d.). Named in honour of his pioneering work in the field, The Harry Benjamin International Gender Dysphoria Association (HBIGDA; WPATH, n.d.b) evolved into what is known as the World Professional Association for Transgender Health

(WPATH) today. Established in 1978, the organization quickly set to work, publishing the first version of their standards of care the next year (Zhou, n.d.).

Ultimately, the HBIGDA's Standards of Care attempted to standardize assessment and treatment of trans people. While it may not have been a rousing success, even today, since psychological and medical professionals still routinely refuse to treat trans people, the Standards of Care marked a large step toward formalizing and standardizing transition-related care. Perhaps more importantly, however, the Standards of Care represented a clear message that medical professionals, limited in number as they might be, viewed access to transition-related care as an effective treatment and the ethical option for trans patients. However, because the HBIGDA was made up of mostly cisgender health professionals treating trans people in private clinics, the Standards of Care largely reflected their standpoint. As a result, the Standards of Care have historically operated as very conservative guidelines that limited those with comorbid mental health problems from accessing care, while promoting lengthy evaluation periods before even rudimentary access to transition-related care (WPATH, 1979).

During this time, the American Psychiatric Association (APA) removed homosexuality from the third edition of its *Diagnostic and Statistical Manual* (*DSM*), declaring that same-sex attraction, by itself, is not a form of mental illness (Lyons, 1973). In 1974, San Francisco removed laws requiring people to wear a certain number of items pertaining to their biological sex, making it legal for people to openly crossdress in the city (Sears, 2014). Then, in 1979, Meyer and Reter published a study which compared the clinical outcomes of 29 trans patients who had sex reassignment surgery with 21 trans patients who had not. While many have critiqued the study's methods and results since, it concluded that surgery offered no improvement to one's ability to adjust to society (Meyer & Reter, 1979). Relying heavily on this study, Paul McHugh, the Psychiatrist-in-Chief at Johns Hopkins Hospital, shut down the program and closed the Johns

Hopkins Gender Identity Clinic (*The News-Letter*, 2014). Other research contradicts the findings of this study before and since (e.g. Benjamin, 1969; Blanchard, 1989; de Vries et al., 2014; Dewhurst et al., 1969); however, the damage had already been done. Over the next 20 years, many University-based Gender Identity Clinics across the United States would also shut down (Erickson-Schroth, 2014).

Here in Canada, the Gender Identity Clinic at the Clarke Institute in Toronto (which merged with the Centre for Addiction and Mental Health (CAMH) in 1998; Withers, 2014) was a survivor of the contraction of services in the late 1970s. In fact, in 1975, the Clarke Institute expanded when Susan Bradley founded its youth program (Paterson, 2015; SickKids, n.d.). In 1980 and 1981, Ray Blanchard and Kenneth Zucker joined the Clarke Institute and between 1983 and 1989, Blanchard focused his research on homosexuality, transsexuality, pedophilia, and overlaps among the three (Blanchard, n.d.; Zucker, 2016). The Clarke's youth program quickly gained a reputation inside (e.g., James, 2003; Williams, 2017; Wither, 2014) and outside trans communities (e.g., Hill, Ronzanski, Cargnini, & Willoughby, 2006) for relying on reparative therapeutic techniques, a reputation that continued to grow until the program was ended in 2015 (e.g., Ubelacker, 2015).

Each of these three clinicians, Bradley, Zucker, and Blanchard gained a negative reputation within trans communities over their respective careers. In part, Blanchard's typology for understanding trans people designated male at birth earned him this reputation. It separated all trans people designated male at birth into one of two groups: 'homosexual [sic] transsexuals' (trans women, designated male at birth who have a strong preference for male sexual partners) and 'non-homosexual [sic] transsexuals' (trans women, designated male at birth who are asexual, bisexual, or have a preference for female sexual partners; Blanchard, 1985). In 1989, Blanchard updated his typology by replacing the second group of 'non-homosexual [sic] transsexuals' with

‘autogynephilic transsexuals.’ In Blanchard’s own words, his hypothesis was that “all gender-dysphoric males who are not sexually aroused by men (homosexual) are instead sexually aroused by the thought or image of themselves as women (autogynephilic)” (p. 616).

In 1991, Bradley, Zucker, and Blanchard served as part of workgroup tasked with defining the diagnostic criteria for Gender Identity Disorder (GID) in the *DSM-IV* (Bradley et al., 1991). During this process, two key decisions were made that would deeply impact trans people and communities going forward. The first was to include Transvestic Fetishism in the *DSM-IV* (American Psychiatric Association [APA], 1994), codifying Blanchard’s concept of autogynephilia as a sexual disorder and validating Gender Identity Clinics’ use of invasive questions about the sexual history, preferences, and fantasies of their trans clients. In some cases, this new disorder ended up precluding diagnosed trans people from accessing transition-related care, making it more of a liability than ever to imply or discuss sexual relationships that were not with cisgender men.

The second key decision was to allow children to be diagnosed with Gender Identity Disorder without the child having expressed a need to transition socially or medically, themselves (APA, 1994). By allowing health professionals to diagnose Gender Identity Disorder in Children without their input, Williams (2017) and others argue that they watered down the pool of children identified with Gender Identity Disorder by including those who displayed “troublesome” cross-gender behaviours. This allowed claims, like those by the conservative American College of Pediatricians (2017), that “[Gender Dysphoria] resolves in the vast majority of patients by late adolescence,” an opinion cited to support the use of reparative therapy for gender transgressive youth, and to justify denying trans youth, regardless of expressed need, transition-related care.

In 2003, J. Michael Bailey published a book, *The Man Who Would Be Queen: The Science of Gender-Bending and Transsexualism,* in which he supported Ray Blanchard’s theory

of autogynephilia, provided evidence for a congenital view of homosexuality, supported several stereotypes about gay men and lesbian women, and argued that transsexuality in people designated male at birth is inextricably linked with homosexuality and sexual disorders (Bailey, 2003; Conway, 2008). Trans women featured in Bailey's book filed formal complaints and Northwestern University, where Bailey was the chair of the Psychology program, began an official investigation (Conway, 2008). Amongst those opposed to the book's characterization of homosexuality and transsexuality was the HBIGDA, who released an open letter stating:

> The HBIGDA Board of Directors believes that a relationship of trust and mutual respect between the scientific and the transgender communities is essential to further its mission to promote the health and well-being of transgender and transsexual individuals and their families. It is felt by many of our members that this poorly referenced book does not reflect the social and scientific literature that exists on transsexual people and could damage that essential trust (Conway, 2003a)

In response, Ray Blanchard resigned from the HBIGDA committee (Conway, 2003b).

The release of Bailey's (2003) book and subsequent backlash from trans communities, was something of a turning point for trans people in publicly addressing researchers who misrepresent their identities and community interests. In Canada, this new voice focused on CAMH, Bradley, Zucker, and Blanchard. Amid concerns from the community, CAMH started an internal investigation in 2007 (Conway, 2009) and published their findings in 2008 (Centre for Addiction and Mental Health [CAMH], 2008). Chief amongst the complaints identified in the report were: that the clinic focused too much on research and not enough on care; that it was unwilling to engage with trans communities; that they used guidelines that required up to 4 times longer wait times than what current WPATH standards of care recommended; that they supported and promoted Blanchard's typology; and that they focused on training cross-gender behaviour

out of youth patients (CAMH, 2008, p. 20; Conway, 2009). After this report was published, the CAMH's GID Adult Services were slowly restructured with new staff, policies, and approaches for trans communities (CAMH, 2012). Blanchard would retire from CAMH in 2010 (Blanchard, n.d.). Despite the controversy over his therapeutic approach, in 2008 Kenneth Zucker was appointed chair of the *DSM-5*'s workgroup, which was tasked with defining diagnostic criteria for Sexual and Gender Disorders in the *DSM-5* (Davy, 2015). To meet the transparency requirement for this role, Kenneth Zucker (2010) announced all public dialogue would go through the journal he controls, the *Archives of Sexual Behaviour*.

In 2015, CAMH announced that they would shut down and conduct and independent review of their youth services (Ubelacker, 2015). Not two months later, legislators in Ontario proposed the *Affirming Sexual Orientation and Gender Identity Act* (now enacted), outlawing conversion therapy in Ontario. Bradley publicly opposed this bill (Cross, 2015), stating that she "has long practiced a type of therapy she thinks would become illegal if it passes" (Cross, 2015, para. 2), perhaps referring to therapeutic approaches described in Zucker and Bradley (1995), among others. Even during the internal investigation, CAMH came out in support of the proposed legislation (Lenti, 2015). Later that same year, CAMH announced that their youth services program was coming to an end (Ubelecker, 2015), and that its Head, Kenneth Zucker, would no longer be working at CAMH (Ubelecker, 2015). In early 2016, Ontario's Ministry of Health and Long-term Care (2016) announced changes that would decentralize the process of getting government funding for transition-related care, which allowed primary care providers (physicians or nurse practitioners) to coordinate surgical referrals.

Discourse Analysis

Methods

I selected four academic articles published between 1967 and 1989 as well as two recordings of the first International Symposium on Gender Identity in London in July of 1969 (Dewhurst et al., 1969) to be analyzed. Articles were chosen because of the influential nature of their authors and their work. Due to time constraints, it was not possible to review entire books; however, in some cases these books (i.e., *The Transsexual Phenomenon* by Harry Benjamin (1967) and *Sissy Boy Syndrome* by Richard Green (1987)) could have been a better choice for understanding the nuances of employed discourses. Instead, published academic articles by the same authors on the same topics were chosen.

Academic articles included were “Transvestism and Transsexualism in the Male and Female” by Harry Benjamin (1967); “Childhood Cross-gender Identification” by Richard Green (1968); Typology of Male-to-Female Transsexualism” by Ray Blanchard (1985); and “The Concept of Autogynephilia and the Typology of Male Gender Dysphoria,” also by Blanchard (1989). Additionally, two recordings of the first International Symposium on Gender Identity are also included (Dewhurst et al., 1969). These recordings included part of John Randall’s presentation, “Indications for Sex Reassignment Surgery,” Fred Oremland’s presentation, “Surgical and Psychiatric Treatment in Private Practice of Transsexuals in California,” Margaret Branch’s presentation, “Social Aspects of Transsexualism,” and two presentations not listed on the conference program (Dewhurst, 1969), but invited to fill time between advertised speakers.

Materials examined here were reviewed at least twice. On the first pass, notes were made regarding discourses employed, unspoken assumptions implied, nouns and adjectives used to describe people, and implications of employed discourses. During the second and any subsequent passes, previous notes were double-checked for clarity, relevance, and accuracy, and elaborated

as appropriate. Notes were categorized using an evolving framework of themes where the first theme identified was labelled as number one, the next was theme two, and so on until all notes were categorized. The resulting 23 thematic categories were then linked under three larger, discursive themes: The Construction of Normality, The Construction of Transsexualism, and Implied and Employed Ethical Frameworks. A complete list of the identified themes, organized by larger, discursive categories, can be found in Table A-2 in Appendix E.

Results

The construction of normality. Universally, the included authors imply what normality is or should look like from their point of view, and define trans people (or more specifically, transsexualism) in opposition to this 'normal' image. For example, Green (1968) states that he "found it useful to present the child with small plastic dolls representing mother, father, sister, brother, and baby" (p. 503), in attempting to diagnose cross-gender identification in children. In using these specific dolls, Green implies his understanding of what a 'normal' family looks like and the roles of members of such a family. Specifically, he presents a heteronormative, nuclear family, where children have a mother, father, and one to two siblings as normal, where parental responsibility lies with the mother and father. Absent from this model are dolls representing alternate roles and family structures, such as same-sex couples, blended families, or extended families. Notable for the time period, aunts, uncles, grandparents, and cousins have been excluded, also defining cultures where parental responsibility is shared among the parents of a child and extended family members, as 'abnormal.' Thus, these dolls and their roles imply what is 'normal' for Green and place him in a specific cultural, geographic, and political context.

Another example of how an author implies what 'normal' looks like can be seen when Benjamin (1967) states that "The physician who has occasion to see some of these patients, who are rare indeed, largely has to use his own judgement…" (p. 107). In this sentence, Benjamin

presents the 'normal' gender of a physician as male. While neither of these examples are unexpected for the time period, they provide an illustration of how language use defines and implies what is normal, based on the authors' historical, cultural, and personal contexts. Over the course of the next subsections, how the authors imply what normality looks like, particularly with regards to sex, gender, and gender roles, will be examined and explored.

'Normal' sex and gender. In the opening lines of "The Concept of Autogynephilia," Blanchard (1989) defines transsexuality in relation to dysphoria: "[t]he term gender dysphoria refers to the discontent with one's biological sex and the desire to be regarded by others as a member of the *opposite* sex" (emphasis added, p. 616). In the opening paragraph of "Typology of male-to-female transsexualism," Blanchard (1985) describes the differences between transsexualism "within the male population" (p. 247) and "gender disturbance in females" (p. 247), and Randall can be heard outlining the outcomes of 44 males and 8 females referred for sexual reassignment surgery (Dewhurst et al., 1969). Similarly, Benjamin (1967) titles his article "Transvestism and Transsexualism in the Male and Female."

In each of these cases, the authors imply 'normality' and define sex using only two terms, making no allowances for any space between or outside of these points. These implications set up a sex/gender binary (Fausto-Sterling, 1993) as normal with male on one side and female on the other. For gender, this same binary sets man/boy on one side of the binary and woman/girl on the other. Rhetorical features like these make invisible those who do not fit either of those categories, who sometimes have important and valid gender identity concerns of their own, while erasing the natural variation in sex, and accompanying sexual characteristics (Fausto-Sterling, 1993), in favor of a simpler narrative.

In his introduction, Green (1968) states that "[i]ntersexed [sic] children … because their external genitalia may be ambiguous, can pose a problem for the physician as to which sex to

designate the infant" (p. 500). This quote presents intersex bodies as a problem and suggests bodies with sexual characteristics outside of a traditional binary are weird, unnatural, abnormal, and a problem *for the physician*, presenting justification for eugenic surgeries to 'correct' these anatomical differences. As Green (1968) goes on to say, such surgical interventions define the child's first experiences of gender and their lifelong gender identity (pp. 500-501). This claim, that designation and surgery link sex and gender, upholds the sex/gender binary and reinforces the belief that 'corrective' surgeries on intersex children help, not harm, the child or society as a whole.

At the same time, some of the authors acknowledge that natural variation does occur and, less often, that this variation is normal, natural, and valid. This implies that even these authors are unable to affirm the sex/gender binary without qualification, given their patients and participants. Despite his claims, Green (1968) openly talks about gender development in intersex children, for example, and Oremland matter-of-factly states that "sexual variation is a natural part of human history" (Dewhurst et al., 1969). Benjamin (1967), too, seems to challenge the binary understanding of sex, writing:

> My studies and observations of transsexuals have brought home to me more than anything else the dubious and ambivalent nature of what we call sex. This dubiousness evidently exists as an intrinsic part of nature, and any alteration of the sex status of an individual ought to appear much less "tabu" [sic] and "unnatural" than it usually does. Sex has no accurate scientific meaning. Its significance has become more social and legal. (p. 111)

Yet, the way that these texts set up a one-to-one link between sex and gender throughout is unmistakable: Males are men/boys and females are women/girls. In fact, Benjamin (1967) finishes the quote above by stating that "[t]he term "gender" is often more appropriate, especially

if no reference to sexuality or sexual activity is intended," (p. 111) thereby conflating sex with gender and the biological (though socially defined) with the societal.

The way in which the authors rely on the sex/gender binary sets up an ever-present correspondence between sex, gender, and gender roles. In these texts, 'normal' males are not only men/boys, but also conform to masculinity and 'normal' females are not only women/girls, but also act in compliance with femininity. Trans people, then, are seen as exceptions to these rules and, thus, to normality. Further, only Harry Benjamin implies that gender or gender roles might change over time, when he acknowledges that "[transsexualism] takes different forms in different individuals" (p. 113) and that it can change over their life-course (p. 114). Considering his own reliance, and that of his peers, on the sex/gender binary, this statement suggests that gender fluidity is possible for trans people and, perhaps, for the rest of the population too. Beyond this one statement, however, the texts remain steadfast in the portrayal of sex, gender, and gender roles as fixed and irrevocably linked.

Virginia Prince, a trans person herself and an attendee at the symposium analyzed here, suggests that some of Randall's transsexual patients be treated with crossdressing and not surgery, explicitly stating that she means they should live "as a woman, which is quite different than as a female" (Dewhurst et al., 1969). In making this distinction, Prince implicitly breaks the conceptual link between sex and gender and asks conference goers to consider whether differentiating sex and gender might provide more, or even possibly better, treatment options for trans people. While not all trans people would agree that such a range of options would represent their own specific needs for transition-related care, having more socially and medically acceptable options available could allow some trans people to live happier and more fulfilled lives (and possibly reduce the demand for sex reassignment surgery). However, the value of Prince's suggested treatment rests on the deconstruction of the sex/gender binary and acceptance

of people taking on roles and gender expressions that do not necessarily correspond to those assumed to follow from their assigned sex.

"Normal" gender roles. In addition to linking sex, gender, and gender roles in a one-to-one binary fashion, the authors construct firm 'masculine' and 'feminine' roles and lay the groundwork for reproducing extremely stereotyped versions. Green (1968), for example, relied heavily on gender role stereotypes, repeatedly referring to feminine boys as "sissies" and masculine girls as "tomboys," regularly fretting about their adult sexualities. Green (1968) outlines appropriate and inappropriate gendered behaviours for children multiple times and argues in favor of a predictive relationship between childhood and adult gender role behaviour (p. 504), allowing parents and psychologists to predict sexuality, gender, and gender roles into a child's adult years. Yet, Green (1968) also argues that gender role behaviours are learned and that, through therapy aimed at changing inappropriate learned gender role behaviour, children can be saved from a life of homosexuality or transsexuality.

Green (1968) defines 'normal' gender role behaviour for boys as more adventurous and autonomous than for girls (p. 503), noting that boys are defined by "rough-and-tumble" play (p. 502), and "healthy aggression" (p. 507). Tellingly, however, Green (1968) only ever defines 'normal' masculine behaviours for boys in relation to 'normal' feminine behaviours for girls. In doing so, he sets behaviours 'normal' for boys as different than those for girls. He states that "[a]voidance of any physically competitive activity by some boys may be an indication [of cross-gender identity]" (p. 502). Additionally, boys who are "very much attuned to what their mothers wear" (p. 502) or are "critical of [their mothers'] fashion and typically react when she is wearing a new dress, is dressed particularly well, or could improve her appearance" (p. 502) may also have a cross-gender identity. Finally, Green implies that, for boys, stage acting and role taking behaviours are abnormal or linked to other "symptoms of marked effeminacy" (p. 505), claiming

that “[a] keen interest in stage acting and role taking has been shown by 10 of 23 young boys with symptoms of marked effeminacy” (p. 506).

Green also focuses on how parents fail in their gender role behaviours as well, discussing a father who does not care for sports (p. 505) and another who is not the patriarch of the family but rather “a submissive man” in the case of another child (p. 507). To drive home his point, Green states that “[q]uestions from the therapist, directed towards both parents regarding, for example, an appointment time, are received by the husband turning to his wife, pausing expectantly, and waiting for her to make the decision” (p. 507). In attempting to fix this purported submissiveness on the part of the father, and, by extension, to fix the cross-gender identity of the child, Green states that his goals with the parents were “focused on their disparate roles in their son’s upbringing, the ways in which the wife disparages her husband in the boy’s presence, her reasons for her need to relate in an excessively warm manner to her son, and the father’s reasons for his aloofness” (p. 508).

Green (1968) endorses many of the gender role stereotypes of his time, viewing boys and men as naturally dominant, competitive, rough, and aggressive, and defines these traits as healthy or as the absence a problem or disease. At one point, Green even describes “[m]ischievous behaviour” (p. 507) as naturally masculine and mothers’ attempts to limit this behaviour as “masculine-inhibiting” and “femininity-reinforcing” (p. 507). In defining masculinity in this way, he advances the view that men and boys have a right to act out aggressively, break rules, compete with one another, or dominate the women in their lives. Further, he advances the view that a boy attending to his mother, or a husband checking with his wife, is somehow a sign of submission and an abdication of these rights. All of this is deeply sexist and extremely reliant on boys and men being walking stereotypes rather than complicated, nuanced people. When men and boys fall short of this stereotyped gender role behaviour, Green refers to them as ‘sissies,’ ‘effeminate,’

‘submissive,’ or ‘swishy,’ (p. 502) all words that have very clear, negative connotations and a few that would count as anti-gay slurs, even in his time period.

As Green (1968) defines feminine behaviours, he refers multiple times to girls playing with dolls or playing house (pp. 502, 504, 505, 507). He describes girls as less adventurous and autonomous than boys, implies that it is ‘normal’ for girls to attend to their mothers’ clothing and hairstyle choices, and suggests that girls who avoid playing with dolls (p. 503) or willingly engage in competitive sports (p. 504) demonstrate the possibility of cross-gender identification and lesbianism or transsexuality later in life. Nevertheless, he notes that masculine behaviour is more common (p. 501) and less indicative of a problem in girls (p. 503) than feminine behaviour is in boys. Perhaps, then, it is for this reason that Green spends less space discussing young girls and their masculine behaviours in his article, and is less negative when he does so.

In excerpts from interviews with two mothers of his child clients (interviews with the fathers were not included), Green focuses on how they fail ‘normal’ gender roles in their own right. He leaves out large pieces of each interview, but chooses to leave in comments that highlight the mother’s gender role failures, such as wearing slacks (p. 505) and competing with her twin brother (p. 505). In later case studies, Green describes the mothers as “domineering” (p. 506) and “anxious” (p. 507), and suggests that one of the mothers prevents her son from the “exploratory gesture[s] of aggressiveness or autonomy” (p. 507) due to this anxiety. In both cases, Green suggests that the fathers are completely dominated and turned into second-class citizens in their own homes (p. 507). In fact, Green states explicitly that the goals of therapy for these families include for “the husband and wife to gain some perspective on the second class citizen status of the husband and of the significance of their imbalanced roles in shaping their son’s personality” (p. 507).

With this focus, Green defines femininity as submissive, passive, and largely silent, making particular note of women disparaging their husbands in front of their (assigned) male children (p. 508), but offers no similar note regarding men disparaging their wives. Finally, he states that "[s]ome boys mimic perfectly the normal feminine mannerisms or histrionics of their mothers" (p. 502). In doing so, Green parallels older discourses about hysteria and identifies histrionics, or exaggerated and dramatic behaviour designed to attract attention, as (stereo) typically feminine and a trait common to mothers. Perhaps it is unsurprising, then, that the similarly named 'histrionic personality disorder' had long been diagnosed more often in women than in men (Ford & Widiger, 1989).

Despite defining the behaviours of boys and girls in opposition, Green points out that gender roles overlap, particularly in children (p. 501, 502), that children failing to display 'normal' gender role behaviours do not necessarily have a cross-gender identity (p. 502), and that cross-gender identification does not necessarily mean that the child will grow up to be gay, lesbian, or transsexual (p. 503). Nevertheless, he repeatedly implies that children with 'atypical' gender role behaviours and cross-gender identifications should be treated, and that the goal of treatment is to prevent homosexuality and transsexualism, effectively endorsing reparative therapy. In fact, to Green, the existence of homosexuality and transsexualism should be a warning to parents who dismiss 'atypical' gender role behaviour, because "the presence of the adult clinical material on transsexuals point to the fact that such optimism is at times unfounded" (p. 501).

This contradiction, between the stated overlap and the demonstrated separation of gender role behaviours, provides an interesting glimpse into Green's discursive practices. In particular, they may reveal Green's pessimism as to the prognosis of transsexualism or homosexuality, or his fear that children may grow up gay or trans. To quell this pessimism and/or fear, Green takes

a hardline stance on cross-gender behaviour and identification, relying on essentialized caricatures and stereotypes and risking false positives as he rushes to treatment at the first sign of gender 'atypical' behaviour, despite occasional acknowledgements that gender roles are complex and nuanced.

Green's (1968) adherence to these stereotypes can be seen most clearly in an included table (reproduced in Appendix A; p. 504) where he outlines the symptoms of cross-gender identity among nine of his male assigned clients, all between 3 and 8 years. Throughout this table, Green defines the masculine role through what it is not, namely the homosexual stereotype of the mincing, wrist-flipping, lisping sissy boy. Further, Green's inclusion of helping with laundry, dish washing, or other household chores (particularly when the boy could be engaging in rough-and-tumble play outside) as a noteworthy symptom, suggests that a young boy should not be helpful around the house or invested in domestic activities. Since Green describes opposing 'normal' behaviours for boys and girls throughout his article, he simultaneously defines such domestic behaviours as 'normal' for girls.

Benjamin (1967), also stated that the trans women he saw "felt themselves to be girls and did not like the 'roughness' in boys" (p. 110). Further, Benjamin, like Green, acknowledges that girls and women are offered more social latitude for transgressing gender role expectations than boys and men (p. 124). Green (1968) suggests that this means trans people assigned female at birth can "take on part of the opposite sex societal role with greater ease," including aspects of "masculine dress, occupation, living arrangements, and sexual behaviour" (p. 505). Similarly, Green suggests that "[m]any parents will describe with some pride their daughter's tomboyish qualities; however, few will boast of their son's sissy traits" (p. 505). These statements reinforce the sex/gender binary, but also present a possible reason for "the disparity between the reported incidence of the male and female transsexualism" (p. 505), as Green puts it. Benjamin (1967),

too, offers the policing of divergent gender role behaviours between boys and girls as a reason for differential diagnosis patterns across sex and gender lines (p. 125).

In both cases, the authors imply that there it is more unnatural or unsightly for a boy/man to transgress gender role behaviours than for a girl/woman. Even if the authors acknowledge that the criteria for diagnosing transsexualism results from social differences in gender role behaviours—a sentiment neither author states openly—neither seems willing to entertain the idea that more permissive views of boys' and men's gender role behaviours could prevent patients being labelled as deviant. In fact, while Benjamin's (1967) tone implies that he values sexual and gender diversity and sees transvestism and transsexualism as particular expressions of human experience, Green (1968) explicitly and repeatedly pathologizes non-conforming gender role behaviour among his young clients, even though offering wider latitude in diagnosing gender role transgression could ease boys' transitions and permit a wider range of occupations, living arrangements, and sexual behaviours.

'Normal' sexuality. In the two articles examined here, Blanchard (1989, 1985) offers clear definitions of what constitutes normal sexual behaviour. However, it is important to establish that Blanchard understands sexuality to be irrevocably linked to transsexualism, particularly among those assigned male at birth, using sexuality to divide them into two types: those who experience or have experienced sexual arousal in association with cross-dressing (whom he calls "autogynephilic") and those who are, and have always been, completely sexually attracted to men (whom he calls "homosexual"; Blanchard, 1989).

It is also important to note that, to Blanchard (1985), "[t]he labels of homosexual and heterosexual are used just as they are with non-transsexual individuals, to refer to erotic attraction to members of the same and the opposite biological (as opposed to psychological) sex, and their application is not reversed after sex reassignment surgery" (p. 248). Blanchard's application of

these terms erases the complexity of sexual orientation, attraction, and behaviour, due to the assumption that birth-assigned sex is permanent and valid (see: Birth as Destiny below for more information) and anything else is invalid. His refusal to use sexual orientation labels that refer to one's gender identity rather than birth-assigned sex has been met with scorn by trans communities and presents a dilemma. On the one hand, adopting these labels throughout helps validate trans identities, but could also lead to confusion. On the other hand, using Blanchard's birth-assigned-sex-based labels reduces confusion but invalidates trans identities. As a result, sexual orientation labels in this section will remain based on birth-assigned sex but will be in italics to indicate the "so-called" nature of their use.

Blanchard's (1989, 1985) typology implies that homosexuality, fetishes, crossdressing, and sexual arousal from crossdressing are 'abnormal,' while heterosexuality and monogamy are 'normal,' and that asexuality and bisexuality get lumped in with all other non-heterosexual orientations. Since Blanchard (1989) defines autogynephilia as "a male's propensity to be sexually aroused by the thought of himself as a female" (p. 616), using self-report questions about "becom[ing] sexually aroused while picturing yourself having a nude female body or with certain features of the nude female form" (p. 623) as a measure, he defines these sources of sexual arousal as abnormal, problematic, and unhealthy. Despite no evidence supporting his suppositions in either of the included articles, Blanchard hypothesizes that autogynephilic patterns of sexual arousal are primary for male-assigned trans people who are not exclusively attracted to men and that this pattern of sexual arousal can interact with an individual's "basic attraction to women" (p. 617) to present as *heterosexuality, bisexuality,* or *asexuality*. To Blanchard then, *heterosexuality, bisexuality,* and *asexuality* cannot be fully experienced by male-assigned trans people not exclusively attracted to men.

Blanchard (1989) thus makes *homosexuality* the only non-paraphilic sexual orientation for male-assigned trans people, and the only sexuality that is not explained by latent autogynephilic or transvestic tendencies. In his own words, for *bisexual* transsexuals, "the individual's basic attraction to women" is modified by "the autogynephilic disorder [to give] rise to some secondary erotic interest in men" (p. 617). By describing bisexuality in this way, Blanchard contends that nobody assigned male at birth can be truly bisexual and that no one who is bisexual can also be trans. This invalidation of bisexuality is further revealed by the quote, "This 'bisexual' behavior need not reflect an equal erotic attraction to the male and female physiques (and would perhaps be better characterized as pseudobisexuality)" (p. 622). Here, he places the word 'bisexual' in quotation marks, implying falseness, and proposing 'pseudobisexuality' to clarify that it is a produced effect of the proposed disorder.

Similarly, Blanchard (1985) describes *asexual* transsexuals as "analloerotic" (p. 616), and later states (1989) that "the autogynephilic disorder nullifies or overshadows any erotic attraction to women" (p. 617). In this case, Blanchard defines male-assigned sexual attraction to women as natural and normal, and autogynephilia as a perverting force, obstructing nature. This assumes, again, that nobody assigned male at birth can be truly asexual and, by extension, that no one who is asexual can also be trans. Finally, for *heterosexuality*, Blanchard states that "many heterosexual gender dysphorics are able to maintain potency with their wives only by means of cross-gender fantasy during intercourse" (p. 617). In effect, this explains away the *heterosexuality* of his male-assigned trans clients, and makes it clear that, despite any later claim that it is not necessarily a negative thing, autogynephilia is a wholly destructive force that changes the 'natural' sexual orientation of his clients.

Blanchard (1989) then offers further insight into his understanding of 'normal' sexuality, adding "[i]n many cases, the individual prefers to have intercourse with his wife in the female

superior position" (p. 617). Understanding this erotic practice as a symptom of an "autogynephilic disorder," implies that such a preference is 'abnormal' or indicative of problem. Further, his statement also assumes that his *heterosexual* clients are married and thus monogamously partnered (at least legally speaking), setting such relationships as normative. Finally, Blanchard uses the terms "transvestism" and "cross gender fetishism" to refer to autogynephilia, rendering fetishism and transvestism as part of the 'abnormal' category he seeks to establish.

Benjamin, also implies that marriage is, and should be, a goal for male-assigned trans people (p. 123). He goes on to state that, should this goal go unachieved, promiscuity and prostitution may "become tempting substitutes" (p. 123), offering trans women continual validation of their gender by male clients. These comments linking sexual orientation and sexual activity to gender identity and gender presentation in a one-to-one fashion, present a heterosexual image that matches, after transition, societal standards for the time. Benjamin's presentation of a heterosexual orientation for trans people as 'normal' and unchanging, walks back earlier claims that transsexualism is individual and malleable. Assertions that marriage is a goal for medically transitioned trans people also offers another way of affirming 'normal' sexuality and/or relationship structures. Out of context, these statements hardly suggest that trans people who seek marriage after surgical transition define 'normality' in any way; however, in the context of Benjamin (and Green), who see marriage as sign of a positive postoperative outcome, trans people's endorsement of marriage is treated as a sign that they are less afflicted by their transsexualism after surgery or that they are on a positive trajectory toward normalcy (assimilation).

Outside of implying that sex work is a lesser alternative to marriage, Benjamin (1967) does not explicitly reveal his position on whether sex work constitutes 'normal' sexuality,

although he is considerably less negative than I would expect for the time period. Randall (Dewhurst et al., 1969), however, presents somewhat more negative attitudes. Noting that some of his male-assigned clients have been erroneously arrested for or accused of prostitution, he explicitly tells the conference that connections to prostitution should not disqualify a client from accessing hormones or sex reassignment surgery. Yet, he states that “persistent prostitutes who want surgery to provide services because they are different” (Dewhurst et al., 1969) should be denied transition-related care. This presents sex work as a job that requires punishment, or at least as a sign that the client’s gender identity as a woman is more dubious in Randall’s eyes. Further, this view of male-assigned trans people in particular, being drawn to a life of sex work (re)produces ‘transvestite hooker’ stereotypes and ignores the larger issues of economic exclusion that drive trans people to survival sex work, in particular.

Lastly, the authors repeatedly describe a connection between male homosexuality and transsexualism in male-assigned people. Blanchard (1985) makes this connection when he outlines the typology of Person and Ovesey (1974a,b) which claimed that, outside of ‘primary’ transsexualism, the development of transsexualism in male-assigned people is secondary to transvestism—for ‘transvestic transsexuals’—or ‘homosexuality’—for ‘homosexual transsexuals’ (p. 248). This sets ‘homosexuality’ and ‘transvestism’ as the foundation of transsexualism in male-assigned clients, and thus implies, as Bailey (2003) suggests in his book, that extreme, effeminate ‘homosexuality’ is at the root of transsexualism. In the notes I made while analyzing these texts, I referred to this pattern of linking transsexualism with ‘homosexuality’ as “a backdoor diagnosis for homosexuality.” In talking about transsexualism and ‘homosexuality’ in this way, physicians and mental health professionals are promoting the continued pathologization of homosexuality under a new, more restrictive label.

In the earlier texts, from when homosexuality was still a diagnosable disorder, Green (1968) claims that early cross-gender identification could become ‘homosexuality’ and/or transsexualism later in life, thus claiming that both “conditions” arise from the same root. Benjamin bucks this trend in a footnote, however, when he quotes Kinsey, Pomeroy, and Martin (1953), claiming that ‘homosexuality’ and transsexualism are entirely independent phenomena (p. 110). Further, he adds that “[t]he only factor that [the homosexual] has in common with the transsexual is a dissonance in the total sexual harmony. He does not suffer from gender role disorientation” (p. 110). This breaks with the links that others have made between ‘homosexuality’ and transsexualism, but reinforces the idea that ‘homosexuality’ is still a disease or disorder, a common understanding for the time.

As an interesting side note, throughout the texts included here, there is a general assumption that the sexualities of male- and female-assigned people differ in notable ways. While none of the authors speak to sexual response, this focus on sex differences in sexual response breaks with the field-wide assumptions popularized by Masters and Johnson (1966) and suggests the more recent New View of women’s sexuality (Kaschak & Tiefer, 2001), which contends that women’s sexual responses cannot simply be modeled from men’s, due to inherent differences between them. This New View was not formalized until 2000, however, decades after the works included here were published. In the context of the included texts, the possible recognition of sexual differences between males and females is an intriguing one, because it implies the potential for recognition of differences within these sexes also.

The construction of transsexualism. Similar to how each text implies its own definition of normalcy, each constructs transsexualism and key characteristics of transsexual people, albeit somewhat more explicitly. In this case, the distinction between transsexualism and transsexual people is deliberate, as across the texts each focuses primarily on the condition of transsexualism

and less on trans people themselves. In each text, transsexualism is considered a disease, disorder, or abnormality to be treated (either through psychotherapy or surgery) within a medical context. This *defines* the medical model of transsexualism and has been referred to as a disease-based model for understanding transsexualism by Adams, Hitomi, and Moody (2017). This disease-based model contrasts with an identity-based model of understanding, which sets trans people as the primary focus and defines being trans in terms of a deeply-held identity rather than as symptoms of disease.

Throughout the materials examined here, the definition of transsexualism remains fairly consistent. Benjamin (1967) defines transsexualism as "the desire of certain individuals, male or female, to 'change their sex' (which is a popular but crude and inexact expression)" (p. 107) and presents transsexualism as an outgrowth or a related condition of transvestism or "the desire to dress in the clothes of the opposite sex" (p. 107). Green (1968), who does not define either transsexualism or cross-gender identity explicitly, presents transsexualism as a (nearly) lifelong dissatisfaction with one's assigned sex and a long-term identification with the opposite sex. Finally, Blanchard (1989, 1985) defines transsexualism as extreme gender dysphoria—which refers to "discontent with one's biological sex, the desire to possess the body of the opposite sex, and the desire to be regarded by others as a member of the opposite sex" (p. 616)—"that has persisted without fluctuations for a considerable time" (p. 616).

By consolidating these definitions, then, transsexualism can be defined as 1) an uneasiness with one's assigned sex, 2) a persistent identification with the gender or gender role usually ascribed to another sex, and 3) a *desire* to transition from the assigned sex to the identified sex through social, behavioural, and medical changes. This definition of transsexualism largely remains in use today both inside (APA, 2013) and outside the medical context (Nemoto et al., 2011; Prince, 1978/2005). The resounding difference between how these texts discuss

transsexualism and how trans communities do, then, is that transsexualism is seen as a condition or disease within medical contexts and as an experience or personal identification within trans communities.

While authors such as Benjamin (1967) and Green (1968) offer passing allusions to gender identity (or cross-gender identity, in Green's case), they all imply that transsexualism is a condition, disease, and abnormality. Benjamin (1967), for example, refers to transsexuals as having "a dissonance in the total sexual harmony" (p. 110) and refers to transsexualism as a 'syndrome' (p. 107), a 'peculiarity' (p. 125), a "striking disturbance of gender identity" (p. 109), and "a disorder of the harmony and uniformity of psycho-sexual personality" (p. 110). Meanwhile, in the opening lines of his article, Green (1968) poses the question "Can transsexualism be psychologically treated during childhood?" (p. 500). In his conclusion, he attempts to answer his own question by suggesting that "early diagnosis and treatment of cross-gender role orientation may be effective in aborting the manifestations of adulthood cross-gender identification" (p. 509).

Blanchard (1989), as well, refers to transsexualism as a "gender identity disturbance" (p. 616) and repeatedly refers to the 'condition' of autogynephilia, as "an abnormal tendency" (p. 621) and an "erotic anomaly" (p. 621). Further, when Blanchard (1989) discusses the makings of autogynephilia, he uses words like "symptom" (pp. 617, 621), "pathognomonic" (p. 621) and "diagnosis" (p. 621), again, implying pathology. Blanchard (1985) refers to transsexualism directly as a "syndrome of gender disturbance" (p. 247) and to his field of study as "gender identity disorders" (p. 247). Finally, during the recordings from the 1969 Symposium on Gender Identity (Dewhurst et al., 1969), Randall states that transsexuals are "practically mentally ill as a result of their problem," with 'their problem' being a reference to transsexualism itself. Randall

additionally states that he thinks transsexuals "are so disturbed and often tortured and confused" and that "transsexuality is a disease in the same sense as schizophrenia" (Dewhurst et al., 1969).

In step with this notion of psychological or medical abnormality, Oremland and Ray refer to curing transsexualism (Dewhurst et al., 1969). Oremland states that a cure is likely impossible, while Ray claims to have cured multiple patients (Dewhurst et al., 1969). In either case, "cure" implies disease. Branch then expands on these assertions by claiming that "transsexualism is not an illness, it is a condition" (Dewhurst et al., 1969) and arguing that transsexuals are disabled and, thus, qualify for retraining under the UK Labour Board. Throughout her talk, Branch strongly implies that trans people *need* retraining to access the job market (Dewhurst et al., 1969), implying some recognition that jobs are gendered more than the people who fill them are, or that UK industries are so small that changing one's workplace does not ensure adequate privacy. In each text then, transsexualism is treated as a disease or condition, such as a disability.

More than just a disease, however, transsexualism is seen by these early writers primarily as a negative outcome or abnormality, with little cause for optimism. Green (1968), for example, claims that "the presence of the adult clinical material on transsexuals points to the fact that such optimism is at times unfounded" (p. 501). Benjamin (1969) refers to untreated transsexuals as "the most miserable people [he has] ever met" (p. 110) and "a tremendous problem to themselves and to their families on account of their extreme unhappiness, which often brings them to the verge of suicide and self-mutilation" (p. 110). Even though Benjamin is referring to untreated, deeply dysphoric patients, he is hardly envisioning a positive outcome. Finally, Randall states that transsexuals "are a minority, *fortunately;*" (emphasis added; Dewhurst et al., 1969) again, presenting transsexuals as unlucky, possibly loathsome creatures.

The construction of the transsexual. One important way the included texts construct the transsexual is in relation to the broader 'Deceptive Tranny' trope (TVTropes, n.d.a,b), which

scolds trans people who ‘deceptively’ conceal their ‘true’ (i.e., birth-assigned) sex, especially from lovers and suitors. This popular cultural trope culminates in an unsettling gender reveal—as in *Ace Venture: Pet Detective* (Robinson & Shadyac, 1994), or as subverted in *Some Like it Hot* (Wilder, 1959)—which embarrasses, infuriates, or invalids another character, usually a male one with a sexual interest in the character being outed (TVTrope, n.d.a). This trope sometimes paints trans characters as acceptable targets for ridicule, harassment, assault, rape, or murder, and when it does, offers the aggressing character a way out of culpability by presenting the reveal as so shocking, unsettling, or earthshattering that they simply fly into a rage and act ‘without thinking’ (TVTropes, n.d.a).

This trope bleeds into real life as well, with potentially violent consequences. It can be seen in discussions where (primarily cisgender) people debate when it is appropriate for trans people to reveal their trans status to suitors (e.g., Hurley, 2014). It also rears its head when trans people are attacked verbally, physically, or sexually, painting them as acceptable targets for such mistreatment (TVTropes, n.d.a) and offering a defense of ‘trans panic’ or ‘gay panic’ to shield bad actors from the consequences of their deeds. For example, Gwen Araujo, a trans teenager, was killed by four men, including two with whom she had had sex, after they discovered her transgender status (Stryker, 2017); at least one of them used a “panic” defense at trial (Szymanski, 2005). Araujo’s story is not rare. In fact, when I was just coming to terms with my own trans identity, a trans friend of mine was followed to her house, ambushed, and beaten with a tire iron by a group of young, hate-filled men. Each year hundreds of murders are memorialized during Transgender Day of Remembrance (GLAAD, n.d.), and less tragic, but hate-motivated violent incidents are nearly ubiquitous among trans communities (James et al., 2017).

This destructive ‘Deceptive Tranny’ trope consists of three main parts: deception, stealth, and notions of ‘true’ sex. Specifically, this trope relies on 1) the notion that trans people are

generally deceptive, unreliable, or deceitful, especially 2) when it comes to concealing their trans status. When these are added to 3) the notion that birth-assigned sex is one's 'true' sex and that changing one's sex is never *truly* possible, the 'Deceptive Tranny' trope is invoked. Each of the materials here includes the trope's constituent parts, tacitly supporting its continued existence, normalizing the trope's violent consequences, and protecting bad actors who commit violent acts against trans people. While this sounds somewhat hyperbolic considering that each text seeks, ostensibly, to help trans people, the power of the claim to 'scientific objectivity' cannot be understated, and the implication that scientists view trans people as deceptive, unreliable, stealthy, or fake goes a long way toward supporting this trope and its consequences.

Benjamin (1967) suggests that doctors often find transsexual people to be "undesirable patients, sometimes with annoying paranoic [sic] trends, [who are] often unreliable and ungrateful" (p. 110), a self-affirming version of the 'Deceptive Tranny' trope outlined above. Later, Benjamin writes that "there is danger to the transsexual if such a man discovers the deception," (p. 117) at once alluding to destructive consequences, while implying that trans sex workers who do not inform their clients of their birth-assigned sex could be placing themselves in harm's way, thus legitimating violent responses. This is the 'Deceptive Tranny' trope in a nutshell. Benjamin (1967) also appears to engage the three major components of this trope, individually. For example, he writes, "the great majority of transsexuals, after the surgery, seek nothing but to blend quietly into a life of normal and inconspicuous contentment," implying a desire for stealth (p. 123). Presenting this as a challenge to the notion that trans people seek publicity after surgery, he creates a dialectic which feeds into notions of both attention-seeking and stealth-seeking transsexuals, while erasing diverse responses to the social pressure to conform.

Benjamin also commonly states that transsexuals cannot *truly* change sex, but rather, that their bodies can become *constructed approximations* of a different sex: "[m]edically, or rather, endocrinologically, we are reminded that no "female" would result from the operation, but merely a castrated male, with artificially created external sex organs, resembling those of the female" (p. 121). In this quote, Benjamin refers to the femaleness of a hypothetical trans person using quotation marks, but not when talking about someone with female birth-assigned sex. Similarly, he refers to trans people as "the 'new woman,'" (p. 118) "a successful 'woman'" (p.118) or clarifies when he is talking about "(genetic) women" (p. 125). In each case, he is clearly using additional quotes (or parenthetical text) to distinguish 'true' femaleness from the constructed femaleness of the male-assigned transsexual.

Throughout his article, Benjamin (1967) consistently uses gendered pronouns that match with the person's birth-assigned sex, using she, her, and hers for female-assigned men and he, him, and his for male-assigned women. This implies that, to Benjamin, trans people are, and always will be, branded by the sex they were assigned at birth. Yet, when he talks about the specific case of Christine Jorgensen (p. 111), he respectfully and purposefully uses the pronouns she, her, and hers to refer to her after surgery and, just as purposefully, uses the pronouns he, him, and his to refer to her prior to surgery. Nevertheless, this pattern of using pronouns matching birth-assigned sex invokes myths of 'true' biological sex, thereby supporting the 'deceptive tranny' trope.

Green (1968) similarly invokes this pattern of gendered pronoun use, consistently using he, him, and his and referring to his male-assigned clients as boys, often in spite of clear and explicit identifications with being a girl. Though the youth of the children involved here makes self-identification more dubious, Green uses a similar pattern when speaking of trans adults. For example, in his conclusion, when he links the cross-gender behaviour of his young clients to a

possible future as trans women (p. 507), he categorizes these trans people as “male transsexuals,” once again invoking a sense of ‘true’ sex and supporting the destructive trope.

Categorizing trans people based on their birth-assigned sex is common in the professional literature of this time and the cisgender community it represents. Nearly all of the speakers at the International Symposium on Gender Identity make the same categorizations (Dewhurst et al., 1969), as does Blanchard (1989, 1985). Similarly, each author consistently uses the pronouns he, him, and his when referring to male-assigned trans people, and the pronouns she, her, and hers for female-assigned trans people, sometimes even after surgical transition. The implication is clear: birth-assigned sex leaves an indelible mark on everyone, trans and cis, and this birth-assigned sex is ‘truer,’ more ‘natural,’ or more important than any later changes. Intersex children and adults, however, seem to be an exception to this rule. In Green (1968), as well as in the conference recordings (Dewhurst et al., 1969), children and adults with ‘ambiguous’ genitalia were more often categorized as ‘hermaphrodites,’ and their ‘true’ sex is defined either chromosomally or by corrective surgery.

As such, each source here invokes the third component of the ‘deceptive tranny’ trope. In the conference recordings, Randall explicitly makes knowing “that they are, in fact, castrated males living as females” an indication for surgery (Dewhurst et al., 1969), thereby requiring trans people to acknowledge and internalize that their ‘true’ sex is that assigned at birth. Despite this, Randall acknowledges that it is important for trans people to “*delude* themselves that they have been made into women” (emphasis added, Dewhurst et al., 1969). The terms “delude” and “made into” in this statement once again present trans people as constructed approximations or forgeries of ‘true’ women or ‘true’ females and suggest that one’s ‘true’ sex is always the one that was assigned at birth. Oremland, too, suggests that trans people are nothing but approximations of the sex they are transitioning toward, stating that the “vaginal vault is not hard to approximate, but it

cannot be created" (emphasis added, Dewhurst et al., 1969). Branch concurs, stating definitively that "there is no such thing as a sex change" and that "sex change and complete sex change is a complete impossibility as yet" (Dewhurst et al., 1969). Though she leaves room for development and technological advances, her investment in the sex/gender binary, the 'true' sex myth, and this aspect of the 'deceptive tranny trope' are clear.

Conference presenters also repeatedly engage with two additional aspects of the trope: deception and stealth (Dewhurst et al., 1969). For example, Ray, an outspoken attendee who believes that "[sex change] operations should not be performed under any circumstances," invokes both aspects when he claims that "what [transsexuals] fear is exposure" (Dewhurst et al., 1969). Randall makes implications of stealth when he states that "transsexuals disappear after getting what they want" (Dewhurst et al., 1969). Finally, speakers opine about trans people's unreliability and the possibility they are 'misrepresenting' their experiences in order to gain access to surgery, suggesting notions of auditioning for care (Rowe, 2009, 2014). These examples highlight how conference attendees describe trans people as deceptive, unreliable, and stealthy, setting the stage for the way that Blanchard (1989, 1985) does so, 20 years later.

In both texts included here, Blanchard (1989, 1985) overplays his hand when discussing his typology. Hypothesizing that autogynephilia is related to sexual orientation, Blanchard reports correlations between two. The correlations he finds, while significant, require explanations as to why they are not stronger. In making these explanations, Blanchard focuses on how his clients may have been unreliable respondents, implying that, without their deception, his findings would be much stronger. Blanchard (1985) claims, for example, that male-assigned trans people who are not exclusively attracted to men score higher on measures of social desirability (pp. 256-257), implying that participants are responding with answers they think the interviewer wants to hear rather than accurate depictions of their experiences. Yet, Blanchard makes no

attempt to use these results to partial out the effect of this construct on the results being presented, feeding the notion that particular subgroups of trans people are unreliable or deceptive, without quantifying or qualifying the degree to which this effect actually occurs. While acknowledging the unreliability of participants on self-report measures is common practice, Blanchard makes this the only source of error he discusses, making trans people's deceptiveness the only noteworthy limitation to his findings. In more direct terms, this pattern of presenting limitations as evidence for deception directly feeds into the trope being discussed here.

To drive his case home, Blanchard delves into the case histories of particular participants and discloses clinical reports as a form of evidence of the person's deception and unreliability. In one instance, he describes a participant who reported being asexual and then states that an interview with the person's partner suggests that the participant has sadomasochistic and fetishistic interests, as if these activities are somehow incompatible with asexuality. For a second patient, Blanchard claims that "aspects of the patient's sexual history were contradictory or highly improbable" (p. 622), without any further description or explanation of the case. These statements present trans people as unreliable, deceptive, and deceitful, especially when seeking transition-related care and reporting sexual orientation or sexual activity.

Finally, Blanchard (1989) notes that trans people are often passed from doctor to doctor without access to care. No connection is made between the perceived unreliable nature of trans people and this constant healthcare carousel. This represents a missed opportunity to examine how auditioning for care (Rowe, 2014, 2009) changes how and what trans people report to healthcare professionals over time. Further, without making this connection explicitly, Blanchard implies that effect comes before cause, or that deception and unreliability of reporting comes before trans people climb onto the healthcare carousel. In my experience, this is simply not the case; trans people, even before approaching their first doctor, understand fully that access to the

healthcare they need is restricted and that if they do not meet the exacting standards of their clinician, they may experience a significant delay in accessing care, if they can manage it at all.

Blanchard (1989, 1985) also invokes myths about ‘true’ sex in similar ways to other authors. Much like Benjamin (1967), Blanchard (1985) uses quotation marks when referring to male-assigned trans people as women (p. 256), even after surgery. Blanchard (1989, 1985) uses he, him, and his consistently when talking about male-assigned trans people, even after surgery. At one point, Blanchard (1985) even refers to a male-assigned trans person with he, him, his pronouns and then follows this up with parenthetical text reading “(now “she”)” (p. 256), implying a level of deliberation and conscious selection not visible in other texts included here. All of these, together with his categorization of male-assigned trans people as “male transsexuals” and “homosexual transsexuals” (Blanchard, 1989, 1985), points out that Blanchard sees one’s ‘true’ sex as the one assigned at birth.

While this (now) objectionable use of terminology is a common criticism of his theories, Blanchard’s disrespect for the gender identity of trans people does not stand out; instead, Blanchard presents and classifies trans people much in the way researchers did before him. In this respect, he simply got caught at the apex of a linguistic and terminological shift he was not a part of and did not feel was valuable. Much more troubling is Blanchard’s ethically problematic focus on the deceptive nature of trans people to explain away weaknesses in his own findings, continued use of the ‘deceptive tranny’ trope, and his unblinking focus on sexual orientation as the etiology of trans identities.

Other traits of the transsexual. In addition to the requirement to adhere to hegemonic gender performances more broadly, the authors attribute other traits to trans people that invoke destructive implications. For example, Benjamin (1967) agrees that trans people are hostile towards anyone who stands in their way (p. 124) and Randall claims each and every one of his

clients "demanded" surgery (Dewhurst et al., 1969), presenting his trans clients as aggressive. Randall later clarifies that "one does not press surgery on patients, it is only when they ask for it that we consider it" during audience questions (Dewhurst et al., 1969). Considering that patients are simply asking for access to treatment—which multiple authors acknowledge as helpful to trans people—the implication that they are hostile for doing so portrays a sexist understanding of women, a role that trans women are looking to fill. The demand, then, is for submission. The application of these prescriptive roles to trans people obscures their complex and messy experiences, or in the words of Namaste (1996), erases transgender subjectivity.

Finally, male-assigned trans people are repeatedly assessed based on their appearance and mannerisms. Ray shows a picture of one of his clients, remarking on the client's stance, as if this was indicative of their gender identity, sexual orientation, or worthiness for surgery (Dewhurst et al., 1969). Likewise, another speaker states that male-assigned trans people had the general appearance of "screaming homosexuals," while a third states that surgery was "performed because when [she] was dressed up, [she] looked so convincingly like a woman" (Dewhurst et al., 1969). Even Benjamin (1967) claims that male-assigned trans people often look girlish or feminine before hormonal and surgical intervention (p. 110). The confluence of these statements clearly presents feminine appearance as a desirable or necessary trait of successful trans women.

The problem with transsexualism. Using a disease-based model, each author implies that transsexualism is a problem; however, where they ultimately place the blame for this problem differs across included texts. Benjamin (1967), for example, sees trans people as a form of natural sexual variation and transsexualism as likely to have a biological, genetic, or endocrine root (p. 111-113), mentioning that "attempt[s] made to have the mind fit the body" (p. 115) ultimately fail. Further, he agrees that "transsexual[s] simply cannot or [do] not want to change their psychological sex" (p. 115) and agrees with a quote by Laidlaw, another researcher in the

field, which states that "psychiatry has nothing to offer in these cases as far as any cure is considered" and that transsexualism is "inaccessible to psychotherapy" (p. 115).

In addition to ascribing transsexualism to a largely inevitable combination of biological, genetic, or endocrine factors, these sentiments represent an early critique of the usefulness of reparative therapy. However, because he views this process as largely deterministic, Benjamin (1967) also views society's treatment of trans people as a problem: if transsexualism cannot be avoided, criminalizing trans people or discriminating openly against them is unlikely to accomplish anything. In Benjamin's biting words about prohibitions on public crossdressing, "[t]his type of law, unfortunately, allows no application of common sense—only a literal interpretation of a statute that was enacted without knowledge of this particular subject" (p. 119) Perhaps, then, it is unsurprising that Benjamin invokes methods of social change, such as public education, further accumulation of evidence, and evidence-based practice, as a potential solution.

Green (1968), on the other hand, views transsexualism as a result of behavioural conditioning in childhood which promotes cross-gender behaviour and identification. After childhood, he believes that gender identification becomes fixed. Thus, Green places blame for transsexualism squarely on the shoulders of parents, in ways that demand stereotypical gender performances. This view is evident from Green's focus on parents as the site of intervention, despite the goal being to limit cross-gender identification children. In fact, only in one case does Green state that he had a therapeutic relationship with the child, still glossing over this relationship in favour of a focus on "the second class status of the husband and of the significance of [the parents'] unbalanced roles in shaping their son's personality" (p. 507).

Of the speakers heard on the conference recordings, only Oremland presents an etiological theory for transsexualism, claiming that "sexual variance is a natural part of human history" (Dewhurst et al., 1969). This places the cause beyond the individual's control, and

makes society's lack of "public enlightenment" a problem. An unnamed speaker who agrees with this view urged those in attendance to "do [their] utmost to ease the existence of these fellow men, who are deprived the possibility of a harmonious life through no fault of their own" (Dewhurst et al., 1969). Together with statements implying that male-assigned trans people have naturally feminine appearances before medical involvement, this suggests a biological basis for transsexualism. Stopping short of calling for public enlightenment, the call to action for other professionals charged with treatment, paints barriers to treatment as a problem.

Other speakers at the conference, also attribute the 'transsexual problem' to society, individuals, parents, etc. Ray argues that doctors should not be treating transsexualism with surgery and hormones, apparently placing transsexualism at the feet of trans people themselves (Dewhurst et al., 1969). Prince, too, offers an alternative view on treatment, suggesting that permitting social transition without surgical transition could be an answer (Dewhurst et al., 1969). This suggests that if society was only more permissive of cross-gender behaviour, transsexualism would not be seen as a problem; however, resolution remains unclear. Meanwhile, Blanchard (1989, 1985) appears to attribute the etiology of transsexualism to sexual orientation or fetishism, although he fails to address the etiology of sexual orientation or fetishism. However, pathologizing transsexualism in the context of a sexual etiological root heavily implies that such roots, too, are pathological.

Desiring good health. By employing a disease-based understanding of transsexualism, the authors imply a need for care. Nevertheless, all discuss treatment as a desire rather than a need. For example, Blanchard (1985) defines transsexualism as having an extreme "*desire* to possess the body of the opposite sex, and a desire to be regarded as a member of the opposite sex" (p. 248; emphasis mine in this and subsequent examples); Randall states that surgery was "*demanded* by all patients," that trans people themselves are "sometimes certain of what they

want," that they often disappear after "getting what they *want*" (Dewhurst et al., 1969); Oremland says that he deals "with males that envy or *demand* that their sexuality [sic] be changed surgically" (Dewhurst et al., 1969); and Benjamin (1967) suggests that all trans people assigned male at birth "*want* to identify with the ideal woman and share some of her characteristics" (p. 114) and that their "sex organs are objects of disgust. From this, their persistent *request* is for removal or alteration through a 'conversion operation.' The true transvestite has no such *desire*" (p. 109).

Framing transition-related healthcare as a desire rather than a requirement for one's mental and physical health sets transition-related healthcare as debatable and normalizes denying care entirely. This approach reinforces the power cis-professionals hold over their trans clients, and can be found in numerous places in the texts, where validity of care is proposed or debated. For example, Randall states that "it is reasonable to give these [trans] people some assistance," (Dewhurst et al., 1969) while Blanchard (1985) writes that "surgical outcome studies have shown that 'transvestic' or 'secondary' transsexuals may profit as well from sex reassignment as the idealized 'true' or 'primary' transsexual" (p. 257). Surely, if treatment were seen as a requirement, such arguments would not be necessary. Considering that cis-professionals are making these statements, the power dynamics are clear.

Making transsexual a noun. In referring to people who seek surgical transition care, the authors use 'transsexual' as a noun rather than an adjective. When people (or things, for that matter) are referred to with nouns, there is sometimes an assumption that the totality of their existence can be summed up by that noun. In contrast, when a term is used as an adjective to describe people, this same assumption does not apply. For example, if I were to talk about a political decision in terms of Conservatives and Liberals, I would make a different impression

than if I were to refer to people who voted for Conservatives or for Liberals, or if I were to refer to conservative and liberal people.

When the noun in question refers to a socially stigmatized group, as is it does when talking about people considered to have a disease or condition, the assumptions become more clear. Using terms like “transsexual,” “gender dysphoric,” “transvestite,” “homosexual,” “paranoiac,” “autogynephiliac,” or “sissy” produce the “summarized” effect. Worse, many nouns associated with socially stigmatized groups are used to insult people who are not members of these groups, accumulating inherently negative connotations over time. As a result, a useful descriptor can become a derogatory term or slur. Transitions of this type can be seen historically for disparaging terms like ‘retard,’ ‘spazz,’ ‘mongoloid,’ ‘dyke,’ ‘queer,’ and many, many more.

Further, the use of the definite article when talking about a group of people can also be understood as distancing or othering language (Murphy, 2016). One cannot, for example, easily refer to a group they are part of by using the definite article. However, referring to groups that one is not part of in this way implies a uniformity or monolithic quality. So when authors refer to “the transsexuals,” “the gender dysphorics,” “the sissies” or similar, they are distancing themselves from these groups—perhaps for “objectivity’s” sake—and lumping them all together—perhaps to highlight similar characteristics. Either way, referring to trans people using the definite article presents trans people as a monolithic group of outsiders.

Implied and employed ethical frameworks. In the final section of this chapter, I will analyze selected materials in order to identify their ethical approaches and what is understood to be ethical within the view of the authors. Of course, the texts included in this analysis only provide a snapshot of the ethical understandings of the author and the ethical practices they employ, as a result. These practices could well change over time and even from one research study to another. As discussions about ethics can become quite contentious, and no one defines

their own actions as unethical, it is important to point out that what I describe as problematic or wrong is best understood as being problematic or wrong *in my view*.

Further, because many aspects of ethical behaviour are shared even between disparate ethical approaches, many salient elements of the authors' ethical frameworks may go without mention here. The most obvious and clear examples of any ethical approach are, of course, the places where they conflict with other ethical frameworks or where what is acceptable in society generally has changed (for example when Benjamin (1967) refers to shock therapy, when Green (1968) references corrective surgery, or when Green and Blanchard (1985) discuss reparative therapy). The goal here, then, is to highlight where social change has made actions that were acceptable when the materials were created, much less acceptable today.

Before I begin this analysis, however, it is necessary to note that treating people's experiences with gender as a disease, and defining people primarily in terms of that disease, is, in itself, an ethical framework. It implies an ethical choice to highlight disease over personhood and to focus on trans people's differences from cisgender people rather than commonalities. Similarly, when authors use language which others trans people and communities, they promote categorization of trans people into groups with defining sets of traits, and distance themselves from the subject of their analysis, that is also an ethical framework. Grouping trans experiences into categories of abnormality is also an ethical choice. Understandings of trans people that overvalue the commonalities between them and, at the same time, highlight the differences between them and what may be defined as 'normal' or 'natural,' is also an ethical choice that overvalues adherence to gender norms and undervalues gender diversity and critical thought about gender roles.

Even the conflation between what is 'natural' and what is 'normal' is a demonstration of ethical assumptions. After all, human society breaks from what is 'natural' or what exists in

nature in many ways, to the point that some would see this as defining feature of humanity or, at least, Western civilization. Yet, when talking about the psychology of gender or the biology of sex, the focus on what is 'natural' is often assumed and goes without mention. Finally, the understandings of gender roles in these texts, and the presumed places of masculinity and femininity within western society, imply widely shared views on what is 'acceptable' or 'normal,' while the authoritative stance of the researcher bolsters claims of empiricist objectivity. Such elevated positioning of the researcher is examined in each of the following sections.

Consent practices. An aspect missing from the discussions in all selected materials is any mention of the consent practices employed for patients, clients, or participants included in the studies. Yet, all reference specific clients, sometimes with photos and descriptions, and present data collected from them. Some clients are not even granted anonymity, but are discussed knowingly amongst multiple professionals. This lack of anonymity underlines the importance of iron-clad, negotiated consent practices that protect the privacy and safety of clients. However, there is no evidence that any such practices were employed for use in texts here.

Included authors routinely use anonymous anecdotes from their practices to provide examples or to argue their points. Benjamin (1967), for example, uses anonymized single-sentence case details from three of his clients to argue that transsexualism was not implicated in any way in their deaths (p. 123). He also uses case details from one of his clients to argue against the notion that sex reassignment "surgeries are 'doomed to failure' because they do not change the underlying conflict" (p. 111). This time, he relies on a case study that is not anonymized and represents sparse details on the successful life of his most famous client: Christine Jorgensen. While he makes no attempt to anonymize Christine's story, it was made public 14 years prior to this article, so by using publicly known details, he avoids breaking confidentiality.

In all, Benjamin's (1967) consent and confidentiality practices are not particularly problematic even by today's standards. With the limited details provided in the article, the three one-sentence case details represent acceptable, professional, and responsible disclosures on Benjamin's part. In talking about his work with Christine Jorgensen, Benjamin only includes case details that had previously been disclosed. Despite consent practices not being mandated at the time, Benjamin (1967) offers the best ethical approach to researching trans people and communities demonstrated in materials included in this chapter.

Green (1968), on the other hand, does not meet this standard. Despite repeatedly referring to the behaviours, experiences, and family dynamics of his clients, Green does not discuss ethical choices around his research or how/if he employed consent with the parents or assent with the children in his study. Nevertheless, he describes, in detail, the symptoms of cross-gender identification for each of his clients, as well as their age and the age of onset of symptoms. Additionally, he details his interventions with the parents of these children, including selected and edited transcripts, describing their home life and the child's behaviour. The inclusion of transcripts along with the description of the public and private cross-gender behaviour of the children suggests that doctor-client privilege took a back seat to generating discourses and practices around trans treatments. This culture of using potentially identifiable details about clients was common in the medicalization of treatments for trans patients.

Blanchard (1989, 1985) demonstrates the worst consent practices in the materials reviewed here. Like Benjamin (1967) and Green (1968), Blanchard uses case details from his practice to provide evidence for his arguments and conclusions. However, these case snippets often paint segments of trans communities as deceptive or deceitful, presenting socially marginalized communities in a negative light and begging a discussion about the role research ethics play in protecting marginalized groups. Further, Blanchard's articles do not provide

anecdotal insights gathered from a private clinician; instead, they are presented as pseudo-experimental studies, in which the research participants are his clients, who cannot get treatment elsewhere in Ontario. Finally, Blanchard (1989) makes it explicit that all male-assigned "patients who have presented either at [the Clarke Institute of Psychiatry's Research Section on Behavioural Sexology] or at the Institute's Gender Identity Clinic since September 1980" (p. 617) were eligible for inclusion in his study. This means that all patients seeking transition-related care through the Clarke Institute (the only way to access transition-related care in Ontario at the time) were included in the data reported in these studies *by default*. Thus, to access transition-related care trans people were required to consent to being included in research, an *extremely* troubling practice explicitly highlighted in CAMH's external report (Zinick & Pignatielo, 2016) and a practice seen in other Gender Identity Clinics (McNeil et al., 2012), as well.

Those whom Blanchard (1985) describes as desperate enough to present themselves inaccurately to access to transition-related care (pp. 256-257) are the same people who are being asked, perhaps, to provide unfettered access to their case reports for publishable studies. Surely, if trans people are so desperate for care that they need to consciously frame their experiences to access it, their ability to negotiate research consent separately from medical consent is diminished. Based on the recommendations of the external review of CAMH's youth services (Zinick & Pignatielo, 2016), consent to research participation was commonly acquired at the same time as medical consent, making it likely that some of the participants included in these studies (and ones like them) may still have no idea their case histories are being used in this way. Finally, considering the tone and tenor of selected articles and the many others published by the Clarke Institute and CAMH, as a former client of CAMH, I am reluctant to think how my case history or measured responses have been used or will be used in the future.

Finally, researchers have an ethical responsibility to value their participants' (or, in this case, clients') time and target their research (and their therapy) to the specific condition at hand without bombarding them with various questionnaires of limited clinical or research significance. Blanchard (1989, 1985), as well as other research from CAMH, falls short of these standards. My personal experience supports this assertion, as my first two sessions with CAMH consisted entirely of being questioned on matters at best tangentially related to my gender identity. In addition, prior to being added to the waiting list, I needed to provide a lengthy information packet with at least a dozen pages answering intimate questions about my life. While I support the use of tested and validated clinical measures, the modified and created measures employed by Blanchard (1989) did not meet this standard and could be better tested outside the clinical setting.

Anonymity practices. Every author here uses case details of clients seen in a private setting. At the conference (Dewhurst et al., 1969), patient photos were also shown to those in attendance. Being unable to find any information about these photos, apart from the discussion that can be heard in the recordings, I cannot make any claims about anonymity practices surrounding these photos. Instead, I will focus on the anonymity practices used in the selected texts themselves, as well as those used in the discussions heard in the conference recordings.

Aside from Benjamin's (1967) short discussion about Christine Jorgensen, and his acknowledgement that she was a client of his, the authors of the included articles separate their descriptions from the names of their clients and provide only anonymous information. Benjamin's short snippets frame trans people and transsexualism in a more positive light than is common in his time period. Blanchard (1989, 1985), too, uses small details from case reports to support his arguments. Unlike Benjamin (1967), Blanchard's (1989, 1985) inclusion of these details undermines the perspectives, not only of the specific trans clients cited, but entire segments of trans communities, by emphasizing purported deception.

Finally, Green (1968) presents more information on his clients than either Benjamin (1967) or Blanchard (1989, 1985). This information, even though it includes transcripts from counselling sessions and descriptions of public and private behaviour, was fairly anonymous. From today's perspective, nothing included in the transcripts was shocking or overly revealing of the person talking or the people they were talking about. During the time period it was written, however, it is possible that the behaviours and opinions discussed in the transcripts could have been more rarely expressed and, as such, could have been more revealing of the people involved. Adding this detail to publicly available information about where Green's practice was located, the types of clients he saw during this time, who he worked with, and that clients were seen by other professionals in the area as well, there is a limited potential that the clients could be identified. Though difficult to accomplish in 1968, today, this meta-data collection must figure into researchers' decisions to disclose participant information.

It is within the conference recordings (Dewhurst et al., 1969) where the worst anonymity violations are on open display. At least twice, the speaker references a client only to have another person provide more information about them, because they too worked with that client. While these exchanges omit names, it is clear that the speakers are providing enough detail that someone who knows the person can easily identify them. In one case, when a speaker brings up a client's information, it sounds as though three or four people in attendance have all worked with the same client and are each providing details about the case, including names of other professionals with whom the person worked. Clearly, anonymity fails entirely in these cases, as does any semblance of the confidentiality a patient might have expected with their team of healthcare professionals.

In another case, the speaker discusses case details of a different client. From my position a continent away and nearly 50 years removed, that client was clearly Christine Jorgensen, even

though her name is never used. Information about Jorgensen's case, including information not publicly disclosed prior to this talk, was presented, and included an off-colour joke where the surgeon suggested that he could have made a lot of money selling medical photos of Jorgensen while she was under his care. While he did not actually do this, the insinuation that he could have, and the unprompted nature of this disclosure, paint a troubling picture of the anonymity and confidentiality practices employed by him, his office, and the conference speakers in general.

Participant participation. Another ethical choice employed by selected authors was assigning clients or participants a passive role within the research process. Across all of the materials, clients and participants—whose details are being used to support an argument of the author's construction—are portrayed as almost entirely passive and uninvolved in the research direction, design, or process. This participant passivity reflects a traditional understanding of the participant's role in the research process and was standard within psychological research of the time. Nevertheless, the lack of participant involvement, particularly in reference to research with this marginalized population, grants researchers more leverage to construct a scientific narrative coloured by their own social, political, and scientific biases against the interests of their clients or the communities they come from.

Even if every author here did everything in their power to reduce these biases or limit their effects on their research, by placing participants, who come from different social, political, and scientific contexts and represent marginalized knowledge, in a passive role, they give their unintentional biases more power to frame their research in ways that undermine community-based understandings and misrepresent communities' interests. Participatory and decolonizing approaches to research now reveal unintentional biases and encourage researchers to engage with community-based understandings of marginalized communities, such as trans people.

Suffice it to say, the authors whose works are examined here appear to exclude their clients/participants from all aspects of the research process; refer to clients and participants using passive terms, such as "subjects" and discuss their clients or participants from a "God's-eye view" that obscures their actions, autonomy, and decision making abilities. On this last point, Blanchard's (1989) use of case notes provides a good example. Instead of exploring the decision making processes of his clients, he simply presents their 'unreliability' as if it were an objective fact, separating it from the actions, intents, and autonomy of those being described (p. 622).

Green's (1968) article, perhaps due its focus on children, presents the clearest demonstration of this passive construction of clients. Not only did Green present his child clients as mostly passive; he also actively ignores when they express their identities as anything other than male. Instead, Green chooses to interpret the 'truth' of their cross-gender identity from projective tests, such as the infamous Draw-a-Person test, and childhood games, such as the role-playing game 'house' (p. 503). In fact, this pattern of ignoring the identity claimed by his young clients in favour of divining it by less reliable means was so prevalent that my notes on this one article include some version of "or you could just ask them," more than a dozen times.

By completely ignoring the claimed identities of his clients, Green paints these children as especially powerless to define their identities, needs, or desires. Green essentially implies that youth are not worth listening to, even when engaging long-held concerns about their identity, their thoughts, or their bodies. This type of projected construction presents a dangerous situation for youth in that all manner of things might be done to them, even against their voiced objections, so long as an adult or caregiver deems it for their own good or in their best interests. Even very recently, this type thinking underlies reparative therapy programs for trans and queer youth, as well as cosmetic surgical interventions for intersex youth; both types of interventions mentioned by Green (1968) in his article.

The poor ethics of wasting clients' time. Authors here reference the long waiting periods required for trans clients prior to accessing transition-related care. Benjamin (1967) notes how trans people are passed from doctor to doctor (p. 126) as they seek treatment and suggests that "several months of observation are advisable" (p. 117) prior to surgery. Blanchard (1989), too, suggests that trans people must stably identify "without fluctuations for a considerable time—2 years, according to the *DSM-III-R*" (p. 616). Similarly, Branch and Oremland note the significant wait times required of trans people and the hesitancy of doctors to advance treatment any faster (Dewhurst et al., 1969). In fact, Branch, in describing the treatment standards of her clinic, suggests clients remain consistently in the role of their birth sex for 6 to 9 months before they are permitted to socially transition, access hormones, or start the observation period prior to surgery.

Today, the mandatory wait times mentioned above have shortened (WPATH, 2011), but overall wait times have largely increased, not decreased. As a result of chronic underfunding and undertraining of medical health professionals to treat trans people, trans patients seeking treatment in Canada today can expect to wait between 2 and 6 years from first appointment to surgery (J. Zaitzow, personal communication). This timeframe becomes even longer if the person needs to search for a doctor who will actually treat them, if their doctor slows or sabotages their progress, or if there is any doubt as to the resilience of their identity or their readiness for surgery.

Whatever the reason, however, long wait times between seeking access to transition related care and actually receiving it have an undeniably negative impact on the mental health of trans people (McNeil et al., 2012). Once mandatory observation periods are over, trans people are often left waiting for the next step in their care without psychological or medical help they can rely on or trust (McNeil et al., 2012). Considering all the damage that can be done, medical and psychological professionals must ask themselves whether delays between seeking treatment and accessing that care are warranted or, indeed, ethical.

Chapter 4: Community Narratives (1960s to 2010s)

Using the same layout as the last chapter, here I will focus on historical context, analyzing examples of selected discourses and their impacts on trans communities, and tying my lived experience to those discourses, their impacts, and their histories. Specifically, I will discuss two of the main discourses that trans people use to talk about themselves, their identities, communities, and experiences. For the purposes of this chapter, these discourses will be referred to as the "Autonomy and Rights" and the "Transsexual Separatist" discourses; both of which operate primarily, though not exclusively, in a white colonial North American trans context. While these discourses are also employed within trans communities of colour, and I will do my best to offer my insights into their use, impact, and relevance to affected communities, as a white-passing mainstream queer, I cannot claim that this analysis provides full justice for trans communities of colour. I recommend further engagement with works that offer nuanced, culturally-informed insights into the workings, discourses, and unique experiences of trans people of colour such as, *Still Black: A Portrait of Black Transmen* (Ziegler & Lora, 2008), *Major!* (Ophelian & Florez, 2014), *TransGriot* (Roberts, n.d.), as well as Skidmore (2011) and Driskill (2010), all of which offer an excellent starting point.

In focusing on these two prominent discourses, an uncountable number of other vital discourses around trans experience remain beyond this thesis's scope. In particular, discourses around two-spirit identities, a fairly recent coinage that references a grouping of historically accepted gender transgressive behaviours and identities within many North American Indigenous communities (sometimes included in definitions of trans and transgender and sometimes not; Meyer-Cook & Labelle, 2004, p. 31; Wilson, 2008), are left out of this discussion and analysis, primarily for reasons of respect and solidarity with scholars who have more familiarity and need

not rely on pan-Indian understandings, and can therefore, illuminate the rich cultural histories of two-spirit people particular to their bands, tribes, and nations (see Manning, 2017; Wilson, 2008).

Additionally, it is important to acknowledge that assumptions about gender, gender transgression, and trans identities begin to break down or distort when moving between one cultural, ethnic, or racialized lens to another. For example, what it means to be trans will be different, in subtle and not so subtle ways, for Black people compared to white people even within North America (Ellison, Green, Richardson, & Snorton, 2017; Skidmore, 2011). Therefore, in solidarity with those whose familiarity with the internal discourses of these communities is strongest, these discourses are respectfully cited here, but remain beyond the scope of this thesis. Finally, despite the West's global dominance in terms of media and knowledge creation, being trans outside of North America can be radically different, again shaped by internal discourses with which others are more familiar. For example, the internal and external discourses associated with fa'afafine (a recognized third gender in Samoa) experiences and communities may be radically different (and at times, not radically different) than being trans and navigating the internal and external discourses employed in North America (Schmidt, 2001). Because I lack the knowledge and experience to address adequately the cultural, spiritual, religious, and gender differences within diverse trans communities around the globe, the internal discourses they employ to talk about their experiences, identities, and communities were not included in this discussion or analysis.

Historical Context

The last chapter traced an arc between the opening of the first American Gender Identity Clinic in 1966 (*The News-Letter*, 2014), the recent closure of the CAMH Gender Identity Clinic's youth program (Ubelacker, 2015), and the subsequent de-centralization of transition related care in Ontario (Ontario's Ministry of Health and Long-term Care, 2016). In focusing on the

development of the medical model, major parts of the timeline relevant to the rights, health, and safety of trans people and trans communities were left out. This chapter attempts to present some of these missing parts, focusing on the growing public voice of trans communities and related activist victories between the early 1960s and today.

Perhaps the best place to begin is with the eccentric Reed Erikson and his Erickson Educational Foundation (EEF). In 1964, only one year after he began his masculinizing transition under the supervision of Harry Benjamin, Erikson launched the Erikson Education Foundation, a philanthropic organization which he funded in its entirety (Devor, 2013). Erikson mostly supported research and publications focused on transsexualism, but also on New Age Movements, homeopathy, animal communication, consciousness, and dreaming as well as ONE, Inc., an early homophile group based out of Los Angeles (Devor, 2013; Figure A-2 in Appendix C shows Harry Benjamin speaking at ONE, Inc. in 1969). While his funding made a noticeable impact across all of these various topics of interest, the funded projects about transsexualism were particularly impactful. Between 1964, when the EEF was launched, and 1977, when it closed its doors, Erikson donated approximately $250,000 to support various projects based on transsexualism (Devor, 2013). Among a range of beneficiaries, Harry Benjamin apparently received over $60,000 to help with his research and the Johns Hopkins Gender Identity Clinic received about $72,000 to support the development of its research and treatment programs (Devor, 2013). Additionally, the EEF sponsored publications, including various pamphlets and academic books (Devor, 2013).

Finally, and perhaps among its largest impacts, the EEF also provided instrumental financial support for the first, second, and third International Symposia on Gender Identity (Devor, 2013; WPATH, n.d.b). These early symposia offered unique opportunities for scholars, academics, and clinicians treating trans people around the world to meet and discuss their

theories of transsexuality and treatments for trans people. Further, these symposia set the groundwork for the HBIGDA and its more modern incarnation, the WPATH (Devor, 2013; WPATH, n.d.b). In fact, the explicitly stated impetus for the foundation of the HBIGDA (in 1979) was the public closure of the EEF (in 1977) and the loss of its role in supporting and defending research devoted to understanding and treating transsexualism (WPATH, n.d.b).

In 1966, when San Francisco still had laws prohibiting crossdressing on the books (Sears, 2014), police used the presence of trans people, drag queens, or crossdressers at a suspected gay bar as pretext for raiding and closing down the bar (Sears, 2014; Stryker, 2017). One of the places trans people, hustlers, and drag queens gathered was an all-hours cafeteria in San Francisco's Tenderloin district called Compton's Cafeteria; yet, even there, the presence of trans people was contentious and fraught (Stryker, 2017). At the time, the cafeteria attempted to crack down on the presence of trans people at their establishment by calling police and pressing charges against trans clientele (Sears, 2014; Stryker, 2017). In response, the trans community began picketing Compton's Cafeteria, and then on one night in August of 1966, tensions boiled over (Sears, 2014; Stryker, 2017).

In response to some alleged rowdiness on the part of some trans clientele, the staff at the cafeteria called the police (Sears, 2014). When they arrived, an officer known to have mistreated trans people in the past attempted to arrest one of the trans women (Sears, 2014; Stryker, 2017). She threw her coffee in his face, starting a riot that spilled out onto the streets and saw dishes, furniture, a police car, the cafeteria's plate glass window, and a nearby newsstand destroyed (Sears, 2014; Stryker, 2017). As a result of the riot, Compton's cafeteria ceased all hours' access, closing, instead, at midnight, and trans people were more formally banned from the establishment. The next night, a much larger contingent of the trans, hustler, drag queen, and LGBT community members came out to picket the cafeteria (Sears, 2014; Stryker, 2017). The

picketing ended when the newly replaced front window, which was broken the night before in the riot, was broken again.

While the Compton's Cafeteria riot did not spark the international backlash against phobic police violence that Stonewall would (Stryker, 2017), it was one of the first times that the LGBT community would unite to physically push back against officially sanctioned violence. After the riot, and subsequent picketing of the Compton's Cafeteria, Sergeant Elliott Blackstone, the first San Francisco Police Department liaison to the homophile community, began a campaign to educate members of the San Francisco Police Department on LGBT issues, including transsexualism (Sandeen, 2010). As a result of this work, and the decriminalization of crossdressing in the city soon after (Sears, 2014), San Francisco became one of the most trans-friendly cities in the United States at the time. Finally, as a result of the riot at Compton's Cafeteria, social, psychological, and medical supports for trans people in San Francisco were established (Stryker, 2017). With the help of the Erikson Educational Foundation, these services were consolidated into the National Transsexual Counseling Unit (NTCU), San Francisco's first peer-run support and advocacy organization (Stryker, 2017).

As evidenced by the Compton's Cafeteria riot, and the smaller, yet similar, Cooper's Donuts riot in Los Angeles 7 years earlier (Stryker, 2017), tensions regarding the mistreatment of the LGBT communities were starting to boil over. In the early morning of June 28, 1969, after frequent raids and closures of other gay bars and clubs in New York City, including one on the Stonewall Inn only a week earlier, the New York Police Department raided the Stonewall Inn again (Hanhardt, 2013; Stryker, 2017). Inside the bar, trans resistance to police officers' procedures for checking the sex of people presenting as women, slowed the raid and frustrated officers (Hanhardt, 2013; Stryker, 2017). Outside the bar, those released without charge, as well as other community members and passersby, congregated near the entrance to watch the scene

play out. As police began making arrests, the audience grew more and more animated, and arrestees started to play it up for the gathered crowd (Hanhardt, 2013; Stryker, 2017).

At one point during the altercation, a woman who had been arrested and brought out to the waiting police wagon escaped repeatedly, only to be dragged back again after fighting with police, swearing, and shouting some more (Hanhardt, 2013; Stryker, 2017). After urging the crowd to get involved, an officer picked her up and tossed her back into the van. At this point, the crowd's playful gay horsing around turned to violence; the riot erupted. As police struggled to restrain the crowd, more bystanders joined in (Hanhardt, 2013; Stryker, 2017). Police wagons were overturned and police cars had their tires slashed. Being well-known for pressuring gay bars to pay bribes for protection and tips as to the next raid, police officers were assailed with coins after members of the crowd suggested that they pay them off (Hanhardt, 2013; Stryker, 2017). After throwing coins at the officers, the crowd began to throw beer cans and bottles, rocks, bricks, garbage cans, and anything else they could get their hands on. Trans people, hustlers, and homeless gay youth started this volley, which broke the windows of the bar and even saw a parking meter uprooted from the street and used as a battering ram (Duberman, 1993; Hanhardt, 2013; Stryker, 2017).

Still inside the bar, officers had barricaded themselves in with several restrained arrestees, while fires had been started both inside and outside the bar (Duberman, 1993; Hanhardt, 2013; Stryker, 2017). Shortly afterward, tactical officers arrived on the scene, attempting to push the crowd away from the building so they could get to the officers trapped inside (Duberman, 1993; Hanhardt, 2013; Stryker, 2017). In doing this, the officers created a line and slowly started marching towards the crowd. This prompted jeers and songs from the crowd, comparing the marching officers to a dancing chorus line (Duberman, 1993; Hanhardt, 2013; Stryker, 2017). In response, other members of the crowd formed a chorus line of their own

directly in front of the police, singing and kicking as if they were showgirls (Hanhardt, 2013; Stryker, 2017). Nevertheless, the efforts of the police were a slow success; by 4 in the morning the crowd was largely dispersed. In the end, 13 people were arrested; 4 officers and many in the crowd required medical attention, and everything in the Stonewall Inn was either broken or destroyed (Duberman, 1993; Hanhardt, 2013; Stryker, 2017).

Over the following week, violence in the area around the Stonewall Inn flared up multiple times (Duberman, 1993; Hanhardt, 2013; Stryker, 2017). In fact, the very next night saw hustlers, drag queens, and street youth setting fires, breaking windows, and causing mayhem as they once again battled with police, and formed chorus lines to mock the advancing tactical troops. Throughout this week of rioting and public revolts prompted by past and present police mistreatment of gay, lesbian, and trans people, gender transgressive behaviour was on public display for the first time in the streets of New York City (Duberman, 1993; Hanhardt, 2013; Stryker, 2017). With the sudden public nature of these violent and campy revolts, it became clear that individual queens, hustlers, gay men, and lesbian women were not alone with their identities; instead there was a sizable community of people much like them.

Beyond the Stonewall Inn, Christopher Street, and Greenwich Village the effects of the riots were immediate (Duberman, 1993; Hanhardt, 2013; Stryker, 2017). They invigorated protests by the Mattachine Society, a long-standing gay rights organization which advanced gay assimilation to heteronormative ideals of respectability, infusing a new, edgier energy (D'Emilio, 1998; Duberman, 1993; Johansson & Percy, 1994; Meeker, 2001). The Mattachine Society fought this shift, aiming to remain true to their desire for public respectability, and in response, both the Gay Liberation Front and the Gay Activists Alliance were formed. Gay rights activism took on a new, more militant feel, and the new energy within the community saw battles for gay rights emerge across multiple, previously unexplored issues. One year later, on June 28, 1970,

gatherings to mark the anniversary of the Stonewall riots were held in Los Angeles, Chicago, and New York (Duberman, 1993; San Francisco Pride, 2014). From these gatherings attendees marched shouting, singing, and carrying pro-gay banners, flags, and signs, inaugurating the first Gay Pride celebrations (Figure A-3 in Appendix D shows the banners, flags, and signs of the first Pride celebrations).

However, shortly after Christopher Street grew quiet and once tempers started to cool, the role that trans people (such as Sylvia Rivera—credited with throwing the first bottle in the Stonewall riots and a founding member of both the Gay Liberation Front and the Gay Activists Alliance—and Marsha P. Johnson; Hanhardt, 2013; Stryker, 2017) quickly started to be erased from the historical record of the events (Feinberg, 1997; Stryker, 2017). Over the coming months and years, a divide between the gay community—which was now starting to refer more to gay men than it had previously—and the queens, or trans community of that time, started to develop and widen. A glaring sign of this growing divide came when, in 1970, Sylvia Rivera and Marsha P. Johnson formed Street Transvestite Action Revolutionaries (STAR; later renamed Street Transgender Action Revolutionaries; Feinberg, 1997; Stryker, 2017). STAR was an early trans activist organization which sought to help homeless trans and queer people gain access to housing and other essential services (Stryker, 2017). In order to meet these goals, Rivera and Johnson attempted to access funding from other LGBT organizations as well as other public sources (Feinberg, 1997; Stryker, 2017). Unfortunately, Rivera and Johnson often found themselves shut out of funding opportunities, and repeatedly returned to sex work to support themselves and their organization.

Over the next decade, this division only grew. Being excluded by gay male activism in late-1969 and throughout the 1970s, trans people soon found themselves denounced by lesbian women, lesbian feminists, and radical feminists, as well. As an example of this, in 1973 Jean

O'Leary, a lesbian feminist activist and the founder of Lesbian Feminist Liberation, got on stage at the Christopher Street Liberation Day and publicly denounced drag queens, transvestites, and transsexuals as female impersonators (Duberman, 1993). In response, Sylvia Rivera and other well-known queens jumped on stage and publicly derided the comments (and the community they came from; Duberman, 1993). This spat, while quite small, was a sign of a growing division between trans communities and some of their lesbian/feminist counterparts. For the purposes of this chapter, the rest of the historical context regarding the growing feud between elements of lesbian, feminist and trans communities will be left for the next.

In 1970, Virginia Prince, in her magazine *Transvestia,* redefined and popularized the already existing term 'transgender' to describe her experiences as a heterosexual crossdresser (Prince, 1997). As mentioned earlier, by redefining 'transgender' in this specific way, Prince effectively created a linguistic division between transsexuals—those who sought medical intervention to address their gender incongruence—and the rest of trans community diversities. This laid the groundwork for a fragmenting division within trans communities. Transsexual separatism, a movement of people who, unlike Prince, identify as transsexual rather than transgender or as crossdressers (Samantharz, 2012), arose. This movement sees the issues facing transsexual and transgender people (as Prince would use those words) as distinct and incompatible (Platine, 2002), such that referring to both groups as elements of larger trans communities would boil the blood of many a transsexual separatist. The discursive features of Transsexual Separatism, and its considerable overlaps with medicalized models and radical feminist discourses, will be discussed in subsequent sections of this thesis.

Around the same time, as members of the gay and lesbian communities were starting to see the fruits of their activism, the legal and policy conditions facing trans people and communities got worse. In 1968, after two years of using gynecological examinations to verify

the sex of female athletes, the International Olympic Committee (IOC) began using chromosomal tests (Thomas, 2008). While some controversy exists as to whether there has even been an instance of a male athlete purposefully pretending to be female in order to compete at the Olympic Games since 1936 (*TIME*, 1936), the International Olympic Committee saw this prospect as unfair to the point of warranting action. By implementing chromosomal testing, however, the International Olympic Committee effectively banned trans and intersex athletes from competing, and permanently scarred many intersex athletes who did not know of their intersex condition prior to competing on the world stage. This IOC policy, which still exists in an altered form (International Olympic Committee [IOC], 2015), would not be changed until 1996 when trans and intersex people became eligible for the Olympics once more (Genel, 2000), assuming, that is, that they met strict requirements as to hormone levels, transition history, and medical transparency not required from cisgender athletes (IOC, 2015).

Then in 1970, April Corbett's (*orse*. Ashley) marriage was formally annulled by British courts for appearing to break the United Kingdom's ban on same-sex marriage, despite April not being legally considered female (*Corbett v. Corbett,* 1970). Without a legal mechanism by which to change one's gender in the United Kingdom, this ruling ensured that trans people could not marry a member of either sex after they transitioned, socially and medically. Over the next 40 years, similar situations would present themselves across various US states (Currah, Juang, & Minter, 2006). In the UK, this state of affairs would not be rectified until 2004, when, thanks to the Gender Recognition Act (2004), trans people finally had a consistent, (albeit invasive, problematic, and *deeply* flawed) legal way to amend their sex on government documents. In the United States, this documentation problem would not be rectified in some states until 2015, when same-sex marriage was legalized (Liptak, 2015), because many US states still do not have a legal process by which to amend one's sex on legal documents (Currah et al., 2006).

In 1973, the first version of the Employment Non-Discrimination Act, a bill that would have made it illegal for employers to discriminate based on sexual orientation and, later, gender identity and gender expression across the United States, was introduced into the federal House of Representatives (National LGBTQ Task Force, 2014). While the bill did not pass, it was notable for not including trans people within its protections. Over the next 40 years, similar bills would be introduced under the same name, approximately every two years, only to fail each time (National LGBTQ Task Force, 2014). Since 1973, various states have passed their own, similar legislation, but even today employment protections across the United States are a patchwork of different laws, most of which do not include gender identity or expression (Hunt, 2012).

Beyond the policy and legislative defeats, however, the groundwork of organizing in trans communities was starting to fall into place. After the Erikson Educational Foundation (EEF) closed its doors in 1977 (Devor, 2013), Paul Walker, the founding president of the Harry Benjamin International Gender Dysphoria Association (HBIGDA, now WPATH; WPATH, 2017a) started the Janus Information Facility to continue the educational aspects of the EEF's work (Denny, 2013). This organization remained in operation until Paul Walker fell ill from HIV/AIDS. When this happened, Joanna Clark, an Episcopal Nun (Smith, 1988), and Jude Patton, a transman and psychiatric assistant, co-founded J2CP Information Services (Denny, 2013). While neither the Janus Information Facility nor J2CP Information Services could match the impact of the EEF (with its considerable funding), these organizations inspired the next wave of trans-focused community organizations and refocused the community towards broader educational goals that had not yet received much attention.

One prominent trans educational organization that arose in 1986 was the International Foundation for Gender Education (IFGE; n.d.). Its mission was promoting acceptance for trans people, advocating for freedom of gender expression, and educating (both inside and outside of

trans communities) about gender diversity (IFGE, n.d.). The IFGE primarily existed as an early way for trans communities to communicate among themselves before the Internet was popularized. Through their quarterly magazine, *Tapestry* (later renamed *Transgender Tapestry;* IFGE, n.d.), the IFGE allowed trans people of all stripes to pass useful information among sometimes geographically isolated populations. Essentially, trans people from just about anywhere in North America could access limited support, educational information, stories and personal experiences, or insights into medical or professional practices, for the first time. This created a support and information network for trans people on national and international scales that would not be rivaled until the Internet became widely accessible near the turn of the century.

More important for the narrative of this chapter, however, the International Foundation for Gender Education was, by some accounts, the first trans organization explicitly to seek inclusion for all members of trans communities (both transsexual and transgender members, as Virginia Prince might have put it), since subdivisions began forming in late 1960s. This inclusion of the breadth of trans experiences flew in the face of many of the existing trans organizations at the time, which largely focused on serving the medical, professional, and advocacy needs of their transsexual members or the social, educational, and outreach needs of their crossdressing and transvestite members. The IFGE's focus on inclusion was particularly noticeable in *Tapestry*, which highlighted experiences from all segments and attempted to be a resource for these divided communities.

By explicitly including both trans people seeking medical and surgical transitions and those who were not, IFGE helped to bridge the growing community divisions prevalent at the time. This reinforced what I am calling "Autonomy and Rights" discourses. In practice, this means that trans communities generally discuss identities in terms of human rights, bodily autonomy, gender identity, and gender expression, concepts that all members can relate to. From

there, differences among individual needs for social transitions or medical and surgical interventions are less controversial, because space is usually made for their discussion in a way that respects all options and approaches.

In the early years of the Internet, the IFGE was more accurate, easy to access, and helpful than trying to access trans-related information through the search engines available at the time. However, as the Internet developed, the IFGE fell behind the curve. In 2006, the IFGE published their last magazine (IFGE, n.d.), and today the website languishes in the style of the late 1990's. Since the founding of the IFGE, other organizations with similar goals for other elements of trans communities have formed, with varying success. In 1986, FTM International was founded (FTM International, n.d.); although, like the IFGE, it now languishes with an outdated web presence and few to no recent updates. Then, in 1991, the Southern Comfort Transgender Conference was founded (Southern Comfort, n.d). Until 2014, this annual conference was held in Atlanta, Georgia (Southern Comfort, n.d.). Throughout the 1990's and the early 2000's, Southern Comfort was the largest, most diverse, and most active peer-focused trans conference in the world; it hosted researchers, medical and psychological professionals, advocates, and all self-identifying groups of trans people (Southern Comfort, n.d.).

In 1996, Andrea James founded TS Roadmap, a website which attempted to provide a transsexual version of *Our Bodies, Ourselves* (Norsigian, 2011), answering all sorts of questions about various aspects of social and medical transitions for transsexual women (James, 2015). In addition to this primary resource, the website also shared collected wisdom from trans communities and informed trans people about the academic theories that were being developed about them. These webpages were (and are) extremely valuable resources for transsexual women. Moreover, TS Roadmap explicitly addressed the state of academic discourses about transsexual women, of specific Gender Identity Clinics around the world (primarily the Clarke Institute in

Toronto; James, 2003), and openly challenged the assumptions that academics and professional made about transsexual women.

In 2000, Lynn Conway, a Computer Scientist, Electrical Engineer (Conway, n.d.), and transsexual woman, began a journaling project with the goal to "illuminate and normalize issues of gender identity and the processes of gender transition" (Conway, n.d.). This project was spurred by computer historians who essentially outed her by linking her pioneering work on computer chip design and superscalar computing to her post-transition identity (Conway, n.d.). When this happened, her years of stealth living came to an end and new problems, despite an accepting workplace, came to the fore (Conway, n.d.). On the personal website where she journaled through these emerging issues, she provided educational information, resources, stories, and support, all freely available for anyone to access and read. Like TS Roadmap, Conway's website did not shy away from engaging with (or openly challenging) the academic discourses of the time and frequently linked visitors to TS Roadmap for more information. Both sites highlighted how trans people were increasingly speaking for themselves and not letting medical and psychological professionals speak for them.

Finally, in 2003, Calpernia Addams (of *Soldier's Girl* (Pierson, 2003) fame*)* founded Deep Stealth Productions (Addams, n.d.). Deep Stealth produced videos with the goal of teaching trans women to pass in all aspects of their appearance, voice, presentation, and mannerisms (Addams, n.d.). These videos were clearly positioned for use by transsexual women, and like TS Roadmap and Conway's site, supported Transsexual Separatism. TS Roadmap, Conway's site, and (to a lesser extent) Deep Stealth Productions, have languished somewhat aesthetically since their introduction. All three remain powerful and valuable resources for transsexual women.

Throughout 1990s and 2000s, various other peer-focused resources for trans people popped up online as well. Of this ever expanding wave of online trans resources, the most well-

known were Susan's Place (a site which provided various resources to a broader swath of the trans-feminine communities; Larson, n.d.), Second Type Woman (providing resources for transsexual women on social and medical transition; Richards, 2015), Laura's Playground (focused on suicide prevention through access to trans-relevant information and support; Harrington, 2016) and URNotAlone (offering a peer-focused trans support Internet Relay Chat room; URNA, n.d.). Various other less well-known websites and blogs cropped up, as well as a considerable number of information- and community-based trans forums, some more influential (such as T-vox (n.d.), Susan's Place, and Laura's Playground) than others.

Overall, this period from the late 1980s to the early 2010s, represented a kind of watershed, because the sources of information and the goals for sharing it became more trans-centered. With some exceptions, prior to the 1980s, discussions about trans people did not involve us. In the 1960s, queer communities often excluded trans people from their histories, while medical and psychological professionals developed theories about trans people with little or no consultation with trans communities. By late 1980s and early 1990s, trans people were taking back their ability to talk about their own experiences and to educate one another about topics important to trans communities as a whole, as evidenced by the resources discussed above.

Since then, trans people's ability and willingness to speak up for themselves and their own interests has only expanded. For example, a flag created by a trans woman in Arizona in 2000, was flown at the Phoenix Pride Parade (Fairyington, 2014), and became widely adopted as *the* trans pride flag and a go-to symbol by and for trans communities. As another example, Trans Media Watch, a UK-based trans-run media watchdog, was formed with the goals of working proactively with media to represent trans people in an accurate, fair, and positive manner (Trans Media Watch, n.d.). Finally, in 2014 trans academics from across the planet begin publishing

TSQ: Transgender Studies Quarterly, a peer-reviewed academic journal that "contest[s] the objectification, pathologization, and exoticization of transgender lives" (Currah & Stryker, n.d.).

While these three examples hardly paint a whole picture of the advances trans people have made in defining their own identities and communities over the last couple of decades, now, more than ever, trans people are taking control of narratives about their identities, bodies, and communities. In doing so, trans people are setting the acceptable discourses for talking about all aspects of their lives. Below I offer an exploration of selected discourses and their impacts on trans people and communities. In particular, these discourses should be understood in relation to the revolutionary context provided above, and analysis of the medical model provided in the previous chapter.

Discourse Analysis

Methods

In order to document the discourses used by trans communities to address trans experiences, I identified a number of articles for inclusion in this chapter, drawing from two major groups within trans communities that represent the polarities informing the transgender/transsexual divide; that is, important examples of discourse used by transsexual separatists as well as by prominent members of the broader transgender communities. Additionally, I included two articles that complicate this divide and show gradations between these two groups. More specifically, for the purposes of this chapter, I have included seven recent blog posts by the prominent transsexual separatist known as JustJennifer (2017a,b, 2016a,b,c, 2015) as well as two blog posts by Elizabeth (2013a,b) on *Notes from the T Side*. In the case of Elizabeth's blog, I selected two older articles which engage with transsexual separatism and focus on important issues facing trans communities more generally, with limited personal details. Of course, because I have chosen blogs from *Notes from the T Side* that are still public, it is

important to caution against taking these examples as representative of the entire transsexual separatist movement. Rather, selected blog posts reflect my past experience with separatists and broader trans communities more generally.

On the other side of this divide, I have included two articles from Julia Serano (2017, 2015), author of *Whipping Girl* (2007), one by Cristan Williams (2016), creator of *TransAdvocate*, and an interview with Janet Mock (King, 2014). With these four sources, I hope to outline as many of the important aspects of the discourses used by major players in the (American) public-facing trans communities as possible. In addition, I have included one article by Dana Taylor (2013), published by *TransAdvocate*, and one historical article from Virginia Prince (1978/2005), that each illuminate the discourses out of which transsexual separatism grew. Taylor, a self-described former transsexual separatist, explains how she became a separatist and what changed to move her away from separatism.

As with the last chapter, this analysis is limited by the time and energy available to me and, as such, important articles, books, and other forms of multimedia were not included, despite their importance within trans communities and my personal affinity for them. Some of these include: Julia Serano's book *Whipping Girl* (2007), Kate Bornstein's memoir *A Queer and Pleasant Danger* (2012), the entirety of *TS Road Map* (James, n.d.), and Lynn Conway's full personal website (Conway, n.d.). Additionally, due to my focus on discourses framing the transsexual/transgender divide and transsexual separatism more generally, the many examples of discourses used by transmen when speaking about trans communities are not included here. This is certainly a limitation, and one which is all too often invoked, when talking about trans communities. Therefore, for the purposes of this thesis, I acknowledge that I am leaving out substantial discursive groups and limiting the applicability of my results to only selected parts of trans communities.

None of these articles, books, or other forms of media come from peer-reviewed journals or other traditionally accepted academic publications. However, many of the authors included for analysis are academics themselves (Julia Serano earned her Ph.D. in biochemistry and molecular biophysics from Columbia University (Serano, n.d.); Virginia Prince earned a Ph.D. in pharmacology from the University of California, San Francisco (University of Victoria, n.d.); Janet Mock, earned a Masters in Journalism from New York University (King, 2014) and/or have regularly written for academic publications (such as Cristan Williams; e.g., Williams, 2014a). This choice was deliberate and was made in the hopes of recognizing and allowing for richer, more engaged insights into the discourses used by trans communities. Chapter 5 focuses more on trans academics and researchers developing the field of Transgender Studies.

Results

Much like the last chapter, this chapter will be focused on 4 major questions: 1) what do the authors imply "normal" looks like? 2) what do the authors imply trans people look or act like? 3) How do the authors frame transition or gender deviance? and 4) what ethics do the authors imply, assume, or invoke? These same questions will now be applied to the discourses used by trans people (particularly trans women). Finally, two new themes will also be examined here: self-contradiction within the discourses examined, and how trans-informed discourses engage with the question: "What does oppression look like?" A complete list of the identified themes can be found in Table A-3 Appendix F.

Construction of normality. Compared to the works by medical and psychological professionals analysed in the last chapter, the assumptions made about normality by the authors selected for this one are harder to find and less universal. The various authors included in this chapter disagree amongst themselves about what constitutes 'normal' gender roles, and are cognisant of diversities within the general population. This latter point leads authors such as

Serano (2017, 2015) and Mock (King, 2014), to qualify their assumptions about how any group thinks or acts with words, such as 'some,' that purposefully narrow the focus of their assumptions and recognize diversity within the population more generally. In fact, Mock explicitly states that "[t]here's no universal trans experience, there's no universal women's experience or human experience" (King, 2014, para. 19). Despite this recognition, however, all of the authors regularly make assumptions about groups of people throughout their articles, as discussed below.

All of the authors included here acknowledge marginalization, oppression, and minority status throughout their writings, and interact with their effects. They discuss the implications of social hierarchies, and acknowledge their own privileges, often *doing* something to minimize the impact of these differences in power and privilege. The clearest example of this, appears in the interview with Janet Mock (King, 2014). Mock discusses an accessibility program she used to get her memoir into the hands of trans people who wanted one, but could not afford it (King, 2014, para. 18). According to Mock, this program worked by having low-income trans people request a book, getting people to donate money to pay for the books, and delivering as many as could be paid for by donations; 127 in this case (King, 2014, para. 18).

Finally, in terms of defining 'normal,' the all-important nature of sex, gender, and sexuality in social ways of characterizing others is addressed throughout almost every article included here. With the exception of Mock (King, 2014), and arguably Williams (2016), none of the other authors seem to touch on aspects of human experience that go beyond sex, gender, and sexuality. In fact, Prince (1978/2005) suggests that:

> [t]o many these two continua or dimensions, [sex and sex object choice], would seem to adequately characterize anyone. But they don't because humans live in a third dimension, that of society, [that of gender]. This cultural continuum runs between the very masculine and the very feminine lifestyle—whatever those entail in differing cultures (p. 40).

Thus, for Prince, these three characteristics are adequate to characterize almost anyone, even as she attempts to complicate any attempt to focus only on sex and sexuality.

For many of the authors included here, engaging issues relevant to trans, transgender, or transsexual communities seems to prevent them from addressing additional dimensions of human experience that impact the lives of trans and cis people, alike. Even Serano (2015) falls into this trap as she writes about Caitlyn Jenner's coming-out interview. In this article, Serano (2015) only briefly mentions Jenner's self-identification as a Republican, without even touching upon her privileges of wealth, social status, or athletic ability. Mock, however, repeatedly and explicitly relates her own experiences back to those of her interviewer with references to her experiences as a woman, a trans person, and a person of colour (King, 2014). Moreover, Mock talks openly about the privilege that wealth—and the marginalization that poverty—can bring as she speaks about both her personal experiences with survival sex work and the book accessibility program for her memoir (King, 2014).

Focusing only on sex, gender, and sexuality when addressing the issues facing trans people can be isolating for those with multiple interacting identities, while reinforcing white LGBT communities as normative. There is only one person of colour among the authors selected, and she seamlessly integrates the topic of transition and trans issues with aspects of racialization, ethnicity, and poverty, demonstrating the importance of further work on untangling and articulating the complex intersectional issues that inform queer discourses.

'Normal' sex. Similar to the articles by medical and psychological professionals in the previous chapter, those by transsexual separatists included here rely heavily on the sex/gender binary throughout. This means that transsexual separatists Elizabeth (2013a,b) and JustJennifer (2017a,b, 2016a,b,c, 2015) reproduce elements of the medical model and imply that both sex and gender 'normally' exist in a binary where one can be either a man or a woman, a male or a

female. Neither of these authors leaves space in their discourses for people who blur the lines between binary categories and both seem to imply that not being a woman (or female) automatically makes you a man (or male). More distressingly, JustJennifer appears to use the wrong pronouns and honorifics purposefully when referring to prominent autonomy and rights activists. Thus, they use he/him/his pronouns for transwomen, referring to them as "Mr.," and placing their female first names in quotation marks in order to imply a sense of fraud or falseness, out of step with the way the person in question actually identifies (JustJennifer, 2017b, 2016b,c, 2015). This inevitably reinforces notions of sex and gender as binary constructs.

However, the discourses Elizabeth and JustJennifer use differ from those of the medical and psychological professionals examined in the previous chapter in one striking way: both make an explicit distinction between sex and gender where the medical literature reviewed in the previous chapter did not. This distinction, between sex and gender, has come to typify the discourses circulating in trans communities, as transsexuality and transgenderism themselves are defined in terms of incongruities between one's birth *sex* and one's sense of *gender*. In this case, however, the included works by transsexual separatists use this distinction almost as a weapon. Elizabeth and JustJennifer repeatedly make explicit references to the surgical status of the activists they are attacking (Elizabeth, 2013a; JustJennifer, 2016a,b), sometimes using evidence from blog and social media posts, and other times simply assuming. No matter the state of the evidence, the implication is clear: having a penis makes one male, while genital surgery—and thus having a vagina—makes one female.

For both Elizabeth and JustJennifer, people who identify as women, while still having a penis, somehow create a hierarchy among women (Elizabeth, 2013a; JustJennifer, 2017a, 2016b,c), thus recreating patriarchy and placing women without penises as somehow superior to all others. This suggests that these bloggers view sexism as an oppression based on one's sex (or

sexual organs) and not as an oppression arising from social constructions of gender, perceived gender, or cultural gender roles. This view of sexism, as well as the essentialist view of sex as defined entirely by having a penis or not, closely resembles the views of Trans-Exclusionary Radical Feminists (TERFs) who openly attack trans people and communities (e.g., GallusMag, 2016, 2013), suggesting links between these seemingly disparate communities.

None of the other articles imply or state that sex is a binary construction or that it has essential criteria for labeling people as male or female. In fact, both Julia Serano (2017) and Prince (1978/2005) explicitly state that sex is a continuum defined by variations among people on a number of primary and secondary sex characteristics. Serano (2017) makes reference to the growing view among biologists that the notion that there are only two sexes is simplistic and that sex, throughout nature, exists on a wider spectrum than such a view allows (Ainsworth, 2015; Fausto-Sterling, 1993). Further, Serano (2017) also debates the notion that sex has an essential component, whether based on sex chromosomes or genital configuration. Instead, Serano (2017) describes sex as a collection of (somewhat independent) primary and secondary sex characteristics including "chromosomes, gonads, external genitals, other reproductive organs, ratio[s] of sex hormones, and [resulting] secondary sex characteristics" (para. 6).

In this view, Serano acknowledges that many times these traits pile up on one side, labelled male, or the other, labelled female, but that they do not always do so. Thus, "'sex' is neither simple nor straightforward" (Serano, 2017, para. 8) and applying an essentialist view based on only one of multiple sex traits is problematic as it hinders accuracy and descriptiveness and denies the very real situations of people that fall somewhere between or outside of these two boxes, piles, or collections. While this view offers much more depth and detail than Prince's (1978/2005) description, the same basic notions of variation and complexity persist. Prince describes sex as a continuum between "complete maleness" and "complete femaleness" with "the

midpoint on that continuum [being] the hermaphrodite—a person possessing at least some of the anatomy of each sex" (p. 40) Today, the term 'hermaphrodite' has been largely replaced by the term 'intersex' within communities experiencing such variations, but otherwise, the majority of this definition of sexual variance is still in use today. In fact, modern resources, such as the Genderbread (Killermann, 2015) person lesson, the Gender Unicorn (Pan & Moore, n.d.), and Hank Green's viral video on the topic (vlogbrothers, 2012), all rely on the notion of a continuum to help people understand sex variability today.

Beyond these two authors, the others included in this chapter never really define or describe sex, either implicitly or explicitly, in any of the ways mentioned above. Instead, they use sex (and gender) as basic terms throughout and let their readers bring their own understandings of these terms to the topics at hand. In all cases, the arguments do not hinge on the differences between binary and continuum as models for understanding sex variation. Overall, this first examination of how each of the selected authors define and describe 'normal' sex offers glimpses into the ways in which the discourses of transsexual separatists differ from those of their autonomy- and rights-focused counterparts, in relation to trans-exclusionary radical feminists. In particular, the debate illuminates the primary reason for divisions between transsexual separatists and transgender communities. Transsexual separatists use the same terms as transgender communities more broadly, but define them differently. This leads to potential friction when transsexual separatists are seen to misrepresent the views of prominent autonomy and rights activists. Conflicting definitions, and the ways they are implicated in disconnection and connection among communities inform the ways selected authors construct 'normal' sexuality and gender, as outlined in the next section.

'Normal' sexuality. Among the concepts of sex, gender, and sexuality, sexuality is the least mentioned throughout the included texts for this chapter. Of the included authors, only

Mock (King, 2014) and Prince (1978/2005) explicitly mention sexuality, while the transsexual separatists imply a sense of 'normal' mainstream sexuality in their writings. Rather than define what 'normal' sexuality is in terms of sexual orientation, Mock focuses on reclaiming and normalizing her experiences of engaging in survival sex work and the experiences of other women who might be doing the same (King, 2014). Mock defines this aspect of her life as complicated, but not abnormal (King, 2014).

While Mock acknowledges some trauma associated with survival sex work (King, 2014, para. 8), she notes explicitly that it was not entirely negative, and treats these experiences as just another aspect of her life. Nevertheless, Mock makes a point to mention that sex, sexuality, and sex work are all topics that "we" need a place to talk about and hopes she can push the conversation forward and get people to "talk about their bodies and shame and the erotic and sex and sex work and all of these things" (King, 2014, para. 9). She implies that conversations about the sexuality of trans people (and positive aspects of trans sexuality in particular) are missing for many trans community members. Thus, she attempts to challenge notions that sexual practices within trans communities are somehow abnormal and seeks to place trans people within societal definitions of normal sexual activities.

Prince (1978/2005), on the other hand, focuses entirely on the question of sexual orientation, or what she calls "sex object choice" (p. 40). Much like her descriptions of sex before this, Prince defines sexuality primarily as a continuum between heterosexuality and homosexuality, with the midpoint being bisexuality in this case (p. 40). This description mirrors Kinsey's approach, which placed sexuality on a 7-point scale between entirely heterosexual to entirely homosexual (Kinsey, Pomeroy, Martin, & Sloan, 1948). One noteworthy difference between these scales, however, is that Kinsey's allows for a score of 'X' which is meant to indicate "No socio-sexual contacts or reactions" (Kinsey et al., 1948) or, in more modern terms,

asexuality. Prince (1978/2005) also makes mention of what ‘normal’ sexual activity might be. For example, she defines bisexuality as “a person [who] has now transcended the object choice barrier and has established his or her emotional comfort in being able to have an orgasmic experience with either type of partner” (p. 40). Thus, Prince (1978/2005) *twice* implies that sex is a binary construction, but also that sexual orientation relies upon the ability to have “an orgasmic experience” (p. 40) with a partner representing one of two available choices.

Finally, Prince (1978/2005) tries to state definitively that sexuality and gender continua are independent of one another: “to assert that to move toward androgeny would change sexuality is simply not to understand that sexuality is a different dimension of the cube of human function than that of gender” (p. 45). This powerful statement is undermined, however, by a lengthy discussion in which she claims that transsexual women “who were acknowledged heterosexuals prior to surgery…seek surgery because of a faulty understanding of the difference between sex and gender” (p. 44) Thus, Prince (1978/2005) also argues that sexual orientation is an important factor in one’s gender identity. This paradoxical stance, that surgical success is hampered by heterosexuality prior to surgery, implies that heterosexuality (at least after surgery) is ‘normal’ for transsexual women and, therefore, an important criterion of ‘normal’ sexuality.

That heterosexuality is somehow an important part of ‘normal’ sexuality, is one thing that JustJennifer (2017a) appears to agree with Prince (1978/2005) about. While never discussed openly in her blog posts, her opinions on Trump’s recent ban of trans people in the military align with those of the many organizations that oppose same sex marriage and gay rights, because, “where there is inevitably nudity” (para. 4) there is nothing short of “an intrusion” (para. 4) into a women’s-only space (JustJennifer, 2017a). This trope, common among the crowd that support legislation banning trans people from particular bathrooms, implies that some sexual impropriety will inevitably occur if trans people are allowed in such intimate spaces with women. This sets

trans women, or transgender people in JustJennifer's case, as universally attracted to and as sexual predators upon women in their most private spaces.

This view of transgender people as sexual predators and perverts continues when JustJennifer (2016a) discusses the Obama-era Housing and Urban Development policy change which saw federal funds withdrawn from homeless shelters who excluded people based on gender identity. In this particular post, she goes into some detail about a person claiming to be a transgender woman and then 'not acting the part' (para.s 4-6). Amongst her evidence, JustJennifer mentions that the person was caught masturbating in the shelter at one point (para 5). While this contravenes the rules of the shelter in question, the explicit focus on masturbatory habits suggests (as does the rule itself) that masturbation is not an appropriate or 'normal' form of sexual activity in this context, invoking bathroom panic, and attributing sexual impropriety to all trans people in women's spaces, based on a single, decontextualized example.

JustJennifer (2016b) defends this position by invoking the archetype of Blanchard's autogynephilic transvestite, saying "in some cases, this [invasion] is connected to the sexual arousal that many feel [b]eing in the women's room, or shower, or locker room, or other places that they are not really welcome, is part of the thrill" (para. 4). In making this argument, JustJennifer once again reproduces the discourses of the medical model, relying on the same traits Blanchard (1989) uses to typify autogynephilic transsexuals and implying that there is something inherently abnormal about people with penises being sexually aroused by dressing or acting feminine. By suggesting that this could lead to sexual arousal from accessing women's only spaces at all, aligns transvestism with some version of voyeurism.

Rather than presenting transvestism, specifically sexual arousal from crossdressing, as negative and perverse the way JustJennifer (2016a,b) does, Prince (1978/2005) argues that "intimate contact with feminine things probably results in an erection which is then relieved by

standard techniques of masturbation" (p. 43), presenting sexual arousal as a perfectly normal response to intimate contact with feminine garments. Prince (1978/2005) goes on to claim that this arousal eventually wanes, despite her intense focus on early masturbatory episodes by those who are "very Freudianly alert to anything having to do with sex" (p. 43), and defines such a sexual response as 'normal' and transitory.

'Normal' gender. Included authors who address the topic all seem to agree that gender is a social construct reflecting the cultural context in which it appears. What is less clear, however, is what the authors understand the shape of gender to be. Prince (1978/2005) describes gender as a continuum between masculine and feminine lifestyles, placing androgyny—a mixture of masculine and feminine traits—in the middle (p. 40). Prince (1978/2005) places herself very near to this center point but slightly off to the feminine end. She refers to this point, and by extension to her own gender identity, as "gynandry" (p. 44) She comments: "Since, to me, femininity is more important than masculinity, I [felt] it should have pride of place and I put it first; thus, gynandry simply means woman/man or adjectively femininity/masculinity" (p. 44). While Prince (1978/2005) describes all three of these constructs—sex, sexual orientation, and gender—as existing on a continuum, this discussion of gender marks the first time she offers insight into a point on the continuum that is not at either extreme or directly in the middle, affirming her view of gender as a spectrum.

The only other author to address this issue of whether gender exists on a spectrum or as a binary explicitly is Serano (2017), who references the vast amount of human gender diversity. Serano (2017) also attempts to address the notion of mind/body dualism as a whole (para 12-16). She argues against the belief that gender is a construct of the mind, sex a construct of the physical body, and never the twain shall meet, citing research suggesting that the brain changes over time in response to gendered experiences and studies examining whether the structure of the brain

itself might predict gender identity. Serano's challenge to the sex/gender distinction implies a connection between the physical body and the mind, affirming a sense of normalcy when these point toward the same conclusions.

Serano's (2017) argument that mind and body are not truly independent from one another seems odd for someone who earlier described sex as a collection of dimorphic traits which typically, but not always, gather around one of two poles. Because Serano (2017) calls out essentialist descriptions of sex which link it to genital configuration or sex chromosomes, by claiming that the mind and body are not truly independent of one another, she nevertheless affirms some essence—brain structure for instance—that defines sex and sets gender. While there is certainly much more nuance to her arguments than I am presenting here, and Serano (2017) herself acknowledges that brain structure is not 100% predictive, this purported connection between mind and body offers a challenge to the claim that an essentialist view of sex (and thus gender) does not exist or will never be found. It seems that Serano (2017) finds it difficult to see gender as purely social construct, without any degree of biological sexual dimorphism.

Transsexual separatists, however, take a different view. Elizabeth and JustJennifer, regularly claim that a clear distinction between sex and gender does exist. Elizabeth (2013b) devotes multiple paragraphs to emphasizing the distinction by saying, "[g]ender is concept that has been perverted to imply sex, but it does not" (para. 6-10). JustJennifer, for her part, uses gender and sex interchangeably, except in contexts—such as her argument against Kenton Haggard, a crossdresser who was killed by a man looking for a prostitute (JustJennifer, 2015)—where she clearly distinguishes between gender presentation and being a "full-fledged 'female'" (para. 2).

Prince (1978/2005) simultaneously argues that sexual orientation and gender are not independent and should not be seen as such for trans people seeking surgical transition, and that

gender, sex, and sexual orientation are independent sides of the cube defining human function. Prince (1978/2005) also clearly defines gender as a culturally-linked social construction. Here, she deviates from more recent resources when she argues that dogmatic views on gender act as a prison that limits human potential:

> according to their possession of a penis or a vagina at birth, [children] get shunted into one or the other of two paths of development. … The end result is that males generally become acceptably masculine boys and men and females generally become appropriately feminine girls and women and each gender more or less accepts the inevitability of this state of affairs (p. 41).

Practices of gender socialization, Prince (1978/2005) argues, isolate people into interacting with the world through their received gendered lenses and prevents use of any different gendered lens. This, in turn, limits the ways that people can understand and respond to the world around them, inhibiting their creativity and productivity, based on the walled gender garden into which they were shunted, shortly after birth.

In making this argument, Prince (1978/2005) describes what normal gender looks like and what it could be. By describing the socialization process of “shunting” (p. 41) people into gender categories, she emphasizes the lack of autonomy accorded to children in defining their own genders in the vast majority of cases, and proposes a more imaginative world where people are not socialized from birth into one set (or another) of gendered traits. Prince (1978/2005) bemoans any culture that “sets up the rules that all males shall choose female partners for sex and shall conform to a uniform code of masculine behaviour at all times in dress, behaviour, activities, interests, occupations, attitudes, hobbies, etc. on pain of excommunication” (p. 42), emphasizing societal punishment as a disciplinary force. Prince (1978/2005) follows this statement with a description of the world she would like to see, where there is a sense of greater freedom among

people choosing different gendered paths as free agents who transcend the restrictions of gender. Thus, Prince (1978/2005) paints people who transcend gender—trans people—as a positive addition to understanding gender and transness as a form of liberation.

Construction of gender variance. Much like the works of medical and psychological professionals analyzed previously, the texts included here not only construct a sense of reality, but also of gender variance among communities of transgender and transsexual people. Unlike the medical and psychological professionals however, the authors included in this chapter do not always define gender variance, transgenderism, or transsexuality in opposition to 'normal.' Rather, they express opinions about gender variance and communities of transgender and transsexual people that range from normalizing gender variance in all its forms to picking and choosing what qualifies as trans in their eyes. These opinions, and how selected authors talk about gender variance and communities of transgender and transsexual people, provide a basic understanding of how they understand what it means to be trans. Below, I have analyzed these understandings as they relate to gender variance generally, as well to communities of crossdressers, transgender and transsexual people.

With regards to gender variance generally, distinctions in opinion align along the dividing lines between transsexual separatists and autonomy-and-rights activists. For the activists, gender variance is a commonly used phrase meant to be inclusive of trans people of all backgrounds and stages of transition. Gender diversity, on the other hand, is commonly used to be inclusive of all people, cis and trans alike, attempting to frame gender as a spectrum defined by its various presentations across the entire population. Transsexual separatist authors, however, do not see these phrases as relevant to their lived experiences. In fact, because of the medicalized way that they define transsexuality, these authors regularly imply that their gender and gender identities are more conformist in nature. To them, transsexual women see themselves as women, with a

generally feminine gender identity and presentation, making gender variance an inappropriate description for their situation (e.g., JustJennifer, 2015).

This understanding from the included transsexual separatist authors brings up an interesting discursive point: many of the terms trans communities use to describe themselves reference birth sex. In a nutshell, Elizabeth's (2013a) argument is that when trans people describe themselves as trans men or trans women they are making "trans" a modifier of their claim to manhood or womanhood, essentially saying that they cannot ever truly change their sex. While this argument has room for some additional nuance around the meaning of "trans" as a modifier of sex and gender categories, terms that tie trans people back to their birth sex may undermine their claims to specific sex and gender categories.

For me, this argument hit particularly close to home given my recent feelings of disconnection from trans communities and my growing feelings that my transition is largely over. While I understand and respect that my path to my current gender presentation and identity is unique and brings with it different baggage, these days my gender identity and presentation feel more like an afterthought than something which weighs heavily on my mind. Instead, I let my reputation as a trans person 'out' on the Internet precede me, and when it does not, I feel no desire to bring it up or discuss it at all. The fear that I once felt when passing as a woman or using women's facilities has faded considerably, and my desire to live out and proud as a trans person has largely faded as a consequence. In its place, a growing fear that outing myself increases my risks has started to develop.

This fear, I feel, is what draws me to the interesting discursive point above and makes me wonder about the value of reframing trans experiences by focusing on the sex and gender trans people are living in, rather than holding them to the sex and gender that they were assigned at birth. At the same time, however, being part of activist communities has long beaten it into my

head that being silent in the face of oppression, systematic or interpersonal, is tantamount to being complicit with that oppression. As such, I cannot help feeling that neglecting to live out and proud as a trans person in all aspects of my life is making the lives of other trans people harder or burying the knowledge about trans issues that I have gathered over the years. These tensions inform the debate about going stealth that Elizabeth's article raises, and often separate transsexual separatists from activists in other trans communities.

Finally, before I get into the ways that specific aspects of trans communities are constructed in the selected texts, another important topic must be discussed: that of the trans narrative. The concept of the trans narrative shows up explicitly in Serano's (2015) article, but is also referenced a few times in blog posts by Elizabeth (2013a) and JustJennifer (2016b) as well. The trans narrative refers to the story that trans people tell about themselves to the cisgender public. Serano (2015) describes it as "the story of how you went from being 'born a boy' to 'becoming a woman' (or vice versa)" (para. 4). This narrative has a long history—even referenced by Benjamin (1967) when he says trans people largely have the same story and then goes on to list out many of the aspects of this narrative. It is usually trotted out when people first find out that a person they are talking to is trans, and usually involves some version of *"I have always known on some level,"* a recounting of childhood gender variant behaviour, discussions of deep-seated dissatisfaction with one's life and sexuality, related family reactions, and future plans for social, medical, or surgical transitions.

If done well, the trans narrative, though an unpleasant obligation at the best of times, quells the curiosity of cisgender people insisting on knowing one's entire past, and pre-empts prying personal questions. However, since the trans narrative first emerged, likely as a defense mechanism to deal with unhelpful and highly particular gatekeepers to transition-related care, it has become something of a ritual engrained in the collective subconscious. Now, even if trans

people themselves break from this narrative and describe their lives in different terms, those listening feel the need to ask leading questions that push the person back to the accepted script, as I have personally found out. These include questions simply seeking affirmation of the trans narrative in everyone's head, such as "but you have always felt like a [insert gender], right?" or "you must have been a very feminine/masculine boy/girl when you were younger, eh?"

Given the culturally engrained nature of the trans narrative, and the still very real need to rely on it to gain access to transition-related care in many places, it can become coercive. From my experience, trans people whose lives do not fit this neat narrative often feel pressured by family, friends, medical professionals, and members of the public to reframe their experiences with this narrative in mind. Thus, a tool created by trans people to access transition-related care in a trans-negative world has become a stereotype in its own right, a hegemonic tool, forcing trans people to audition for care by shaping their personal narrative to the "acceptable" one (Rowe, 2009, 2014). Worse, I feel that the constant drumbeat of this hegemonic narrative encourages the development of false memories—a very real psychological phenomenon in which primed details are slowly added to real memories with no loss of conviction as to their veracity (Shaw, 2016)—thus erasing the complexity of trans people's lives and constructing trans life stories as stereotyped shadows of their true selves.

For what it is worth, some of these thoughts appear to have crossed Serano's mind as well. Serano (2015) notes the coercive nature of the trans narrative, when she acknowledges "the reasons why many choose to go along with it" (para. 5) even though there are "many crucial aspects of trans lives that get overlooked in this process" (para. 7). She hints at the emotional labour in placating people's curiosities, and grieves erasure of the complexity of trans lives by affirming that "many transgender people never transition, or do not identify within the gender binary…yet we rarely hear their stories" (para. 7), noting that "there is far more to our lives than

internal struggles with gender dysphoria" (para. 8). Serano (2015) regards the trans narrative as a process that "often counter[s] the stereotypes that exist about [trans people]" (para. 5) with some freedom to fluctuate. In the end though, Serano (2015) recognizes the trans narrative as a unit from Transgender 101, filled with only the questions most frequently asked of trans people, and claims that people are ready for Transgender 201.

In selections by Elizabeth (2013a,b) and JustJennifer (2017a,b, 2016a,b,c, 2015), the trans narrative is not invoked explicitly; rather, elements of the narrative are peppered throughout their blog posts, and used to undermine other people's claims to their post-transition sex or gender. The way that these elements are used to police gender and sex categories will be discussed in more detail in the "Construction of the transsexual" section below. Suffice it to say that these authors see themselves as living examples of the most stereotypical aspects of the trans narrative and view instances where other trans people's narratives do not meet this impossible standard as proof that they are not the transsexuals they say they are, nor should be. Elizabeth (2013a,b) in particular, seizes on the coercive aspects of the trans narrative to police other trans people.

Elizabeth (2013b) makes the indefensible claim that non-transsexual transgender people never contemplate suicide due to their identity and resulting social stigmatization; she explicitly states that "the narratives of those born transsexual have been stolen and co-opted into the narratives of the transgendered [sic] because it gives them legitimacy" (para. 12). Elizabeth goes on to claim that discussions of significant internal strife, and even threats of suicide, are part of this trans narrative, and should be treated with suspicion (para. 12). I do not share Elizabeth's claims about suicide, but her statements about the trans narrative strike at the heart of my position. At once Elizabeth is highlighting the ways that this narrative has become *the* go-to narrative of trans communities, as a useful and powerful tool, and yet calling it out as a farce,

albeit one that trans people must cling to for fear of being denied access to transition-related care or compassionate social responses.

Construction of the transvestite/crossdresser. Prince (1978/2005) distinguishes between three types of people who transcend the prison of gender: heterosexual crossdressers—whom she refers to as femmiphiles—transgenderists, and transsexuals. Unlike how she describes sex, 'sex object choice,' and gender, however, Prince (1978/2005) does not define these identities as existing on a spectrum of gender and/or sexual transgression; instead, she identifies three distinct "classes" with distinguishing characteristics and important differences in inclusion criteria. This distinct framing is a noteworthy shift that proposes a division of trans people along hierarchical lines, similar to the ways that transsexual separatists frame the rest of the trans communities. This discursive frame is not the only noteworthy one Prince (1978/2005) makes, however. She also very clearly and deliberately shifts the way she talks about heterosexual crossdressers, transvestites, or femmiphiles away from the deceptive tranny trope, challenging the medical and psychological professionals and popular discourses still common, albeit less so, targeting transvestites and heterosexual crossdressers today. When Prince defines three classes of gender variant people "generally called 'transvestites, transgenderists, and transsexuals'" (p. 39), she makes it clear that there are different interpretations, one of which she begins to describe in the very next sentence in rather a radical reconceptualization of transvestic fetishism.

When Prince (1978/2005) describes sexual arousal in relation to crossdressing, a defining characteristic of how transvestic fetishism is understood even today, she proposes "a very special new satisfaction, that of just 'being a girl'" (p. 43). Her depiction flies in the face of much of the medical and psychological discourse of the time period, pre-empting Blanchard's (1989) theory of autogynephilia, which constructs sexual arousal as a sexual disorder. She openly criticizes this line of thinking as "being very Freudianly alert to anything having to do with sex, [and latching]

on to the reports of masturbation which accompanied the dressing" (p. 43) early on. Whereas Prince (1978/2005) laments how keeping up appearances for the sake of reputation—with children, wives, family, and work—prevents many from crossdressing more regularly or openly, she nevertheless claims that transcending the boundary of gender, even in secrecy, makes relationships richer and more fulfilling by creating new perspectives (p. 43). More radically, Prince (1978/2005) argues that being liberated in this way enables partners to "live in a mutually fulfilling companionship rather than in a mutual dependency" (p. 43). Prince's suggestion that being a transvestite or femmiphile results in an enrichment of one's life, and that there is more going on than sexual arousal in cross-gender activities, offers a noteworthy contribution to re-evaluating the medical and psychological discourses laid out in the previous chapter.

Other than Prince, only the transsexual separatist authors acknowledge cross-dressers as a separate group. Most contemporary autonomy and rights activists view trans communities as diverse and complex, often attempting to include the broadest spectrum of people. The transsexual separatists included here, however, speak disparagingly of those they identify as transvestites and crossdressers, often preying on mainstream fears of stereotypical sexual perversion and sexual dependence on crossdressing to do so. Thus, while separatist authors use the term transgender interchangeably with terms such as crossdresser and transvestite, a tendency to treat stereotypical characteristics of transvestic fetishism to discuss transgender people generally, remains. As a result, this approach is closely tied to the distinctions that separatist authors attempt to make between transgender and transsexual people, which will be discussed further in the section below.

Construction of transgender. Prince (1978/2005) offers an excellent starting point for examining how transgender is constructed in the articles included in trans communities, as she presents a group she calls transgenderists (p. 39), and locates 'transgender' experience between

her definitions for femmiphiles or transvestites and transsexuals. Thus, Prince (1978/2005) defines transgenderists as a second class among those who transcend gender, once again invoking distinct subgroups rather than recognizing a spectrum of variations in gender transgression or need for transition (p. 43). Prince (1978/2005) distinguishes transgenderists from femmiphiles primarily by the amount of time they crossdress and their need for social transition (p. 43). At the same time Prince (1978/2005), who feels she is part of this class, distinguishes transgenderists from transsexuals by noting that they stop short of pursuing medical or surgical transition (p. 43). In making these two distinctions, Prince uses the term "full-time" (p. 43) when referring to the crossdressing habits of those who crossdress all of the time, versus those who do so "part-time," a distinction that can work as an insult in trans spaces, implying that a person is not trans enough or that their gender presentation or gender identity is somehow less valid.

Additionally, when she describes the distinction between transgenderists and transsexuals in terms of surgical intervention, Prince (1978/2005) categorizes trans people by operative status, using labels of: pre-op, post-op, and non-op. While this lingo has fallen out of favour in many trans communities, a hierarchy is implied, with non-ops most often looked upon with derision as not 'trans enough,' and post-ops being given additional credibility and privilege within trans spaces. Prince's (1978/2005) view that operative status or the pursuit of surgical intervention is the defining difference among the groups she defines, glosses over the vast diversity within trans communities with regards to other medical interventions (such as hormones, silicone injections, cosmetic surgeries, etc.) as well as the availability of surgical interventions in the context of societal, political, and financial barriers. Prince's taxonomy is often used by transsexual separatists to question the gender identity, presentation, and general credibility of members of non-separatist trans communities (Elizabeth, 2013a; JustJennifer, 2016a,b).

To separatist authors, operative status and full or part-time feminine presentation makes the difference between being part of the enlightened group of transsexuals or just one of those transgender “kooks” or “clowns”—terms used by Elizabeth (2013a,b) and JustJennifer (2016a,b,c, 2015) to talk about autonomy-and-rights activists and trans women, their mental stability and physical appearance. These authors purposefully, repeatedly, and explicitly deny their targets’ womanhood upon finding any evidence, or making the assumption, that a “full” operation was not performed (Elizabeth, 2013a; JustJennifer, 2016a,b). They do this by consistently using masculine pronouns to target feminine-presenting trans women, placing quotation marks around their chosen first names, and consistently referring to them as ‘Mister’ throughout their texts. This last indignity, the use of a masculine honorific for trans women, stands in sharp contrast to the lack of honorifics used when they talk about cisgender men, such as Donald Trump (JustJennifer, 2017a), Harry Benjamin (Elizabeth, 2013a), Barrack Obama (JustJennifer, 2016a), or those whom they consider to be “legitimate” transsexual women, such as Janet Mock (Elizabeth, 2013a) or Suzan Cooke (Elizabeth, 2013a).

This coercive practice strips another person’s identity as some kind of punishment for a perceived indiscretion or failure to live up to imposed standards. Taylor (2013), a former transsexual separatist who ran a popular separatist blog, acknowledges this feature of separatist discourses, stating that the

> [o]ne thing that didn’t take long to notice in my new family was how all of the bars [for valid womanhood] were set just underneath their own status of what is or isn’t a woman. If someone transitioned at age 26 then anyone who was a late transitioner (27 or older) wasn’t a real woman. I had my own requirements for others and, of course, they were right below where my stance was on transition (para. 6).

This desire to define the boundaries of womanhood, or who is trans enough to count as transsexual, shapes the very core of the arguments put forward by the transsexual separatist authors. From Elizabeth's (2013a) claims about suicidality to JustJennifer's (2017a, 2016a) arguments about the American military and housing policies, the underlying reasoning remains the same: to seek validity of their womanhood by defining the boundaries of the construct as a whole and by labelling others who want to define it differently, or fail to meet their definition, as dangerous, ideologically-driven extremists, as outlined below.

This affirmation of their own gender identities at the expense of others with different life circumstances or pathways also reveals the narrow hegemonic lens through which these authors view trans people as a whole. To them, there is no difference between people who identify as transgender, transvestite, or crossdresser; no matter what their identity, all are viewed as simply trying on the "lifestyle" (JustJennifer, 2017a) of womanhood without any presumed desire to *be* women in the long-term. In this discursive system, which discourages nuanced attention to the social construction of binary gender, operative status, post-operative regret, age of transition, peeing standing up, masturbating prior to surgery, changing in front others before surgery, referring to oneself as transgender, or qualifying one's womanhood with 'trans,' all serve to disqualify trans people from being considered women, or 'trans enough' to be transsexual.

Unfortunately, people with other trans identities can be targeted using these discourses, in ways that can have social consequences that undermine their efforts and credibility. Both Elizabeth (2013b) and JustJennifer (2017a, 2016a,b) use stereotypes of trans people as dangerous, perverse, mentally unstable, or unconvincing. Elizabeth (2013b), for example, claims that transgender women should not be surprised that they "cannot get a job as a girl looking like an NFL tackle in a dress" (para. 18). JustJennifer refers to autonomy and rights activists as 'kooks' or their activism as "extremist" (2017a) and argues that trans people present a danger to others

around them. Her objection seems to suggest that the inclusion of trans people in women's spaces changes what it means to be a woman, through the presence of a 'male' body or 'male' behaviours to which transsexuals are rendered immune. That such hegemonic judgements have supported patriarchal oppression for centuries seems to escape notice.

Transsexual separatist authors also argue that autonomy-and-rights activists are simply riding in on the coattails of "true" transsexuals and forcing their agenda on an unsuspecting public. Relying upon their own definitions of womanhood and disparaging inferior examples of womanhood may lead these authors to argue against their own interests—supporting conservative gender initiatives that could also affect them—while challenging the progress that other trans communities are making. For example, marginalizing pre-operative trans people or those with unique experiences and backgrounds leaves many of the barriers they had to overcome in place for the next generation, while bolstering social acceptance of these barriers. This makes the lives of trans people, transsexual and otherwise, harder and creates and reinforces divisions within trans communities.

In contrast to this focus on the divisions among groups of trans people, other authors included here treat trans communities as inclusive of all identified groups or classes. Serano (2017), for example, mentions that sex "may eventually change (e.g., if one undergoes sex reassignment surgery)" (para. 10), presenting operative status not as a defining feature of those 'trans enough,' but rather as an option available to trans people who need it. Even in a quote from JustJennifer (2016b), originally adopted from Autumn Sandeen, transgender is defined as an inclusive, umbrella term which encapsulates all people who transgress their birth assigned sex and/or their assumed gender based on assigned sex.

Outside this presentation of transgender unity, few of the included authors offer a clear picture of what it is like to be trans or transgender, or what this means for those who identify as

trans. Serano (2017) presents being trans as (at least partly) biological when she hints at evidence that gender identity is biologically determined via brain structure. Something that all of these authors do agree on, however, is that trans people are a marginalized group, frequently attacked and interrogated by cisgender people, in ways that are (far too often still) socially sanctioned. As a result, all of these authors position their arguments as calls for social progress, a theme that will be examined further in the Ethical Frameworks section below.

Construction of transsexual. Because the transgender activist authors included here do not make a noteworthy distinction between transsexuals and other members of trans communities, with little to no emphasis on surgical issues, their works do not offer much insight into how they construct transsexual people or transsexuality more generally. Prince (1978/2005), however, offers an explicit description of this 'class' of trans people, as do transsexual separatists who also make claims about how they understand transsexuals to act.

In her article, Prince (1978/2005) presents 'transsexual' as a class of trans people, who "not only change their gender, that is their lifestyle, but" also pursue a "surgical alteration of sex, at least to the extent medicine can approximate it" (p. 44). This presents transsexuals, possibly by choice or by the limits of medical technology, as not full members of the sex with which they identify, an echo of 20th century medical discourses. Prince further categorizes transsexuals into three 'subclasses' based exclusively on their sexual orientation. In the first subclass, Prince affirms those who were homosexual prior to surgery, reproducing medical discourses which describe the "true," "primary," or "homosexual" transsexual (Person and Ovesey, 1974a,b). For Prince, this subclass feels "that they can play the passive feminine role more effectively and legitimately after surgical alteration" (p. 44) a stereotypical view in its own right.

Prince (1978/2005) places "those who were largely asexual prior to surgery for whatever reason" (p. 44) in a second subclass of transsexuality, and claims that they are viewed, by

themselves and others, as sexually and "genderally" (p. 44) inadequate, which leads them to unsatisfying lives. As a result, Prince (1978/2005) claims, they pursue surgery to narrow the gap between social definitions of normal sexual appetite and their own experiences, relying on sexist stereotypes of womanhood to categorize and classify the motivations of transsexual women. Finally, Prince (1978/2005) places those transsexuals who were "acknowledged heterosexuals" (p. 44) prior to surgery in a third subclass and suggests that, in her opinion, "these people seek surgery because of a faulty understanding of the difference between sex and gender" (p. 44) Thus, she makes sex and gender transgression dependent on sexual orientation prior to surgery, implying that anything less than heterosexuality (after surgery) is not normal and should not be permitted past medical and psychological gatekeepers.

While Prince (1978/2005) does not discuss the etiology of transsexualism, transsexual separatists strongly imply that transsexuality is a curable biological condition akin to being born intersex, treatable with the application of sex reassignment surgery (Elizabeth, 2013a, para. 2). By describing themselves as "born transsexual" (Elizabeth, 2013a,b), in a clever reframing of 'born [insert sex]' or 'assigned [insert sex] at birth' that at once severs their ties to their birth assigned sex and constructs a biological etiology of transsexuality, separatist authors present how they feel transsexual people should act and the positions they should hold as a way to evaluate other groups of trans people. Elizabeth (2013a,b), for example, regularly holds those she views as transsexual (such as Janet Mock, Jazz, and Suzan Cooke) up as examples, and then negatively compares other trans women with them. JustJennifer (2016b) does something similar when she compares Autumn Sandeen's experience in the American Navy with her own gym class experiences. In both situations, the message is clear: to be a transsexual, people must act or respond as the author, or their transsexual idols, presumably would.

Finally, the selected transsexual separatist authors view themselves as marginalized within larger trans communities (Elizabeth, 2013a,b). They feel that the lives and stories of transsexual people are being usurped by trans people (Williams, 2012), "forcing" acceptance and changes to the definition of womanhood itself (2017b). By making such claims, Elizabeth and JustJennifer present transgender people as co-opting transsexual identities (Williams, 2012) and shifting mainstream perceptions of gender, as if transgender people have the political power and social capital to force cisgender people to do anything. This belief that transgender people are somehow the puppet-masters of transsexual oppression is something that is explicitly noted by Taylor (2013) when writing about her past involvement with transsexual separatism:

> I began to see the non-transgender transsexual community as an oppressed class and the oppressors were those underneath the transgender umbrella. I saw the transgender political agenda as putting my rights in jeopardy. I vowed to fight this agenda and dedicated a lot of time to do this (para 5).

This view, once again, neglects any recognition of the ways that hierarchical categories reproduce the discourses that support the patriarchal oppressions to which all trans people are also subject.

Implied and employed ethical frameworks. As in my previous chapter, I will devote this final section to an analysis of what is understood to be ethical within the worlds presented in the included texts. Unlike the previous chapter, however, the articles included are not academic publications created within a research context using participant data. As such, consent and anonymity practices, participant involvement, and the use of participant time simply cannot be applied in the same way to the theoretical and experience-based articles included above. Instead, how each author positions their arguments with regards to social justice, as well as what oppression and social progress look like in the world of each text, will serve as a gauge of the ethical worldview implied by each text.

Links to social justice. Feminism, civil rights, and social justice serve as regular themes in the selected texts. While the ways in which elements of these themes are used may differ, their inclusion in the first place marks a noteworthy distinction between works from trans communities and the medical and psychological texts examined in the previous chapter, where only Benjamin (1967) invokes allusions to social justice and change. In contrast, these themes make such a regular appearance in the texts selected for this chapter that every single author cites feminist or social justice discourses at some point during the included writings. The pervasiveness of these themes, then, effectively reframes the discussion of ethics, enshrining a desire to address perceived problems or injustices across all texts and pushing for what the authors see as progress. All identify problems facing trans people and seek to address them through education, debate, or simply by presenting the author's own ideas on how an issue might be handled. In so doing, the authors argue against the status quo and, to a greater or lesser extent, use tools common to social justice movements to push for what they understand to be progress, even though they may differ in their views on what constitutes 'progress.'

Prince (1978/2005) follows a social justice framework to a T. She identifies what she sees as a fundamental misorientation toward trans clients, perhaps as a result of a lack of knowledge, understanding, or acceptance, by medical and psychological professionals. To address this problem, Prince presents the talk "at the Western Regional meeting of the Society for the Scientific Study of Sex in Santa Barbara, Calif., June 1978" (p. 39), to showcase her own ideas about how trans clients should be handled, and attempting to educate those in attendance on definitions of sex, sexual orientation, and gender as trans people know them, as well as the distinctions between these three key concepts. Throughout her presentation, Prince (1978/2005) consciously attempts to sell her audience, comprised primarily of clinicians and academics, on the idea that all can become more creative and productive by transcending gender; she

consciously frames adherence to gender norms as a prison from which all must escape. Prince (1978/2005) appeals to the motivations of her audience—as well as to aspects of the 'Story of Us'—when she concludes: "This day and every day is Bastille Day. Let us storm the walls, open those dungeon doors and free the prisoners in your clients *and* in yourself" (p. 46).

Thus, Prince (1978/2005) links her work to social justice and progress. In fact, at one point in her article, Prince explicitly invokes Women's Liberation to bolster an argument against treatment for transwomen who are sexually attracted to women (p. 44). By selectively engaging radical feminist arguments about gender against this group of transsexuals, Prince (1978/2005) makes reductive use of feminist debates to attack the identities of other trans people. Being trans herself, engaging these arguments to attack or divide trans communities emboldens bad actors and reinforces transphobia by offering a community figure behind which to shield their anti-trans rhetoric. Through her attacks on transsexual women who are sexually attracted to women and her intimation that they wish to transition socially and medically as a result of internalized misogyny, Prince (1978/2005) creates a hierarchy in which women's rights to equality trump the rights of transsexual women to medical treatment. Finally, the way in which Prince proposes sexual orientation as a criterion for surgery, identifying woman-attracted transsexuals as transgenderists with additional misogynistic baggage, implies a willingness to police a trans person's humanity based on sexual orientation alone. Thus, Prince (1978/2005) invokes a narrow reading of Women's Liberation to reinforce gatekeeping medical treatment access, and to undermine the rights of transsexual women attracted to women.

In so doing, Prince (1978/2005) flirts with regressive aspects of early feminism in an attempt to prioritize a perceived threat to the definition of womanhood by transwomen misperceived as men. While Prince (1978/2005) does not seem to align entirely with Trans Exclusionary Radical Feminists (TERFs), denying the validity of transsexual women based on

their sexual orientation does open a door to these ideologies. In the years since Prince's publication, TERFs have used similar tactics of citing sexual orientation to undermine the credibility of targeted transsexual women while invalidating all other transwomen's claims to womanhood (GallusMag, 2016, 2013). These TERFs now run websites such as "pretendbains" (Brennan, n.d.) which name and shame trans women, denying their identities in the process, for sexual attraction to women and for using the term 'lesbian.'

Both of the included transsexual separatists hold similar positions to TERFs. Taylor (2013), a former transsexual separatist herself, explicitly states that she tried to "build a bridge between the anti-trans radical feminist groups in hopes of validating [her] status as a woman as well as having a bigger anti-transgender army, so to speak" (para. 7). Taylor goes on to outline how, while identifying as a transsexual separatist, she archived news reports of "men who violated women's spaces for some kind of sexual gratification" (para. 7), including some who dressed in women's clothing and/or identified as transgender. On this site, Taylor presented the "dangers of men using women's private space" (para. 7), described trans women as men, and those "born transsexual" as never having been men. This archived list (Taylor, 2011), along with a letter written by a group of authors including Elizabeth Hungerford and Cathy Brennan (Brown, 2013; Taylor, 2013; Williams, 2011) was sent to the United Nations Entity for Gender Equality and the Empowerment of Women to oppose American legislation that would have allowed trans women to access bathrooms based on their gender identity (Brown, 2013; Williams, 2011).

At the time of the letter's writing, Taylor (2013) saw her inclusion in the document—as "Ms. Taylor"—as a validation of her womanhood and the letter itself as including her in women's private spaces while blocking other transgender women, whom she describes as men, from these very spaces (para. 7). Upon becoming disillusioned with "anti-trans radical feminist groups" and transsexual separatism, Taylor acknowledged that this document attempted to deny

her “sisters” safe access to women’s spaces (para 8 – 12). As a result, she has apologized for her views and actions during this time and acknowledged the actual harm that she caused to transgender communities. Nevertheless, her explicit links to TERF groups as well as her support of TERF positions and policy statements are hardly an aberration; Elizabeth and JustJennifer make largely the same arguments. Taylor (2013) recognizes that trans women continue to appeal to TERF groups on twitter and elsewhere, seeking validation of their identities.

In the previous sections of this chapter, I closely examined the way that JustJennifer positions her arguments about transgender women “invading” women’s spaces and came up with two possible ways of understanding her arguments: 1) that transgender women somehow wield political might in this situation and 2) that the real fear is that women would be subjected to a male in a place where nudity is normal. As Taylor’s bridge-building with TERF groups shows, this portrayal of trans women as physically and sexually dangerous to other women closely matches TERF views. For what it is worth, Elizabeth appears less trusting of TERFs. In response to Elizabeth (2013a), commenters point to an inflammatory article posted to GenderTrender (GallusMag, 2013), a well-known TERF website. In response, Elizabeth comments that those at GenderTrender “hate people like me but possibly not quite as much as [transgender activists]” (Elizabeth, 2013a), once again invoking hierarchical framing. This realization that TERFs do not have the transsexual community’s best interests at heart is important; yet, the implication that TERFs prefer transsexual separatists to other members of trans communities, draws transsexual separatists and TERFs together in the first place. Much like on TERF blogs, Elizabeth and JustJennifer deny the womanhood of prominent autonomy-and-rights activists, argue for the protection of women against “dangerous” transgender people, make a hardline distinction between sex and gender, and imply that discrimination happens based on one’s sex, not one’s gender. TERFs do not make a distinction between transsexual women and the rest of trans

communities, however. To many of these feminists, all trans people represent a threat, not just those who do not claim to have been ‘born transsexual.’

Transgender activist authors also commonly interact with feminist principles and tools of social justice. Mock, for example, argues that she wants to move away from focusing on the victimhood that transwomen of colour face and toward empowering the next generation by recognizing their resilience (para. 16). The implication of consciously re-framing—a social justice tool in its own right—to emphasize positive aspects of trans people’s experiences and potentials, combined with references to the works of feminist and womanist writers and thinkers, including Audre Lorde and Maya Angelou, invoke associated ethical frameworks and provide evidence of Mock’s awareness of her socio-political and economic contexts.

Williams (2016) also invokes social justice tools and ethical frameworks. For example, she references no-platforming—i.e., when a person or organization is not given a platform to use speech that an organizing group finds objectionable (Williams, 2016)—as well as the contentious social justice issue of “free speech.” The article reads as a large-scale critique of capitalist media and the dissemination of morally objectionable speech; it asserts that cisgender debates over the existence and mental stability of trans people crowd transgender calls for equal rights and legal protections from violence. In making these arguments, Williams (2016) outlines barriers to transgender social progress. Without doubt, Williams (2016) is endorsing goals of social justice movements and arguing, from her worldview, for ethical ways of coping with hate speech and other morally objectionable forms of expression.

Serano also makes important links to feminist and social justice discourses. She does this in both of the articles included here, as well as in her published books on the topics of transgender rights. In Serano (2015), she frames her article as a “Story of Us,” using her own experiences of coming out and relying on the trans narrative, to link to the experiences of others

who have come out before and since, providing a nuanced analysis of the effects of power systems on trans people during this process. Meanwhile in Serano (2017), she clearly takes aim at TERFs and transsexual separatists when she argues against notions of "biological sex" as they are used to sustain an essentialist binary that, in fact, ignores the verifiable biological and social variations of sex and gender that characterize human diversity. Throughout this piece, she refers to those who belong to the "trans women are biological males camp." Serano (2017) challenges TERFs emphatically, stating: "Feminism is a movement to end sexism. Trans women face sexism. Ergo, trans people have a stake in feminism"(para. 36).

In almost all of the articles included here, specific, recent examples of people and organizations are called upon to frame arguments and characterize opposing views. At times, these call-outs are used as a jumping off point to discuss a larger issue or contextualize a specific debate. Other times, however, less productive call-outs appear simply to criticize or publicly chastise others for perceived mistakes, lies, or misrepresentations. Serano (2017) uses the first approach when she cites recent, highly polarizing publications by Laci Green and Elinor Burkett that invoke myths about biological sex as a jumping off point to engage the topic of gender diversity as a whole and constructively critique the larger issue informing both pieces. Williams (2016), however, takes the less constructive route when she calls out a popular BBC radio host, a columnist, the *Daily Mail*, the *Huffington Post*, the UK Green Party, Germaine Greer, and *The Antioch Review*—an academic journal that published an inflammatory article claiming trans people are simply gay and lesbian youth harangued into transition by overbearing parents and that they use political might to silence their critics. Elizabeth (2013a) and JustJennifer (2016b) also use these unconstructive call-out tactics which descend into discussions of attributed genital configurations, erasures of gender identities, through barely coded slurs and anti-transgender stereotypes.

Less constructive call-outs are often presented as if they are an unambiguous retelling of verifiable historical events. In calling out mistakes, without using them to discuss broader social constructs, the complexity inherent in all of these situations is obscured. By focusing on people who make errors rather than the cultural systems they are reproducing and reinforcing, the problems they are engaging or the social progress toward which they seek to build may fall from view. While certainly a tactic commonly applied within social justice movements and activist spaces, the practice of calling others out sometimes undermines the authors' efforts, through oversimplified readings of their ethical frameworks as entirely positive or negative.

Ultimately, engagement with call-out culture and more positive aspects of social justice movements underline an alignment between the trans authors in this chapter and elements of ethical frameworks discussed in other sections of this thesis. In particular, trans separatists employ ethical frameworks which mimic both the ethics employed by TERFs—through their essentialist and harmful treatments of other trans people—and those institutionalized by the medical and psychological professionals included in Chapter 3—similarly pathologizing other trans experiences. At the same time, the ethical approaches employed by the trans activist authors included here tie them to the community-based research projects to be discussed in the next chapter. In both of these cases, discourses, whether helpful or harmful to broader trans communities, are reconstituted and reinforced through ethical choices made in framing the arguments in the texts. The reinforcing bonds among the various discourses and ethical frameworks included throughout this thesis are illustrated in Table A-4 in Appendix G. In the last chapter of this thesis, these interwoven bonds will take center stage and a path towards more ethical research practices in this field is presented.

Chapter 5: Burgeoning Community-based Research (1990s to 2010s)

Over the last two chapters, I have introduced and explored discourses about trans people and identities created and used by medical and psychological professionals and debates circulating primarily among trans people themselves. To complicate this dialectic further, throughout this chapter, I will examine more recent medical and psychological literature in the area of transgender health to showcase how these seemingly opposed discourses can, and have been synthesized and reoriented, to better address important concerns raised by trans people and communities. Ultimately, the goals of this chapter are to show that discourses around trans people and identities are diverse, complex, and ever-shifting, and to elaborate relevant aspects of previously analyzed discourses, in order to make recommendations for future actions that support trans people and communities within and beyond scientific and medical arenas in more ethical ways. The new literature included for this chapter counters any oversimplification provided by earlier texts and demonstrates how discourses around trans people are ultimately shifting toward greater inclusion, respect, and dignity.

In this chapter, I will briefly discuss trans-skeptical or trans-exclusionary radical feminist (TERF) discourses as well as trans-positive academic and gray literature discourses. Both have had a profound impact on trans communities. While the toxicity of some elements of TERF and allied discourses have proven exhausting, trans-positive academic and gray literature discourses challenge the medical model of understanding trans identities, its troublesome, outdated ethical frameworks and related reductive views of gender diversity. I am particularly interested in the discursive patterns used within more recent trans-positive perspectives and whether and how they represent a discursive shift in how trans people are addressed in medical and psychological academic literature. Finally, by exploring discursive practices within the developing field of trans studies, I will hypothesize the impact of this more welcoming discursive shift for trans people

and communities, offering predictions as to how this shift might change (or be co-opted) as it continues to develop.

Many of the more positive feminist narratives about trans people, particularly feminist thought that is more inclusive of transsexuality, has been left out, because, in many ways, these discourses were adapted from or adopted by trans people themselves, and thus closely mirror the progressive discourses included in the last chapter.

Historical Context

In the late 1960s, as transsexuality was beginning to enter public and academic lexicons, new partnerships and divisions among lesbian, gay, bisexual, and trans (LGBT) communities started to form. Rising tensions between LGBT communities and societal authority figures throughout the late 1960s led to the Compton's Cafeteria (Stryker, 2017) and Stonewall riots (Duberman, 1993; Stryker, 2017), mentioned earlier. Although trans people were instrumental in these acts of resistance (Stryker, 2017), and despite the unified actions of LGBT communities during the Stonewall riots (Duberman, 1993), in particular, those who more visibly transgressed gender norms quickly found themselves exiled from movements they helped to start. Sylvia Rivera, for example, the trans woman credited with throwing the first bottle in the Stonewall riots and a founding member of both the Gay Liberation Front and the Gay Activists Alliance (Stryker, 2017), found herself exiled from both organizations, with credit for her contributions stolen. During this period, trans people, and those who visibly transgressed gender norms, were seen as a barrier to the acceptability of same-sex attraction, resulting in tensions among gay, lesbian and trans groups.

Over the next decade (1969-1979), this division grew. In 1971, Beth Elliott, a folk singer and trans woman, was elected as vice-president of the San Francisco chapter of the Daughters of Bilitis, a lesbian rights group (Stryker, 2017). Since joining the group, Elliot's inclusion had been

hotly debated, due to her assigned birth sex. In 1972, after accusations of sexual harassment, a vote was held and Elliott was ejected and trans women were no longer welcomed (Meyerowitz, 2009; Stryker, 2017). In 1973, Elliott was asked to perform at the West Coast Lesbian Conference, which she helped to start and organize, but faced considerable opposition (Stryker, 2017). Despite a vote by attendees to have her continue, vocal opponents to her presence openly misgendered her and chided her as "an opportunist, an infiltrator, and a destroyer-with the mentality of a rapist" (Stryker, 2017). These words and actions, although not representative of the whole community, highlighted the growing divide between lesbian separatist, lesbian feminist, and trans communities at the time.

Then in 1976, the Michigan Womyn's Music Festival, also known as Michfest or MWMF, was founded (Michfest Matters, 2015). While based on the principles of feminist and lesbian separatism and female solidarity, the festival held a hard line view of gender that is best described as womyn-born-womyn only (Michfest Matters, 2014). This meant that the festival only allowed people born female and raised in a female body to attend (Michfest Matters, 2014). In practical terms, the festival had a blanket ban on trans women; however, trans men, particularly those who transitioned later in life, were able to attend under the policy. Throughout the early years of the festival, this policy went largely unnoticed as no one had been ejected from the festival under its provisions, meaning that trans women either did not attend the festival or their attendance was sufficiently unremarkable that they were not asked to leave. This all changed in 1991 when a festival goer was asked to leave after a number of other attendees recognized her as being trans and expressed discomfort with her presence (Equality Michigan, 2014; Williams, 2013).

Once this trans woman was expelled, the festival's womyn-born-womyn policy became well-known. The next year, trans people from across the state protested the decision by setting up

their own camp, Camp Trans, at the entrance to Michfest (Williams, 2013). This protest continued for multiple years, before a public boycott of the festival was organized with the help of state- and nation-wide LGBT organizations such as Equality Michigan (2014), GLAAD (2014); the National Center for Lesbian Rights, the Human Rights Campaign (HRC; 2014) and the National LGBTQ Task Force. Although the festival continued despite this opposition, and although the boycotts backfired on all of the above listed organizations (Toce, 2015), the negative public attention intensified scrutiny on the festival generally. Inside Michfest, many attendees started petitioning others to admit trans women (L. Sorenson, personal communication, July 2007), and in 2014, the founder of Michfest apologized for asking that trans woman from 1991 to leave the festival (Michfest, 2014). Nevertheless, organizers doubled down on their exclusionary policy and chose to end Michfest (in 2015), rather than yield to growing public pressure (Ring, 2015).

This growing divide within queer communities found its way into academic discourses of the time as well. Mary Daly (1978) published a book in which she compares trans people to Frankenstein's monster and laments transsexuality as an unholy invasion of female space. This narrative of trans people as monstrous invaders, boundary pushers, and potential rapists was codified into the radical feminist psyche. Then Janice Raymond (1979) published a book based on her dissertation under the supervision of Mary Daly. Harshly critical of trans people and transsexuality more generally, the book marks one of the most public academic breaks between lesbian feminist and trans communities. Raymond (1979) theorized the role of transsexuality within society and its impact on women and women-centered spaces. She is critical of medicalizing gender, all while mistakenly assuming that gender identity is nothing more than a personal desire, on the level of wishing oneself to be younger.

Mixed with these sections of colourful commentary on the perceived harms of transsexuality and misrepresentations of trans experiences, Raymond (1979/1994) also includes sections dressing down actual trans people, attempting to out or dox them, to use more recent slang. Sandy Stone, a trans woman working at the woman-focused recording studio—Olivia Records (pp. 101-102) was one of the women called out. In an early draft, sent directly to Olivia Records for comment, Raymond attempted to out Stone to the collective (Williams, 2014b). As Stone was already out, the group responded by defending her (Williams, 2014b). Nevertheless, Raymond included Stone in her book as an example of how trans women insert themselves into important feminist and lesbian circles, co-opt that space, and seek to undermine their efforts (Raymond, 1979/1994). Although Olivia Records publicly defended Stone again after the book's release, a threatened boycott from within feminist and lesbian communities forced Stone to leave (Williams, 2014b). Four years later, Stone (1987) would go on to publish *The Empire Strikes Back: A Posttranssexual Manifesto,* often seen as a response to Raymond (1979/1994).

Ultimately, Raymond (1979/1994) argued that transsexuality is essentially a patriarchal construction and a male form of trickery used "to colonize feminist identification, culture, politics, and sexuality" (p. 104). In making this claim, Raymond famously stated that "[a]ll transsexuals rape women's bodies by reducing the real female form to an artifact, appropriating this body for themselves" (p. 104) and, further, that "[t]ranssexuals merely cut off the most obvious means of invading women, so that they seem non-invasive" (p. 104). Despite acknowledging the invasive psychiatric evaluations (p. 22) of trans people at the time, the societal stigma facing trans people, and their difficulty accessing care (p. xiii), *The Transsexual Empire* asserts that transsexuals in the 1960's and 1970's were the puppet-masters and not the puppets, at least compared to women, in terms of societal power and privilege.

At the end of her book, Raymond (1979/1994) calls for public education and consciousness-raising therapy to participate in legislating transsexuals and other gender deviants out of existence (p. 182). Raymond (1979/1994) advocates limiting the availability of treatment options for trans people and tying federal education funding to the elimination of demonstrations of sex roles and sex stereotypes (p. 178). At the same time, Raymond (1979/1994) suggests that physical and mental health professionals should attempt to dissuade trans people themselves from transitioning by focusing their counseling and other aspects of their healthcare around shaming trans people for harming society, for perpetuating stereotypes and sex roles, and for contributing to a sexist social order (p. 182-184). Finally, Raymond (1979/1994) suggests that media coverage of transsexuality and trans people is simply too positive and focused on the successes of surgical intervention (p. 184). Instead, she argues, media should focus more attention on the failures of surgical intervention, on the viewpoints of women and gay men who cope with sex role conflict in 'more healthy' ways, and on doctors and professionals who oppose trans people and access to transition-related care.

Despite how these views closely mirror those which supported homosexuality as illegal and condoned 'treatment' for homosexuality with conversion and/or electroshock therapy only years earlier, in 1980 Raymond was contracted by the National Center for Health Care Technology (NCHCT) to write on the bioethics of transition-related care for trans people (Stryker, 2017; Williams, 2014c). In this report, Raymond also argued that transition-related care was experimental, controversial, and expensive (Stryker, 2017; Williams, 2014c). This report informed healthcare policy around transition-related care for trans people in the United States, and as a result, the US government no longer saw transition-related care as medically necessary (Williams, 2014c). In other words, prior to Raymond's report, the US government funded medical and psychological transition-related healthcare for low-income citizens (Williams,

2014c). Then in 1989, thanks to a Republican administration and Raymond's original 1980 report, the National Coverage Determination of transition-related care officially changed to ineligible for coverage by public or private insurance in United States (Williams, 2014c). This would not change again until 2013, when HHS ruled that their 1981 rationale is no longer reasonable (Williams, 2014c).

To the best of my knowledge, this extremely negative impact of trans-exclusionary radical feminism is the extent of its scope in the 1980s. However, Sheila Jeffreys (1997) parroted many of Raymond's arguments 20 years later, citing trans women's supposed adherence to traditional, stereotyped versions of femininity and claiming that "transsexualism might more reasonably be seen as a violation of human rights" (p. 56). Jeffreys continued to disparage transsexuality on occasion until 2014 when she published her book on the topic (Jeffreys, 2014), *Gender hurts: a feminist analysis of the politics of transgenderism.*

In 1999, Germaine Greer published her sequel to *The Female Eunuch,* in which she claimed that trans women want simply to resemble women (Greer, 1999). In this book, Greer (1999) erroneously claims that no trans woman has ever desired a uterus or ovaries, which, if deemed necessary for transition, would result in the overnight disappearance of trans women. This of course, neglects the historical context in which Lili Elbe died from complications of just such an attempted procedure (Bauer, 2017; Hoyer, 2015, 2004), as well as the desire for the ability to birth biological children and/or reduce their gender dysphoria by having a menstrual cycle, expressed by some trans women. In 2015, Greer reaffirmed her view that she did not accept trans women as women in an interview with the British Broadcasting Corporation's (BBC) *Newsnight* (2015).

Julie Bindel, a writer, journalist, and feminist from the UK, frequently publishes articles critical of trans people and communities. For example, Bindel (2004) affirmed the legal

sanctioning of Kimberly Nixon, a Vancouver woman who was not allowed to train as a rape counsellor because she was trans and wanted to serve trans clients. After publishing this article, *The Guardian* received more than 200 complaints. Since then, Bindel has published many more articles with a slant toward trans-exclusionary radical feminism and many have called for her to be excluded from *The Guardian* as a result (Minou, 2010). Bindel (2007) also details the regrets of Claudia, a trans woman who had undergone surgical transition-related care (Bindel, 2007). Despite her track record, Bindel was nominated for Stonewall's (a UK-based LGB charity known to be trans-exclusionary) journalist of the year award. As a result, many protested the ceremony, picketing outside the venue and lodging complaints with Stonewall themselves (Grew, 2008).

In the Internet age, this brand of exclusionary radical feminism has become even more toxic and widespread. Self-identified feminists such as Cathy Brennan (a.k.a. bugbrennan), Dirt (a.k.a. dirtywhiteboi67; Dirt, n.d.), Anna Hollis (a.k.a. Saye Bennett or Mrs. Dirt), and Linda Shanko (a.k.a. GallusMag; n.d.), regularly post articles on their respective blogs condemning trans people and transgender movements. These blogs often rely heavily on radical feminist understandings of gender, sex roles, and sex stereotypes, and mirror arguments made by Raymond (1979/1994), Jefferys (1997, 2014), Greer (1999), and similar theorists. Some of these blogs, pretendbians (Brennan, n.d.), and Dirt's blogspot (Dirt, n.d.), post personal information about trans people, including images and links to their social media profiles (Brennan, 2013; Dirt, 2016). While they claim that this is not to incite harassment or abuse from their followers, such harassment and abuse has commonly followed the doxing of trans people on their sites.

What makes these authors theoretically distinct from people like Greer, Raymond, and Jefferys, however, is their seemingly endless focus on topics around trans people and identities. While earlier theorists briefly touched on these topics as part of a larger point, piece of work, or body of knowledge, the so-called feminist bloggers above silo their discussions about trans

people and trans identities on website specific to those topics. This is not to say that trans identities and people are their only topics of interest or the only way that they connect with radical feminism; rather it simply highlights the specificity of their focus on these targeted blogs, some of which are their most well-known feminist works.

The Rise of Transgender Studies and a shift towards a Trans-Positive Academia

Similar to trans-exclusionary radical feminists above, the discipline of transgender studies also owes its beginnings to Raymond (1979/1994) and similar transphobic theorists (Stryker & Whittle, 2006, p. 4). In particular, transgender studies is seen today as an outgrowth of the mounting criticisms of early radical feminist (second wave) understandings of transsexuality and of critical responses to a radical feminism that explicitly excludes trans people and identities (Stryker & Whittle, 2006, p. 4-6). The toxic way that these theorists have talked about trans people and identities has spurred responses and criticisms from their peers and from trans people themselves. These responses include Stone's (1987) manifesto, and are seen as the basis for transgender studies as understood today (Stryker & Whittle, 2006).

Starting with Stone's (1987) call, in part, for trans people to live their lives proudly out of the closet, academic criticism of second wave and radical feminist thought began to enter the academic realm. As the decade wore on, more trans academics, such as Aaron Devor (publishing as Holly Devor at the time; Devor, 1989), now head of the Transgender Archives at the University of Victoria and inaugural chair of Transgender Studies at the same institution (Devor, n.d.), added their voices to the growing chorus. As the 1980s turned into the 1990s, this trickle of academic criticism and trans-positive writing grew with the addition of writers such as Susan Stryker (2017; Stryker & Whittle, 2006), now head of Transgender Studies at the University of Arizona (Stryker, n.d.) and Paisley Currah, one of the founding editors of *Transgender Studies Quarterly* (Currah & Stryker, n.d.)

While transgender studies is an emergent and growing discipline within the liberal arts, the field has already helped to change the public narrative about trans people and identities. In particular, with Devor's (1997) pioneering study of trans men, discussions of trans people within academic publications started to shift away from the medical disease model and toward identity-based understandings. While this major shift in discourse certainly has its roots in the discourses trans people and communities use to talk about themselves (see Chapter 4), this shift has reverberated through much of academic discourse, fundamentally changing the ways trans people are studied and discussed, as well as the reasons and ethics underlying these studies. Today, transgender studies is growing into a rich and diverse field, one that is still attempting to bring a trans-positive lens to academia, challenging disease-based and negative portrayals, and influencing ethical approaches to how trans people are studied and talked about.

Discourse Analysis

Methods

As I mentioned in the introduction above, the texts in this chapter will serve as examples of how the seemingly incompatible discourses included in the last two chapters have been blended and elaborated in more recent medical and psychological articles to tacitly (or explicitly) challenge problematic historical ethics, as outlined in the first chapter. For these purposes, I have selected three trans health projects that I became familiar with while working on a previous research internship, as part of my degree. Each employed participatory action research to varying degrees to measure, explore, and mitigate various health problems facing trans communities.

The first of these projects, and likely the oldest, was overseen by Nemoto, Bodeker, and Iwamoto (2011) and set out to explore the impact of transphobia on the health and well-being of transgender women with a history of sex work. The authors recruited interviewers and collaborators from within trans communities to assist with the research and to carry out data

collection among community members. As a result, Nemoto et al. published numerous articles exploring, in detail, the correlates between transphobia, racism, socioeconomic disadvantage and various health concerns, such as HIV/AIDS, suicidality, depression, and substance abuse. Thereafter, Nemoto et al. used the results of the research to create and implement multiple community-run health promotion and public health programs for local trans communities, based on the health concerns brought to light in this project (Nemoto, n.d.).

The second selected participatory sample is the only Canadian project of its kind: the TransPULSE study (Bauer et al., n.d.). TransPULSE is a community-based research study that is also looking at the impacts of transphobia and social exclusion on the health and well-being of trans communities (Bauer et al., n.d.). Lead researchers—Bauer and Travers—are working with community organizations (such as Rainbow Health Ontario and the 519 in Toronto), as well as prominent members of other trans communities, to develop and implement their research approaches and apply the results (Bauer et al., n.d.). The project has resulted in multiple publications, reports and newsletters, with findings widely publicized and used in organizational recommendations for governmental policy changes (Bauer et al., n.d.).

The third and most recent selected research project is the Trans Mental Health study by McNeil, Bailey, Ellis, Morton and Regan (2012). Inspired by the TransPULSE project, this UK-based study included trans people from across the country coming together to advise the project team and direct research on mental health among trans people (McNeil et al., 2012). Working with numerous trans-related charities and community organizations, this project captured qualitative and quantitative data around the mental health of British trans people (McNeil et al., 2012). This inclusion of qualitative data (as well as the national scale reporting of results) make it unique among the research projects included in this chapter. Moreover, the project's willingness to engage trans people's experiences with health care providers and gender identity clinics offers

refreshing, albeit disturbing, insights into the role and effect that these structures still have in trans people's lives. Clear and explicit engagements with the confrontations occurring between the medical model, so often relied upon in gender identity clinics, and the discourses of trans people themselves, made this project one of the original inspirations for this thesis.

A fourth article to be included in this chapter, acknowledged earlier as also an inspiration for this thesis is "Cisgenderism in psychology: Pathologizing and misgendering children from 1999 to 2008" by Ansara and Hegarty (2011). This article uses quantitative methods to explore how trans children are talked about in medical and psychological research and whether such discourses are affected by the author's affiliation within an invisible college of privileged professionals in the field and/or their association with a gender identity clinic (Ansara and Hegarty, 2011). The article calls for more detailed explorations of the discourses identified, a challenge to which I feel this thesis is a response.

Trans-skeptical Feminisms

When this chapter was first conceived of, my plan was to examine the effects of trans-skeptical feminist discourses on the physical and mental wellbeing of trans people, its role in right-wing opposition to trans rights movements, and the seemingly counter intuitive views espoused. However, my preliminary searches for examples reminded me of the toxicity of some elements of these discourses and the emotional labour involved with such a task, which alerted me to an ever-advancing sense of burnout. As a result, I decided to change my plans. Despite this, I will still do my best to address some of the most egregious effects of trans-skeptical discourse in this section and link these ways of talking about trans people back to medical and transsexual separatist discourses, while recognizing different, more positive, aspects of recent feminist discourses on trans people.

Because of my change of plans around the layout of this chapter and the subsequent shortening of my attention to these particular feminist communities, I feel that it is important to acknowledge a couple of likely assumptions before I continue. Relying on fear- and hate-based arguments, using hyperbolic and hyper-partisan speech, and outright abuse (e.g., Dirt, 2016; GallusMag, 2016; Gender Identity Harms Women, 2018; Murphy, 2017) is reminiscent of the tactics used by alt-right and far-right political movements in recent years. Further, actions such as doxing trans women, attempting to get them fired for coming out against trans-skeptical rhetoric, making examples of them on sites that make it easy for followers to harass and abuse targeted trans women, and making no attempt to stop or prevent their followers from engaging in such harassment and abuse (e.g., Brennan, 2013; GallusMag, 2013; Gender Identity Harms Women, 2018), illuminate the limited ethical frameworks supporting these discourses.

Discourses employed by trans-skeptical feminists are designed to make readers/viewers feel afraid, hated, defensive, and self-righteous. In the world of this discourse, a war is being waged and it is “us and our rights” against “them and their privileges,” whether for cisgender or trans women, an extension of modern prejudice amplified by the technological age. While it is extremely unlikely that the meme-heavy discourse of the alt-right originates in transphobia, it is likely that both discourses underwent similar discursive shifts aimed at polarizing public issues.

With that said, however, not all of the positions advanced by trans-skeptics can be dismissed quite so easily. In fact, some of their critiques around dogmatism and ideological enclaving (Avernarius, 2012; Narayan, 2013) within trans communities and the unwillingness of trans people to shine a critical light on some of their own beliefs, actions, and positions (a reality likely encouraged by TERF and trans conceptualizations of an us vs. them war) are relatively on point. For example, I feel trans women’s past experiences of male privilege do have an effect. Personally, I frequently and openly acknowledge that my early socialization as a boy likely

provided me with advantages I would not have had I been socialized as a girl. This stance is similar to some trans-skeptical feminist arguments that trans women still continue to have and use male privilege long after they transition. However, from my lived experience, I have witnessed the strength of these advantages wane as I move through the world as a feminine being, and as I am continually socialized to better fit the role that I have placed myself in.

In this case, I do not think that the hyperbolic conclusions of trans-exclusionary radical feminists—that trans women are always men and maintain full access to male privilege—are entirely accurate, but nor do I believe that trans women simply give up their male socialization as they begin to transition, as some in the trans community contend (ex. Gallagher, 2017). That said, this issue is obviously complicated by very real disadvantages faced by trans people from the moment they start to push against the edges of gender, sex, and social roles. Where some TERFs get this wrong, I feel, is when they ignore the disadvantages that come with social and medical transition or when they dismiss these disadvantages as based on choice and thus not being examples of actual discrimination, prejudice, or oppression. On the other side, however, I feel that some trans people get this wrong by claiming that the disadvantages of transition take away from any socialized advantages they may have gained when they were younger. In this way, I feel TERF discourse treats these connected and complicated issues as entirely independent and trans people treat them as overlapping, but separate, issues and entirely dependent, when they are neither.

Finally, I have long resonated with radical feminist critiques of gender as a construct of our society, as a prison that limits the breadth of our potential lived experience, and as a system that constructs us as our own prison guards, tricking us into working to uphold destructive gender ideals (Firestone, 2003). In this view, gender can be considered nothing more than a hegemonic construct that is used to uphold patriarchy and patriarchal views; to prevent this hegemonic

intent, the system of gender needs to be rebuilt, if not deconstructed entirely. These radical feminist understandings of gender are still present in the discourses of trans-exclusionary radical feminists, although they appear modified so as to no longer require the deconstruction of gender, but rather to reinforce dominant models of gender via hyper-essentialist understandings of sex.

In relation to these critiques of gender as a power system, I suspect that, should gender roles stop existing tomorrow, the need for sex reassignment surgery would decline dramatically, but not be eliminated entirely. This is because, I feel, trans people are motivated to change aspects of themselves to fit the gender role that feels most comfortable to them. However, due to gender and sex being largely understood as binary constructs and to the ways that society conflates sex and gender—by connecting 'gender' to genital configuration at birth and subsequent socialization—trans people are encouraged to simultaneously transition across both spectra. This, I suspect, is not the ultimate goal of trans people when they start their transitions, but is rather an insidious effect of the sex/gender binary and the societal pressures that reinforce it. Sex reassignment surgery then, in my mind, can become a necessary part of realigning aspects of oneself to societal gender roles and gender expectations. However, it also allows for the continuation of the conflation between sex and gender and sets the expectation that those who transgress gender boundaries will transgress sex boundaries as well.

This then becomes a feedback loop whereby conflation of sex and gender encourages trans people to simultaneously transition across both spectra, which then reinforces the conflation of the two constructs and makes sex reassignment surgery seem like a necessary part of challenging gender norms or of trans existence more generally. While what might happen if gender were to stop existing tomorrow remains speculative, my views that sex and gender are a tangled web of connections, limitations, and pressures, encourages me to see gender in similar

ways to radical feminists: as a system of patriarchal control so broken as not to be fixable. This, then, energizes me to challenge gender systems, deconstructing patriarchal power.

The few valid arguments peppered throughout TERF discourses will never be enough to overweigh the harm that a few prominent members have done to trans communities, nor can any number of valid points justify an approach to the world that permits violence toward other (more, less, or equally) marginalized peoples or communities. Further, denial of the marginalized status of trans people within TERF discourses and the artificial separation made between male privilege and *gender*-based violence, discrimination, and oppression, suggest that TERF discourses throw intersectionality out the window when it comes to trans women, and trans people in general. Worse, the elevation of trans women as holders of some tremendous (imaginary) cultural power, and related tactics that pit cisgender women against trans communities only distract potential allies from the real target, hegemonic patriarchal systems, while reinforcing the victimization, defensiveness, and disconnection that trans communities feel towards feminism generally.

Despite the toxicity of this particular feminist discourse, feminism and even radical feminism are not inherently violent towards trans women or trans people. In fact, many trans positive discourses exist within feminism and many aspects of the way trans people talk about themselves and their communities have their roots in feminist discourses.

Results

Over the last two chapters, I introduced examples of the discourses used when talking about trans people and identities. In this chapter, I will be revisiting the overarching themes through which I have examined how the selected authors imply or define normality and different groups within trans communities, and the ethical frameworks they employ within their resulting texts. While reviewing these themes and the ways that the different discourses examined here interact with them, I will also highlight their temporal contexts—showing how the selected

discourses have changed over time—in order to discuss how future researchers can learn from these examples to balance their research goals with presenting a positive, supportive, and accurate depiction of trans people.

Construction of normality. Compared to how medical and psychological professionals and transsexual separatists defined normality in the sample literature, normality is constructed as more inclusive of trans experiences in the trans activist literature discussed in chapter 4. The research projects examined in this chapter, build on more trans inclusive framing, while contributing to revised understandings in medical and psychological literature. Their academic predecessors, Blanchard (1985, 1989), Benjamin (1967), Green (1968), and others, adopted a strong adherence to a sex/gender binary and, thus, implied that gender is normally highly dependent on sex, and that both exist as binaries where people can be one or the other, but never both, neither, between, or outside of these dual constructs. On the other hand, the sex/gender binary is regularly interrupted by the project authors cited in this chapter as they explore the health issues facing trans people from across the spectra of gender and sex. As a particularly salient example, the TransPULSE project asked participants to identify their birth assigned sex separately from their gender identity (Bauer et al.., 2014). In splitting these two constructs and addressing them separately, Bauer and colleagues (2014) implicitly endorse a view of sex and gender that allows for complications and disconnections, thus, paralleling the stances of trans authors included here, such as Serano (2017).

Additionally, in asking participants to identify their sex at birth from a list of sexes that include intersex, and their gender from an extensive list of possible genders, the researchers behind the TransPULSE project (Bauer et al., n.d.) also challenge the notion that gender adheres to a binary construct. Across the multiple articles detailing the TransPULSE project (Bauer et al., n.d.) and its results, the authors always outline the processes by which they asked their

participants to name their gender and sex (e.g., Bauer et al., 2014). By explicitly making this a regular part of their publications, the team is repeating and reinforcing their challenge to the very concept of the sex/gender binary. However, it is also clear across their numerous publications that moving away from the sex/gender binary complicates their analysis and places them in an awkward position. When there are a great number of sex and gender combinations, statistical analysis regarding particular aspects of the trans spectrum can become lost in the noise through diffusion of trans identities across such numerous combinations. This ultimately hurts statistical power and weakens researchers' ability to find meaningful results from the data.

Faced with this statistical complication, the TransPULSE research team often artificially reduces choice after the fact (e.g., Bauer et al., 2014). The team regains some of the statistical power lost by engaging multiple combinations of gender and sex, but they also end up normalizing more frequent combinations at the expense of less frequent ones. Specifically, they often identify trans participants as "male-to-female" and "female-to-male" by categorizing "participants who identified only with gender identity terms outside the male-female binary (eg, genderqueer, gender fluid, two-spirit, or bigender) … in gender spectra according to their birth [assigned] sex" (Bauer et al., 2014, p. 715) This method of grouping trans community members for analysis is a common way for researchers to acknowledge the diversity of gender while still being able to draw meaningful data from participant responses. In fact, this tactic is one I used myself in an earlier research project (Hitomi, 2016). Nevertheless, re-categorizing trans people's gender identities in this way can be seen as erasure, presenting a wider range of choices, but reducing back to more binarized gender identities and transitions.

Likely presented with this same statistical problem, Nemoto and team chose a different path towards limiting its effect. Rather than re-categorizing trans people after the fact, Nemoto et al. (2011) only included trans people who met the criteria of "self-reported gender identity as a

transgender or transsexual woman (pre- or post-operative)" (p. 1981). In taking this path, Nemoto et al. (2011) avoided the problem of having to re-categorize and, by extension, erase the gender identities of trans participants; however, they still ended up normalizing trans people who fit the gender binary, having transitioned from one side to the other, by not focusing on any other transition paths. While this cannot really be entirely avoided—considering how prevalent binary identities are within trans communities and the reliance on statistical tests—researchers who acknowledge the diversity of trans communities offer a great improvement over the binary models used by medical and psychological professionals from the past.

With regards to this matter of statistical complication and simplification, the third research project by McNeil et al. (2012) most resembles the discourses of trans activists calling for a more a diverse understanding of trans communities by including all transition paths in its qualitative approach, thus, avoiding erasure of participants' gender identities. Depending on the research project, its goals, and research questions, using qualitative analysis could present a full range of gender diversity, eliminating the need to re-categorize or limit the larger sample. It is important to note that, to a limited extent, the TransPULSE project (Bauer et al., n.d.) did include similar qualitative elements to McNeil et al. (2012); however, those results were nowhere near as thoroughly reported. In fact, the vast majority of the publications that I found resulting from the TransPULSE project focused exclusively on the quantitative data collected from their sample (Bauer et al., n.d.).

Despite how each of these projects attempts to break away from the sex/gender binary and broaden included gender identities, all of them still treat trans identities as exceptional. Each separates trans people from the general community and focuses on the health and social impacts of living as a minority, thereby emphasizing demographic distinctions. Capturing the experiences of a particular group (as is the case in each of the research projects included here), the authors are

more likely to structure everything outside that targeted group as normative, painting excluded identities as not 'special' or 'strange' enough to be included. While specifically focusing on trans people is a necessary part of understanding their experiences and addressing systemic issues of discrimination, prejudice, and oppression, this separation also reinforces constructions of trans people as the "Other." By explicitly defining transgender, trans, or trans people, often in the opening sentence or paragraph, the authors begin with an assumption that there might be people who have not heard of transgender people before, as if trans experiences might be rather rare.

Focusing on McNeil et al. (2012) and the qualitative experiences of their trans participants illuminates the ways trans people are defined as abnormal by mainstream society. Sections focusing on interactions with the health care system, including with gender identity clinics, document how doctors refuse to provide trans people with treatment because they do not have the experience to do so or because they are uncomfortable with the treatments sought. This trend funnels trans people towards doctors that are known to be comfortable with them and the treatments they ask for. These doctors are rarely the most convenient ones to access and may get bogged down by trans community members making this their unintended area of expertise.

Additionally, governmental organizations tasked with overseeing trans access to transition-related services, empowered by earlier medical and psychological theories and practices as outlined in Chapter 3, may force trans people to follow crowded paths to overburdened gender identity clinics. These few clinics are often located far from the local lives of trans patients (as in the case of BC, Saskatchewan, Alberta, and other provinces), and may serve as the only way that trans people can access medical transition services, as they hold the power to allow or deny treatment to any of their clients. The separation of health care services into those for trans people and those for everyone else, limits trans people from seeing the most convenient and appropriate doctor, defines trans people as abnormal, and devalues trans people's

health and wellbeing. To the participating trans people in McNeil et al. (2012), however, this separation of medical services is recognized as abnormal itself and in need of immediate and systemic change.

Nemoto et al. (2011), in their research on trans women with a history of sex work, define and discuss sex work as work, while documenting the impacts of normative discourses and their associated exclusions. They note that "because of relatively high rates of unemployment, lack of career training and education, and discrimination in employment, many transgender women engage in sex work for survival" (p. 1980). However, setting up survival sex work as the norm for trans women erases those who choose to engage in sex work for other reasons. When the authors point out that "sex work is linked to high-risk situations, including substance abuse, unsafe sex, and sexual and physical abuse" (p. 1980), the emphasis on measurable negative outcomes obscures some of the autonomy sex workers may have over their lives and promotes a discursive binary which constructs sex workers as enduring the pitiful consequences of circumstances or engaging in moral debauchery. Of course, the realities are more complex (King, 2014).

Construction of gender variance. Like most research involving trans people, which defines trans people, transgenderism, and/or transsexuality in their introductory sections, there is no explicit value judgement assigned, as in the transsexual separatist literature included in Chapter 4. To recap, where the transsexual separatists assigned the most value to the transsexual category, with which they most identify, Prince assigned the most value to her transgenderist category (with which she most identifies). Even the authors of the medical and psychological literature included in Chapter 3 differentiated these terms, assigned value to them, and in some cases added new ones. Blanchard (1989), for example, coined autogynephilia and defined it as a sexual disorder that is only ever present in trans women.

The other authors included in that chapter sometimes conflated the terms transvestite and transsexual, while Green (1968) refers to non-conforming children as sissies and tomboys. Of the examples selected for this study, only the transgender activist authors included in Chapter 4 avoid assigning more value to some groups of trans people than others. While not perfect, this framing of trans communities as a large collection of different identities with different experiences clearly informs the research projects included in this chapter, also. The authors included here understand the trans community to be large, diverse, and somewhat amorphous. The TransPULSE (Bauer et al., n.d.) and McNeil et al. (2012) projects, for example, include multiple gender identities, and intersex as an option for sex assigned at birth. Nemoto et al. (2011) narrowly focus on one aspect of trans communities, while recognizing that they are necessarily broader than a single category. By presenting trans communities as diverse, these authors challenge the idea that one person's trans experience is more valid than another.

Another way that more recent research projects paint trans people in a more positive light is by removing some of the pathologizing language used by medical and psychological professionals whose works are examined in Chapter 3 and by the trans separatist works reviewed in Chapter 4. Where authors such as Blanchard (1985), Green (1968), and Benjamin (1967) define trans or gender variant people in terms of psychological and sexual disorders, the researchers behind the projects included in this chapter avoid terms of deficiency entirely, drawing on the experiences of trans people themselves as authoritative. In fact, none of the research projects included here use the *DSM* to provide any sort of taxonomy of trans identities. The only project that touches on these disorders is McNeil et al. (2012), citing participants who discuss the clinical labels they were given by gender identity clinics.

Ansara and Hegarty (2011) make a cogent argument against pathologizing trans people as undermining principles set forth by the American Psychological Association (APA; 2008) in their

resolution on the topic. They view pathologization as a failure to "take a leadership role in working against discrimination towards transgender and gender variant individuals" (APA, 2008, para. 17) Nevertheless, they found pathologization and misgendering of gender variant children to be rampant, particularly among professionals most closely affiliated with gender identity clinics. While neither Bauer et al. (2014) nor Nemoto et al. (2011) uses gendered pronouns or labels, their reliance on neutral terms such as 'participants' is common within the field and not designed to obscure gender identities. Nemoto et al. (2011) sampled only trans women, and used that term throughout the article. Replacing some of these usages with the word 'women' could have gone a long way to validate the identities of participants as women.

The final way that these research projects paint trans people in a more positive light than the studies presented in Chapter 3 involves the separation of trans people's gender identities from categories of sex and sexuality. In fact, the research projects under examination in this chapter do not even mention sexuality at all when it is not relevant to the topic being discussed. So, while all but Ansara and Hegarty (2011) include questions or discussions relevant to sexuality, sex or particular sexualities are never assumed to be a defining feature of trans people or trans identities.

Even in Nemoto et al. (2011), which focused on trans women with a history of sex work, the authors did not make assumptions about the sexuality of their participants or the sex or sexuality of their participants' clients. This, I feel, is a strong step away from the assertion made by Blanchard (1985, 1989), Benjamin (1967), Green (1968), Prince (1978/2005), and others, that gender identity is somehow linked to sexual orientation and sexual activity. Further, removing assumptions about sexuality from discourses about trans people (and trans women in particular) is an important step towards refusing the societally engrained and mistaken notion of trans people (and especially trans women) as inherently sexual, with an emphasis on being sexual predators or sex workers. Even though Nemoto et al.'s (2011) study does engage the socially constructed

phenomenon of survival sex work among transgender women, it does so in a way that supports their well-being.

As much of a step forward as these research projects represent, their framing is hardly perfect. They still engage with the negative aspects of trans people's lives: associated risks and health problems, discrimination and prejudice, survival sex work, and economic disadvantage. Even McNeil et al. (2012), who welcomed the most trans involvement in the research design process, focused almost entirely on the negative aspects of trans experiences. This focus permeates research in the field and resembles the tone of earlier psychological and medical research more generally. Moreover, this common framing of trans experiences as largely or wholly negative stands in stark contrast to the innocuousness and complexity with which all of the trans authors in Chapter 4 describe their own experiences. In this regard, the research projects here still focus primarily on disorders and other negative conditions facing trans communities.

When it comes to marginalized communities, however, the negative tone of the research base only intensifies as the results of discrimination and prejudice present new challenges. While understanding the extent of the problems facing marginalized communities, developing a plan to support them, and preventing further disadvantage is certainly useful, focusing only on the negative reinforces prevailing structures causing such disadvantage. A movement from hatred to pity is not optimal. Such negative framings preclude constructive dialogue among marginalized communities and the wider public, presenting marginalized people as requiring rescue and not engaging with their own ability to rescue others or change the status quo. Valuing the knowledge of trans and other marginalized communities would offer new insights and might even offer novel solutions to problems facing society more generally.

Implied and employed ethical frameworks. In Chapter 3, I discussed some of the troublesome ethical practices of early medical and psychological professionals as they described

transsexualism and associated disorders, performed reparative therapies on gender variant youth, classified and further pathologized trans adults, and made trans people wait literally years for access to treatments proven to improve their lives. In particular, I focused my analysis on issues of consent, participation with the research process, anonymity, and the use of clients' time. In the fourth chapter, I focused on the divisions within trans communities, assessing the ethics of misgendering trans peers, how selected writings connect or obstruct progressive social justice, as well as the ethical approaches that underlie how these writings engage in critiques that may police the ways trans communities are imagined and constructed. In this final chapter, I will explore how the research projects introduced above handle consent, participation, and anonymity, as well as any ties to social justice or civil rights movements.

Consent practices. Unlike the research presented in Chapter 3, the research projects introduced in this one all clearly describe their consent practices and outline their interactions with research ethics boards. From the details given in these projects, it seems safe to assume that all of the participants (assuming they read the consent forms) knew what they were signing up for and how the data provided would be used. Participating in the research projects included in this chapter was not a precondition to getting access to medically necessary treatment. As a result, participant consent was not assumed based on interaction with a medical clinic, therapist, or gender identity clinic and thus it is also safe to assume that all of the participants for these projects knew that they were taking part in a study, a marked improvement over the research by early medical and psychological professionals.

Of course, the authors included in Chapter 3 were all medical and psychological healthcare providers detailing specific characteristics of their clients, the treatments they were given, and the effectiveness of those treatments in terms of their outcome goals. On the other hand, the research projects included in this chapter represent the work of academic researchers,

not practicing professionals. This change in the position of the author with regards to trans communities changes the context of the included research. While the research presented in Chapter 3 could be viewed as explorations of medical treatments for trans people (in a time when standard treatment regimens were still being developed), the projects introduced in this chapter simply gather health data from trans people. This change in temporal context and project parameters means that consent practices are necessarily different, but the critical discrepancy in ethical frameworks in terms of valuing the experiences and perspectives of trans participants is relevant and important.

While medical and psychological professionals need to collect and use anonymized data from patients to further medical research on disorders, conditions, and other topics relevant to healthcare as an important part of evaluating the usefulness and efficacy of treatments, lack of analysis about privilege and positionality means that prevailing prejudices are reproduced. Data collected and interpreted without critical social analysis cannot be assumed to be neutral or objective, nor received as simply positive contributions to an existing knowledge base. Although the case notes written by Green (1968) or the typology presented by Blanchard (1985, 1989) were provided with the *intention* of reducing suffering, hindsight shows that both ended up inducing it, as well. In fact, adherence to the research findings of Money et al., (1957), Green (1968), Benjamin (1967), and Blanchard (1985, 1989), even when faced with contradictory evidence from trans people themselves, institutionalized many of the primary concerns trans people have with accessing healthcare today.

Perhaps, given the information at the time and their rigid adherence to a medical model that categorizes difference as a disease or disorder to be treated or cured, the authors included in Chapter 3 did the best that they could. Even today, however, research from clinical settings which treats trans lived experiences as disorders to be treated, advocate reparative therapies for minors,

and use trans people's attempts to access care as consent to participate in clinical trials, is still prevalent in the research literature. In fact, as Ansara and Hegarty (2011) show, the time of adherence to the medical model (and the pathologization that comes with it) has not yet entirely passed; academics, and medical and psychological professionals still rely on this model and pathologize trans people as a result. Worse, professionals associated with gender identity clinics were, according to Ansara and Hegarty (2011), the most likely to pathologize and misgender their clients/participants. More progressive approaches that involve and value trans people's perspectives, while using explicit, standardized, respectful consent practices, illuminate a more fruitful pathway for projects designed to engage trans people in meeting research goals without influencing their access to medically necessary healthcare.

Anonymity practices. The anonymity practices of the medical and psychological professionals included in Chapter 3 left a lot to be desired. At the Gender Identity Symposium (Dewhurst et al., 1969) for example, multiple references were made to specific people under the care of professionals speaking. Talking about these people, even without names, made it possible for other conference attendees to identify the particular client in order to discuss the person or case further. At one point, a presenter referred to a client of his and began relaying information about the person's treatment, temperament, and aspects of her life. Nearly 50 years later, I could recognize that the individual discussed was Christine Jorgensen, a famous figure within North American trans communities. The fact that she was so readily identifiable was, and still is, shocking to me. Green was in attendance for this conference, as was Benjamin, who also briefly revealed case details of trans people under his care (Benjamin, 1969). Clearly, this was a pervasive issue among at least some of the included authors.

Among the research projects included in the current chapter, however, this problem with anonymity was entirely gone, in part, due to changes in research practices over time. As should

always be the case, then, it would be extremely difficult, if not impossible, for a project outsider to identify a person or group of people from the published articles alone. In fact, recognizing that data could be misused in political ways, the TransPULSE project placed a particular emphasis on protecting the anonymity of their participants and data (Bauer et al., n.d.; G. Bauer, personal communication). Despite being relatively well-connected in the trans communities throughout Ontario during the time that TransPULSE was recruiting participants and collecting data, and despite working for Rainbow Health Ontario under one of the researchers overseeing the project, I simply do not have enough information to piece together the identities of any of the people who took part in this project (at least not anyone who has not told me that they participated).

This commitment to the security of participants' data is particularly important to the TransPULSE project (Bauer et al., n.d.), which relied on respondent driven sampling, enlisting key participants (also known as seeds) to help with recruitment (Bauer, 2014). However, because the project needed to generate accurate estimates of population size and demographic diversity, seed recruiters would give the people they recruited a *trackable* participation coupon (Bauer, 2014). These trackable links meant that identifying one person in the recruitment chain, with some snooping, could result in identification of all the other people along that recruitment chain. Because of the large potential costs, and the value I place on privacy (my own and others'), I am really glad to see that these more recent projects, TransPULSE included, are doing a better job of protecting participant anonymity.

Participatory research. In chapter 3, I noted how the medical and psychological professionals treated their participants as simply passive within the research process. This means that participants played no role in developing the design, measures, or methods of the studies they were included in, nor did they have any say over how their data were used or in what political contexts. While this passive participant role is fairly typical within medical and

psychological research more generally, it also allowed the authors to produce research that did not reflect the best long-term interests of trans individuals or communities. Aided by assumptions that the medical model and its attendant research processes are neutral and objective lenses through which to view trans issues, these authors constructed a scientific narrative that was coloured by social, political, and scientific biases. They classified diversity as disorder and, in so doing, reinforced rigid notions of gender, gender identity, and gender conformity, thus, harming trans individuals and communities.

Of course, I am not so naïve as to think that these authors had any *intention* of doing harm or that they thought causing harm to trans communities was even a possibility. Nevertheless, harm *was* the result, whether the authors were (or are) willing to admit that after the fact. In my view, the reason that this harm resulted, despite the presumed best intentions of those working within the medical model to understand trans communities, was because of the marginalized social positioning of trans people and the political maelstrom surrounding trans identities. Like research around many other marginalized peoples, that in Chapter 3 took the well-worn path of an outside 'objective' researcher coming into a community, defining and describing it through the limits of their own knowledge and experiences, dismissing any lived experiences that might contradict their definitions and descriptions, with an end result of doing harm. This pattern is all too common among marginalized communities, whether their marginalization is the result of differences in race, sex, gender, income, sexuality, ability, location, age, ethnicity, etc.

The prevalence of the pattern described above is one of the key reasons that I feel participatory research is necessary around issues relevant to marginalized communities, including trans communities. Since marginalized communities often lack the tools and expertise necessary to perform research valuable to their communities from the ground up, including key informants from these communities on research teams as projects are being developed and designed has the

ability to improve the research process, identify otherwise invisible biases, and offer marginalized communities the expertise, if not the tools, to perform valuable research in their own right. Due to these major benefits, I feel that trans people should be heavily involved with research happening in their communities. This is why the participatory research projects introduced above so readily captured my interest.

Because they were chosen, at least in part, due to their participatory nature, it is hard to chalk up the difference between these projects and the research presented in Chapter 3 to a shift in scientific discourses. However, as I am unaware of any early participatory research to define and describe trans people and identities, perhaps the existence of this participatory research is evidence of such a discursive shift. Whatever the case, allowing trans people to have input into research being conducted to support their well-being is a positive step towards acknowledging the gender diversity that trans people represent and not the projected disorder they are assumed to have. Further, by including trans people in the development and design of research projects, and through trans people's growing stake in academia, trans communities are gaining the tools to perform research detailing their own needs, risks, and resiliencies.

Finally, through these positive collaborative experiences, academics from outside trans communities are starting to develop a better understanding of the lived experiences of trans people. This new knowledge offers outside researchers new ways to engage the worldviews around them, changing their approaches to research and recognizing the limits of their perspectives. With such a broadened worldview, outside academics can become advocates and allies working *with* trans people, acting within academia to challenge their peers' invisible biases and working towards inclusion of trans people and gender diverse perspectives. It is my hope then, that this possible shift towards participatory research around issues relevant to trans communities continues so that academic, medical and psychological professionals will better

understand the complexity of trans experiences and prevent research that would undermine individuals and communities by further erasing gender and sexual diversity.

Interactions with social justice movements. Authors whose works are examined in Chapter 4 readily connect with social justice movements and employ some social justice tools; productive interactions between the research projects introduced above and feminist social justice debates were also noted. Participatory research can be an anti-oppressive methodology when used to amplify the voices of marginalized communities and to share tools that aid in or arise from their own research objectives. The anti-oppressive nature of participatory research is perhaps clearest in McNeil et al. (2012), which brought together numerous stakeholder groups founded and run by trans people to help with the project. In doing so, McNeil et al. (2012) certainly offered these organizations tools to explore the issues most relevant to them in the future.

The TransPULSE project worked with researchers and professionals from multiple community service organizations to explore, adequately and respectfully, issues relevant to trans people in Ontario (Bauer et al., n.d.). Unfortunately, that the community organizations were not exclusively trans-focused and the key trans informants had already been involved in academia meant that this project had (and has) less potential to share the tools and expertise to help trans communities develop their own research plans. As a result, while shifting the discourse on trans health issues away from pathologization, this project could have better implemented participatory methods towards their anti-oppressive ends. Nemoto et al.'s (2011) exploration of the experiences of trans women with a history of sex work, perhaps had least clear connections to social justice aspirations. While these authors clearly involved members of trans communities in their research, the tools and expertise they shared with participants and communities (beyond performing interviews) is unclear. Even though this is more than most of the research reported in Chapter 3 provided trans communities, I feel that this project could have better empowered the

sizable Bay Area trans communities to develop and implement their own research into topics of interest to them.

Across all three of the projects discussed so far, one particularly noteworthy difference with those discussed in Chapter 3 became apparent: the inclusion of race and ethnicity as variables crucial to their analysis. While this is hardly revolutionary in medical or psychological research, the fact is that none of the authors included in Chapter 3 considered race or ethnicity important enough to mention. Considering that race and ethnicity were universally relevant to these participatory projects, a possible shift in the discourses and accepted methods around trans health research or medical and psychological research may be emerging. Acknowledging that race and ethnicity might affect the ways that the trans participants experience and interact with the world is an important development that suggests a growing understanding of intersectionality amongst these researchers or the research community in general.

Finally, while Ansara and Hegarty (2011) did not use participatory action research as such, they invoke numerous social justice concepts and constructs as they explore the extent of pathologization and misgendering of gender variant children reported in scientific literature. Some of these terms include “majority world” and “minority world” (p. 138) which indicate an understanding of Western scientific discourse as culturally dominant but representing only a minority of the world’s population, and “coercive queering” (p. 151), which involves lumping trans people into the category of ‘queer’ or ‘LGBT’ and assuming that services applicable to LGB people will be appropriate for trans people as well. Use of these concepts make it clear that the authors are very well versed in social justice movements.

Discussion

This discussion section will focus mostly on exploring the strengths of this project as well as the necessary compromises I have made during its completion. In addition, I will also compile

a list of suggested research improvements based on the analysis of included literature and associated discourses throughout this project. It is my hope that these suggestions will pave the path forward for researchers as they continue to study topics important to trans people and communities in a way that is respectful of their genders, lived experiences and flourishing well-being. Finally, this discussion will conclude with a summary of the most important findings and suggestions, as well as a call to action for academics, researchers, and medical and psychological professionals involved with this field of research.

Research Context

As with all research, this project attempted to balance its strengths and limitations while producing research that is valuable to the larger research community. In the process, however, compromises had to be made to make this project achievable and to fit it within the goals, values, and ethics outlined at the beginning of this thesis. The choices and compromises made may not have been those with which another researcher would be comfortable. Perhaps the most important aspects of research context involve the methodological approach. Explicit choices early in the research process led to many trade-offs, in particular, arising from the politically-charged nature of the critical methodology, personal connections to the topic that made auto-ethnography possible, and the compromises involved in relying on critical discourse analysis as a primary method.

The political nature of this project and my willingness to integrate, rather than disavow, an explicit political stance, shapes its trajectories. Since all research has an implicit political stance, the assumption that it is possible (and preferable) for scholars to be completely unbiased in their approaches, is countered by critical methodologies, based in the recognition that complete detachment from bias is impossible. After all, the way in which researchers are able to conceptualize their evidence, findings, and even recruit participants is limited (at least, to some

extent) by their knowledge, training, and experiences outside of their research. These social, political, and scientific underpinnings make research possible in a lot of ways, but also produce bias in the methods, results, and interpretation of the results.

Since bias is not something that can be avoided entirely, I feel that the next best course of action is to be as explicit as possible regarding my position and understanding. While this is not always achievable considering the subconscious ways that bias often works, by explicitly discussing my political stance, describing my position in relation to the research, and outlining my position and relationship to the topic to the best of my ability, I hope to highlight the social, political, and scientific pressures that inform the methods, results, and interpretation of results. By highlighting these pressures, it is my goal to acknowledge their existence and show the context in which results and methods are possible, appropriate, or applicable. This approach, I feel, is in line with ethos of the critical disciplines generally and critical psychology in particular (see a summary of the social, political, and scientific pressures informing this particular project, in the introduction to Chapter 1 and the Political Stance section of Chapter 2).

In my view, my political stance, social position and life experience have made it easier to read the publications of medical and psychological professions (Chapter 3), and those of transsexual separatists (Chapter 4), critically, than the other publications included in this project. As a consequence, however, it is possible that important aspects of the discourses put forth by those I did not disagree with as strongly were passed over in my analysis. In an attempt to compensate for this difference in critical reading, I purposefully re-read selected documents multiple times, focusing on the arguments and discourses presented in increasingly fine detail. By re-reading these documents in a systematic way, it is my hope that I caught most of the important aspects, but it is likely that there is still room for improvement.

Further, my disagreements with the perspectives of the medical and psychological professional and transsexual separatists whose works were examined may have emphasized negative aspects of the discourse. To compensate for this possibility, I sought out analyses of discourses by people with different views on this issue, tried to understand their view points, and to step outside of my political stance while making at least one pass through the literature with which I sit at odds. While this cannot entirely remove the impact of my position and lived experience, I did find unexpected areas of common ground with people I disagree with. These areas of common ground were highlighted throughout this project and there is certainly room for further thoughtful analyses from people with different political stances and social positions.

The second of the above stated methodologically-related aspects of the research comes from the personal connections I have to the topic and effects of my lived experience on the research. One important aspect of these personal connections is the usefulness of my standpoint in framing the effects of the discourses presented in this thesis, based on my situated understanding of its impacts on the actual people and communities being discussed. By connecting the discourses used by selected authors to my lived experience as a trans person, as a leader within various trans communities, and therefore informed by the experiences of other trans people I have worked with over the years, I feel this analysis becomes more useful, salient, and important. Additionally, I feel that my personal experience and my passion for this area of research fueled my motivation and encouraged me to be thorough in the process. Both of these effects, I feel, are positive contributions to this project and helped to make this project more than it could have been otherwise.

Finally, critical discourse analysis as a method is powerful tool that allows for the in-depth exploration of how topics are discussed; however, the focus on the detail of a particular discourse can often obscure the larger picture. For example, while in-depth analysis of the

discourses used by the included medical and psychological professionals (Chapter 3) reveals the role of structural and institutional biases in the knowledge produced, the time-consuming and detailed nature of this analysis precluded the possibility of exploring the diversity of discourses available across this group or even across individuals within this group. With the help of the personal experience, historical context, and lots of reading, I feel that the selected documents included in this thesis provide accurate representations of different discursive practices in differently affiliated groups. However, with analysis being as focused as it was on a few particular examples, it is quite possible that the discursive patterns identified here are not fully representative of the discourses of the entire group from which they were selected.

That said, it was never my intention to make these specific examples speak for an entire group of people. Rather, the goal was to show different discourses from different people with different social positions and political affiliations in order to inform improved research practices moving forward. Further, it was my goal to the highlight the hegemonic nature of medical and psychological discourses (Chapter 3) in particular, and to complicate that analysis by engaging the discourses of trans people themselves, as reflecting their lived experiences, together with those of trans allies. Even after completing this project, I feel that discourse analysis was the right tool for the research questions identified previously.

Because this project is not quantitative in nature and does not produce effect sizes, means, and deviations, some may question the pervasiveness of the effects of the included discourses. It is my hope that including my lived experiences as a member of and leader in various trans communities, together with the anonymous and often shared experiences of other trans people, has helped clarify the discursive effects I have been documenting. Additionally, I hope that the personal perspectives shared in this discourse analysis illuminate their impacts on living people, even if my own experience is not entirely representative of these discursive effects.

In terms of the diversity of sources included in this document, due to constraints on my time and energy, I was not able to include the full range of discourses I had wanted to engage from the outset. As a result, for example, important aspects of competing global discourses around trans people were beyond the scope of this project. Further, by not including more information about trans men and trans people assigned female at birth, this research project reproduces a pattern of emphasizing trans women and trans people assigned male at birth. While this is also attributable to my personal identity as a trans person assigned male at birth and my familiarity with that literature, this gap remains to be filled. Further, this project addresses primarily the discourses of the white Western "minority world" (see: Ansara & Hegarty, 2011). The discourses of non-English-speaking countries, Indigenous communities, the developing world, and non-Western perspectives are not accounted for. These diverse cultural views are valid and meaningful, and deserve to be explored in depth and with respect. Finally, even within the narrow window that frames the analysis presented here, the included examples do not capture the diversity of discourses about trans people available. Discourses from communities of colour were not as well integrated into this analysis as would be ideal.

In relation to the age of the texts included here, it was my original intention to include only texts that were less than 5 years old, but as I continued with this project, the historical perspective became more and more crucial to the arc of the thesis. As a result, I felt the need to include older texts that demonstrate the persistence of historical tropes still facing trans people to this day. By exploring the discourses of pioneers in the field of transgender research, I have been able to highlight some of the assumptions that *created* the systems in which trans people still need to audition for care. This, hopefully, shows how far we have come in accepting trans people and gender diversity as a society, yet drives home how much remains to be done.

While, judging from my own experience, I do not think that the discourses around trans people have moved on much (especially here in Saskatchewan), even a purely historical insight into the ways differently positioned people have talked about trans individuals and communities, documents moving away from an individuated and hegemonic medical and psychological discourse of disorders and diseases, towards greater acceptance for gender diversity. Further, as new discourses about trans people are generated or reprised, like those of the alt-right for example, this document provides and preserves positive and respectful discourses, while showing the harm of negative and pathologizing discourses.

The final aspect of salient research context that springs to mind regards my own shifting interests in activism, advocacy, and civil rights movements. At the beginning of this project, I envisioned it as taking a step beyond my previous activist work towards social justice progress in academic realms. However, as the project wore on, and as the dumpster fire of 2016 turned into the toxic hellscape of 2017, to sustain my physical and mental health, I have needed to turn my focus and energy away from activism, advocacy, and civil rights movements almost entirely. Being the stubborn person that I am, I stuck it out and finished this project; nevertheless, the toxic spaces supported by contemporary polarizations have impacted this work negatively. Hopefully, this impact is negligible to the outside observer, but it certainly played a part in the exclusion of further analysis of trans-skeptical feminist discourses. I regret the effects of such burnout on this project, but affirm the importance of sustaining physical and mental health before and during a project like this. Or as they say on airplanes “put on your own mask before assisting others.”

Recommendations

Throughout this project, I have made suggestions as to how academics can learn from the discourses included here and can research topics important to trans people in ways that are

respectful of their identities and communities while remaining meaningful and useful. In this section, I will compile many of those suggestions and offer a few new ones as I look optimistically forward along the path of trans research. Since most of the suggestions here arose in the contexts of the repeating themes of this thesis—*Implications of Normality, Implications of Gender Variance, and Implied and Employed Ethical Frameworks*—I will use these repeated themes as a structure for presenting the suggestions of this section. General suggestions, however, including those relating to the methodological approach or methods of this project or the context around this research project will conclude this section.

Implications of Normality. Normalizing sex and gender variance beyond the reductive sex/gender binary improves the lives and affirms the identities of trans people. A harm reduction approach to pathologizing and othering discourses directed towards trans people is within reach, as is adopting more respectful and inclusive approaches to inclusive speech. Defining trans people or the term transgender in the first line of an introduction participates in othering. Trans issues are mainstream enough nowadays in North American that expecting academic readers to grasp enough about what being trans means, is reasonable. Even if a definition of trans people is necessary for a particular audience, the diversity of trans people and trans identities can never fit in the first line, or even the first paragraph of a research paper, and attempting to shoehorn in a quick definition only reproduces trans people's marginalized status. For those who feel as though defining trans, transgender, or trans people is a necessary part of 'operationalizing variables' or something similar, consider when was the last time a definition for 'woman,' 'man,' 'male,' or 'female' was necessary in research relevant to more mainstream expressions of sex and gender.

As a second suggestion, researchers can break the sex/gender binary in their own minds and stop making the implicit assumption that everyone male is a boy/man and everyone female is a girl/woman. If a study explicitly includes trans people, it may be relevant to inquire about birth

assigned and/or current sex. It may also be relevant to ask whether participants identify as transgender or whether their gender identity is different than their birth assigned sex. Since these questions fall outside of the goal of normalizing trans experiences generally, I will leave further discussion about these questions to The GenIUSS Group (2014), who publish an extensive review of the best practices for including such questions in research. Further, when gathering information from participants, researchers *must* include genders and sexes outside of the traditional binary. At the very least, researchers should include a third option that allows participants to designate identity categories for themselves. These steps are necessary for ***all social research***, not just research that explicitly includes trans and/or intersex people.

When researching within trans communities, including genders and sexes outside of the traditional binary is crucial to making sure that non-binary trans people are represented, as appropriate to the study. In particular, researchers should not assume that trans identities or bodies conform (or have ever conformed) to gender or sexual binaries. While expanding options around sex and gender is a first step to representing non-binary people in research, including non-binary identities in quantitative analyses remains challenging. It cannot be assumed that non-binary people are similar enough to binary folk that they can be lumped together for the purpose of analysis. Instead, the hypothesis that non-binary trans people face similar barriers, health consequences, and discriminations, and have the same resiliencies as binary trans people must be tested statistically before it can be assumed within quantitative research.

This, somewhat tangentially, brings me to the next suggestion: use qualitative research when it is appropriate to inform the research question to be explored. Medical and psychological discourses often emphasize quantitative research, based on objectivist ontologies and positivist methodologies. While quantitative research does offer some advantages when making inferences about groups, communities, and populations (within specific, pre-defined contexts), qualitative

research strengthens depth and complexity of analyses. Suffice it to say that when studying marginalized populations who live their lives outside of mainstream assumptions (as trans people do), qualitative research offers powerful tools for understanding the complexity of their experiences, without requiring as many assumptions.

As a final suggestion, all too often, complex and nuanced issues, such as gender identity, sex, sexuality, political affiliation, etc., are presented as though there exist only two opposing or otherwise limited options. This black-and-white, either-or thinking reduces complicated issues and diminishes the lives influenced by them. Ultimately, this has the effect of presenting, reinforcing, and constructing some identities, stances, and lives as valuable or virtuous while presenting others as less so. While this tendency towards reductive oversimplification is likely a result of linguistic and cultural factors that facilitate and prioritize such views, talking about the gradations between and outside these received models is a more promising pathway.

Implications about gender variance. Authors who construct trans identities in their texts can improve the quality and rigour of their work by developing a more positive, respectful, and meaningful discourse around trans people and issues relevant to them. Ending the pathologization of trans people by refusing to define them in terms of a disorder or disease is a good place to start, although it will require shifting forms of medical access and insurance coverage. In advocating an end to the pathologization of trans people, Ansara and Hegarty (2011) offer a useful framework from which to start identifying (and changing) pathologizing language around trans youth in particular and trans people more generally. Because I feel this framework is extremely valuable as a place to begin changing this aspect of scientific, medical, and psychological discourse, I present here verbatim:

> We assessed the presence or absence of each of four types of pathologising language in each article record: (1) labelling childhood gender non-conformity (CGNC) as pathology

> (e.g., 'research on empathy in gender identity disordered boys'); (2) mentioning interventions to address CGNC (e.g., 'patient referred to a gender specialist for affirmative therapy'; 'behavioural modifications to reduce cross-gender play'); (3) voicing support for treatment interventions to reduce or stop CGNC (e.g., 'gender-appropriate play therapy reduced the patient's cross-gender desires'); and (4) assessing and/or diagnosing CGNC (e.g., 'screened for gender-appropriate mannerisms', 'Boyhood Femininity Test' or 'sample included 22 girls with gender identity disorder') (p. 173)

By using this framework as a guide and extending it to include trans adults, authors can check the work they produce for pathologizing assumptions about trans people. Relating this discussion back to the previous section about defining normality more generally, this framework, with modification, can also be used to help identify pathologizing language targeting other groups, such as racial and ethnic minorities, people with disabilities, intersex people, etc. Obviously, texts which use any of the language examples included in the coding system above cannot be assumed to be entirely without pathologizing language; however, applying this framework is a relatively low-cost place to start challenging these assumptions.

Misgendering trans people is not necessary to scientific discourse. Using the pronouns and gender descriptions that people provide is always the gold standard in this regard. After all, it is completely out of the question to use an incorrect pronoun or gender description for self-identifying cisgender people. In fact, where gender is relevant to the analysis, I would argue that using incorrect pronouns or gender descriptions is akin to altering the data collected from the participant, an obvious (and remarkable) ethical infraction. All participants, not just cisgender individuals, should have their personal gender designation respected, as a matter of course. Ansara and Hegarty (2011) also offer a four-point rubric to identify misgendering:

> (1) designating participant sex or gender in the Keyword(s), Subject(s) and/or Population(s) fields in a manner that contradicts information about participant self-designated gender in the Abstract … (2) mispronouning (Ansara, 2010), which refers to the use of gender-specific pronoun(s) that differ from participants' own gender … (3) using gender specific nouns (e.g., 'boy', 'girls', 'lesbian', 'daughter', 'brother') that differ from the individual or population's gender identity … and (4) labelling participant gender identity and/or expression as inauthentic, dishonest, or fantasy (e.g., 'He pretended to be a girl from ages 18 mo to 4 yrs') (p. 175).

As a resolution to an ethical infraction, the abandonment of misgendering is within reach.

My third suggestion invites researchers to consider the tone of trans research and its effects on readers' perceptions of trans people. Much of the literature included in this study has been negative, focusing on disorders, negative health outcomes, and problems faced by trans people. This presentation of trans people as a problem can be remedied by researching positive aspects of trans experience, including the resiliency of trans people and the ways trans people see the world differently than their cisgender peers. Further, an increased focus on positive and neutral outcomes (where trans people are performing better or the same compared to their cisgender peers) is important, even if it complicates the narrative of a particular study. In the best cases, these positive outcomes can then be used as way for the cisgender population to learn from trans communities and their strengths, flipping the received script to reveal new opportunities for growth and change.

Changing the ways that trans people, and particularly trans women, are sexualized in media and scientific discourse is my fourth suggestion. This includes the assumption that trans women are naturally drawn to sex work, as suggested by Benjamin (1969); that one's gender identity is naturally tied to one's sexual orientation, as suggested by Blanchard (1985, 1989),

Prince (1978/2005), and Green (1968); and that trans women are particularly sexually permissive or adventurous. In future research, researchers should avoid sexualizing the lives and experiences of trans women, focusing on the experiences of trans sex workers at the expense of other trans people, and making assumptions about sexual orientation or sexual interests based on gender identity, gender presentation, or transgender status.

These sexualized research themes involving trans women are still extremely prevalent today, with a disproportionate number of studies looking at HIV risk of trans women compared to those looking at the HIV risk of trans men, as just one example. Research such as Nemoto et al. (2011), which focuses on trans women who are or have been sex workers, sometimes as the only aspects of the trans communities they research, needs to be better contextualized and situated. While survival sex work is a constructed choice for this population, that condition reflects more about the social order than trans people and paints trans people with the most negative assumptions associated with sex work and sex workers. This continuous portrayal of sexualized trans women feeds cultural hysteria around sexual danger and encourages questioning the identities of trans women based on their sexual proclivities or sexual orientations.

The final suggestion is to acknowledge the diversity of trans experiences. This does not mean creating hierarchies, such as those imposed by transsexual separatists, who use the diversity of trans people to divide trans communities and value different groups to different degrees, in ways that recycle some of the tropes that inform early medical and psychological discourses and reproduce narrow cultural constructions. Excluding or belittling others or their identities serves to create and reinforce hierarchies within trans communities. Instead, authors can listen to trans people with respect regarding their gender identities, gender presentation, or trans experiences. The goal should be not to exclude (intentionally or unintentionally) specific groups of trans people, unless the research question specifically and reasonably necessitates such a limitation.

Ethical Frameworks. Most of the suggestions I have to make here are already considered part of ethical practice in most fields. For example, in listening to the discussions at the first International Symposium on Gender Identity (Dewhurst et al., 1969), I could hear medical and psychological providers discussing patient information in a public forum to such a degree that other people in the room could identify the person described. If these conversations among medical professionals were being made in private, for the health of the patient, and with the patient's consent, they would be fine. However, casually chatting about the treatment and case notes of a patient without using their name, is hardly appropriate in a public forum without the patient's informed consent to release of that information.

In practice, of course, professional ethics are much more nuanced and complex than outlined above. Medical and psychological professionals often require consultations to develop treatment plans and solve medical and psychological problems. Seeking patients' consent whenever possible for the release of their medical information is ideal. Sometimes, this is not going to be possible (though these cases would be exceptionally rare when we are talking about transition-related healthcare). In these cases, I feel that medical and psychological professionals should stick to private consultations with others with the same (or broader) ethical obligations to protect confidentiality and anonymity. To me, this means that medical doctors can consult privately with other medical doctors (or clinical and counselling psychologists); however, openly disclosing medically-relevant information to a roomful of people including social workers, lawyers, graduate students, and members of the public is not acceptable. For more nuanced and applicable information on the ethical obligations around confidentiality and anonymity, it is best to consult the ethical guidelines of the professional governing body of a given profession or of research governing organizations, and to invite minority groups to evaluate these guidelines regularly.

Similar to the discussion about confidentiality and anonymity above, another common ethical practice is getting consent from participants to use their data. In particular, researchers should not tie medical or psychological treatment to consent for research participation. While data collected from patients can be a useful way of evaluating outcomes, measures, and techniques within a clinical setting, using patient data for research outside of these evaluation contexts (as Blanchard (1985, 1989) and Green (1968) have done) presents serious ethical concerns. In Blanchard's case, for example, using data from his trans clients to further pathologize them by categorizing them as autogynephilic, is highly questionable. Blanchard (1985) acknowledges that the accepted treatments for trans people at the time were also effective for this new category, making this a distinction without a difference. If the clients' data were specifically used for the purpose of evaluating measures, outcomes, or techniques, this further pathologization, and the resulting harm, would not have occurred.

Another way in which these harms could have been avoided is by allowing participants to have an active role in constructing the research that seeks to explain them. If Blanchard (1985, 1989) had involved his trans clients in the research process, a more respectful position could have been argued in a much more nuanced way. Integrating lived trans experiences to contextualize research and research findings, would have had the added benefit of improving the agency of participants over how their data were being used and the narratives being constructed about them. This would have empowered trans clients to have a say in defining their experiences and communities.

Expanding these suggestions beyond the scope of Blanchard (1985, 1989) and echoing suggestions of Ansara and Hegarty (2011), involving trans people in participatory research development, design, and implementation is key to exploring unanswered research questions around trans people, while avoiding or limiting unintentional harms to trans communities. While

including trans people in the research process will not magically eliminate all possible harms to trans communities (since trans people can perpetuate anti-trans violence themselves), allowing them to have a voice in how their data are used and what constitutes respectful scientific discussion is valuable to scientific discourse. Including trans people in a way that allows them to develop their own research expertise empowers communities to explore research questions that are valuable to them without having to wait for an interested academic to take up the challenge or to cajole one into doing so. In the long term, empowered trans communities would broaden the literature base and increase the diversity of research topics covered.

In calling for the greater involvement of trans people in research concerning trans communities, I am drawing on the experiences of other marginalized communities seeking control over their representations. In some cases, this can be referred to as a 'nothing about us without us' approach. However, where I depart from this approach is in the burden it can place on affected communities and the limitations it can place on research and academic discourse. Instead, I feel that, as cisgender researchers interact with trans communities and come to see the world through something approaching the lenses that trans experiences offer, they become ever more capable of constructing research that is respectful, appropriate, and meaningful to trans people and communities.

This experience-based approach for empowering cisgender researchers and medical and psychological professionals to discuss or research trans issues runs into something of a problem, however. As many researchers are aware, those who know the least about a particular topic are often those who think and act like they know the most. At the same time, as people continue to learn about a topic, they begin seeing the complexity and depth of the field and being to feel (and act) as though they do not know as much. This cognitive distortion, better known as the Dunning-Kruger effect (Myers & Spencer, 2006), could empower cisgender professionals with little

experience with trans communities to discuss and research trans issues, while discouraging researchers with more experience and knowledge. To avoid this, and to simplify matters, the 'nothing about us without us' approach to trans research should be the gold standard for research projects looking at matters relevant to trans communities, or to any other marginalized community, for that matter.

Finally, I feel that authors who seek to discuss and research trans issues should also seek to become involved in trans rights and other trans-related social justice movements. By seeking to better the lives of trans people, authors would be exposed to trans people with a broad range of identities and experiences. Working alongside trans people, researchers will gather the experience and knowledge necessary to adequately represent the diversity of trans communities. Further, by interacting with the trans people, and working towards the goal of improving their lives from *inside* their communities, authors will be presented with living, multidimensional examples to challenge their assumptions and broaden their representations of trans individuals. Taken together, these changes alone would quickly and dramatically change the discourses that authors and researchers use when discussing trans people; the resulting progress in social justice movements could vastly improve the lives of trans people today and in future.

References

Adams, N., Hitomi, M., & Moody, C. (2017). Varied reports of adult transgender suicidality: synthesizing and describing the peer-reviewed and gray literature. *Transgender Health*, *2*(1), 60-75. doi: 10.1089/trgh.2016.0036

Addams, C. (n.d.). Biographical information for press. *Calpernia.* Retrieved from http://www.calpernia.com/aboutme/press-bio/

Affirming Sexual Orientation and Gender Identity Act, S.O. 2015 C.18. Retrieved from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3197

Ainsworth, C. (2015). Sex redefined. *Nature*, *518*(7539), 288-291. Retrieved from http://theavarnagroup.com/wp-content/uploads/2015/11/Sex-Redefined.pdf

Allen, M. (2008, February 12). Transgender history: Trans expression in ancient times. *The Bilerico Project*. Retrieved from http://bilerico.lgbtqnation.com/2008/02/transgender_history_trans_expression_in.php

American Psychiatric Association. (1994). Gender identity disorder and paraphilias. *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Retrieved from http://www.genderpsychology.org/transsexual/dsm_iv.html

American Psychological Association [APA]. (2008, August). Resolution on transgender, gender identity, and gender expression non-discrimination. Retrieved from http://www.apa.org/pi/lgbc/policy/transgender.html

Ansara, Y. G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologising and misgendering children from 1999 to 2008. Psychology & *Sexuality*, *3*(2), 137-160. doi: 10.1080/19419899.2011.576696.

Aune, K. (2008) Feminist Ethnography. In *Encyclopedia of Gender and Society*. (pp. 309-312). Thousand Oaks, United States: Sage Publications.

Avenarius, C. B. (2012). Immigrant networks in new urban spaces: Gender and social integration. *International Migration*, *50*(5), 25-55. doi: 10.1111/j.1468-2435.2009.00511.x

Bailey, J. M. (2003). *The man who would be queen: The science of gender-bending and transsexualism*. Joseph Henry Press.

Bauer, G., Hammond, R., Pyne, J., Redman, N., Scanlon, K., Travers, A., & Travers, R. (n.d.). *Trans PULSE Project.* Retrieved from http://transpulseproject.ca/

Bauer, G. R., Scheim, A. I., Deutsch, M. B., & Massarella, C. (2014). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *Annals of emergency medicine*, *63*(6), 713-720. Retrieved from https://goo.gl/AqQLWy

Bauer, H. (2017). *The Hirschfeld Archives: Violence, Death, and Modern Queer Culture*. Philadelphia, PA: Temple University Press. Retrieved from http://www.oapen.org/search?identifier=628406

Bauer, H. & Brighi, E. (2002). Editorial note. *Millennium: Journal of International Studies, 31*(3), iii–iiv. Retrieved from http://journals.sagepub.com/doi/pdf/10.1177/03058298020310030101

Beauchamp, T. L. (2011). Informed consent: Its history, meaning, and present challenges. *Cambridge Quarterly of Healthcare Ethics*, *20*(4), 515-523. doi: 10.1017/S0963180111000259

Benjamin, H. (1966). *The Transsexual Phenomenon.* New York, NY: Julian Press. Retrieved from http://www.tgmeds.org.uk/downloads/phenomenon.pdf

Benjamin, H. (1967). Transvestism and transsexualism in the male and female. *Journal of Sex Research*, *3*(2), 107-127. doi: 10.1080/00224496709550519

Bindel, J. (2004, January 31). Gender bender, beware. *The Guardian.* Retrieved from https://www.theguardian.com/world/2004/jan/31/gender.weekend7

Bindel, J. (2007, May 23). Mistaken identity. *The Guardian.* Retrieved from https://www.theguardian.com/lifeandstyle/2007/may/23/healthandwellbeing.health

Blanchard, R. (1985). Typology of male-to-female transsexualism. *Archives of Sexual Behavior*, *14*(3), 247-261. doi: 10.1007/BF01542107

Blanchard, R. (1989). The concept of autogynephilia and the typology of male gender dysphoria. *Journal of Nervous and Mental Disease, 177*(10), 616-623. 10.1097/00005053-198910000-00004

Blanchard, R. (n.d.) Ray Blanchard, Ph.D., Professor of Psychiatry, *University of Toronto*. Retrieved from http://individual.utoronto.ca/ray_blanchard/

Bourdieu, P. (1973). Cultural reproduction and social reproduction. In R. Brown (Ed.) *Knowledge, Education and Cultural Change*. London: Tavistock.

Bornstein, K. (2012). *A Queer and Pleasant Danger.* Boston, MA: Beacon Press.

Bradley, S. J., Blanchard, R., Coates, S., Green, R., Levine, S. B., Meyer-Bahlburg, H. F., ... & Zucker, K. J. (1991). Interim report of the DSM-IV subcommittee on gender identity disorders. *Archives of Sexual Behavior, 20*(4), 333-343. doi: 10.1007/BF01542614

Brennan, C. (2013, July 8). Zoë Kirk-Robinson. *pretendbians.* Retrieved from https://pretendbian.wordpress.com/2013/07/08/zoe-kirk-robinson/

Brennan, C. (n.d.) *pretendbians.* Retrieved from https://pretendbian.wordpress.com/

British Broadcasting Corporation. (2015, October 24). Germaine Greer: Transgender women are 'not women' *BBC Newsnight.* Retrieved from http://www.bbc.com/news/av/uk-34625512/germaine-greer-transgender-women-are-not-women

Brown, E. N. (2013, October 21). Cathy Brennan speaks to bustle about her stance on transgender people. *Bustle.* Retrieved from https://www.bustle.com/articles/7277-cathy-brennan-speaks-to-bustle-about-her-stance-on-transgender-people

Buckley, T. (2016, November 21). A changing of sex by surgery begun at Johns Hopkins; Johns Hopkins becomes first U.S. hospital to undertake program of sex change through surgery. *The New York Times.* Retrieved from http://query.nytimes.com/gst/abstract.html?res=9407E3D81330E43BBC4951DFB767838D679EDE

Bullough, V. L. (2003). The contributions of John Money: A personal view. *The Journal of Sex Research*, *40*(3), 230-236. doi: 10.1080/00224490309552186

Canadian Mental Health Association [CMHA] (n.d.) Social determinants of health. *Canadian Mental Health Association*. Retrieved from https://ontario.cmha.ca/provincial-policy/social-determinants/

Califa, P. (2002). *Speaking Sex to Power: The Politics of Queer Sex.* San Francisco, CA: Cleis Press.

Cauldwell, D. (2006). Psychopathia Transexualis. In S. Stryker & S. Whittle (Eds.). *The Transgender Studies Reader*. (pp. 40-44) New York, NY: Taylor & Francis.

Centre for Addiction and Mental Health [CAMH]. (2008). *Strategy to Build Relationships and Partnerships with LGBTTTQQI* Communities.* Toronto, ON: Author. Retrieved from https://web.archive.org/web/20100612011215/http://camh.net/About_CAMH/Diversity_Initiatives/final%20LGBTQ%20strategy.pdf

CAMH. (2012). Gender identity clinic: Winter 2012 updates. *camh – Centre for Addiction and Mental Health.* Retrieved from http://www.camh.ca/en/hospital/care_program_and_services/hospital_services/Pages/gid_winter2012.aspx

Chibbaro Jr., L. (2008, May 30). Activists alarmed over APA head of psychiatry panel favors 'change' therapy for some trans teens. *Washington Blade*. Retrieved from http://www.thetaskforce.org/static_html/TF_in_news/08_0612/stories/28_activists_alarmed.pdf

Corbett v. Corbett (orse Ashley). (1970). LA306 Retrieved from http://www.vanuatu.usp.ac.fj/courses/LA306_Family_Law/Cases/Corbett_v_Corbett.html

Colapinto, J. (2000). *As nature made him: The boy who was raised as a girl*. New York, NY: Harper-Collins Publishers.

Colapinto, J. (2004, June 3). Gender gap: What were the real reasons behind David Reimer's suicide? *Slate*. Retrieved from http://www.slate.com/articles/health_and_science/medical_examiner/2004/06/gender_gap.html

Conway, L. (2003a, October 20). HBIGDA officers and board of directors begin to respond to Bailey's book. *University of Michigan – Lynn Conway.* Retrieved from http://ai.eecs.umich.edu/people/conway/TS/HBIGDA-Response-10-20-03.html

Conway, L. (2003b, November 4). Tuesday, November 4, 2003: Blanchard resigns in a huff from HBIGDA! *University of Michigan – Lynn Conway.* Retrieved from http://ai.eecs.umich.edu/people/conway/TS/BaileyAssociates/BlanchardResigns.html

Conway, L. (2008, March 28). An investigation into the publication of J. Michael Bailey's book on transsexualism by the National Academies. *University of Michigan – Lynn Conway.* Retrieved from http://ai.eecs.umich.edu/people/conway/TS/LynnsReviewOfBaileysBook.html

Conway, L. (2009). The war within: CAMH battles notorious reputation of Zucker's and Blanchard's gender clinics with scathing report. *University of Michigan – Lynn Conway.*

Retrieved from http://ai.eecs.umich.edu/people/conway/TS/News/US/Zucker/The_War_Within_CAMH.html

Conway, L. (n.d.). Lynn Conway. *University of Michigan – Lynn Conway.* Retrieved from http://ai.eecs.umich.edu/people/conway/conway.html

Creighton, S. (2001). Surgery for intersex. *Journal of the Royal Society of Medicine*, *94*(5), 218-220. doi: 10.1177/014107680109400505

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). London, UK: Sage Publications.

Cross, J. S. (2015, March 30). Prominent psychiatrist speaks out against conversion therapy legislation. *MetroNews.* Retrieved from http://www.metronews.ca/news/toronto/2015/03/30/prominent-psychiatrist-speaks-out-against-conversion-therapy-legislation.html

Currah, P., Juang, R. M., & Minter, S. (Eds.). (2006). *Transgender rights*. Minneapolis, MN: University of Minnesota Press.

Currah, P. & Stryker, S. (n.d.). *Transgender Studies Quarterly.* Retrieved from https://www.dukeupress.edu/tsq-transgender-studies-quarterly

Daly, M. (1978). *Gyn/ecology: The metaethics of radical feminism*. Boston, MA: Beacon Press.

Davies, D. (1969). *Come Out!: A New Generation of Activists* [Photograph]. Diana Davies Papers (Digital ID: 1582230). New York Public Library, Manuscripts and Archives Division. Retrieved from http://web-static.nypl.org/exhibitions/1969/liberation.html

Davy, Z. (2015). The DSM-5 and the politics of diagnosing transpeople. *Archives of Sexual Behavior, 44*(5), 1165-1176. doi: 10.1007/s10508-015-0573-6

Day, M. (2016, November 14). How one of America's best medical schools started a secret transgender surgery clinic. *Medium | Timeline.* Retrieved from https://timeline.com/americas-first-transgender-clinic-b56928e20f5f

De Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, *134*(4), 696-704. doi: 10.1542/peds.2013-2958

Denny, D. (2013, August 12). Erickson Educational Foundation. *Dallas Denny: Body of Work.* Retrieved from http://dallasdenny.com/Writing/2013/04/12/erickson-educational-foundation/

Devor, A. H. (2013). Reed Erickson and the Erickson Educational Foundation. *University of Victoria Transgender Archives.* Retrieved from https://web.uvic.ca/~erick123/

Devor, A. H. (1997). *FTM: Female-to-Male Transsexuals in Society*. Bloomington, IN: Indiana University Press.

Devor, A. H. (n.d.). Aaron H. Devor. *University of Victoria | Faculty.* Retrieved from https://www.uvic.ca/socialsciences/sociology/people/faculty/devoraaron.php

Devor, H. (1989). *Gender blending: Confronting the limits of duality*. Bloomington, IN: Indiana University Press.

Dewhurst, C. J. (1969, July 25-27). First International Symposium on Gender Identity: Aims, functions, and clinical problems of a gender identity unit. *World Professional Association for Transgender Health.* Retrieved from https://amo_hub_content.s3.amazonaws.com/Association140/files/1st%20hbigda%20symposium.pdf

Dewhurst, C. J., Scott, P., & Randall, J. (1969) First International Symposium on Gender Identity, London, 1969. [Sound Recording] *Digital Transgender Archive*. Retrieved from https://www.digitaltransgenderarchive.net/files/h702q6471

Dirt. (2016, August 13). Trans trending-who is transitioning. *The Dirt from Dirt.* Retrieved from http://dirtywhiteboi67.blogspot.ca/2016/08/trans-trending-who-is-transitioning_13.html

Dirt. (n.d.) *The Dirt from Dirt.* Retrieved from http://dirtywhiteboi67.blogspot.ca/

Djajic-Horváth, A. (2014, March 24). Magnus Hirschfeld. *Encyclopædia Britan*nica. Retrieved from https://www.britannica.com/biography/Magnus-Hirschfeld

Dr. Harry Benjamin at ONE. (1969). [Photograph]. ONE Archives at the USC Libraries. (Digital ID: 1n79h435t). Digital Transgender Archive. Retrieved from https://www.digitaltransgenderarchive.net/files/1n79h435t

Driskill, Q. L. (2010). Doubleweaving two-spirit critiques. *GLQ: A Journal of Lesbian and Gay Studies*, 16(1-2), 69-92. doi: 10.1215/10642684-2009-013

Duberman, M. (1993). *Stonewall*, New York: Penguin Books.

Dynes, W. R. (Ed.). (2016). *Encyclopedia of homosexuality* (Vol. 1). New York, NY: Routledge.

D'Emilio, J. (1998). *Sexual Politics, Sexual Communities* (2nd ed.). Chicago, IL: University of Chicago Press.

Ehrhardt, A. A. (2007). John Money, Ph.D. *The Journal of Sex Research, 44*(3), 223–224. doi:10.1080/00224490701580741

Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. New York, NY: Rowman Altamira.

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Historical Social Research/Historische Sozialforschung*, 273-290. Retrieved from http://www.jstor.org/stable/23032294

Ellis, H. (1927). *Studies in the Psychology of Sex*. (Vol. 2) *Project Gutenberg*. Retrieved from http://www.gutenberg.org/files/13611/13611-h/13611-h.htm

Ellis, H. (1939). *Psychology of Sex: The Biology of Sex*. London, UK: Butterworth-Heinemann.

Ellison, T., Green, K. M., Richardson, M., & Snorton, C. R. (2017). We got issues: Toward a black trans*/studies. *Transgender Studies Quarterly*, *4*(2), 162-169. doi: 10.1215/23289252-3814949

Elizabeth. (2013a, July 26). Transgender activists and stealth. *Notes from the T-Side.* [Blog post]. Retrieved from http://ben-girl-notesfromthetside.blogspot.ca/2013/07/transgender-activists-and-stealth.html

Elizabeth. (2013b, December 3). Suicide. *Notes from the T-Side.* [Blog post]. Retrieved from http://ben-girl-notesfromthetside.blogspot.ca/2013/12/suicide.html

Equality Michigan. (2014). End transgender exclusion from Michfest. *Equality Michigan.* Retrieved from https://genderidentitywatch.files.wordpress.com/2014/07/take-action-now-_-equality-michigan.pdf

Erickson-Schroth, L. (Ed.). (2014). *Trans bodies, trans selves: A resource for the transgender community*. Oxford, UK: Oxford University Press.

Esterberg, K. G. (2002). *Qualitative methods in social research.* New York, NY: McGraw-Hill.

Fairclough, N. (1995). *Critical discourse analysis.* White Plains, NY: Longman

Fairclough, N. (2013). *Critical discourse analysis: The critical study of language*. New York, NY: Routledge.

Fairyington, S. (2014, November 12). The Smithsonian's queer collection. *The Advocate.* Retrieved from https://www.advocate.com/arts-entertainment/art/2014/11/12/smithsonians-queer-collection

Fausto-Sterling, A. (1993). The five sexes. *The sciences*, *33*(2), 20-24. doi: 10.1002/j.2326-1951.1993.tb03081.x

Fedor, C. (n.d.). *Klinefelter Syndrome. Continuum of Care*. Albuquerque, NM: Author. Retrieved from https://coc.unm.edu/common/manual/Klinefelter_Syndrome.pdf

Feinberg, L. (1997). *Transgender Warriors: Making History from Joan of Arc to Dennis Rodman.* New York, NY: Beacon Press.

Firestone, S. (2003). *The dialectic of sex: The case for feminist revolution*. Farrar, Straus and Giroux.

FTM International. (n.d.). FTM International: Serving the female-to-male community. *FTMInternational.* Retrieved from http://www.ftmi.org/

Ford, M. R., & Widiger, T. A. (1989). Sex bias in the diagnosis of histrionic and antisocial personality disorders. *Journal of Consulting and Clinical Psychology*, *57*(2), 301. Retrieved from https://pdfs.semanticscholar.org/4285/6b8352a264203a5a42794 be270d38a99df74.pdf

Foucault, M. (1972). *The archaeology of knowledge and the discourse on language*. (A. M. Smith, Trans.) New York, NY: Pantheon Books. Retrieved from https://monoskop.org/images/9/90/Foucault_Michel_Archaeology_of_Knowledge.pdf

Foucault, M. (1980). *Power/Knowledge,* New York, NY: Pantheon.

Fraser, L. (2016, March 6). Ontario boosts access for trans people seeking gender confirmation surgery. *CBC News | Toronto*. Retrieved from http://www.cbc.ca/news/canada/toronto/ ontario-boosts-access-for-trans-people-seeking-gender-confirmation-surgery-1.3478581

Gallagher, A. (2017, March 14). No, transgender women like me did not grow up with 'male privilege.' *The Sydney Morning Herald.* Retrieved from https://www.smh.com.au /lifestyle/no-transgender-women-like-me-did-not-grow-up-with-male-privilege-20170314-guxhth.html

GallusMag. (2013, May 3). Cristan William's huge sweaty balls. *GenderTrender.* Retrieved from https://gendertrender.wordpress.com/2013/05/03/cristan-williams-huge-sweaty-balls/

GallusMag. (2016, March 24). North Carolina pushes back against transgender mandate to eliminate sex-based protections for women and girls. *GenderTrender.* Retrieved from https://gendertrender.wordpress.com/2016/03/24/north-carolina-pushes-back-against-transgender-mandate-to-eliminate-sex-based-protections-for-women-and-girls/

GallusMag. (n.d.) *GenderTrender.* Retrieved from https://gendertrender.wordpress.com/

Genel, M. (2000). Gender verification no more. *Medscape Women's Health*, *5*(3), E2. Retrieved from http://ai.eecs.umich.edu/people/conway/TS/OlympicGenderTesting.html

Gender Identity Harms Women. (2018). Fiona Ellen Kilfoyle (USA). *Gender Identity Watch.* Retrieved from https://genderidentitywatch.com/2018/02/01/fiona-ellen-kilfoyle-usa/

Gender Recognition Act. (2004). c. 7

GenIUSS Group, The. (2014). *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys*. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute.

GLAAD (2014, August 8). GLAAD President/CEO Sarah Kate Ellis and wife pen op-ed supporting trans inclusion at Michfest. *glaad.* Retrieved from https://www.glaad.org/blog/glaad-presidentceo-sarah-kate-ellis-and-wife-pen-op-ed-supporting-trans-inclusion-michfest

GLAAD. (n.d.) Transgender day of remembrance #TDOR - November 20. *glaad*. Retrieved from https://www.glaad.org/tdor

Goldberg, J. M., & Lindenberg, D. (2006). *Moving beyond trans-sensitivity: Developing clinical competence in transgender care (the Trans Care Project*). Vancouver, BC: Vancouver Coastal Health. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.212.9201&rep=rep1&type=pdf

Gramsci, A. (2000). *The Gramsci Reader: Selected Writings, 1916-1935.* D. Forgacs (Ed.) New York, NY: New York University Press.

Green, R. (1968). Childhood cross-gender identification. *Journal of Nervous and Mental Disease*, *147*(5), 500-509. doi: 10.1097/00005053-196811000-00006

Green, R. (1987). *The Sissy Boy Syndrome*: The Development of Homosexuality. New Haven, CT: Yale University Press.

Greer, G. (1999). *The Whole Woman.* London: Doubleday.

Grew, T. (2008, November 7). Celebs split over trans protest at Stonewall Awards. *PinkNews.* Retrieved from http://www.pinknews.co.uk/2008/11/07/celebs-split-over-trans-protests-at-stonewall-awards/

Gridley, S. J., Crouch, J. M., Evans, Y., Eng, W., Antoon, E., Lyapustina, M., ... & McCarty, C. (2016). Youth and caregiver perspectives on barriers to gender-affirming health care for transgender youth. *Journal of Adolescent Health, 59*(3), 254-261. doi: 10.1016/j.jadohealth.2016.03.017

Halperin, D. M. (2004). *How to do the history of homosexuality.* University of Chicago Press.

Hall, S. (1996). The meaning of New Times. In K. H. Chen & D. Morley (Eds.) *Stuart Hall: Critical Dialogues in Cultural Studies.* London, UK: Routledge.

Hanhardt, C. B. (2013). *Safe space: Gay neighborhood history and the politics of violence*. Durham, NC: Duke University Press.

Harrington, L. (2016). *Traversing Gender: Understanding Transgender Realities*. Anchorage, AK: Mystic Productions Press.

Harding, S. (1993). Rethinking standpoint epistemology: What is “strong objectivity”? In L. Alcoff & E. Potter (Eds.) *Feminist Epistemologies*. New York, NY: Routledge.

Hill, D. B., Rozanski, C., Carfagnini, J., Willoughby, B. (2006). Gender identity disorders in childhood and adolescence: A critical inquiry. pp. 7-34. In Karasic D, Drescher J (Eds.) *Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation.* Haworth Press

Hitomi, M. (2016). *Mind the gap: Social determinants of trans health.* Poster presentation presented at Rainbow Health Ontario Conference in London, ON.

Hoey, B. A. (2014) A simple introduction to the practice of ethnography and guide to ethnographic fieldnotes. *Marshall University Digital Scholar*. Retrieved from: http://works.bepress.com/brian_hoey/12/

Hoyer, N. (Ed.). (2004) *Man into Woman: The First Sex Change.* London, UK: Blue Boat Books

Hoyer, N. (Ed.). (2015). *Lili: A Portrait of the First Sex Change*. London, UK: Canelo.

Human Rights Campaign [HRC] Staff. (2014, July 30). Michigan Womyn's Music Festival. *Human Rights Campaign.* Retrieved from http://www.hrc.org/blog/michigan-womyns-music-festival

Human Rights Watch. (2017, July 25). Harmful surgery on intersex children: Medically unnecessary operations risk lifelong suffering. *Human Rights Watch.* Retrieved from https://www.hrw.org/news/2017/07/25/us-harmful-surgery-intersex-children

Hunt, J. (2012). *A state-by-state examination of nondiscrimination laws and policies.* Washington, DC: Center for American Progress Action Fund. Retrieved from https://www.americanprogress.org/wp-content/uploads/issues/2012/06/pdf/state_nondiscrimination.pdf

Hurley, L. (2014, September 22). The big reveal – should you tell a date you're transgender straight away? *Metro*. Retrieved from http://metro.co.uk/2014/09/22/the-big-reveal-should-you-tell-a-date-youre-transgender-straight-away-4874517/

International Foundation for Gender Education, The. (n.d.). About us. *The International Foundation for Gender Education.* Retrieved from http://www.ifge.org/intro.htm

International Olympic Committee. (2015, November). IOC consensus meeting on sex reassignment and hyperandrogenism. *International Olympic Committee.* Retrieved from https://stillmed.olympic.org/Documents/Commissions_PDFfiles/Medical_commission/2015-11_ioc_consensus_meeting_on_sex_reassignment_and_hyperandrogenism-en.pdf

James, A. (2003). Background: The Clarke Institute. *TS Road Map*. Retrieved from http://www.tsroadmap.com/info/clarke-institute.html

James, A. (2015). Transsexual & transgender Road Map. *TS Road Map.* Retrieved from http://www.tsroadmap.com/index.html

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey.* Washington, DC: National Center for Transgender Equality. Retrieved from https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Jeffreys, S. (1997). Transgender activism: A lesbian feminist perspective. *Journal of lesbian studies*, *1*(3-4), 55-74. doi: 10.1300/J155v01n03_03

Jeffreys, S. (2014). *Gender hurts: A feminist analysis of the politics of transgenderism*. New York, NY: Routledge.

Johansson, W. (1990) Contrary sexual feeling. In W. R. Dynes *Encyclopedia of homosexuality*. New York, NY: Routledge.

Johansson, W. (1991). *Our struggle*. Retrieved from http://paganpressbooks.com/jpl/warren.htm

Johansson, W., & Percy, W. A. (1994). *Outing: Shattering the Conspiracy of Silence*. New York: Haworth Press.

Jorgensen, C. (1967). *Christine Jorgensen: A Personal Autobiography*. New York, New York: Bantam Books.

JustJennifer. (2015, August 1). This is insane, even for Mr. Sandeen. *Just Jennifer.* [Blog post] Retrieved from http://justjenniferblog.blogspot.ca/2015/08/this-is-insane-even-for-mr-sandeen.html

JustJennifer. (2016c, May 13). It's been a while. *Just Jennifer.* [Blog post] Retrieved from http://justjenniferblog.blogspot.ca/2016/05/its-been-while.html

JustJennifer. (2016b, August 26). Can someone buy the transgender kooks a clue? *Just Jennifer.* [Blog post] http://justjenniferblog.blogspot.ca/2016/08/can-someone-buy-transgender-kooks-clue.html

JustJennifer. (2016a, October 6). The Obama administration has gone way too far. *Just Jennifer.* [Blog post] Retrieved from http://justjenniferblog.blogspot.ca/2016/10/the-obama-administration-has-gone-way.html

JustJennifer. (2017b, June 12). The transgender movement's dirty little secret. *Just Jennifer.* [Blog post] Retrieved from http://justjenniferblog.blogspot.ca/2017/06/the-transgender-movements-dirty-little.html

JustJennifer. (2017a, July 26). Trump gets one thing right. *Just Jennifer.* [Blog post] Retrieved from http://justjenniferblog.blogspot.ca/2017/07/trump-gets-one-thing-right.html

Kaschak, E., & Tiefer, L. (2001). *A new view of women's sexual problems*. New York, NY: Routledge.

Katz, J. N. (1976). *Gay American History: Lesbians and Gay Men in the U.S.A*. New York, NY: Crowell, 1976.

Katz, J. N. (2015). J. Allen Gilbert: "Homosexuality and its treatment," October 1920. *OUTHISTORY.org It's about time! | Gender-Crossing Women, 1782-1920*. Retrieved

from http://outhistory.org/exhibits/show/gender-crossing-women-1782-192/homosexuality-and-its-treatmen

Kennedy, H. (1997). Karl Heinrich Ulrichs: First theorist of homosexuality. In V. Rosario (Ed.), *Science and Homosexualities.* (pp. 26–45). New York: Routledge.

Kennedy, P. (2007). *The First Man-Made Man*. London, UK: Bloomsbury.

Killermann, S. (2015, March 16). The genderbread person v3. *It's pronounced metrosexual.* Retrieved from http://itspronouncedmetrosexual.com/2015/03/the-genderbread-person-v3/

King, J. (2014, February 4). Janet Mock talks transgender sisterhood, visibility and #GirlsLikeUs. *COLORLINES.* Retrieved from https://www.colorlines.com/articles/janet-mock-talks-transgender-sisterhood-visibility-and-girlslikeus

Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Sloan, S. (1948). *Sexual behavior in the human male* (Vol. 1). Philadelphia: Saunders.

Krafft-Ebing, R. (1893). *Psychopathia sexualis: With special reference to contrary sexual instinct: A medico-legal study.* (C. G. Chaddock, Trans.). London, UK: The F.A. Davis Publishers. Retrieved from https://goo.gl/w2dxnj

Larson, S. E. (n.d.). Susan's Story. *Susan's Place: Transgender Resources.* Retrieved from https://www.susans.org/susan-larsons-bio/

Lenti, E. (2015). CAMH supports bill 77 despite criticism of controversial gender identity clinic. *Torontoist.* Retrieved from https://torontoist.com/2015/06/camh-supports-bill-77-despite-criticism-of-controversial-gender-identity-clinic/

Liptak, A. (2015, June 26). Supreme Court ruling makes same-sex marriage a right nationwide. *The New York Times.* Retrieved from https://www.nytimes.com/2015/06/27/us/supreme-court-same-sex-marriage.html

Luke, A. (1997). Theory and practice in critical discourse analysis. In L. Saha (ed.) *International Encyclopedia of the Sociology of Education*. New York, NY: Elsevier Science Ltd.

Lyons, R. D. (1973, December 16). Psychiatrists, in a shift, declare homosexuality no mental illness, *The New York Times.* Retrieved from http://www.nytimes.com/1973/12/16/archives/psychiatrists-in-a-shift-declare-homosexuality-no-mental-illness.html

Manning, D. T. (2017). The murmuration of birds. In H. A. Fielding & D. E. Olkowshi (Eds.). *Feminist Phenomenology Futures* (pp. 155-183). Bloomington, IN: Indiana University Press.

Masters, W. H., & Johnson, V. E. (1966). *Human Sexual Response*. Oxford, England: Little, Brown.

McNeil, J., Bailey, L., Ellis, S., Morton, J., & Regan, M. (2012). *Trans Mental Health Study 2012.* Glasgow, UK: Scottish Transgender Alliance. Retrieved from http://worldaa1.miniserver.com/~gires/assets/Medpro-Assets/trans_mh_study.pdf

McNeil, J., Bailey, L., Ellis, S., & Regan, M. (2013). *Speaking from the Margins: Trans Mental Health and Wellbeing in Ireland.* Dublin, Ireland: Transgender Equality Network Ireland (TENI). Retrieved from http://www.teni.ie/attachments/5bdd0cd5-16b6-4ab6-9ee6-a693b37fdbcf.PDF

Meeker, M. (2001). Behind the mask of respectability: Reconsidering the Mattachine Society and male homophile practice, 1950s and 1960s. *Journal of the History of Sexuality, 10*(1), 78-116. Retrieved from http://www.jstor.org/stable/3704790

Meyer, J. K., & Reter, D. J. (1979). Sex reassignment: Follow-up. *Archives of General Psychiatry*, *36*(9), 1010-1015. doi: 10.1001/archpsyc.1979.01780090096010

Meyercook, F., & Labelle, D. (2004). Namaji: Two-spirit organizing in Montreal, Canada. *Journal of Gay & Lesbian Social Services*, *16*(1), 29-51. doi: 10.1300/J041v16n01_02

Meyerowitz, J. J. (2009). *How Sex Changed: A History of Transsexuality in the United States*. Boston, MA: Harvard University Press.

Michfest. (2014).We have a few demands of our own: Michfest response to NCLR and HRC endorsing EQM petition to boycott. *Michfest. - Festival Letters and Statements to the Community* Retrieved from http://michfest.com/we-have-a-few-demands-of-our-own-michfest-response-to-nclr-and-hrc-endorsing-eqm-petition-to-boycott-%E2%80%90-81814/

Michfest Matters. (2014). Myths and truths about Michfest. *Voices from the Land.* Retrieved from https://web.archive.org/web/20141022033133/http://www.michfestmatters.com /myths-and-truths-about-the-michigan-womyns-music-festival/

Michfest Matters. (2015). Voices from the land: A collective memoir from the Michigan Womyn's Music Festival. *Voices from the Land.* Retrieved from http://www.michfestmatters.com/

Minou, C. L. (2010). Julie Bindel's dangerous transphobia. *The Guardian.* Retrieved from https://www.theguardian.com/commentisfree/2010/feb/01/julie-bindel-transphobia

Money, J., Hampson, J. G., & Hampson, J. L. (1955). Hermaphroditism: Recommendations concerning assignment of sex, change of sex and psychologic management. *Bulletin of the Johns Hopkins Hospital*, *97*(4), 284-300.

Money, J., Hampson, J. G., & Hampson, J. L. (1957). Imprinting and the establishment of gender role. *AMA Archives of Neurology & Psychiatry*, *77*(3), 333-336. doi: 10.1001/archneurpsyc.1957.02330330119019

Murphy, L. (2016). Linguistics explains why Trump sounds racist when he says “the” African Americans. *Quartz.* Retrieved from https://qz.com/806174/second-presidential-debate-linguistics-explains-why-donald-trump-sounds-racist-when-he-says-the-african-americans/

Murphy, M. (2017, September 21). ‘TERF’ isn’t just a slur, it’s hate speech. *Feminist Current.* Retrieved from http://www.feministcurrent.com/2017/09/21/terf-isnt-slur-hate-speech/

Myers, D. & Spencer, S. (2006). *Social Psychology.* (3rd Canadian ed.). Toronto, ON: McGraw-Hill Ryerson.

Nanda, S. (1986). The Hijras of India: Cultural and individual dimensions of an institutionalized third gender role. *Journal of Homosexuality, 11*(3-4), 35-54. doi: 10.1300/J082v11n03_03

Narayan, U. (2013). *Dislocating cultures: Identities, traditions, and third world feminism*. Routledge.

National LGBTQ Task Force. (2014). History of nondiscrimination bills in congress. *National LGBTQ Task Force.* Retrieved from https://web.archive.org/web/20140524062405/http://www.thetaskforce.org/issues/nondiscrimination/timeline

Namaste, K. (1996). Theory's Erasure of Transgender Subjectivity. *Queer studies: A lesbian, gay, bisexual, and transgender anthology*, 183-203.

Nemoto, T., Bödeker, B., & Iwamoto, M. (2011). Social support, exposure to violence and transphobia, and correlates of depression among male-to-female transgender women with a history of sex work. *American journal of public health*, *101*(10), 1980-1988. doi: 10.2105/AJPH.2010.197285

Nemoto, T. (n.d.). Torru Nemoto. *Public Health Institute.* Retrieved from http://www.phi.org/people/?name=tooru-nemoto

News-Letter, The. (2014, May 1). Hopkins Hospital: a history of sex reassignment. *The Johns Hopkins News-Letter*. Retrieved from http://www.jhunewsletter.com/2014/05/01/hopkins-hospital-a-history-of-sex-reassignment-76004/

Norsigian, J. (2011). *Our bodies, ourselves* (9th ed.). New York, NY: Simon and Schuster.

Norton. R. (2002, July 11). *A Critique of Social Constructionism and Postmodern Queer Theory*. Retrieved from http://www.rictornorton.co.uk/extracts.htm

Nowell, L. (2015). Pragmatism and integrated knowledge translation: Exploring the compatibilities and tensions. *Nursing open*, *2*(3), 141-148. doi: 10.1002/nop2.30

Ontario College of Family Physicians [OCFP] (2016, June) Caring for Transgender Patients. Ontario College of Family Physicians – News. *Author.* Retrieved from http://ocfp.on.ca/communications/caring-for-transgender-patients

Ontario's Ministry of Health and Long-term Care. (2016, March). Sex reassignment surgery. *Ontario's Ministry of Health and Long-term Care.* Retrieved from http://www.health.gov.on.ca/en/pro/programs/srs/

Ophelian, A. (Producer/Director) & Florez, S. (Co-producer). (2014). *Major!* [Motion Picture]. United States: Floating Ophelia Productions

Pan, L. & Moore, A. (n.d.) The Gender Unicorn. *Trans Student Educational Resources.* Retrieved from http://www.transstudent.org/gender

Parker, I. (2007). Critical psychology: What it is and what it is not. *Social and personality psychology compass*, *1*(1), 1-15. doi: 10.1111/j.1751-9004.2007.00008.x

Paterson, T. (2015, February 21). Boys will be… boys? *Ottawa Citizen*. Retrieved from https://www.pressreader.com/canada/ottawa-citizen/20150221/282209419299602

Person, E., & Ovesey, L. (1974a). The transsexual syndrome in males. I. Primary transsexualism. *American Journal of Psychotherapy, 28*, 4-20.

Person, E., & Ovesey, L. (1974b). The transsexual syndrome in males. II. Secondary transsexualism. *American Journal of Psychotherapy, 28*, 174-193.

Pierson, F. (2003). *Soldier's Girl.* [Motion Picture]. United States: Bachrach/Gottlieb Productions.

Platine, C. (2002). Why Transsexual Separatism? *Thoughts and Essays from Cathryn.* Retrieved from http://gallae.com/cathy/essay12.html

Prince, V. (1978/2005). The "transcendents" or "trans" people. *International Journal of Transgenderism, 8*(4), 39-46. doi: 10.1300/J485v08n04_07

Prince, V. (1997). My Accidental Career, In B. Bullough, V. L. Bullough, M. A. Fithian, W. E. Hartman & R. S Klein (Eds.). *How I Got Into Sex*. Buffalo, NY: Prometheus Books.

Prince, V. (1997). Seventy Years in the Trenches of the Gender Wars. In V. Bullough, B. Bullough, B. & J. Elias (Eds.). *Gender Bending.* (pp. 469-476). New York: Prometheus Books.

Rainbow Health Ontario [RHO] (n.d.) Trans Health Connection. *Rainbow Health Ontario*. Retrieved from https://www.rainbowhealthontario.ca/trans-health-connection/

Raphael, T. J. & Oberman, E. (2017, August 4). Momentum builds to end surgery on intersex newborns. *Public Radio International.* Retrieved from https://www.pri.org/stories/2017-08-04/momentum-builds-end-surgery-intersex-newborns

Raymond, J. (1979/1994). *The Transsexual Empire*: *The Making of the She-Male.* Boston, MA: Beacon Press.

Reay, B. (2014). The transsexual phenomenon: A counter-history. *Journal of Social History*, *47*(4), 1042-1070. doi: 10.1093/jsh/shu018

Richards, A. (2015). *Second Type Woman.* Retrieved from http://secondtype.tripod.com/

Ring, T. (2015, April 21). This year's Michigan Womyn's Music Festival will be the last. *The Advocate*. Retrieved from https://www.advocate.com/michfest/2015/04/21/years-michigan-womyns-music-festival-will-be-last

Roberts, M. (n.d.). *TransGriot.* [Blog]. Retrieved from http://transgriot.blogspot.ca/

Robinson, J. G. (Producer) & Shadyac, T. (Director). (1994). *Ace Ventura: Pet Detective.* United States: Morgan Creek Productions.

Rowe, W. (2009). Auditioning for care: Transsexual men accessing health care. (Master's thesis). Retrieved from https://macsphere.mcmaster.ca/bitstream/11375/9210/1/fulltext.pdf

Rowe, W. (2014). Auditioning for care: Transsexual men in Ontario accessing health care. In D. Irving and R. Raj (Eds.), *Trans Activism in Canada: A Reader*. (pp. 209-224) Toronto, ON: Canadian Scholars' Press Inc.

Ruffin, R. (1989). *La diablesse*. Paris, FR: Pygmalion.

Ruffin, R. (2004). *Violette Morris: la hyéne de la Gestap*. Paris, FR: Cherche midi.

San Francisco Pride. (2014). Christopher Street Liberation Day Gay-In. *San Francisco Pride.* Retrieved from https://web.archive.org/web/20141022032242/ http://www.sfpride.org /heritage/1970.html

Samantharz. (2012, February 29). My thoughts on trans-separatism. *The Transsexual Coward.* Retrieved from http://transcoward.blogspot.ca/2012/02/normal-0-false-false-false-en-us-x-none.html

Sandeen, A. (2010, October 7). The Compton's Cafeteria riot. *Gay and Lesbian Times, 1189.* Retrieved from https://web.archive.org/web/20131109075057/http://www.gaylesbiantimes.com/?id=17476

Saunders, M. N., Lewis, P. & Thornhill, A. (2012 *Research Methods for Business Students (*6th ed.*).* New York, NY: Prentice Hill. Retrieved from https://industrialengineering11.files.wordpress.com/2014/04/research_methods_for_business_students.pdf

Schlissel, L. (1997). *Three Plays by Mae West: Sex, The Drag and Pleasure Man*. New York, NY: Routledge.

Schlit, K. (2016, May 26). Harry Benjamin. *Encyclopædia Britannica*. Retrieved from https://www.britannica.com/biography/Harry-Benjamin

Schmidt, J. (2001). Redefining fa'afafine: Western discourses and the construction of transgenderism in Samoa. *Intersections: Gender, History and Culture in the Asian Context*, *6*, 19-31.

Sears, C. (2014). *Arresting Dress: Cross-Dressing, Law, and Fascination in Nineteenth-Century San Francisco*. Duke University Press.

Serano, J. (2007). *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity.* New York, NY: Seal Press.

Serano, J. (2015, April 29). Bruce Jenner and the 'trans narrative': It's time for a little bit of transgender 201. *The Guardian.* Retrieved from https://www.theguardian.com/society/2015/apr/29/bruce-jenner-transgender-narrative-stories

Serano, J. (2017, July 17). Transgender people and "biological sex" myths. *Medium.* Retrieved from https://medium.com/@juliaserano/transgender-people-and-biological-sex-myths-c2a9bcdb4f4a

Serano, J. (n.d.). About Julia. *Julia Serano – Writer, Performer, Speaker, Activist.* Retrieved from http://www.juliaserano.com/about.html

Shaw, J. (2016, August 6). What experts wish you knew about false memories. *Scientific American.* Retrieved from https://blogs.scientificamerican.com/mind-guest-blog/what-experts-wish-you-knew-about-false-memories/

SickKids. (n.d.) Susan Bradley. *About SickKids | People.* Retrieved from http://www.sickkids.ca/AboutSickKids/Directory/People/B/Susan-Bradley-Staff-Profile.html

Skidmore, E. (2011). Constructing the "good transsexual": Christine Jorgensen, whiteness, and heteronormativity in the mid-twentieth-century press. *Feminist Studies*, *37*(2), 270-300.

Smith, L. (1988, January 8). Transsexual nun's order repudiated. *The Los Angeles Times*. Retrieved from http://articles.latimes.com/1988-01-08/news/mn-23026_1_episcopal-church

Southern Comfort. (n.d.) About. *Southern Comfort Transgender Conference.* Retrieved from https://sccfla.org/about-1/.

Stone, S. (1987). *The "Empire" Strikes Back: A Posttranssexual Manifesto*. University of Texas. Retrieved from http://webs.ucm.es/info/rqtr/biblioteca/Transexualidad/trans%20manifesto.pdf

Stryker, S. (2017). *Transgender History: The Roots of Today's Revolution*. New York, NY: Seal Press

Stryker, S. (n.d.). Susan Stryker Ph.D. *The University of Arizona | College of Social & Behavioural Sciences, Gender & Women's Studies.* Retrieved from https://gws.arizona.edu/user/susan-stryker-phd

Stryker, S., & Whittle, S. (Eds.). (2006). *The transgender studies reader*. New York, NY: Taylor & Francis.

Szymanski, Z. (2005, September 15). Two murder convictions in Araujo case. *The Bay Area Reporter.* Retrieved from http://www.ebar.com/news/article.php?sec=news&article=153

Tannehill, B. (2015, April 7). These 10 ‘Acceptable’ Trans Narratives Are Actually Holding Us Back. *everyday feminism*. [Blog post]. Retrieved from https://everydayfeminism.com/2015/04/acceptable-trans-narratives/

Taylor, D. (2013, July 5). Birth of a transsexual separatist and then born again. *TransAdvocate.* Retrieved from http://transadvocate.com/birth-of-a-transsexual-separatist_n_9417.htm

Taylor, D. (2011). Men in Women’s restrooms. *TS is Liberation.* Retrieved from http://web.archive.org/web/20111227014307/http://ts-is-liberation.org/Men+in+womens+restrooms

TIME. (1936, August 24). Medicine: Change of Sex. *TIME Magazine.* Retrieved from https://web.archive.org/web/20110410154717/http://www.time.com/time/magazine/article/0,9171,756527-1,00.html

Thomas, K. (2008, July 30). A lab is set to test the gender of some female athletes. *The New York Times.* Retrieved from http://www.nytimes.com/2008/07/30/sports/olympics/30gender

Tobin, R. D. (2015). *Peripheral desires: The German discovery of sex*. Philadelphia, PA: University of Pennsylvania Press.

Toce, S. (2015). NCLR and Task Force remove names from Michfest petition. *Windy City Times.* Retrieved from http://www.windycitymediagroup.com/lgbt/NCLRs-Kate-Kendell-removes-Michfest-boycott-signature/51126.html

Trans Media Watch. (n.d.). About. Trans Media Watch. Retrieved from http://www.transmediawatch.org/about.html

TVTropes. (n.d.a). *Transsexual.* TVTropes. Retrieved from http://tvtropes.org/pmwiki/pmwiki.php/Main/Transsexual

TVTropes. (n.d.b). *Unsettling Gender Reveal.* TVTropes. Retrieved from http://tvtropes.org/pmwiki/pmwiki.php/Main/UnsettlingGenderReveal

T-vox. (n.d.). About. *T-VOX.* Retrieved from http://t-vox.org/about

Ubelacker, S. (2015, December 15) CAMH to 'wind down' controversial gender identity clinic services. *The Globe and Mail*. Retrieved from https://www.theglobeandmail.com/news/toronto/camh-to-wind-down-controversial-gender-identity-clinic-services/article27766580/

University of Victoria (n.d.). Virginia Prince. *University of Victoria – Transgender Archives.* Retrieved from https://www.uvic.ca/transgenderarchives/collections/virgina-prince/index.php

URNA. (n.d.). About. *URNotAlone.* Retrieved from http://urnotalone.com/#about

van Dijk, T. A. (2013). CDA is NOT a method of critical discourse analysis. *Associacion de Estudios Sobre Discurso y Sociedad*. Retrieved from http://www.edisoportal.org/debate/115-cda-not-method-critical-discourse-analysis

vlogbrothers. (2012, October 12). Human Sexuality is Complicated… [YouTube Video] *YouTube / vlogbrothers.* Retrieved from https://www.youtube.com/watch?v=xXAoG8vAyzI

Wanta, J. W., & Unger, C. A. (2017). Review of the transgender literature: Where do we go from here? *Transgender health, 2*(1), 119-128. Retrieved from http://online.liebertpub.com/doi/full/10.1089/trgh.2017.0004

Whisnant, C. (2012, November 9). Foucault & discourse: A handout for HIS 389. Retrieved from http://webs.wofford.edu/whisnantcj/his389/foucualt_discourse.pdf

Wilder, B. (Producer & Director). (1959). *Some Like it Hot.* [Motion picture]. United States: Mirisch Company.

Williams, C. (2011, August 7). Transgender People Should be Barred from Restrooms. *Cristan Williams.* Retrieved from http://www.cristanwilliams.com/b/2011/08/07/transgender-people-should-be-barred-from-restrooms/

Williams, C. (2012, April 1). I'm calling it: The death of the TS separatist movement. *Cristan Williams.* Retrieved from http://www.cristanwilliams.com/b/2012/04/01/im-calling-it-the-death-of-the-ts-separatists-movement/

Williams, C. (2013, April 9). Michigan Womyn's Music Festival. *TransAdvocate.* Retrieved from http://transadvocate.com/michigan-womyns-music-festival_n_8943.htm

Williams, C. (2014a). Transgender. *Transgender Studies Quarterly*, *1*(1-2), 232-234. doi: 10.1215/23289252-2400136

Williams, C. (2014b, August 16). TERF hate and Sandy Stone. *TransAdvocate.* Retrieved from http://transadvocate.com/terf-violence-and-sandy-stone_n_14360.htm

Williams, C. (2014c, September 18). Fact checking Janice Raymond: The NCHCT report. *TransAdvocate.* Retrieved from http://transadvocate.com/fact-checking-janice-raymond-the-nchct-report_n_14554.htm

Williams, C. (2016, April 30). On free speech, no-platforming, and the media's 'transgender debate.' *TransAdvocate.* Retrieved from http://transadvocate.com/predatory-publishers-and-their-dupes_n_15763.htm

Williams, C. (2017). Disco sexology series. *TransAdvocate.* Retreived from http://transadvocate.com/part-i-the-rise-and-fall-of-discosexology-dr-zucker-camh-conversion-therapy_n_19556.htm

Willis, P. (1977). *Learning to Labour.* London, UK: Saxon House.

Wilson, A. (2008). N'tacimowin inna nah: Our coming in stories. Canadian Woman Studies, 26(3-4): 193-199.

Wilson, A. (2013). How we find ourselves: Identity development and two-spirit people. In S. Ferguson (Ed.), *Race, gender, sexuality and social class. Dimensions of inequality.* Thousand Oaks: Sage Publications. Retrieved from: https://goo.gl/nhFDrN

Winter, S., & Udomsak, N. (2002). Male, female and transgender: Stereotypes and self in Thailand. *International Journal of Transgenderism*, *6(*1) Retrieved from https://hub.hku.hk/handle/10722/72223

Withers, A. J. (2014, February 07). What kind of operation is this? An illustrated guide to the CAMH gender identity clinic surgery process. *Still my Revolution.* Retrieved from http://stillmyrevolution.org/2014/02/07/what-kind-of-operation-is-this-guide-to-the-camh-gender-identity-clinic-surgery-process/

Woolf, V. (1928). *Orlando: A Biography*. London, UK: Hogarth Press.

World Health Organization [WHO] (2014). *Social Determinants of Mental Health*. Geneva, Switzerland: Author. Retrieved from http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf?ua=1

WPATH. (1979). *Standards of Care: The hormonal and surgical sex reassignment of gender dysphoric persons*. Retrieved from http://www.geekbabe.com/annie/feature/bsoc.html

WPATH. (2011). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. Retrieved from http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926

World Professional Association for Transgender Health [WPATH] (2017a) Past Leadership. Retrieved from http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1347&pk_association_webpage=3911

WPATH (n.d.b) International Symposia. Retrieved from http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1347&pk_association_webpage=4229

Zhou, L. (n.d.) Finding guide for The Harry Benjamin International Gender Dysphoria Association [HBIGDA] Collection. *Library and Special Collections, The Kinsey Institute for Research in Sex, Gender and Reproduction*, Indiana University, Bloomington. Retrieved from http://webapp1.dlib.indiana.edu/findingaids/view?brand=general&docId=VAC9109&doc.view=entire_text

Ziegler, A. E. (2016). *Transgender Identity and Ethics of Care: Narrative Analysis of Transgender Identities and Experiences of Care in Saskatchewan* (Master's thesis). Retrieved from https://ecommons.usask.ca/bitstream/handle/10388/7503/ZIEGER-THESIS-2017.pdf?sequence=1

Ziegler, K. R. (Producer/Director) & Lora, A. R. (Co-producer). (2008). *Still Black: A Portrait of Black Transmen.* [Motion Picture]. United States: Black Star Media.

Zinick, S. & Pignatielo, A. (2016). Summary of the external review of the CAMH gender identity clinic of the child, youth & family services. *camh | Centre for Addiction and Mental Health* Retrieved from https://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/current_year/Documents/GIC-Review-26Nov2015.pdf

Zucker, K. J. (2010) Reports from the DSM-V work group on sexual and gender identity disorders. *Archives of Sexual Behavior, 39*(2), 217. doi: 10.1007/s10508-009-9548-9

Zucker, K. J. (2016). *Curriculum Vitae - Kenneth J. Zucker*. Retrieved from https://static1.squarespace.com/static/582cf1912e69cf57c6cab29b/t/5833a77e46c3c41d7d938ff5/1479780223903/ZuckerCV.pdf

Appendix A

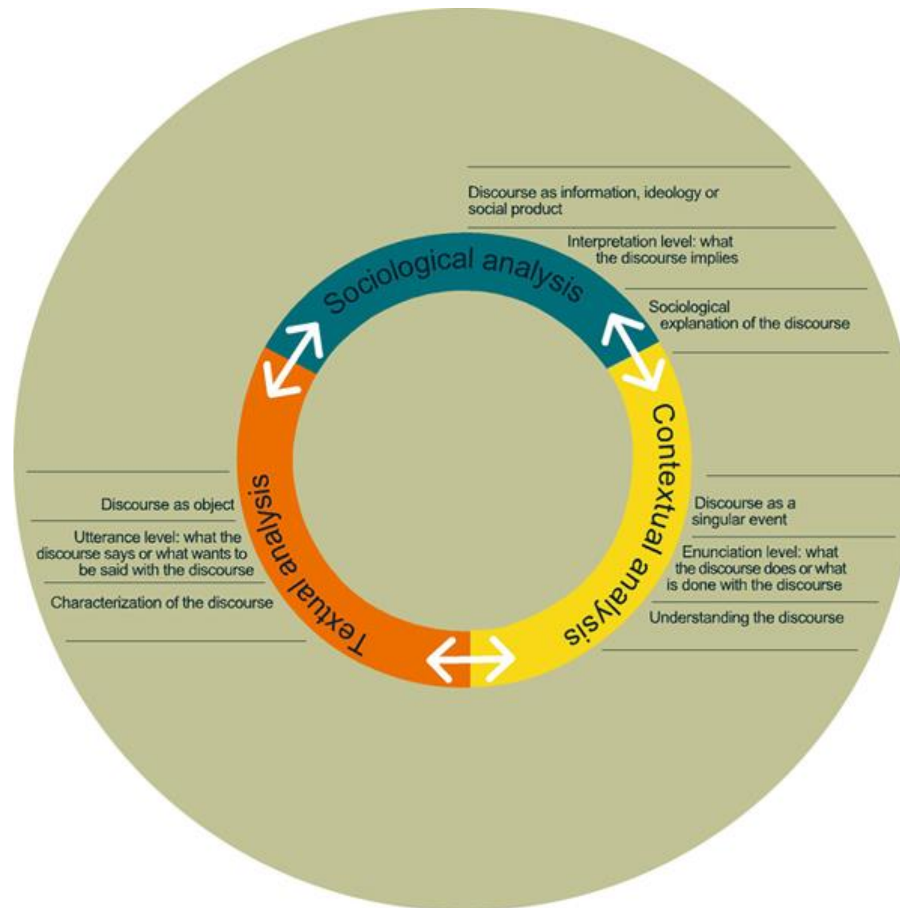

Figure A-1. Process of critical discourse analysis and levels of analysis. (Ruiz, 2009)

Appendix B

Table A-1

List of the Materials included for analysis, organized by Chapter of analysis

Chapter 3: The Medical Model (1960s to 1990s)	Chapter 4: Community Narratives (1960s to 2010s)	Chapter 5: Burgeoning Community-based Research (1990s to 2010s)
Green, R. (1968). Childhood cross-gender identification. Blanchard, R. (1985). Typology of male-to-female transsexualism. Blanchard, R. (1989). The concept of autogynephilia and the typology of male gender dysphoria. Benjamin, H. (1967). Transvestism and transsexualism in the male and female.	<u>Transsexual Separatists</u> JustJennifer. (2015, August 1). This is insane, even for Mr. Sandeen. JustJennifer. (2016c, May 13). It's been a while. JustJennifer. (2016b, August 26). Can someone buy the transgender kooks a clue? JustJennifer. (2016a, October 6). The Obama administration has gone way too far. JustJennifer. (2017b, June 12). The transgender movement's dirty little secret. JustJennifer. (2017a, July 26). Trump gets one thing right. Elizabeth. (2013a, July 26). Transgender activists and stealth. Elizabeth. (2013b, December 3). Suicide. *Notes from the T-Side.* <u>Transgender Activists</u> Prince, V. (1978/2005). The "transcendents" or "trans" people.	Nemoto, T., Bödeker, B., & Iwamoto, M. (2011). Social support, exposure to violence and transphobia, and correlates of depression among male-to-female transgender women with a history of sex work. Bauer, G. R., Scheim, A. I., Deutsch, M. B., & Massarella, C. (2014). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. Ansara, Y. G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologising and misgendering children from 1999 to 2008. McNeil, J., Bailey, L., Ellis, S., Morton, J., & Regan, M. (2012). *Trans Mental Health Study 2012.*

	Taylor, D. (2013, July 5). Birth of a transsexual separatist and then born again. Williams, C. (2016, April 30). On free speech, no-platforming, and the media's 'transgender debate.' King, J. (2014, February 4). Janet Mock talks transgender sisterhood, visibility and #GirlsLikeUs. Serano, J. (2015, April 29). Bruce Jenner and the 'trans narrative': It's time for a little bit of transgender 201. Serano, J. (2017, July 17). Transgender people and "biological sex" myths.	

Appendix C

Figure A-3. Dr. Harry Benjamin speaking at ONE, Inc. (1969). Photograph by Unknown. ("Dr. Harry Benjamin at ONE," 1969)

Appendix D

Figure A-2. Gay Liberation Front members marching shortly after the Stonewall Riots, 1969. Photograph by Diana Davies. (Davies, 1969)

Appendix E

Table A-2

List of the themes identified with the Medical Model included in Chapter 3, organized by the consolidated thematic category

Theme	Explanation	Example (Theme in bold)
Constructions of transsexualism	*When authors describe transsexualism, or implies traits of transsexualism*	
Disease-based understanding of transsexualism	When authors imply/state transsexualism is disease	“**Can transsexualism be psychologically treated during childhood?”** (Green, 1968, p. 500)
Birth as Destiny (Crossover with Defining Normality)	When authors imply that the sex assigned at birth is permanent or that it indelibly marks a person, including using the wrong pronouns (he/his, she/her, they/them) or gender/sex monikers	“But the transsexual wants to go all the way. **He wants** to *be* that woman in the choice of clothes, in physical appearance, in the choice of sex partner, i.e., a man, and also in her genital equipment so that **he can function as a woman too, at least sexually**, and be entitled to the legal and social status of a woman.” (Benjamin, 1967, p. 114)
Transsexuality as Perversion (including Transsexuality as paraphilia and transsexuality as sexual orientation)	When authors imply or state that transsexuals are sexually deviant, that transsexuality is unhealthy sexual desire, or that transsexuality is a sexual orientation in its own right	“If future evidence supports the hypothesis that **heterosexual gender identity inversion is invariably accompanied by cross-gender** fetishism, then only those causal hypotheses of heterosexual gender inversion need be considered that can account for concomitance of these phenomena” (Blanchard, 1989, p. 257)
Erasure of transsexual sexual diversity	When authors imply that transsexuals are less sexually diverse than cisgender people	“If further evidence supports the hypothesis that **asexual and bisexual transsexualism are subtypes of heterosexual** transsexualism, then the task of identifying causes of gender disorders is reduced to a search for only two—one for heterosexual and one for homosexual cross-gender identity” (Blanchard, 1989, p. 257)
Erasure of non-sexually motivated crossdressing	When authors imply or state that crossdressing (particularly in those assigned male) must be sexually motivated	When Blanchard (1985, 1989) discusses the connections between crossdressing and cross-gender fantasy, and uses these concepts interchangeably in framing transsexualism and autogynephilia.
Transition, surgery, or	When authors use terms such as	“… transsexuals… have a long-standing and nonfluctuating

healthcare as a desire	‘want,’ ‘envy,’ or ‘desire,’ implying that transsexuals choose to be trans	**desire to possess a female body** and to live permanently in society as a woman…” (Blanchard, 1989, p. 247-248)
Homosexuality as a symptom of transsexuality	When authors state or imply that homosexuality (i.e., pre-transition) is irrevocably linked to transsexuality	“But the transsexual wants to go all the way. **He wants to *be* that woman** in the choice of clothes, in physical appearance, **in the choice of sex partner, i.e., a man,** and also in her genital equipment so that he can function as a woman too, at least sexually, and be entitled to the legal and social status of a woman.” (Benjamin, 1967, p. 114)
Nature vs. Nurture	When authors debate or consider the origins of transsexualism	The Etiology of Transsexualism (Benjamin, 1967, p. 111-114) “Research into gender identity emergence in intersexed [sic] children (male and female hermaphrodites [sic] or the rare true hermaphrodite) **dramatizes both the profound influence environmental factors may have in determining the direction of gender identity and the significance of early gender role orientation**.” (Green, 1968, p. 500)
Deceptive Tranny Trope	When authors imply or state that transsexuals are naturally deceptive.	“Occasionally, the transsexuals live as women before an operation. … Others go in for prostitution, sometimes as male hustlers, but more often as “female” prostitutes, cleverly hiding their male genitals. … There is danger to the transsexual if such a man discovers the **deception**.” (Benjamin, 1967, p. 117)
Naming (a.k.a. Nouning)	When authors refer to transsexualism using nouns rather than adjectives	“…**gender dysphorics**…” (Blanchard, 1985, p. 617) “…**heterosexual transsexuals**…” (Blanchard, 1985, p. 617)
Ascribing the Problem	When authors imply or indicate where the problem of transsexual lies. Often this is related to assumptions about etiomology.	“Both the firstborn boys had their **mothers exclusively to themselves for 2 years**… Neither **father exerted any great influence** in the son’s upbringing.” (Green, 1968, p. 507
The stigma of transsexualism (including the effects and results of stigma)	When authors discuss the stigma facing trans people or communities, as well as the results of that stigma.	“…families are relieved that their child is [transsexual,] not homosexual…” (Dewhurst et al., 1969) “…homosexuality and transsexuality are not new, but our

		generation finds it annoying and often inexcusable…" (Dewhurst et al., 1969)
Defining Normal	*When authors describe, outline, or imply what normality looks or acts like*	
Normal sexual function (including sex differences in sexual response cycles)	When authors describe or imply what normal sexuality looks or acts like, including implications of anachronistic sex differences is sexual responses	"**I found marriage to be the foremost ambition** in a 'converted' transsexual. This is easily understandable, as it is the **most complete affirmation of her femininity** within the biological limitations." (Benjamin, 1967, p. 123)
Sex/Gender binary	When author implement the framework of the sex/gender binary through implying binary states to sex, gender, or sex roles or making one-to-one links between sex, gender, and sex roles	Benjamin both subverts and reinforces this theme slightly in saying "**Sex has no accurate scientific meaning**. **Its significance has become more social and legal**. **The term 'gender' is often more appropriate**, especially if no reference to sexuality or sexual activity is intended" (Benjamin, 1967, p. 111)
Birth as Destiny (Crossover with Construction of Transsexualism)	When authors imply that the sex assigned at birth is permanent or that it indelibly marks a person, including using the wrong pronouns (he/his, she/her, they/them) or gender/sex monikers	"But the transsexual wants to go all the way. **He wants** to *be* that woman in the choice of clothes, in physical appearance, in the choice of sex partner, i.e., a man, and also in her genital equipment so that **he can function as a woman too, at least sexually**, and be entitled to the legal and social status of a woman." (Benjamin, 1967, p. 114)
The role of sex roles (including sex differences in sex roles, and sex role diversity)	When authors describe sex roles, outline differences in sex roles between the sexes, or describe diversity of sex roles within an assigned sex	"An adult female transsexual can take on part of the opposite sex societal role with **greater ease and with less social disruption** than can the male transsexual." (Green, 1967, p. 503) "The transition on each parameter [**of gender identity and gender role behaviour**] between **normal and abnormal is blurred**." (Green, 1967, p. 502)
Ethical Framework	*When authors imply or employ ethics frameworks or make ethics choices in the text*	
Client as Passive & Voiceless	When authors use passive language or paint participants as passive and voiceless	Entirety of **Table 1** in Green (1967, p. 504)
Sexism, coded language, slurs	When authors use slurs, dog	"**sissy**," "**hermaphrodite**," "**swishy**," "**limpid**," "**limp**

	whistles, sexist language, or coded language	**wristed**" (Green, 1967)
Other Themes		
Methodological Concerns	When authors use method or methodological approaches that are understood to be imprecise or biased (from today's context)	When Blanchard (1989) adds a two questions to a psychometrically sound questionnaire and **uses it as though it is still psychometrically sound**. When Green (1967) discusses **projective testing** as a way of judging cross-gender identity
Notes on Blanchard	Blanchard has a unique discursive pattern and context. These notes were gathered in this category	Notes in this category include: • Distinction without a difference • Redefining commonly used terms • Reasoning behind typology • Purpose of the research • Unfalsifiable • Perfect fit of data or else
Miscellaneous	When interesting discursive patterns fall outside the rest of the themes.	When Blanchard (1985) refers to people like himself (i.e. people working with trans people as medical/psychological professionals) as "**workers**" or "**authorities**." When authors hunt for a **cause of transsexualism implies a desire for a cure** for transsexualism (Green, 1967) "**possess a female body**" (Blanchard, 1989)

Appendix F

Table A-3

List of pre-established consolidated thematic categories and associated themes identified from materials included in Chapter 4

Theme	Explanation	Example of Theme
Construction of Normality	*When authors discuss, describe, or imply what normality look or acts like*	
Normalization of Sexuality	When authors normalize sexuality as an aspect of human experience	"So I hope that by having a foot in the door, I can also push the conversation forward and say 'No, **we need a place to talk** about our bodies and shame and the **erotic and sex and sex work** and all of these things.' I **hope to slutty it up a little** bit" (King, 2014)
Normalization of Trans experience	When authors normalize their experiences or trans experiences as an aspect of human experience	"When one transcends that restriction, then, how far out along the continuum he or she chooses to go is entirely up to them; for **they are free agents**." (Prince, 1978/2005, p. 42)
People as Simple vs Complex	When authors imply that people are either simple or complex, including when authors make appeals to the values of diversity vs. uniformity	"While some biologists in the past have forwarded strict 'nature' arguments, contemporary biologists acknowledge that most (if not all) human traits arise due to **complex interactions between numerous biological factors … and environment**…" (Serano, 2017, para. 16) "**There's no universal trans experience**…" (King, 2014)
Construction of Transsexuality	*When authors describe transsexuality, or implies traits of transsexuality*	
Granting/Denying Womanhood (including the Guy in a Dress Trope)	When authors discuss granting or denying womanhood, seeking validity in transition, or invoke the Guy in a Dress Trope to talk about trans women	"You do not represent us and we do not buy **the man in a dress is a woman because he says he is**" (Elizabeth, 2013a) "This person, who I have seen on the street near the shelter, is clearly **a man, and other than wearing an ill-fitting dress**, makes no attempt to present as female" (JustJennifer, 2016a)
Three Dimensions of Existence (Sex, Gender, and Sexuality)	When authors describe the dimensions of human experience, including the dimensions of sex,	"To make things still clearer, let us look at a human being in what might be called a **three dimensional view:" anatomy and physiology, sexual behaviour, and gender** (Prince,

	gender, and sexuality as the only relevant dimensions to trans experiences	1978/2005, p. 40) "To many **these two continua of dimensions would seem to adequately characterize anyone**. But they don't because humans live in a third dimension, that of… **gende**r." ((Prince, 1978/2005, p. 40)
Breaking/Affirming the Sex/Gender Binary	When authors challenge or uphold the sex/gender binary, or the one-to-one links between sex, gender, and sexuality	"The primary assumption driving most 'biological sex' myths is that **there are two discrete, mutually exclusive sexes** that are immutable." (Serano, 2017, para. 3)
Framing Transition (including the gender prison and being born transsexual)	When authors frame transition, including the necessity of transition and symbolism of transition	"But we don't give much consideration to the converse of that proposition, namely that in becoming **walled in behind these sexually appropriate walls we are effectively walled out of the opposite**" (Prince, 1978/2005, p. 41) "… if you are not **born truly transsexual**…" (Elizabeth, 2013b, para. 5)
What is Oppression (including Modern Prejudice, Lateral Violence, and Society as the Problem)	When authors define or discuss what constitutes oppression, including invocations of modern prejudice, lateral violence, and society as the problem	"When I was growing up, I didn't have political consciousness and so I think that a young, poor, trans girl reading this book will then be able to see that she has language to describe her experiences and recognize that there **are whole systems of oppression that are leading her to the circumstances that she's in** and that it's not her fault and she's not the first to go through that." (King, 2014)
Ethical Frameworks	*When authors invoke or imply ethical approaches within the texts.*	
Engagement with Feminism, Civil rights, and social justice (including pushes for progress, and problem focused writing)	When authors imply connections between their ethical frame and those of civil rights, social justice, or feminism. Including invoking aspects of the progressive movements including anti-capitalist, anti-racist, or problem focused writing.	"…**No platforming**…" (Williams, 2016, title) "Instead, **cis media** will tra**ditionally pair a [sic] unrepentant (cis) bigots [sic] with trans people**; the bigot allowed to spew misinformation while the trans person is supposed to civilly defend their right to exist in polite society." (Williams, 2016)

		“**Taking the lead from Audre Lorde**...” (King, 2014)
TERF Logic	When authors use logic common to TERF discourses within the trans communities	“This line of reasoning is often accompanied by claims that **women are oppressed because of their sex** (not gender), and therefore feminism should be exclusively for ‘biological females’ (thereby expunging trans women).” (Serano, 2017, para. 1) “You do not represent us and we do not buy the man in a dress is a woman **because he says he is**” (Elizabeth, 2013a)
Callout Culture	When authors discuss callout culture, or when authors engage in callout culture	“And on one of those looks, I found out that nine months later, **Mr ‘Autumn’ Sandeen** is still obsessing over me. As is **Mr. ‘Natalie’ Reed,** who, bizarrely’ has apparently **accused me** of stabbing someone in the chest on a bus” (JustJennifer, 2016c)
Empowerment Focus	When authors frame progressive movements within an empowerment framework	“The one thing that people often say about trans people of color and trans women of color is that it’s a **resilient community and I think through that resilience you find brilliance and triumph**.” (King, 2014)
What is Oppression (including other side as extremists)	When authors define or discuss what constitutes oppression, including invocations of modern prejudice, lateral violence, and society as the problem	“This line of reasoning is often accompanied by claims that **women are oppressed because of their sex** (not gender), and therefore feminism should be exclusively for ‘biological females’ (thereby expunging trans women).” (Serano, 2017, para. 1)

Appendix G

Table A-4

Examples of the links between included discourses, organized by theme and explicit or implicit connection

Theme (theme in bold)	Medical Model	Transgender Activist Discourse	Transsexual Separatist Discourse	Community-involved Research Discourse
Naming (a.k.a. Nouning)	"…**gender dysphorics**…" (Blanchard, 1985, p. 617) "…**heterosexual transsexuals**…" (Blanchard, 1985, p. 617) "…**female transsexuals**…" (Benjamin, 1967, p. 125)		"By this I mean we do not know if the individuals were **transsexual** [sic], **transvestites**, **cross-dressers**, **drag queens** etc." (Elizabeth, 2013b, para 2) "I am a transsexual, not 'transgender.'" (JustJennifer, 2016c, para. 5)	
vs. Diversity (a.k.a. Adjectives)		"But sometimes, efforts to undermine or exclude **trans women**…" (Serano, 2017, para. 2) "… that underscores the need for **trans women of color**…" (King, 2014, para. 1)		"Trans people may identify…" (Bauer et al., 2014, p. 713) "To assess claims that accounts of 'transgender people' in psychology are becoming more positive…" (Ansara & Hegarty, 2011, p. 6)
Trans Disorder	"**Can transsexualism be psychologically treated during childhood?"** (Green, 1968, p. 500) "A considerable amount of research on **gender identity disorders** has been devoted to their **classification**." (Blanchard, 1985, p. 247)		"That is incorrect because **based on medical terms** once our sex is aligned with our mind we are in essence **cured**" (Elizabeth, 2013a) "In the past, I suggested that **transsexuals who had undergone diagnosis, and SRS** could be allowed to serve as long as they were not open	

		about their past history" (JustJennifer, 2017a)
vs. Trans Normalization	"When one transcends that restriction, then, how far out along the continuum he or she chooses to go is entirely up to them; for **they are free agents**." (Prince, 1978/2005, p. 42)	"**Mental health professionals are the authors who are most likely both to pathologise** the children they study … **despite moves within professional bodies like the APA to oppose the ideology**" (Ansara & Hegarty, 2011, p. 11)
Trans Pervasion	"If future evidence supports the hypothesis that **heterosexual gender identity inversion is invariably accompanied by cross-gender fetishism**…" (Blanchard, 1989, p. 257) "**When marriage is not feasible, promiscuity and prostitution become tempting substitutes**. How much more can femininity be confirmed than by having normal, heterosexual men again and again accept her as a woman…" (Benjamin, 1967, p. 123)	"**During the night, she happened to observe** ["a person residing in that shelter who presents as a 'trans woman,'"] **masturbating rather enthusiastically**." (JustJennifer, 2016a) "People who identify a transgender seem to have this compulsion to force people to both see them as their birth sex and gender, but treat them as the opposite. **They want to invade spaces where they really don't belong, and increasingly, to expose their bodies while demanding people pretend that their genitals are something that they are not**." (JustJennifer, 2017b)
vs. Trans Sexuality	"…'No, **we need a place to talk** about our bodies and shame and the **erotic and sex and sex work** and all of these things.' I **hope to slutty it up a little** bit" (King, 2014)	**Because of relatively high rates of unemployment**… and **discrimination**… many transgender women **engage in sex work for survival**. (Nemoto et al., 2011, p. 1980)

Sex/gender Binary	Benjamin both subverts and reinforces this theme slightly in saying "**Sex has no accurate scientific meaning**. **Its significance has become more social and legal**. **The term 'gender' is often more appropriate**, especially if no reference to sexuality or sexual activity is intended" (Benjamin, 1967, p. 111)	"First off, **being transsexual is NOT remotely about being "gender non-conforming**." It is quite the opposite. **It is about being fully the gender, and sex**, that you really are In order to be that, they must remain their birth **gender**. " (JustJennifer, 2017b) "…they must remain their birth **gender**." (JustJennifer, 2017b)
vs. Challenges to the sex/gender binary	"Sex you are born with and gender you acquire so obviously **they are two different aspects of human existence**" (Prince, 1978/2005, p. 40)	Response option: "I have a constant and clear **non-binary gender identity**" (McNeil et al., 2012, p. 6)
People are simple	"If future evidence supports the hypothesis that **heterosexual gender identity inversion is invariably accompanied by cross-gender fetishism**…" (Blanchard, 1989, p. 257)	"Transsexuals are disgusted by the idea of having someone see them naked before their surgery." (JustJennifer, 2017b) "**Attempting suicide** is a mental illness problem which **can be directly related to be born transsexual**. **There is absolutely no way shape or manner it can be linked to being a transvestite**, cross-dresser or drag queen" (Elizabeth, 2013b)
vs. people are complex	"While some biologists in the past have forwarded strict 'nature' arguments, contemporary biologists acknowledge that most (if not all) human traits arise	"This research takes a humanistic approach **equally valuing all diverse gender identities and gender expressions**,…" (McNeil et al., 2012, p.

	due to **complex interactions between numerous biological factors … and environment**…" (Serano, 2017, para. 16) "**There's no universal trans experience**…" (King, 2014)	3) "The inclusion criteria for recruiting study participants were as follows: 1) **self-reported gender identity** as a transgender or transsexual woman (**pre- or post-operative**)…" (Nemoto et al., 2011, p. 1981)
Sexism and slurs	"**sissy**," "**hermaphrodite**," "**swishy**," "**limpid**," "**limp wristed**" (Green, 1967)	"**transvestite,**" "**kooks,**" "**crazy**" (JustJennifer, 2017b)
vs. Engaging progressive movements	"…**No platforming**…" (Williams, 2016, title) "Instead, **cis media** will tra**ditionally pair a [sic] unrepentant (cis) bigots [sic] with trans people**; the bigot allowed to spew misinformation while the trans person is supposed to civilly defend their right to exist in polite society." (Williams, 2016) "**Taking the lead from Audre Lorde**..." (King, 2014)	"**Mental health professionals are the authors who are most likely both to pathologise** the children they study … **despite moves within professional bodies like the APA to oppose the ideology**" (Ansara & Hegarty, 2011, p. 11)