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From Transnormativity to Self-Authenticity: Shifting Away From a Dysphoria-Centered Approach to Transgender Identity

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From Transnormativity to Self-Authenticity: Shifting Away from a Dysphoria

Centric Paradigm for Transgender Identity

by
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I write this acknowledgement not from a destination of accomplishment, but a state of gratitude.

There exists a wealth of trans, nonbinary, and gender-nonconforming individuals in the world

devoted to living authentic, genuine, and joyful lives. You've all given me inspiration and

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I. Introduction

HBO's *Euphoria* debuted in June of 2019, garnering 5.6 million viewers by the end of August. Production of the second season is delayed due to the COVID-19 pandemic, however, the network released two special episodes that each feature an hour long, intimate conversation with one main character. The first, "Rue," places it's protagonist in a diner with her narcotics anonymous sponsor on Christmas Eve. In the second, we find Rue's love interest, Jules, in a session with a new therapist, after running away at the end of the season one finale.

Jules looks uncomfortable. Avoiding her therapist's questions about Rue, Jules blurts:

I think I want to go off my hormones.

What we, the audience, know about Jules from season one: she's pretty, blonde, and charismatic, she recently moved to town with her loving but tired father, she loves Rue but is not particularly good at it. And she's trans.

At times, Jules' story approaches a trauma-centric narrative, commonly seen in fictional representations of trans women. Jules' mother commits her to a psychiatric ward as a child without her knowledge or consent. She attempts suicide. She uses dating apps to seek older men, one of whom assaults and unconsensually films her during sex. She is later blackmailed by his son -- her classmate -- after he finds the tape. As a teen drama, *Euphoria* centralizes shocking, sensational, and upsetting content. Accordingly, Jules' narrative follows multiple tropes from the dominant script for trans people, particularly trans women, that tell their stories in terms of their suffering. Surprisingly, during the entire first season of *Euphoria,* there is only one brief reference to gender-affirming medical intervention, where viewers briefly witness Jules administering a shot into her thigh.

Mm. Ok. Have you been thinking a lot about de-transitioning? Her therapist replies. She sits in a large armchair with her hand folded. Jules slouches further into the couch with her arms crossed.

No. Jules answers. She appears taken aback; almost amused.

Okay. What is it then?

With willful vulnerability, Jules describes to her therapist how she conceived femininity as a monolith throughout her youth, and now feels that in pursuing its ideals, *somewhere along the way, femininity conquered* [her]. Jules continues:

> *At least for me, being trans is spiritual. You know, it's not religious. It's not, like, for some congregation. It's for me. It's mine. It belongs to me. And I don't ever want to stand still. Like, I want to be alive. I mean, that's what this has always been about, is, like… staying alive.*

A comfortable silence follows, before Jules and her therapist return to discussing Rue. The moment described above provides viewers with a glimpse into the expanse of Jules' trans identity, beyond that typically given to narratives for transgender characters in popular media. She claims it as her own, independent of the social pressures she faces as a teenager and trans person. *Euphoria* is culpable for relying on tired and reductive tropes for transgender women in media and worthy of critique. Nonetheless, for a brief moment, the show exposes viewers to the depth and motion underlying Jules' trans identity.

Jules incites this conversation by mentioning hormones -- specifically, that she would like to change her course of action in taking them. In response, her therapist makes a critical assumption; that Jules' wish is to de-transition because she wants to stop taking puberty blockers. However, as Jules describes in the dialogue that follows, the adjustment in her hormonal regime would allow her to continue transitioning, moving, towards what makes her

feel alive. She does not seek an adjustment to move away from her trans identity, but rather to venture deeper into herself.

Jules' therapist seems confused by her intentions behind wanting to stop puberty blockers. Transgender narratives are most often constructed to follow a linear transition from one gender to the other; a single and uniform trajectory of medical interventions leading to a permanent state of being. As Jules' statement suggests, this oversimplistic framework does not apply to the personal narratives of all transgender people. For a moment, in an episode entitled "Fuck Anyone Who's Not A Sea Blob," a character on a popular TV show presents evidence that counteracts the dominant, medicalized narrative of transgender identity in media representation. We get to hear directly from Jules[1] about Jules – a luxury most trans characters in popular media are denied.

I am particularly interested in exploring the circumstances that make narratives like Jules' surprising and unusual. In this thesis, I will investigate current transgender issues through the lens of transgender medicalization and its resulting sociocultural impacts. In doing so, I intend to prioritize trans identities and individuals that surpass binary categorizations, and the social and institutional forces enacted by medicalization that work against them. I will first build from preexisting literature regarding transgender, particularly nonbinary, identities' regulation by social processes, to contribute to the operationalization of the concept *transnormativity*. Next, I will analyze testimonial evidence of individuals' encounters with transnormativity collected from social media platforms, to further dissect its latent mechanisms and contextualize their impact. I

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[1] Or perhaps, we hear directly from Hunter Schafer, the actress who plays Jules. Schafer took part in writing the episode, and openly discusses how the making of this episode was personally therapeutic as she worked through aspects of her trans identity in vivo (Radish 2021).

will then place these findings in conversation with analysis of testimony that rejects or defies

transnormativity, to ask: where do nonbinary genders fit into the current sociocultural landscape

in the U.S., and what circumstances assign them to this location? What aspects of nonbinary

identities differentiate their social positioning from that of the total transgender population? And

finally, what avenues are available to ameliorate social and cultural resistance to nonbinary

gender, and the harm this resistance poses to trans and nonbinary individuals?

In conducting these analyses, I will delineate how transgender medicalization extends

the regulatory methods of the binary gender system to re-subsume transgender identities and

individuals into a binary framework, thus continually invalidating and otherizing nonbinary

genders. From such, I argue that the current paradigm for transgender identity in the U.S. is

insufficient, as it more closely reflects medicalized narratives contingent on pain and conducive

to the gender binary system than it does the lived, authentic realities of trans and nonbinary

individuals.

Data Collection and Methodologies

To address my research questions, I conducted a qualitative mixed methods analysis on

the testimony of trans and nonbinary individuals drawn primarily from Twitter and TikTok, and

secondarily on Instagram, blogs, and journalistic interviews. The following analyses are

primarily based in critical discourse analysis, as I investigate the meaning and implications

behind language and symbols used by trans and nonbinary individuals, medical professionals and

institutions, and cultural representations of trans and nonbinary identities in trans discourse. To

fully contextualize the discursive evidence I provide, I borrow methods of content and cultural

analyses as well. The prerogative of my analyses is to examine each artifact as a point of

conversation within a larger social and cultural context, to understand what factors influence how trans and nonbinary genders are situated, and how this situatedness impacts individuals.

This research is grounded in feminist methodologies and driven by its epistemological approach. Much of the existing knowledge regarding transgender experience is institutionally produced in medicine, academia, and the media (Schilt and Lagos 2017). One of my goals with this research is to validate the experiential evidence stemming from transgender peoples' lived experiences, in line with the interdisciplinary methodologies Susan Stryker (2006) developed for the emerging field of trans studies. Stryker identifies transgender studies to arise from critical theory applied to the intersections of historical, feminist, and queer studies (14). In her words:

> *Transgender studies considers the embodied experience of the speaking subject, who claims constative knowledge of the referent topic, to be a proper—indeed essential— component of the analysis of transgender phenomena; experiential knowledge is as legitimate as other, supposedly more "objective" forms of knowledge, and is in fact necessary for understanding the political dynamics of the situation being analyzed* (12).

The knowledge transgender people derive from living within a socially and politically oppressive system is imperative to the study of their identity within this system. Based in the works of Michel Foucault, Stryker argues that trans studies must consist of a dynamic between this experiential knowledge and the authority, resources, and intellect of academia to be vital.

Crucially, this reliance on academia must come with an acute awareness of the "overwhelming (and generally unmarked) whiteness of practitioners in the academic field of transgender studies" that arises from the structural legacies of colonialism and white supremacy in U.S. systems and institutions (15). In "Decolonization is Not a Metaphor," Tuck and Yang (2012) ask academic researchers "to consider how the pursuit… of social justice through a critical enlightenment can also be settler moves to innocence - diversions, distractions, which

relieve the settler of feelings of guilt or responsibility and conceal the need to give up land or power or privilege" (5). Discussing the imperial, white supremacist legacies in academic fields of study (and therefore trans studies) is not a solution to ongoing colonialism and allows these legacies to perpetuate. I aim to utilize the academic authority I claim in conducting this research to challenge the epistemological centrality of whiteness in validating trans experiences, however, this research and my position as a researcher inherently adhere to the perpetuation of colonial power through academic institutions at the same time.

Previous scholars have turned to online platforms to examine the testimony of trans and nonbinary individuals, which has offered some guidance to my project. For example, Helana Darwin (2017) conducted a virtual ethnography on Reddit to examine qenderqueer individuals' methods of "doing" gender (321). Darwin chose Reddit as her site of ethnography because of its aptitude for community formation and enforced anonymity (322). While Darwin focuses on intracommunity, individual interactions, the scope of my research broadens to individuals' social and institutional encounters. Therefore, Twitter and TikTok were better suited for the purpose of my thesis.

Like Darwin, I am concerned with the safety and privacy of the individuals whose content I discuss. Twitter and TikTok are both public platforms where users ostensibly consent to any use of the content they release, however, I chose to anonymize my evidence unless given explicit consent from the author to cite their content. Many of my artifacts speak to the personal lives, identities, and experiences of individuals belonging to a vulnerable group and could be sensitive in certain contexts. An individual can choose to delete a post or alter their privacy settings at any time, which is not the case for any content preserved in this thesis where their information may become searchable. Another concern of mine, bluntly, is that people regularly

lie about their age on the internet. For a user to be underage exacerbates their vulnerability and hinders their ability to recognize the full consequences of what they choose to post online. Therefore, protecting potential minors informed my choice to de-identify my evidence as well.

For these reasons, I anonymized all of the artifacts I use except for Tweets that I believed could contain intellectual property. In these instances, I messaged the account holder behind each Tweet to ask if they prefer to remain anonymous or if they would like to be cited. I found it important to provide users with public or professional investment in the trans-related content they produce with the option to receive credit for their ideas, in accordance with the methodologies of this project. I collected the data for this project between July 2020 and March 2021. In July 2020, I made secondary Twitter and TikTok accounts to avoid algorithmic bias from my personal accounts. My procedure for data collection varied slightly between platforms, therefore, I will describe each separately in this section. Data regarding the interactional reach of each post and the user's demographic information is also split by platform and can be found in Appendix 1.

Procedure: Twitter

I began collecting data from Twitter by visiting accounts belonging to trans and nonbinary individuals with a relatively large following that I was familiar with, to gain access to their interactional data, such as their liked Tweets or replies on others' posts. I also conducted text searches for the keywords *transgender, trans, nonbinary, genderqueer,* and *genderfluid.* These two steps provided me with a basis of content to work from, at which point my own interactions with Tweets I was bookmarking and tags I was searching allowed the Twitter algorithm to consistently deliver similar content in my recommendations and search results

by following the content and other users they interacted with. After establishing the surface of trans discourse on the site, I conducted text searches for keywords and phrases: transgender, trans, nonbinary, genderqueer, genderfluid. The interactional tracking and searches provided me with a basis to work from, at which point the Twitter algorithm continued to provide me with similar content based on the Tweets I was saving. After discarding repeated and weak content, I considered 43 Tweets for my analysis, 17 of which are discussed in my argument.

Procedure: TikTok

Collecting data from TikTok was slightly more complicated than Twitter due to the nature of the site. The algorithm TikTok uses to bring relevant content to its users has faced controversy for discriminatory practices. In June 2020, TikTok came under scrutiny for suppressing posts that referenced Black Lives Matter and the murder of George Floyd. Months earlier, the site was found to intentionally "suppress videos from people deemed too ugly, poor, or disabled," although they deny that this practice was used at the time (Matsakis 2020). The engineers behind TikTok have released little information regarding the actual mechanics behind their algorithm to conserve intellectual property, however, there are evident social regulations integrated into its functions.

The app operates by feeding users an endless stream of short videos. As users scroll through the videos, TikTok's algorithm learns what content they most likely want to see based on the patterns between videos that users like, comment, and share, the accounts they follow, the length of time they spend watching the video, or the hashtags they interact with (Matsakis 2020). While the Twitter algorithm focuses more so on promoting the content, TikTok focuses on fine tuning the experience of the user. I made a secondary TikTok account to collect data, however, it should be noted that use of this account occurred on the same device as my pre-existing, personal

account. Furthermore, it is likely that my implicit biases influenced the content I was given, as the algorithm adapted to the patterns in my engagement and behavior over time.

In order to find trans and nonbinary content on TikTok, I scrolled through my feed of videos until I reached content to interact with that pertained to gay cis men, followed by cis lesbians and straight trans men, before coming across more expansive trans and nonbinary representation. Here, I began bookmarking videos that related to trans and nonbinary identity. My only criterion for selecting testimony was that the creator must self-disclose a trans or nonbinary identity in one or more of their videos, video captions, replies to comments, hashtags, or account biographies. From this initial navigation, I marked 77 videos between July and September 2020. Here, I began to integrate key word searches for the following terms: *transgender, trans, nonbinary, genderqueer,* and *genderfluid.* From September 2020 to March 2021, I collected 85 more videos from scrolling through my feed of videos and conducting key word searches. From the 162 TikTok videos I collected, 50 were left after I discarded repeated or weak content. Of the 50 videos I considered for my analysis; I discuss 15 in my argument for this thesis.

A Note: Instagram

The content I integrate from Instagram was secondary to my Twitter and TikTok analyses. I originally intended to source testimony from the platform in a similar manner to the other two, however, the volume of material I was collecting from Twitter and TikTok was exponentially larger than what I came across sampling trans discourse on Instagram. This suggests that Instagram may serve a different purpose in trans discourse than Twitter and TikTok, therefore I decided to prioritize the latter two. The images I include from Instagram act

as visual aids to the information, ideas, and themes discussed in the text of this paper, but are given less weight in terms of their analytical contribution and implications.

Positionality Statement

The purpose of this section is to contextualize the following work by situating myself as a researcher. I first developed the framework for this thesis in a research proposal for my methods class in Fall 2019. The project I imagined in this proposal is unrecognizable to me now, but my original research questions planted the seeds for the argument I will divulge here. At the time, I asked:

> *What does transness look like from a medical perspective? What does transness look like from a theoretical perspective? And finally, how do the similarities and incongruencies between the two manifests in gender-nonconforming people's experience of gender, and whether or not they seek medical intervention?*

Much about my research questions, ideas, and myself has evolved over the last two years, and I believe the contrast between these early questions and what I will address in this thesis attests to this evolution. As I pursued answers, I only found more questions. I share this because the constant motion underlying my work greatly informs my argument and my position as a researcher, writer, and person.

I would like to further share about myself, as my positionality and experiences as a person are highly relevant to my following discussions of identity, oppression, and systems of power. I come from a rural community in Western Massachusetts, where I was raised by a single parent of the lower-middle class. At twenty-two, I have experienced learning differences and difficulties throughout my life, which influence my academic capabilities for both better and worse. Currently, I attend Oberlin College, and have the privilege of receiving an elite education that has provided me with the support and resources to conduct this research. My involvement

with Oberlin as an institution is crucial because I am a white student, on a predominantly white campus, taught by predominantly white professors, and therefore the knowledge that I produce and reproduce inherently carries legacies of whiteness. Lastly, I am nonbinary, but I am able to navigate social and institutional interactions passing for my sex assigned at birth most of the time.

At certain points in my argument, I intentionally use the collective "we" when speaking for trans and nonbinary individuals like myself. I aim to use a collective voice to advocate for trans and nonbinary individuals regarding general shared experiences, but in doing so, claim the authority to speak for an extremely heterogenous group. My position within this community is one of privilege and the statements I make have limitations to their representational capacity. While I have taken care to exercise my best judgement when speaking collectively, it is critical for my readers to consider the potential issues of this voice throughout my work.

That being said, in the next section, I review the relevant literature pertaining to the situation of transness is the United States. In this discussion, I intend to contextualize the current issues surrounding transness and describe, in detail, the challenges facing transgender individuals at present. I begin this review by clarifying what I mean when I say *transgender* and other related terms, before expounding the magnitude of binary gender in social, cultural, and political order today by examining its systemization across U.S. history. I then examine the process of medicalization and draw connections between the binary gender system and transgender medicalization, before turning to previous scholars' work connecting both processes and interrogating their implications onto transgender peoples.

II. Literature Review

Transgender Overview

The word *transgender* carries immense nuance, variability, and weight in the United States. The term was popularized during the nineties, emerging from a grey space between the medical field and the trans community (Cromwell 2006, 511). Even before its advent, "during the 1970s and 1980s," transgender took on different meanings across time and context, and "usually meant many contradictory things at different times" (Stryker 2017, 37). Beginning in the 1990s,

> *[Transgender] was used to encompass any and all kinds of variation from gender norms and expectations, similar to what* genderqueer, gender nonconforming, *and* nonbinary *mean now. In recent years, some people have begun to use the term* transgender *to refer* only *to those who identify with a binary gender other than the one they were assigned at birth… and use other words for people who eek to create some kind of new transgender practice.* (37, emphases in original text).

As a label for gender-variance, appropriate use of transgender varies across time and context. In this report, I will use transgender "to refer to the widest imaginable range of gender-variant practices and identities" (38). Under this definition, transgender contains all kinds of identities, experiences, and embodiments of self, reaching far past the categories of men and women. To this effect, I consider anyone who says they are trans to be trans. My only criteria for considering a person to be trans is whether they disclose this label for themselves.

Transgender Terminology

Much like the term transgender, words like *nonbinary, genderqueer, gender-nonconforming,* and *genderfluid* are deeply context dependent, without concrete, discernable definitions (Stryker 2017). In this thesis, I will primarily use *transgender* and *nonbinary* to discuss individuals who "move away from the gender they were assigned at birth, people who

cross over (trans-) the boundaries constructed by their culture to define and contain their gender"

(Stryker 2017, 1). However, these words are not interchangeable and hold noteworthy

distinctions. Below, I expound how key terms are operationalized for the purpose of this thesis.

Transgender: Following Susan Stryker, I use transgender as a broad umbrella term for a

person who 1. claims this label for themselves and 2. demonstrates "movement away from an

assigned, unchosen gender position" (Stryker 2017, 36). This movement can take place in any

component, visible or invisible, in reflection of a person's identity.

Nonbinary: Not all nonbinary people consider themselves transgender,

and it is important to note that this particular nuance is lost to my work's foundation in

transgender studies. In its most literal sense, "nonbinary" gender is claimed by individuals who

do not exclusively align with a binary gender category (man or woman). Some trans and

nonbinary people see themselves better represented by other terms not listed in this paper --

examples include bigender, demiboy or demigirl, pangender, polygender, and transfeminine or

transmasculine, as there are an endless number of terms adopted, inverted, and invented by

individuals to encapsulate nonbinary trans identities (Darwin 2017, 319-320). Throughout this

paper, I use nonbinary as another umbrella term to refer to transgender individuals who do not

exclusively identify as a man or a woman. This use is a necessary overgeneralization, and its

limitations must be considered throughout.

Genderqueer: Similar to nonbinary, genderqueer denotes a loosening or transversal of the

boundaries around one's given binary gender. Some argue that genderqueer represents a more

politically oriented identity or specific subcultural formation, while others distinguish the two by

claiming nonbinary gender is entirely removed from the gender binary while genderqueer

reconfigures an individual within the binary (Stryker 2017, 24). Nonetheless, genderqueer

represents an identity unmeshed with binary categorizations, similar to nonbinary gender. For the sake of comprehensibility, I will adhere to using the term nonbinary throughout this report to refer to any trans individual who is not a man or woman.

Gender nonconforming: Gender nonconforming is typically used as an adjective to describe both cis and trans people, in reference to expressions, presentations, and behaviors that defy assigned gender roles or expectations. Some trans and nonbinary people do identify as gender nonconforming, however. Unless noted otherwise in this paper, gender nonconformity describes an individual's actions, not their identity or sense of self (Stryker 2017, 25).

These definitions are generalized and nonprescriptive. It is imperative to the methodology of this report to clearly reiterate that the only right or valid way to be trans or nonbinary is to claim a trans or nonbinary identity, and to empower individuals as the experts of their own experiences. In language, this requires recognizing that "the right term to use in reference to any particular person isn't really in the eye of the beholder – it should be determined by the person who applies it to him-, her-, or themselves" (Stryker 2017, 12). Whenever possible, I reflect terminology identified by individuals in my discussion. However, I revert to "trans and nonbinary people" when generalizing collective identities and experiences for clarity, with recognition of the overly simplistic nature of this phrase.

My thesis largely concerns the systemic and cultural forces surrounding nonbinary gender in the United States, which necessitates frequent generalization. These forces arise from the permeating ubiquity of sex and gender, upheld by social and institutional structures throughout the United States. Transgender and nonbinary individuals form an extremely heterogenous group that is unlikely to be fully encapsulated in any single term, however, the sweeping majority share the commonality of existing within a society that, to

varying degrees, excludes or erases them via sociocultural processes. In particular, I discuss transgender medicalization and related mechanisms of reinforcing the gender binary system within the ideological conception of "transgender," that unduly disappear the existence of nonbinary gender today.

Transgender Embodiment

The study of embodiment is highly relevant in trans discourse and the study of transgender medicalization as well. Julia Serano (2016) explains that "the word "embodiment" references the well-accepted notion in philosophy and cognitive studies that our thoughts, perceptions, and desires do not happen in a vacuum—they occur within, and are shaped by, our bodies" (153). Theories of embodiment stem from a variety of disciplines, but I would like to point towards embodied cognition theory specifically for the purpose of my argument. Born from cognitive science, this theory operationalizes the body as an interface between motor, sensory, and interoceptive stimuli and cognition, so that "the agent's beyond-the-brain body plays a significant causal role, or a physically constitutive role, in that agent's cognitive processing" (Wilson & Foglia, 2017). Embodied cognition theory suggests that our bodies become a place of understanding and producing knowledge of our internal and external realities. In terms of the internal reality of identity, our bodies become a place of making sense of the conflict between what we know ourselves to be and how we perceive and interact with the surrounding world.

Within trans and queer theory, scholars discuss embodiment in similar terms. In the seminal essay "(De)Subjugated Knowledges," Susan Stryker states:

> *Transgender studies helps demonstrate the extent to which soma, the body as a culturally intelligible construct, and techne, the techniques in and through which bodies are transformed and positioned, are in fact inextricably interpenetrated. It helps correct an all-too-common critical failure to recognize "the body" not as one (already constituted) object of knowledge among others, but rather as the contingent ground of all our knowledge, and of all our knowing* (Styker 2006, 12).

Stryker's comment goes to say that the body is not a precedent to the self, but an extension of the self. It is not the grounds from which our identities develop, but a site of becoming and transforming as they do so.

Transgender embodiment often calls on gender-affirming medicine as a technique to transform and reposition an individual's corporality to align their psychosomatic and social self (Cromwell 2014, 514). However, early predecessors of gender-affirming medical care constrained trans embodiment to that of binary sex categories, and there remains legacies of cross-sex transition in some medical practices today (Coleman et al. 2012). Subsequently, nonbinary gender has only recently come into medical and cultural discourse surrounding transgender embodiment. To further divulge the significance of medicalized, binary standards for transgender embodiment, I will first review rise of binary gender categories as social, cultural, and political means of organization through their integration into U.S. society and culture. I will then examine the sociocultural functions of medicalization, before putting such in conversation with the systemization of binary gender to contextualize the implications of transgender medicalization.

Systemization of Binary Gender in the United States

To fully grasp the ubiquity of binary gender posing challenge to trans and nonbinary individuals today requires an understanding of the self-sustaining relationship between gender and power fundamental to U.S. social formation. When interrogating trans issues, "the contingency of gender… has to be taken into consideration," as "a lot of cultural trends, social conditions, and historical circumstances have collided to make "transgender" a hot topic" in recent years (Stryker 2008, 23). The historical circumstances predating our current social

landscape begin with the systemic division of men and women in the US; a process with entangled roots in pre-colonial America and it's developing doctrines of race and class (Hixon 2013, 10).

As a culture, we are encouraged to think of binary gender as universal and infallible; often neglecting to consider its origins. The primary doctrine of the binary gender system, sexual dimorphism[2], took hold during European enlightenment and spread with colonization. Throughout European arrival in the Americas, European-Americans imposed binary gender classifications onto Indigenous groups in place of their preexisting social structures. This does not "mean to say that gender was altogether absent prior to colonization" in the Americas, but "rather that [Indigenous] gender systems were also an object of colonization, and that colonization as a historical process also involved the modification of specific Indigenous gender arrangements" (Ballestin 2018). Europeans imposed binary gender categories over Indigenous Peoples' preexisting cultures to enforce their assimilation and eradication under imperial power (Hixon 2013, 12; Lugones, 2016, 16). The hyper-ubiquity of binary gender today marks an ongoing legacy of settler colonialism that perpetuates the erasure of Indigenous cultural and social systems from past to present.

Scientific differentiation of the sexes established a precedent for natural and dualistic human differences. Upon European arrival, the logics of the gender binary assisted in "reconceiv[ing] humanity and human relations fictionally, in biological terms" to justify colonial reallocations of power (Lugones 2016, 11). Binary gender introduced the naturalization of

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[2] In contemporary science, sexual dimorphism refers to organisms that exhibit distinct and opposing biological features between sexes beyond their sexual anatomy (Tate, Hagai, & Crosby 2020). During European Enlightenment, the concept developed from the expansion of naturalism, to establish differences between the nature of men and women (Lugones 2013, 16).

human differences that make possible systems of oppression in the U.S., beginning with the superordination of binary gender enforced as a colonial tool throughout European arrival. Asserting the gender binary system to be a legacy of imperialism is essential to transgender studies today, as transness is contingent on the binary gender system and therefore situated within ongoing settler colonialism itself.

Naturalization of Gender Hierarchies

The relationship between binary gender and power only intensified during the formation of the United States as a nation. During this period, race, class, and gender became means of dividing labor and rights. The U.S. constitution institutionalized sex-based gender differences by granting supposedly natural and inalienable rights to white men who owned land, but not white women. Instead, women were codified *femme covert* or *feme sole*; meaning married women forfeited their right to their property, finances, and legal matters to their husbands upon marriage for the sake of fortifying patriarchy. Naturalized gender-based differences became enforceable not only as a social norm, but as societal law (Hixon 2013, 12).

The legal separation of the rights of men versus women also allowed for diverging ideals for citizenship and labor. White women's political and social duty was to reproduce their husbands' political and economic power and procreated state citizens, marking a legally protected demand for reproductive labor. Subsequently, they were not allowed to vote nor hold office but were encouraged to exercise their political agency by raising their children to be informed participants in democracy, a concept referred to as Republican motherhood. White women without powerful or wealthy husbands were accountable to their reproductive potential as well, as they could reproduce members of the labor force (versus reproducing wealth or power; Hixon 2013, 13-14).

Binary Gender and the Construction of Race

In addition, the naturalization of sex and gender differences directly contributed to the construction of race as a biological concept. European women were used as a point of reference to evidence the natural differences between white Europeans and people of African descent – for example, one scientist argued that the facial features of Black are people were flatter because their faces were pressed against their mother's back in vitro as she performed manual labor (Schriebinger 1993). Scientific "findings" like this rationalized European's perceived superiority over people of African descent, by employing the growing ideological preference for sexual dimorphism to create scientific racism in support of social hierarchy.

In the U.S., racialization arose from institutionalized enslavement. One of the very first slave codes in the American colonies established under what conditions the offspring of enslaved men and women were born into enslavement – for example, in situations where one parent was in bondage and one was freed – and decided that enslavement to be inherited matrilineally (Fields and Fields 2012). This allowed enslavers to further exploit enslaved women to reproduce their property, frequently through sexual violence and forced pregnancies, and commodified enslaved women's bodies for the proliferation of lifelong labor. The preexisting inferiority of women constructed in gender differentiation created a point of entry to constructing and codifying an inferior race to justify the institutional enslavement of people of African descent.

The seizure of bodily autonomy from enslaved women introduces early dynamics of medicalization as well, as medical doctors utilized enslaved female bodies to produce medical knowledge to the benefit of the "civilized world" (Snorton 2009, 39). The "father of modern gynecology," Dr. Marion Sims, developed his revolutionary treatment for vesicovaginal fistula during the 19th century using the dehumanized, unanesthetized bodies of enslaved women for

surgical exploration. These women's chattel status denied them any bodily autonomy, and Sims faced no moral or legal barriers against performing experimental and involuntary surgeries in and around the vaginal cavities of numerous women. In addition, the medical abuse experienced by enslaved women "[is] also important to recognize" in this work, as "many of the genital surgeries that became available to later generations of transgender people were developed by practicing on the bodies of enslaved Black women who were subjected to medical experimentation" (Stryker 2017, 52). The medical knowledge that made possible transgender healthcare was contingent on horrific abuse towards enslaved women, imputing the medical institution's social power over subjugated peoples.

During his surgical trials, Sims took note of physical differences between the male versus female sex and European versus African descent, joining other scientists who claimed race was a natural human phenotype indicative of individual intelligence, competency, and value. This belief, known as species differentiation, mirrored sexual dimorphism in creating natural causes for inferiority that justified systemic oppression. Sim's work demonstrates how binary gender provided an entry point into scientific racism in the U.S., and how binary logics became naturalized and normalized using bodies as "proof" of inferiority between men, women, enslavers, and the enslaved (Snorton 2009).

Race and gender hierarchies worked to the benefit of the US's growing imperial and economic power (Lugones 2013). Gender dimorphism and species differentiation arose as justifications for the subordination of women as means to reify the power of men, and the violence and dehumanization inflicted on captured Africans to ensure profit from enslavement. Distinguishing categories of gender and race bolstered early America's collective productive potential; intersecting in situations where enslaved women were used to reify and reproduce the

power of white men (Snorton 2017). Over time, these dichotomies proved imperative to the contingency of a successful, capitalist, and secure United States.

The differentiation between men and women, white and Black played a significant role in the structuring of power leading into US sovereignty. Therefore, U.S. sovereignty is fundamentally invested in binary gender and race as co-occurring, intersecting constructs (Lugones 2013). The relationship between binary gender, race, and state power is visible throughout the 20th century, most relevantly in the social regulatory processes of criminalization and medicalization that prove essential context to the situation of transness in the United States today.

Race and Gender Transgression: Criminalization and Medicalization

In his book *Black on Both Sides: A Racial History of Trans Identity,* C. Riley Snorton (2017) discusses how modern transgender identities became possible at the intersections between binary gender and the construction of Blackness throughout the 19th and 20th centuries. The experiments Dr. Marion Sims conducted set a precedent for reducing Black women to the materiality of their bodies as commodity, a dynamic which Snorton traces through the formation of transgender embodiment and racialization of transgender figures in the mid-20th century.

Lucy Hicks Anderson, the "first Black to be legally tried for impersonating a woman," was a domestic and sex worker in California prior to WWII. In 1942, Anderson was arrested by the state for draft evasion and perjury based in her sex marking on her marriage license (Snorton 2017, 143). At her trial, five doctors testified against her to say that she was undoubtably male because she had male organs. Her defensed countered by purporting Anderson had "hidden [female] organs," inside her body, even offering to donate her postmortem body to science as

proof in exchange for acquittal. Unsurprisingly, Anderson was ultimately convicted of federal perjury (151).

Ten years after Anderson's conviction, Christine Jorgenson rose to fame after receiving sexual reassignment surgery (SRS) in Denmark in 1952. For a short period following her surgery, Jorgenson became a celebrity in the U.S., emblemizing the marvel of scientific progress towards fixing "nature's mistake[s]" (Snorton 2017, 141). The cultural notoriety she achieved "was instrumental to the construction of the "good transsexual," whereby she and other white trans women "were able to articulate transsexuality as an acceptable subject position through an embodiment of the norms of white womanhood, most notably domesticity, respectability, and heterosexuality" (142). Unfortunately, transphobia blossomed from religious dissent to diminish Jorgenson's positive image, and in 1953 *Time Magazine* declared she was "no girl at all, only an altered male" (142). However, the legacy that Jorgenson put forth shaped decades of transgender medicalization, and her public image continues to hold influence over the cultural positioning of transness today.

As Snorton explains, "Anderson's "hidden organs" are both a shadow and a foreshadow of transsexual corporeality, as her first trial's defense staged the difficulties in assessing the "truth" of trans bodies in anatomical terms as well as the potential for transsexuality to emerge as a matter of medical invention" (151). The question of the "truth" of trans bodies marks a point of tension between of transness and binary gender logics, manifesting in a cultural demand for an explanation of transgender individuals comprehensible and nondisruptive to white masculine hegemony[3]. Snorton states that, "though America's initial romance with Jorgensen soured, her

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[3] White masculine hegemony comes in many variations across academic literature. I adopt the term in my own work to describe the system of ideologies, institutions, and social hierarchy that maintain white supremacist and

story narratively consolidated an understanding of transsexuality as the outcome of surgical implementation and other medicalized treatments aimed to address gender as an anatomical and biological proposition" in U.S. culture (141). Subsequently, the cultural response to Christine Jorgenson reiterated gender to be of bodily etiology, allowing for medical authority to vindicate sexual dimorphism in alignment with white ideals.

Although Anderson's trial introduced many of the themes surrounding biology and transsexuality that later entered cultural discourse via the popularization of Christine Jorgenson, Anderson was criminally persecuted whereas Jorgenson was iconized (for better or worse). By demonstrating the disparity between applications of binary gender across a racial divide, Snorton illuminates the origins of sex, gender, and race differences in social organization and power, only later constructed into the human body as justification.

Snorton also introduces the emergence of transgender medicalization that brought transness to public attention, most notably in the popularity and acclaim given to Christine Jorgenson after her return from Denmark. Following Jorgenson's return in 1952, the development of medical interventions for transgender persons in the U.S. was complicated by the gender anxiety arising from heighted concern for state safety during the Cold War (Snorton 185). By 1980, transness was deemed abnormal human variance and conceptualized as a disease. The process of transgender medicalization spanned the latter half of the 20th century, and directly leads to the social and institutional status of transgender people today discussed throughout this thesis.

"patriarchal power structures that privilege cisgender, heterosexual, white, wealthy, men who [are] constructed as hegemonically masculine" (Smirnova 2018).

Transgender Medicalization

Phenomenology of Medicalization

Before belaboring the decades of transgender medicalization that antecede trans issues today, it is important to first make visible the latent sociocultural mechanics of medicalization. As theorized by medical sociologist Peter Conrad (2007), medicalization represents a process through which "a problem [becomes] defined in medical terms, described using medical language, understood through the adoption of a medical framework, or "treated" with a medical intervention" (6). For the purpose of this report, I will build from Conrad's work to define medicalization as a dynamic and bidirectional relationship between social problems and their medical solutions, to encapsulate the ongoing dialectic between medical and cultural conceptions of transness.

The medicalization of a human condition occurs when individual behaviors or characteristics that challenge, disrupt, or fail to meet social norms are made problematic by the structures and institutions surrounding them (Conrad 2007, 5). The process of medicalization introduces solutions to ameliorate individuals' deviance from the acceptable standards set by their social or cultural context, which can benefit an individual by decreasing their social distress and increasing their ability to positively participate in their environment (7). Any critique of medicalization does not negate the deservingness of ostracized individuals to receive tools for navigating the world around them, should they choose. However, medicalizing a human condition demands its pathologization; to rationalize medical treatments for human conditions requires their redefinition as illness or disease (12). The social repercussions of medical pathologization can stigmatize and misrepresent individuals of the condition, in place of the moral implications of deviance.

Furthermore, the process of medicalization disallows interrogation of the socially constructed, systemic, and institutional rigidity that problematized the individual in the first place. It is crucial to recognize the potential for conflation of "deviant" with "marginalized" as marginalized peoples are, by definition, distal and disruptive to hegemonic social norms. Medicalization constrains a "deviant" condition to individual, pathological etiology by removing it from a social context, allowing for the foundation of a social problem to withstand its solution (10). From an ideological standpoint, Evan Vipond (2011) likens medicalization to a mechanism of neoliberalism, as medicalization can placate social unrest surrounding inequity without requiring systemic or institutional reform (34). Although medicalization is more likely a constituent than an effect of rising neoliberalism in the U.S., the process undoubtedly prioritizes hyper-individualism to take precedent over state-sanctioned structures and institutions when assigning responsibility over an issue.

Conrad reconciles the complicated nature of medicalization by assigning neutral valence to the process, but in doing so, fails to recognize the dynamics of power involved. While Conrad acknowledges medicalization as an enforcement of "western ideals," he claims, "[f]ar from medical imperialism, medicalization is a form of collective action" (9). However, the medicalization of reproduction, fatness, homosexuality, transness, and physical, mental, and emotional disabilities has given institutional authority over the experiences of people marginalized by hegemonic western ideals. In these instances, institutional reinforcement of "western ideals" parallels forced assimilation – whether we refer to it as medical imperialism or not, this medical authority inflicts harm onto individuals through channels such as stigmatization, coercive treatment, and reduced bodily autonomy.

Additionally, "western ideals" are those that produce and reproduce the social hierarchies that empower whiteness and masculinity in the United States (Lugones 2013, 38). Medicalization's reaffirmation of these ideals implicates medicalization to be a mechanism of perpetuating white supremacy and patriarchy through its institutional influence and authority. Diverging from Conrad's definition, I argue that medicalization cannot be a neutral process because it is an agent of power upholding imperial legacies and white supremacy through a powerful institution.

Further expounding the social impacts of medicalization, Susan Stryker (2017) states:

[Medicine] has often been used for very conservative social purposes – "proving" that Black people are inferior to white people, or that females are inferior to males. Medical practitioners and institutions have the social power to determine what is considered sick or healthy, normal or pathological, sane or insane – and thus, often, to transform potentially neutral forms of human difference into unjust and oppressive social hierarchies. This particular operation of medicine's social power has been especially important in transgender history (51-52).

Medicalization is largely a social and political process due to the medical institution's superordination as an objective, just, and benevolent voice in American culture (Stryker 2017, 51). As a cultural force, medicalization brings sensitive issues under institutional jurisdiction, and reflects the field's operationalization of the condition as cultural fact. In the case of transgender medicalization, transness has been defined within the psychiatric field for over sixty years and introduced to U.S. social and cultural structures "as symptoms of a mental illness or physical malady, partly because "sickness" is a condition that typically legitimizes medical intervention" and introduced a myriad of issues into the social hierarchization of transness in the U.S. (Stryker 2017, 53). These hierarchies privilege identities and individuals that reinforce the normative ideals of the U.S. while disenfranchising those more distal to them. The social repercussions of medicalization look very different between groups and between individuals, and

each case must be considered with nuance and complexity. However, the pathologizing and regulatory effects of transgender medicalization have followed transgender identities and individuals despite efforts to de-medicalize transness.

Dysphoria and the Medical Model of Transness

Many medicalized issues across history involve sex and gender, such as menopause and erectile dysfunction (Conrad 2007, 26). Likewise, transgender medicalization repeatedly attempts to confine transness to biological etiology, aligning with modern medicine's adherence to sexual dimorphism and the cultural truism that gender is a direct function of a person's sex as decided by a physician upon birth (Stryker 2017, 2). The results of transgender medicalization have made available life-saving surgical and hormonal procedures, originally developed to "reassign" a person's sex, to many transgender individuals. At the same time, "the medical model [of transgender identity] operates as a normative standard to which transgender people's interactional experiences of gender are held accountable in medical, legal, and social interactions," and forms a social hierarchy deprivileging the lives of many others (Johnson 2015).

Austin Johnson (2015), an ethnographer who researches transgender medicalization, identifies the *medical model of transgender identity* to arise from the Gender Dysphoria[4] diagnosis, and to construct the prevailing sociomedical definition of transness at present (804). Transgender medicalization began long before the formal introduction of transgender identity into the field of American psychiatry, but in 1980, Gender Identity Disorder became a diagnosable condition in the U.S. upon the publication of the *Diagnostic and Statistical Manual*

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[4] The full diagnostic criteria for the Gender Dysphoria diagnosis can be found in Appendix Three.

of Psychiatric Disorders (DSM) fourth edition. In 2013, this diagnostic label was replaced with

Gender Dysphoria in the *DSM-5* in response to demands to de-pathologize transgender

individuals (Drescher 2010). Subsequently, transgender medicalization has made the Gender

Dysphoria diagnosis paramount to the personal, social, and political situation of transgender

individuals and identities in the U.S.

The reformed nomenclature of the Gender Dysphoria diagnosis seeks de-pathologization

by removing the word "disorder" from its title, as well as phrases such as "cross-gender

identification" from its criteria (American Psychiatric Association 2013). In the most recent

Standards of Care manual published by the World Professional Association of Transgender

Health, the authors explain the intentions behind this shift:

> *A disorder is a description of something with which a person might struggle, not a*
> *description of the person or the person's identity. Thus, transsexual, transgender, and*
> *gender-nonconforming individuals are not inherently disordered. Rather, the distress of*
> *gender dysphoria, when present, is the concern that might be diagnosable and for which*
> *various treatment options are available* (Coleman et al. 2012, 5-6).

The *SOC* offers some nuance to the Gender Dysphoria diagnosis. They define dysphoria as an

experience of "discomfort or distress that is caused by a discrepancy between a person's gender

identity and the sex they were assigned at birth (and the associated gender role and/or primary

and secondary sex characteristics;" Coleman et al. 2012). However, the problems with GID are

larger than its language, and the adjustments between the *DSM-IV* and the *DSM-5* diagnoses do

not negate that Gender Dysphoria is classified as a psychiatric diagnosis (Johnson 2019, 804).

The diagnosis marks a revised analogue of Gender Identity Disorder, but barely addresses the

surface of the issues resulting from transgender medicalization.

In line with Conrad's (2007) theories of medicalization, the Gender Dysphoria diagnosis

permeates sociocultural conceptualizations of transgender identities and individuals (Johnson

2015; Conrad 2007). Johnson (2015) critiques the shift from Gender Identity Disorder to Gender Dysphoria for its vacuity, claiming, "[this] change is largely symbolic, and… does little to combat the general understanding of transgender identity as a medical condition, specifically, a psychiatric illness" (804). The implications of transness as a psychiatric illness delegitimize transness as a normal form of human variance and further its stigmatization and pathologization. In reflection of the centrality of Gender Dysphoria in medical understandings of transgender individuals, the Gender Dysphoria diagnosis is a fundamental tenet to the harmful social impacts of transgender medicalization and will be a primary focus in my argument.

Transcending its medicalized usage, gender dysphoria describes an important experience to transgender individuals and communities. The experience of gender dysphoria is not exclusive to its medical definition, as the phrase came into accepted use in transgender communities throughout the 1990s (Stryker 2017). Speaking to its colloquial conceptualization, Matt Fournier (2014) writes:

> *Gender dysphoria is [a] moment of leakage, when the face you see in the mirror is not a face for you anymore, when a supposedly familiar landscape is blurred by the transposition of gender-signifying marks from one millieu to another, when the socially determined coordinates of familiarity-identity-gender no longer add up to a legible (legitimate) pattern, when materiality itself escapes the frame of representation* (121).

In contrast to the diagnostic criteria for Gender Dysphoria, Fournier describes the experience of dysphoria as more than self-directed discomfort and distress. Throughout this thesis, we will return to transgender individuals' experiences and embodiments that exceed the reductive bounds of medical definition to reclaim authority over their experiences. For now, it is sufficient to note that the term dysphoria is granted far more nuance in its colloquial use and does not require fulfillment of any criteria to experience.

Conclusion

Transgender medicalization constructed a homogenized model of transgender identity that operationalized the qualities described by the GID and Gender Dysphoria criteria and the surgical, hormonal, and therapeutic interventions available to transgender individuals. This model provides a normative account of what trans persons are like that is backed with medicine's institutional authority and prominence, and therefore speaks over the lived experiences of some transgender individuals in social discourse and interactions. Building from his work regarding Gender Dysphoria and the medical model of transgender identity, Austin Johnson (2016) developed the concept *transnormativity* to describe the normative account of transgender identity that arises from the medical model and dominates the social and cultural notion of transness.

Expounding Transnormativity

Johnson (2016) defines *transnormativity* as a set of standards and regulatory practices imposed onto transgender individuals. These standards idealize transgender individuals who adhere to the medical model of transgender identity and build a hierarchy of legitimacy from transgender identities based on the degree to which each individual demonstrates "medicalized narratives of gender nonconformity across social contexts and institutions" (465). He elaborates:

> *As a regulatory normative ideology, transnormativity should be understood alongside heteronormativity (Berlant and Warner 1998; Ingraham 1994; Warner 1991) and homonormativity (Duggan 2003; Seidman 2002) as both an empowering and constraining ideology that deems some trans people's identifications characteristics, and behaviors as legitimate and prescriptive (e.g., those that adhere to a medical model) while others' are marginalized, subordinated, or rendered invisible (466).*

The medical model of transgender identity sets a standard for the "right" way to be transgender, upheld by transnormative ideology.

Johnson (2016) examines transnormativity from an interactionalist approach, focusing on the social production and reproduction of gender categories (465). Working within the framework of West and Zimmerman's (1987) "doing gender" theory, Johnson argues that transgender individuals negotiate their social and institutional legitimacy through positioning themselves relative to transnormative standards of embodiment, identity, and narrative. Building from his analysis, social psychologists Bradford and Syed (2019) suggest that transnormativity functions as an *alternative narrative* for gender identity when cisnormativity fulfils the role of a *master narrative*. A master narrative refers to a "dominant and prescriptive cultural story" characterized by utility, ubiquity, invisibility, compulsory nature, and rigidity that informs the identity development of members across a given culture. Bradford and Syed's expansion of transnormativity depicts how the ideology functions on a cultural and psychological scale, in addition to Johnson's social and interactional focus.

Master narratives dictate who is virtuous and who is devalued in a society. The marginalizing effects of a master narrative often drive the development of an *alternative narrative* that resists its master narrative. Alternative narratives operate as a within-group master narrative to construct the norms, expectations, and parameters of a collective identity. Bradford and Syed assert that transnormativity qualifies as an alternative narrative that establishes the "normative expectations regarding acceptable ways to be transgender," in a predominantly cisgender society (Bradford & Syed, 2019, pg. 321).

While Johnson models transnormativity as a direct function of medicalization, Bradford and Syed (2019) attempt to decentralize transgender medicalization in understandings of transnormativity. In their study, they aimed to "expand the existing concept of transnormativity, which has centered on medicalization and gender binarism, to include gender roles, nascence,

victimization, gatekeeping, and legitimacy," as, "these individual aspects interlock as mutually-reinforcing pieces of a coherent underlying narrative" (321). The researchers' interrelated amendments to Johnson's model further expound the mechanisms of transnormativity, however, I argue that their additions bear roots in transgender medicalization as a function of the binary gender system and clarify its lasting sociocultural impacts.

In Bradford and Syed's (2019) model of transnormative narratives, emphasis is given to gender roles, nascence, victimization, gatekeeping, and legitimacy. Accordingly, they demonstrate transnormativity to uphold the logics and norms of the binary gender system and promote gender essentialism[5]. Bradford and Syed identify *nascence,* the notion that gender is determined at birth and constant over an individual's lifespan, to constitute a considerable portion of transnormative narratives (323). The researchers' operationalization of *victimization* identifies the tendency of transgender narratives to revolve around trans peoples' suffering, which stems from innumerous cultural, social, and personal factors (324). However, other academics argue that the centralization of gender dysphoria to trans narratives reaffirms the necessity of suffering in transgender narratives and supports their interpersonal victimization as marginalized peoples (Garrison 2018, 625). Finally, the social *gatekeeping* and *legitimization* of transgender identities functions from the hierarchy of legitimacy built from the medical model of transgender identities (Bradford and Syed 2019, 324). Regardless of the intricacies of their framework, the researchers effectively elaborate some of the themes of transnormativity and establish the relationship between the systemic and intrapersonal functions of the ideology in this study.

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[5] Gender essentialism is the belief that biological sex, gender roles, and gender presentations are natural, predetermined qualities innate to men and women (Tate, Hagai, and Crosby 2020).

Arguably, the most valuable contribution of Bradford and Syed's study is that the master and alternative narrative framework confirms transnormativity as a reflection of cisnormativity. The master narrative of gender remains consistent across one's lifespan, determining one's personal characteristics, social role, and identity category based on their external genitalia at birth (Bradford and Syed 2019, 315). Transnormativity resists cisnormativity by challenging the notion that gender is unmovable and creating a cultural location for individuals whose gender does not align with their sex assigned at birth. However, transnormativity mimics cisnormativity by subsuming transness into a binary, biological framework that reinstates gender as a dimorphic and prescriptive function of the body (320). The parallel elements between cis and transnormativity provide continuity between the dominant belief that binary sex and gender are naturally constructed and the perceived "emergence" of transness in culture, to make the existence of transgender people consonant within the collective gender schema of the U.S.

Transnormative narratives are limited in their representational capacity, however. The nature of nonbinary gender transgresses the parameters of legitimacy defined in transnormative narratives that "affirm that one's identity is authentic and "real" (618). Spencer Garrison (2018) analyzes transnormative narrative elements in reference to nonbinary gender specifically. He argues that transnormative narrative tropes measure the authenticity of a trans identity in a given context – whether an individual is "trans enough" -- to be taken as valid and legitimate, stating that, "[i]n order to claim a public trans identity, non-binary respondents are often motivated to present accounts that closely reflect prevailing understandings of trans experience (e.g., the "born in the wrong body" narrative), even when these accounts fail to capture the nuance of their experiences" (614). The prevailing understanding of trans experience is that of transnormativity, and nonbinary trans identities are antithetical to its stronghold to binary gender embodiments and

roles (Bradford and Syed 2019, 323). As we come to recognize this, we begin to question the limitations to this understanding, to whom they pose barriers, and why.

Garrison delineates core elements of transnormative identity narratives using data from a single group interview where he asked seventeen trans-identified respondents to describe the dominant trans identity narrative. Multiple interviewees mentioned a sense of innately knowing one is trans from a very young age, analogous to Bradford and Syed's nascence. As one respondent describes, "[y]ou hear all the time about people who knew when they were three or four – I didn't know until I was 12 or 13, which gave me a lot of doubts to overcome" (624). Similarly, "like the insistence on childhood awareness described above, ["trapped" in the wrong body] tropes draw on binary conceptions of gender, re-establishing trans individuals as either men or women." Both feelings of *knowing* and of being *born* or *trapped in the wrong body* reaffirm gender as a biological derivative "[r]ooted in essentialist interpretations of gender as innate or inborn" (624). An Instagram post from August 29th explains the implications of the "trapped" in the wrong body trope as it may appear in conversation:
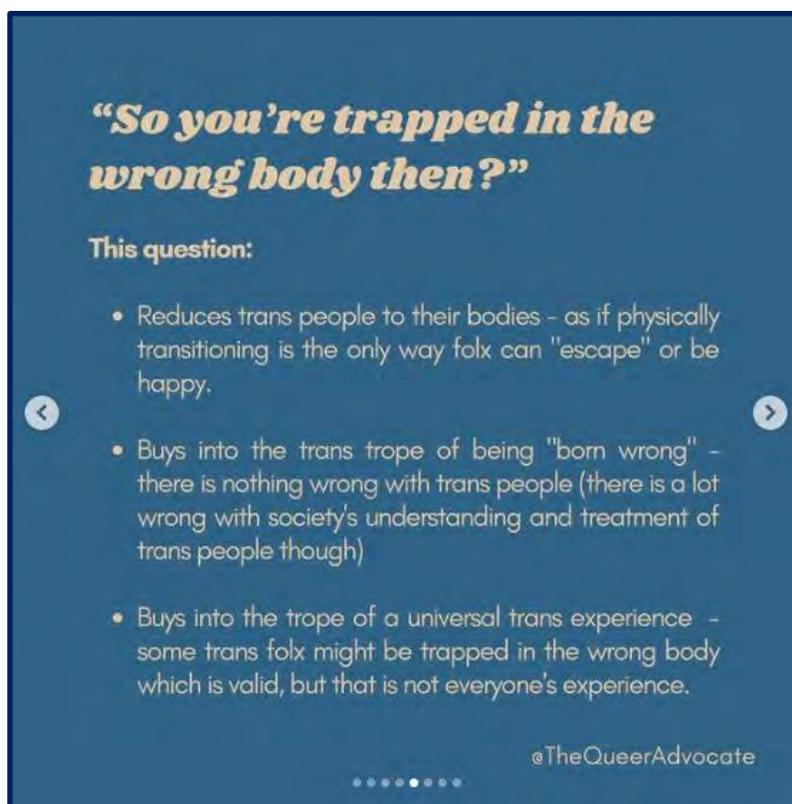
Image description: A post from @TheQueerAdvocate on Instagram (1) entitled "Trans Microaggressions" uses light yellow text over a blue background. At the top of the fifth slide, in bold, text reads "So you're trapped in the wrong body then?" Below, a bullet point list states "This question: Reduces trans people to their bodies -- as if physically transitioning is the only way folx can "escape" or be happy. Buys into the trans trope of being "born wrong" – there is nothing wrong with trans people (there's a lot wrong with society's understanding and treatment of trans people though). Buys into the trope of a universal trans experience – some trans folx might be trapped in the wrong body which is valid, but that is not everyone's experience.

Gender essentialism implicates transgender medicalization as well as the binary gender system. As one respondent shares, "I feel like that dominant narrative is that you have to medically get on hormones or blockers, get surgery… [That's] the central story of what makes someone trans, and you're not legitimate if you don't do those." Furthermore, participants in Garrison's study described experiences where others likened trans identity to "a form of mental illness, [saying] that trans identities are less legitimate if the experience of gender dysphoria does not significantly impair one's daily functioning" (625). Both statements describe a tradeoff

between an individual's adherence to the medical model of transgender identity and their perceived legitimacy by those around them.

Garrison identifies the intensity of dysphoria, gender-variance from a young age, consistent gender-variance across the lifespan, and suffering from dysphoria or discrimination as components of a transnormative narrative, as each were "reported by respondents across all categories as key elements of the discourse surrounding transgender identity in the United States" (625). These narrative components serve as representations of gender binarism, medicalization, nascence, and victimization as described by Bradford and Syed's model (2019). In summary of his findings, Garrison states, "in relying on [these] narrative tropes that reaffirm binary gender distinctions, trans people may make themselves visible as trans, but they offer their tacit endorsement of the binary system in the process" (633).

Nonbinary individuals are continually otherized by the structures and people around them simply because nonbinary gender doesn't "fit" within sociocultural means of relation, thus marginalizing nonbinary gender identities in both hegemonic and trans-specific discourse. The effects of this instability can be damaging: "when we are unable to "do" gender in ways that others can recognize, others may challenge our performance. As a consequence, we may come to question our own authenticity and wonder whether we really are the people we've understood ourselves to be" (Garrison 2018, 618). The sociocultural impacts of medicalization and transnormativity disproportionately isolate nonbinary individuals from others and from themselves, by rendering nonbinary gender incomprehensible and problematic.

In disallowing for nonbinary gender, transnormative ideology can invalidate and exclude nonbinary individuals from a collective transgender experience in the U.S. Research identifies individuals who stratify two conflicting identity categories, such as bisexuality in relation to

hetero- and homosexuality, to be at an increased risk for developing mental health issues across clinical psychology studies (Tatum et al. 2020). For the same reasons, Bradford and Syed state that "nonbinary individuals may be at particularly high risk for diminished social support," inviting "negative consequences for social status, self-confidence, and trust in one's relationship with others" (Bradford and Syed 2019, 321; Garrison 2018, 618).

Beyond the APA, some medical practices have responded to the concerns of trans and nonbinary individuals, activists, and practitioners regarding the medical model of transgender healthcare. Specialized clinics for transgender healthcare have increased in commonality in recent years, and many seek to meet the needs of a heterogenous population of trans and nonbinary people (Motsman, Nieder, & Pierre-Bouman 2019). Medical reformation will be an ongoing and dynamic process, but the movement continues to gain promising momentum. Most prominently, the development of informed consent models for transgender healthcare have led to a recent shift in the expanse and accessibility of medical services for trans and nonbinary individuals, that reduce the barriers to care that disproportionately impact nonbinary trans people following transgender medicalization.

Rethinking Transgender Healthcare

The process of transgender medicalization introduced gender-affirming hormonal and surgical treatments to the public and created a visible social and cultural identity for transgender individuals in the United States. Concurrently, these means of medical affirmation instated a belief that trans identity is an issue of individual psychopathology treated by a specific and linear hormonal and surgical regime. Recent "clinical data show that non-binary people represent a significant proportion of patients in clinical transgender health services," further challenging

medicine's "[tradition of] offering gender affirming medical interventions on a binary treatment

pathway" (Motsman, Neider, & Bouman 2019). In order to meet the needs of the entire

transgender community, trans peoples, activists, and healthcare professionals work to push the

field towards reform, in hopes of addressing its long history of medicalizing and pathologizing

transness (Keohler, Eyssel, & Nieder, 2018).

  In a 2019 editorial for the *International Journal of Transgenderism,* Motsman, Nieder, &

Pierre-Bouman (2019) report that "treatment pathways for binary and nonbinary transgender

people are changing to reflect patients' choice as autonomous agents making decisions based on

informed consent" (121-122). Informed consent models offer care to individuals who

"understand the risks, benefits, alternatives, unknowns, and limitations of a given treatment" and

can decide for themselves whether or not it fits their needs ("What Is Informed Consent?" 2021).

Instead of working within the parameters of medicalization, individuals who receive care via

informed consent retain agency and authority over their embodiment of their gender identity.

One implementation of an informed consent model for transgender healthcare, Plume, is a

digital, membership-based service that provides individuals with a prescription for gender-

affirming hormone therapy across the U.S. In their latest blog post, "What is informed consent?"

they elaborate:

> *In the gender-affirming care setting, [informed consent] means that medical providers who feel comfortable making an assessment and diagnosis of gender dysphoria are able to start GAHT[6] without a prior assessment by a mental health provider…by not requiring people to find (and pay for!) a mental health provider to provide a letter of support, the informed consent model helps to reduce structural barriers that prevent our community from accessing needed medical care* (2021)

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[6] Shorthand for gender-affirming hormone therapy (Plume 2021, NA)

This site was created to "radically increase access to gender affirming services" for "trans women, trans men, nonbinary and gender non-conforming people, intersex folks, genderqueer folks, and more" ("Redefining Healthcare"). By forgoing the prerequisite mental health assessment, Plume avoids the binary biases encoded in the DSM-5 and distances its gender-affirming care from psychopathology, to further expand access to affirmative medicine for nonbinary and binary trans individuals. Additionally, Plume aims to increase financial accessibility to transgender-affirming healthcare by subverting the cost of an auxiliary appointment (however, the service costs $99 a month in addition to the price of prescriptions; "Services").

The cost of gender-affirming healthcare prohibits many trans and nonbinary people from receiving medical intervention (Coleman et al. 2012). Additionally, medical racism, ableism, and fatphobia compound the gatekeeping faced by trans and nonbinary People of Color, disabled people, and fat people. These groups are at greater subjugation to delegitimization and discrimination from healthcare systems and individual professionals (Nurridin, Mooney, & White, 2020). The implementation of informed consent models for trans-affirming healthcare takes a much-needed step in the right direction, but there remains a largely unmet need for medical care within the trans population, disproportionately experienced by those in least proximity to normative standards (Johnson 2019, 809). In lieu of the medical institution's shortcomings, additional sources of affirmation, validation, community, and support for trans and nonbinary people are urgently necessary.

Conclusion

The contingencies of the current situatedness of transgender identities and individuals are traceable through centuries of U.S. and European history. This goes to say that the trans issues we face at present are not just trans issues and hold wider and intersectional sociocultural implications. In the following chapter, I will interrogate transnormativity in relation to nonbinary trans identities in context, by identifying manifestation of the ideology in trans and nonbinary discourse on social media platforms. In doing so, I aim to approximate the sociocultural positioning of nonbinary trans individuals to further illuminate the components of transnormative logics and mechanisms that shape the social, political, and personal lives of transgender people.

II. Establishing Transnormativity in Relation to Nonbinary Gender

Recentering Transnormativity

Transnormativity is a derivative of the binary gender system and product of transgender medicalization. This ideology upholds the cultural, social, and political formation of gender and sex by instating logics of transness, produced by medicalization, that mimic those of the gender binary system. In effect, transnormativity models a cultural standard for transgender people that gives rise to a "hierarchy of legitimacy,", idealizing trans embodiments comprehensible within the medical model and binary gender hegemony (Johnson 2016, 465). In this chapter, I will turn to the experiential testimony of self-identified trans and nonbinary people to evidence transnormativity in practice and consider its implications towards nonbinary gender identity, embodiment, and individuals.

In my own work, I define transnormativity as a regulatory ideology born from the gender binary system and transgender medicalization, that serves to reappropriate trans and nonbinary embodiment, identity, and personhood in accommodation of the institutions and social processes relying on the binary gender system. Because the sociocultural norm for trans identity reflects cisnormative, binary gender ideology, individuals who hold nonbinary, genderfluid, or genderqueer identities are made invisible within the popular transgender paradigm. In response, nonbinary trans individuals may struggle to be recognized, understood, and affirmed as trans by both cisgender and transgender entities.

We must consider the relationship between transnormativity and gender hegemony as one between transnormativity, white supremacy, and imperial power as well in our fundamental knowledge on the topic. Binary gender is a colonial construct employed to allocate colonial power throughout history, inextricable from the construction of race in preservation of white

hegemony (Draz 2017, 378). As a result, the regulatory mechanisms (such as normative standards and social hierarchy) that serve the binary gender system operate in synchrony with those upholding white supremacist ideals, structures, and institutions (Snorton 2017). I reiterate the necessity of a critical approach in contemporary gender studies here because the literature on transnormativity has so far failed to consider its normative structures as legacies of imperial power that compound the barriers to social intelligibility and self-authenticity for trans and nonbinary People of Color.

In this chapter, I turn to experiential testimony from self-identified trans and nonbinary people on Twitter, TikTok, and Instagram, to exemplify transnormativity in ongoing trans discourse and cultural narrative. From the testimonies I've collected, I will locate points of tension arising from transnormativity in discourse to resituate prevailing elements and identify current manifestations of the ideology in context. I will then analyze medicalized dysphoria, gender binarism, and "passing" in trans and nonbinary discourse to gauge their implications onto nonbinary gender. Finally, I will further previous conclusions regarding transnormativity by analyzing its current ramifications across heterogenous nonbinary gender identities.

The Medical Model in Discourse

The cornerstone of the medical model of transness is the gender dysphoria diagnosis, reflected in the dominant sociocultural understanding of transgender identity and people (Johnson 2019). The dysphoria diagnosis is often a required intermediary between transgender individuals and hormonal, surgical, and therapeutic interventions. However, this diagnosis is flawed in "its assumption that medical intervention is the primary key to its alleviation, and its erasure of nonbinary and non-interventionist trans people's experiences" because the ubiquity of

dysphoria allows medical authority to take precedent over the knowledge, lived experiences, and agency of trans people in their cultural conceptualization (528). In effect, dysphoria receives the most discursive attention, and its criteria establish the parameters of legitimate trans representations, bodies, and lives in society (Johnson 2016, 478).

TikTok User A speaks to essentialized dysphoria[7] at the beginning of a video, where they pantomime a conversation by playing two characters, distinguished by different outfits. First, in an exaggerated tone, User A appears on camera and says:

If you do not have dysphoria or want to medically transition, you are not trans.

This character uses medical transition and dysphoria to qualify transgender identity. Next, the video cuts to a shot of User A in different clothing, now speaking as themselves. They respond:

To some extent, instinctively I want to agree with you. I'm a trans person that has experienced dysphoria and the desire to medically transition and that's how I knew I was trans. But not everyone is the same.

User A continues to challenge the essentialization of dysphoria for the remainder of the video. We will return to this video in chapter four, but for now, it serves to demonstrate the presence of dysphoria-only approaches to trans and nonbinary identities and individuals.

Through medicalization, the gender dysphoria diagnosis has come to define trans and nonbinary identities in society and medicine. Many nonbinary individuals experience dysphoria and need gender-affirming hormones and surgery, but the experiences and identities of nonbinary individuals often do not match the strict criteria for gender dysphoria, sometimes leading to their delegitimization in social and medical interactions.

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[7] I use *essentialized dysphoria* to refer to gender dysphoria as a prerequisite experience before claiming a transgender identity

Medical Dysphoria and Nonbinary Gender

Until the DSM-5 publication in 2013, the U.S. medical institution did not formally accept non-binary and gender nonconforming trans identities. The institution's exclusionary practice was not only delegitimizing to non-binary and nonconforming individuals, but a valid reason to disqualify them from gender-affirming procedures (Johnson 2016). Between the gender identity disorder and the gender dysphoria diagnoses, the American Psychological Association (APA) replaced the criterion for "cross-gender identification" with "a marked incongruence between one's experienced/expressed gender and their assigned gender" in attempts to recognize trans people who present or identify beyond the gender binary (Dresser 2010; Stryker 2008). The recent diagnosis uses terms such as "other gender" and "alternative gender" as well, however, the efficacy of this shift remains contested (Johnson 2016, 528).

The gender dysphoria diagnosis describes transness as a vague incongruence between the internal and external self, further qualified by "clinically significant distress or impairment in social, occupational, or other important areas of functioning." The APA adamantly reports that they depathologized transness by removing of the word "disorder" from its diagnostic label between the DSM-IV and DSM-5; a "curious position to take, considering that the APA is describing a psychiatric diagnosis in a book titled the Diagnostic and Statistical Manual of Mental Disorders" (Johnson 2016, 528). The efficacy of removing the word "disorder" and language of "cross-identification" in addressing the lingering ramifications of medicalization is questionable. Furthermore, while the diagnosis no longer explicitly excludes trans individuals outside of the binary, it does not explicitly include them either (for better or worse; Dresser 2010).

In online trans discourse, nonbinary individuals' experiences with gender dysphoria

persist in carving out space in medicine and culture for nonbinary gender (Coleman-Smith 2020).

For example, a Tweet[8] from a popular satirical journalist's account on August 10th, 2020 reads:

> can you believe it took my dumb genderless ass over two years since coming out as
> agender to connect the dots between having days where I need to put on my tightest
> sports bra as soon as I wake up or my skin crawls and body dysmorphias[9] [1]

Experiences with dysphoria vary between individuals (Motsman, Nieder, & Pierre-Bouman

2019). Dysphoria may not be recognizable to some if they do not relate to its dominant narrative

tropes, such as feeling they were *born in the wrong body* from a very young age (Johnson 2016,

472). In result, nonbinary individuals with different experiences of dysphoria may feel

uncomfortable claiming a trans identity in public (Garrison 2018, 626). A later Tweet from the

same user reads,

> I have struggled to feel like I am a part of the lgbtq community because I'm "invisible"
> so I haven't suffered hardship or discrimination, and I feel like I'm almost appropriating
> [2].

The author of this Tweet speaks to not feeling "trans enough" because he is not visibly

recognizable as nonbinary or transgender via medicalized embodiment or narrative to the

majority the public. The Tweet does not discuss the invalidation that comes with nonbinary

invisibility beyond the quotation marks around the word, however. The experiences of some

nonbinary individuals are incongruous to medicalized narratives of dysphoria and suffering – not

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[8] I reference anonymized Tweets with the bracketed number following each quote. My methodologies for choosing to anonymize most artifacts are expounded in my methodologies section (pg. 6), and I've provided interactional data for each Tweet I discuss in Appendix Two.

[9] Body dysmorphia is a DSM-5 diagnosis classified under obsessive-compulsive and related disorders. Further research investigating body dysmorphic disorder in transgender and nonbinary individuals, and the relationship between body dysmorphia and gender dysphoria, is necessary, although preliminary analyses suggest that the prevalence rate of body dysmorphia disorder is higher in trans and nonbinary populations (Scheiber 2015).

because nonbinary individuals do not feel dysphoric or suffer, but rather because their dysphoria and suffering is not recognizable in the dominant narrative of transgender identity. The centration of medical dysphoria is accompanied by a stronghold to binary gender roles, norms, and ideals in transnormativity.

Binary Ideals

A basic search of the terms "trans" and "nonbinary" on the platform TikTok yields innumerable content representing a multitude of diverse identities. The surface of these search results confirms some of the biases of transnormativity, as most of the top videos feature conventionally attractive, able-bodied white men and women. When I recorded the number of likes, views, and shares for each of the videos I collected for this project on March 3rd, 2021, I noticed that one video had exponentially more views than any of the others[10]. The most popular video, created by User B and detailed below, received 4.2 million views. For scale, the second most popular video (created by User M) was viewed 309,800 times. The disproportionately vast reach of the content produced by User B may speak to the hierarchy of legitimacy under transnormativity, as his content reproduces elements of a transnormative narrative that are visible and appealing to the gender binary system.

User B sits on the edge on his bed while he administers a dose of testosterone. He lip-syncs to a popular and humorous audio clip that plays over the video, "Time for my Friday afternoon snack. Cheers mum, for the money." He turns the bottle in his hand to show the label,

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[10] These records are provided in Appendix One, alongside the original date the video was posted and demographic data for each user.

"TESTOSTERONE," to the camera, before drawing the liquid into a syringe and injecting it into his right leg. This video is playful and lighthearted.

In addition to self-identification in his account bio and video hashtags, Creator B signals himself to be trans by administering gender-affirming hormones. He is recognizable as a man by his body, mannerisms, and dress. He employs the "born in the wrong body" and "trapped in the wrong body" tropes, explicitly saying "I don't associate with the organs inside of [me]" again and again. It is not up to me or my readers to speculate on whether these manifestations of transnormativity were strategic compromises or authentic expressions of User B's identity. Regardless, his video clearly displays medicalized elements of transnormativity. The relatively inflated popularity of this video among other trans-focused content may confirm the high salience of transnormativity within trans discourse.

As "individuals are always accountable to socially constructed understandings of masculinity and femininity, even when they deviate from them," transnormativity branches from the intersections of medicalization and cisnormativity to "require people to meet normative situated standards for gender presentations that… produce logics of transgender that are intelligible to others" as well (Darwin 2017, 318; Johnson 2016, 524). Trans subjects' intelligibility to others relies on their coherence to the roles and norms of their respected binary gender, in addition to their employment of medicalized tropes.

Transnormative ideology is a legacy of medicalization that continues to prioritize trans embodiments and presentations that are conducive to the logic and normative standards of the gender binary. Its discursive function narrows popular conception as to what transgender people look, sound, and act like, what their identity means to them, and how they choose to live their

lives. The effective hierarchy delegitimizes both binary and nonbinary individuals who fail embody discernable, consistent aspects of binary gender.

The "Problem" of Passing

The discursive limitations of transnormativity onto the visibility and legitimacy of some trans and nonbinary individuals accumulates in the concept of *passing.* Thomas Billard (2019) describes passing as "fundamentally visual in nature… passing generally refers to an individual's undetected membership in a social group into which they were not assigned at birth" (465). For transgender individuals, passing "necessarily implies the attainment of cisgender aesthetics" that make a trans person "appear to a stranger to "look cisgender" (467). The act of passing is represented in transnormative narratives as an achievement of medical transition; often incorrectly portrayed as the ultimate goal or desire of trans men and women (Garrison 2018).

The "problem" of passing remains a divisive force within the transgender community. Scholars and activists have challenged the act of passing for its power to make transness invisible to the public eye, arguing that "the rejection of passing—the deliberate choice to not pass—represents a more politically liberated transgender identity" (Bornstein 1995, 125). However, twenty-six years after the original publication of *Gender Outlaw,* it remains true for many that "passing is often considered a desirable achievement… [and] those who expend too little effort at passing are judged negatively" or as illegitimate (Billard 2019, 467; Garrison 2018). The urge to codify passing as either liberatory or oppressive once again insinuates a right and a wrong way to be transgender. While critique of the institutional and social establishment of passing is necessary in evidencing the constraints of transnormativity onto nonbinary gender, it

must come with the reminder that "for many transgender people, passing does not represent illusion or concealment, but self-actualization and psychic realness" (Billard 2019, 467).

For some, the emphasis on passing in trans discourse creates a harmful normative standard; for others, passing serves as a tool for navigating a cissexist, hostile, and sometimes violent society. In result, passing fuels visceral tension in trans discourse. A Tweet from August 8th, 2020 states:

> *Normalize "passing" trans people still being capable of having dysphoria. My mental struggle is still real. I don't believe I pass whatsoever in real life, and it deeply hurts when people brush off my pain. Passing is extremely subjective* [3]

One reply follows, *can we just get rid of passing in general? It's toxic AF[11] to set a beauty standard and just makes peoples' dysphoria worse* [4]*,* along with others expressing agreement and discussing their own issues with the concept. On the contrary, a few less popular replies reject the dismissal of passing in trans discourse. Another user states, *for a lot of us it is a survival mechanism. There's a reason I don't present as a woman in public. If I passed, I would* [5]. In addition, Snorton (2009) emphasizes the psychological role of passing as "an agential power of affirming one's own reading of self" (87).

It is not clear where nonbinary trans individuals fall within the concept of passing. Darwin (2017) reports that "strangers often miscategorize [nonbinary people] as masculine girls or feminine boys because they do not recognize nonbinary gender when they see it" which, to some degree, describes a variation of passing (319). In these circumstances, nonbinary individuals receive the privilege of passing, because "being perceived or 'passed' as a gender nonconforming cisgender person grants you a kind of access to the world that is often blocked by

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[11] Abbreviation for "as fuck"

being perceived as trans or labeled as such" (Stryker 2017, xi). At the same time, for a nonbinary person to "pass" as cisgender means to be misgendered more often than not. This "binary misgendering" provides nonbinary individuals with safety and protection, but at the cost of their legitimacy and authentic selfhood (Darwin 2017, 326).

In a response to a comment stating, "that is NOT passing homie :)" Tik Tok User E speaks directly into the camera to say:

> *Homie! Pst! Uh, just real quick, passing is a reinforcement of the gender structure that I do not take part in… I have a five o'clock shadow, do you think I'm* trying *to pass? I'm hot regardless if I have a beard or not. I'm not trying to look like a woman, and I'd also like to remind you that, uh, no one on planet earth gives a shit what your expectations for women are.*

User E labels the concept of passing as a reinforcement of the gender binary, similar to Johnson's framework for social accountability, where he argues that individuals internalize cultural norms to reproduce in social interactions (2016). In doing so, User E asserts themselves outside of the normative constraints of the gender binary, dismissing a previous commentator's attempt to shame them and restating their legitimacy.

Passing is a valid and worthy experience for many trans people but is socially and culturally imposed onto *all* trans people, despite the fact that many binary *and* nonbinary trans individuals do not find personal value in the act of passing. An Instagram post from the activist account @TheQueerSexAdvocate divulges one critique of the superordination of passing in trans discourse:
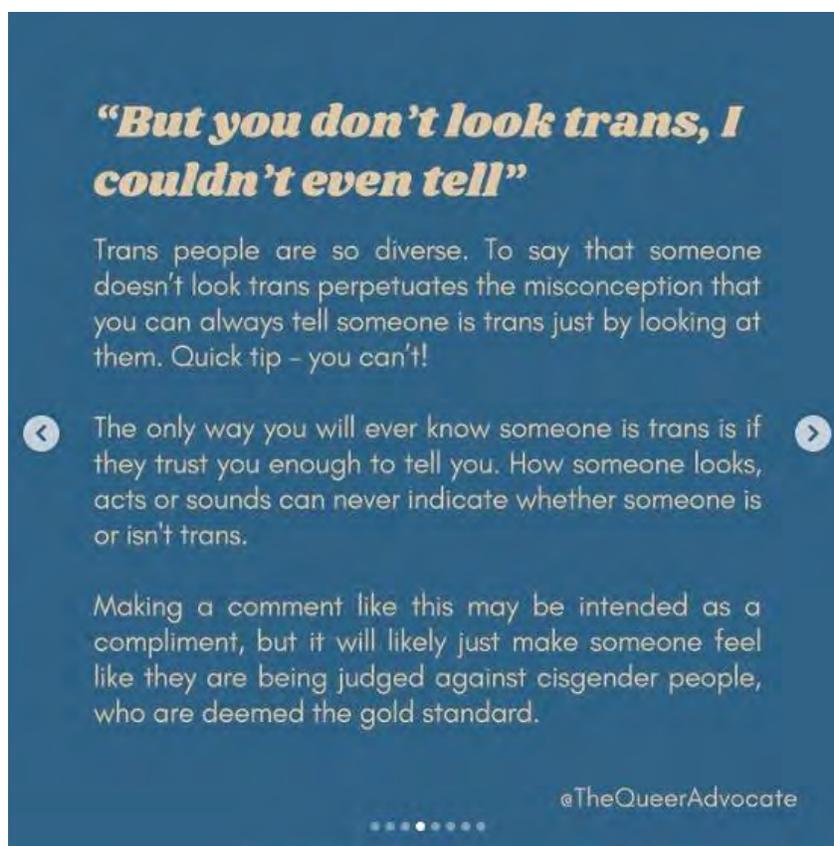
Image description: A post entitled "Trans Microaggressions" from @TheQueerAdvocate uses light yellow text over a blue background. At the top of the fourth slide, bold text reads, "But you don't look trans, I couldn't even tell" followed by "Trans people are so diverse. To say that someone doesn't look trans perpetuates the misconception that you can always tell someone is trans just by looking at them. Quick tip – you can't! The only way you will ever know someone is trans is if they trust you enough to tell you. How someone looks, acts, or sounds can never indicate whether someone is or isn't trans. Making a comment like this may be intended as a compliment, but it will likely just make someone feel like they are being judged against cisgender people, who are deemed the gold standard.

The bolded statement at the top of the image connotes "looking trans" as inferior or undesirable. The converse to this logic is that making transness invisible or undetectable – so that it blends into cisnormativity – is preferable. It is the prerogative of every trans and nonbinary individual to decide their own goals, and the desire to pass is no more or less valid than the desire to do anything but. The "problem" of passing, however, arises from the ease at which it can reinstate man/woman and male/female dichotomies as normal in trans spaces. When valorized as the

ultimate goal, passing reapplies hegemonic gender roles, expectations, and ideals onto transgender people.

Negotiating Nonbinary Intelligibility Within a Binary Framework

Monolithic conception of what and who is "transgender" most often excludes trans identities not aligned with binary gender categories or medicalized trans narratives that propagate ridged understandings of dysphoria, passing, and corporal "wrongness" (Johnson 2016). Subsequently, nonbinary individuals are not intelligible as "transgender" in the majority of situations. Previous lines of research have demonstrated the negotiations nonbinary trans individuals must make with transnormative expectations in order to access affirmative healthcare, community belonging, and interpersonal comprehensibility (Garrison 2018; Bradford & Syed 2019). Although "institutionalized gender ideology is beginning to shift in recognition of [nonbinary gender's] existence" (Darwin 2017, 331) some trans community standards, cultural norms, and institutional structures unbudgingly resist the incorporation of nonbinary gender identities and individuals.

Like everyone, nonbinary people are subject to gender attribution during interpersonal interactions, where "[others] make determinations about [their] gender by imputing sex category" based on a person's secondary sex characteristics in correlation with their gender expression (Garrison 2018, 616). However, it is nearly impossible for a nonbinary person to "accomplish" gender within this social accountability structure, because this structure relies on gender-sex essentialism and the performance of gender norms (Darwin 2017). A Tweet generalizes the experience of gender attribution for nonbinary people:

> *Cis people are like "yeah I know you're nonbinary, but are you penis or vagina nonbinary?* [7]

Nonbinary gender cannot conceptuallyexist under gender essentialism. The compulsory nature of

the gender binary system is internalized by individuals to be implicitly and explicitly reproduced

in social encounters (Bradford & Syed, 2018). This internalization creates individual reliance on

gender attribution for social understanding, which serves to invalidate nonbinary individuals in

social interactions.

In a similar tone to Tweet [7], Tweet [8] states,

"Most nonbinary people are girls."
Um no ,actually, most nonbinary people are nonbinary.

This Tweet rhetorically demonstrates the incomprehensibility of nonbinary gender in some

situations. Cis and transnormativity make it difficult to conceptualize nonbinary individuals

without reference to their assigned sex or gender. The gender binary is so deeply engrained in

society and culture that, occasionally, it is impossible to not refer to the assigned sex or gender of

a nonbinary person.

Nonbinary individuals are often distinguished as "AFAB" (assigned female at birth) and

"AMAB" (assigned male at birth). These terms provide language to discuss socialization,

privilege, and positionality in trans discourse and medical settings (Stryker 2017, 13). They can

also become invalidating to nonbinary people when misused. A TikTok published by User F

records their reflection in a bathroom mirror as they say,

> *Look, I'm nonbinary, but I'm starting to think that the terms AMAB and AFAB are just*
> *safe ways now for people to misgender people. Which sucks, because I think those terms*
> *are pretty necessary. Like don't get me wrong, I do understand that these terms are*
> *necessary. AMAB and AFAB people often have different experiences with gender and as*
> *a result, how they come into their gender is different and the experiences they lived with*
> *their assigned genders are different. So I get the necessity. I just think that the terms are*
> *starting to be a way to reinforce binary gender concepts by sorting people into two*
> *categories…*

The speaker recognizes the significance of AMAB, AFAB, and similar terms to account for the nuances of socialization and provide language through which to discuss different experiences. Nonbinary gender identities are diverse and multifaceted; subsequently, nonbinary individuals can come from, move through, and take on a multitude of social positions throughout their lives. Conversations acknowledging such are essential to the ongoing development of nonbinary community and acceptance.

However, some resist their popularization. User F continues,

...In a lot of queer spaces it's starting to be seen that nonbinary is diet-women, which is bullshit, and not true, and it means that a lot of AMAB people are categorized as having AMAB privilege, which is *true don't get me wrong, but it's also kind of a reductionist form of thinking because it ignores the fact that post coming out not all AMAB people continue to present as masculine. And don't get me wrong, I know that AFAB people have their own struggles with this, but I think it can become kind of harmful.*

The second half of their video is dense but references a few important dynamics. The speaker mentions that nonbinary individuals are sometimes seen as "diet-women" in queer communities, which I suggest may arise from an intersection between the delegitimization of nonbinary gender under transnormativity and the centralization of AFAB bodies in what little nonbinary representation exists (Bradford and Syed 2019). Regardless, this view is both invalidating of nonbinary gender generally and marginalizing to AMAB nonbinary individuals. Furthermore, User F argues that access to male privilege is only granted when a nonbinary person "passes" as a man, but not all AMAB nonbinary people do. Discernable features of biological sex play an important role in gender attribution, but these markers are confounded with gender presentation, expressions, and behaviors in social interactions (West & Zimmerman 1987). Both of the talking points in the second half of User F's video speak to the complexity brought by heterogeneity of nonbinary identities and individuals onto their social relations. User

F is correct in the sense that gender attribution considers nuances beyond assigned sex but fails to consider that male privilege arises from means beyond social interaction, in response to attributes beyond gender presentation. Discourse surrounding socialization, privilege, and positionality among nonbinary identities and individuals is relatively new and reckoning with the nuance and complexity of such will likely be ongoing.

The vestigial gender binarism in AMAB and AFAB-related language can be discomforting for individuals, nonetheless. In a candid expression of frustration, a young creator (G) shouts from the back seat of a car,

> *I don't know about any other nonbinary people, but I am* SO *sick of this AMAB and AFAB shit. If you ever say that to me again, I will ABE-solutely punch you in the face, bitch.*

The pun is a stretch, but the speaker's tone confirms that this statement is intended as (somewhat) humorous. While terms like AFAB and AMAB are necessary, their necessity is dependent on context and their appropriateness on nuance not yet accounted for in collective discourse.

Frustration and discomfort arise from the dialectic between nonbinary identities and a society emmeshed in systemized gender categories, which create the need for AMAB and AFAB-related language for nonbinary individuals to understand their social selves. The burden of necessary but invalidating binary language is greater for nonbinary People of Color, as the binary gender system serves as an ongoing force of cultural erasure and assimilation to white ideals dating back to European colonization in the U.S (Johnson 2018, 529). In 2018, the *Daily Dot* published an article entitled "The Whitewashing and Erasure of Nonbinary People" by an anonymous contributor, self-described as "a Brown nonbinary trans woman… raised and

socialized as a boy," who "only in college began reckoning with the trauma of being forced into an existence counter to my identity." She states,

> *For many people of color, there is an uncomfortable reckoning with how much we must relate to our genders through concepts and language codified by our oppressors. No one considers how difficult it may be for us to regain an authentic sense of identity within cultures whose own gender traditions were repressed and forgotten. The process may be confusing for cisgender people, but it is painful for us, both in how much trauma there is to cope with and the actual violence that's invited when we dare to be our authentic selves.*

Transness, in its relation to the gender binary system itself, is a contingency and consequence of colonization, and transnormative standards perpetuate assimilatory standards onto nonbinary People of Color in the U.S today. Subsequently, trans and nonbinary People of Color have very different experiences developing, embodying, and presenting a nonbinary gender identity than their white counterparts.

In a blog post for the Gay, Lesbian, and Straight education network, activist Ezra Morales describes struggling with his identity, stating, "although I identify as a trans, gender non-conforming boy, my identity is rooted in a racist and binary system that is not made for me." He continues, "to truly feel liberated, I cannot be confined by the gender binary, which means I'm constantly pushing back against white gender norms… I've grown in my belief that the gender binary – the idea of "male" and "female" as the only two genders – is a system created by and for white people, not brown bois like me." The regulatory mechanisms of the gender binary act on all trans and nonbinary individuals in the U.S via transnormativity, but disproportionately otherize and erase trans and nonbinary People of Color in perpetuation of colonialism.

A Twitter activist, @shantilly_t, summarizes the importance of asserting binary gender within a colonial context:

shantilly
@shantilly_t

Replying to @shantilly_t

Trans people have always existed. Our history has been erased &/or rewritten by colonizers. & there's nothing "natural" about the gender binary. It's forced on us.

2:22 PM · Feb 28, 2021 · Twitter for iPhone

55 Retweets   342 Likes

Image descriptions: Three Tweets [9, 10, 11] from user @shantilly_t are captured in successive images, text only, as follows. 1. "The gender binary is a social construct really isn't the full story. The gender binary is a white supremacist colonial social construct that actively oppresses everyone. 2. Just saying the gender binary is "made up"sperates it from the systems of oppression that it's a part of and its history of colonization and genocide. 3. Trans people have always existed. Our history has been erased &/or rewritten by colonizers. & there's nothing "natural" about the gender binary. It is forced on us."

The common claim that "gender is just a social construct" assigns the concept arbitration but misdirects attention from its sociopolitical construction and systemization to the benefit of imperialism and white supremacy. Diminishing the gender binary system to seem irrelevant, ungrounded, or meaningless also diminishes the cultural context that gives pretense to the whitewashing of trans and nonbinary gender in academia, media, and discourse today.

It is critical to interrogate the gender binary in a colonial context to avoid reproducing its logics of ubiquity. Understanding such is critical to recognizing the experiences of nonbinary People of Color in the U.S. today, who experience deeper impositions of binary gender than their white counterparts. The invisibility of nonbinary gender in the U.S. today is only possible because of the ongoing erasure of peoples and cultures without a binary gender system.

Therefore, to make nonbinary gender visible mandates intentional reckoning with legacies of imperialism, enslavement, and white supremacy that act to resubsume nonbinary genders within a systemic binary framework. The continued pursuit for a more welcoming environment for nonbinary gender absolutely must consider the foundation of binary gender in order to begin to dismantle it.

Conclusion

Transnormativity is an ideology that upholds hegemonic notions of gender that inherently contradict and suppress the existence of nonbinary individuals and identities in the U.S. Transnormativity is contingent on transgender medicalization. From medicalization, transnormativity constructs a narrative of trans identity comprehensible within the gender binary but promotes a homogenized and normative standard onto transgender individuals in the United States in the process. This standard delegitimizes nonbinary trans people, particularly trans and nonbinary People of Color (Johnson 2019, 528).

Transnormativity is visceral in the personal testimony of trans people on TikTok, Twitter, and Instagram. This force brings transnormative content to the surface of media representation and discourse, providing a narrow and idealized image of transness that forms a threshold to legitimacy for transgender individuals. Transnormativity is accountable to hegemonic cultural norms, relying on transgender medicalization and comprehensibility within the binary gender system to socially validate transness. Subsequently, many transgender individuals struggle with transnormativity in their intrapersonal and social lives.

However, social media discourse has become a site of pushback against transnormativity for its medicalized, binary mandates. Nonbinary individuals document their experiences resisting

binary gender categories, although they are not entirely avoidable. Individuals also advocate for their right to separate themselves from the gender binary as an imperial legacy, in resistance of normative standards and white hegemony. This pushback is creating an expanding space for the nuance of nonbinary gender in public discourse. As this discourse develops, it widens the channels of opportunity for nonbinary individuals to contribute, expanding the diversity voices included in the conversations forming nonbinary representation, narrative, and expression. In the following chapter, I will explore nuanced nonbinary voices and representations in trans discourse.

III: Establishing Nonbinary Gender Beyond Transnormativity

Let's return to the first TikTok video, from User A. Wearing a blue t-shirt, they act out a common sentiment, saying "if you do not have dysphoria or want to medically transition, you are not trans." As if they are having a conversation with themselves, the video cuts to User A in a white t-shirt. They rebut:

> *To some extent, instinctively I want to agree with you. I'm a trans person that has experienced dysphoria and the desire to medically transition and that's how I knew I was trans. But not everyone is the same. Trans people are human beings. This is not a textbook… odds are there are some that don't have all the obvious signs.*

The "obvious signs" the user refers to, dysphoria and medical transition, are components of the medical model perpetuated through transnormativity. The first character User A enacts speaks to a boundary of legitimacy upheld by transnormativity. However, as User A as themself points out, these boundaries do not account for the inevitable variance between individuals who claim a trans identity. They continue:

> *But with all that in mind I ask you: why does it matter? I mean, why does it concern you so much?... Telling people how to be trans gets you nowhere… normalize people playing around with it and trying to figure it out. Stop attacking people for finding themselves.*

User A questions why variance among trans people is treated as a threat. In their first character (blue shirt), they set the parameters of legitimacy to a trans identity around whether an individual experiences dysphoria and a desire to medically transition. As their second character, they challenge those parameters, in support of people "finding themselves" in trans identities. We will continue challenging the parameters of transnormativity throughout this chapter, locating where its pervasive but fallible grasp on transness falls short. We will examine trans and nonbinary identities, presentations, and embodiments that resist transnormativity, considering: "if we are to dislodge transgender from the event of its medicalization and meditate,

alternatively, on the handmade dimensionality of experience, what might transgender come to mean?" In pursuing an answer to this question, I aim to shed light on where "the labor of making transgender identity is handmade: collective—made with and across bodies, objects, and forces of power" in trans and nonbinary individuals' self-published testimony collected from social media platforms (Vaccarro 2014, 97). In doing so, I hope to uplift the voices of trans and nonbinary individuals to speak on their own experiences, in contribution to the continued effort towards an expansive and de-medicalized conceptualization of transness.

Gender Fluidity

In contemporary discourse, the term *genderfluid* takes on a multitude of meanings; often used to denote a fluctuating, unfixed, or dynamic nonbinary trans identity, presentation, or expression. A person can *be* genderfluid, *act* gender fluid, or *experience* gender fluidity in their internal or external self (Vaid-Menon 2020). The concept of gender fluidity is not new, as "there have always been people and categories of people that have troubled and challenged a strict binary of male and female, man and woman," drifting back and forth between, around, and within the two (Lester 2017, 146). However, "it is not that… trans, genderqueer, gender-fluid, gender-neutral [were] timeless categories of human being, appearing [all] in the same way" (147). These terms are specific to our cultural and temporal context in relation to the gender binary. What we might consider an emergence of gender fluidity is better described as a reemergence of the concept in a de-colonial context (Vaid-Menon, 2020, 13).

In the U.S., for an individual to repeatedly traverse the boundaries of binary categories threatens the logic and credibility of our social hierarchy engrained in state and society, leading to the conflation of unfixed identities with deception, suspicion, and danger (Snorton 2017, 73).

In result, at present, "the colonial/modern gender system is applied through an intense process of racialization. This [binary] system becomes the way to make and naturalize the cut between human/not human, superior/inferior, colonizer/colonized, white/nonwhite, and so on" (Draz 2017, 380). Consistently, binary gender has served to vindicate other constructed power dichotomies by naturalizing dimorphic difference between groups of human beings. Undermining the gender binary threatens the logics of power relations in the U.S; since the binary protects whiteness, whiteness protects the binary (Snorton 2017, 73-74).

In accordance this with socio-political paranoia, gender fluidity was and is actively discouraged within American culture, giving a false sense of novelty to its increased notoriety over the last decade (Snorton 2017, 73). Genderfluid identities, presentations, and embodiments claim permanent untethering from the binary gender system, however, are subject to erasure or re-subsumption into a continuum between femininity and masculinity loyal to the binary gender system. This serves to maintain a framework for thinking about gender in linear, diametrically opposed, and exclusive terms. Nonetheless, masculinity and femininity are not a continuum, as demonstrated by the expansive lived experiences of trans, nonbinary, and genderfluid people through history into today. Furthermore, genderfluid presentations and identities allow for individual nuance and multiplicity.

Masculinity and Femininity Are Not A Continuum: Androgyny Is Not the Mid-Point

In popular culture, nonbinary gender is often conflated with androgynous presentations on white, thin bodies (Gray 2018). In result, we produce a homogenous sample of visible nonbinary icons in popular culture that proliferate misrepresentations of an already-misunderstood group, explained in another post from User A. Their video begins with an empty

frame facing a bedroom, covered by the text, "here are a few misconceptions you probably have about nonbinary people." User A jumps into the frame, speaking directly into the camera:

> *Number one: their goal is to be androgynous. While that's a goal for a lot of nonbinary people, it's also a goal for a lot of men and women too. They don't go hand and hand because gender expression doesn't always reflect one's gender, and there is no one way to be nonbinary. This assumption is really harmful to more masc or femme leaning nonbinary people, as they constantly get told they must not be NB because of the way they express themselves.*

User A speaks to the conflation of gender expression with gender identity; a tenet of cisnormativity that secures a ubiquitous expectation to attribute an individual to a gender category based on their appearance, voice, and mannerism (Johnson 2016). This logic carries through transnormativity – particularly in discourse around "passing" – and can stretch to manifest in the assumption that nonbinary gender is akin to androgyny, like a midpoint between masculinity and femininity. As mentioned, androgynous presentations are the most visible representations of nonbinary gender in media, which serve to reconfirm this misconception to some audience members (Darwin 2017).

User A states that "there is no one way to be nonbinary." However, centralizing androgyny in nonbinary representation constructs a monolithic image of a nonbinary person that forms a standard or preference for androgyny as a recognizable embodiment and presentation of nonbinary gender. This expectation marginalizes "more masc or femme leaning nonbinary people" because they are so rarely recognized and validated for their identity in social interactions with cis and trans individuals. If left unquestioned, the standard for androgynous presentation from nonbinary identities holds the power to reinstitute a hierarchy of legitimacy for nonbinary individuals in extension of transnormativity.

Rejecting a standard of androgyny does not disregard that, for some, a discernable expression of femininity and masculinity is part of their internal experience of their gender. Fluidity does not limit gender expression to a position along a linear continuum from masculinity to femininity, instead encouraging individuals to "navigate gender as a geography, as a landscape, with its gridded plains, its wastelands" (Fournier 2014, 121). Movement occurs around and within gender identity, presentation, and embodiment, configuring and reconfiguring each element over time. As an identity and as an action, gender fluidity recognizes individual's multiplicity and makes possible dynamic and multidimensional modes of being, seeing, and being seen.

Nonbinary Is Not A Third Gender

Fluidity applies to language as well as appearance, demonstrated by trans and nonbinary people who use multiple sets of pronouns to refer to themselves. For example, TikTok User J goofily dances in their bedroom to the lyrics, *who's the man? You the man. Strong healthy Black man. Ba -ba!* under iridescent pink and purple lighting. The text in the top left-hand corner reads, "When someone calls me he/him," and the video caption states:

> *and that's on being *nonbinary.* my pronouns are they/she but he/him hit a little different sometime."*

User J speaks to feeling affirmed by different pronouns at different points in time, suggesting an acceptance of simultaneous and impermanent stations of masculinity, femininity, and liminality. Similarly, some individuals use multiple identity related terms synchronously or asynchronously to capture the nuance and contextual dependency of their gender. TikTok User E responds to a comment that asks "wait, your pronouns are they/them but you said you're a "woman" in this video, is referring to you as a girl ok?" The commenter appears to be confused by their

association between they/them pronouns with nonbinary gender and she/her pronouns with womanhood. Earnestly, User E replies:

> *Hey, uh, great question, thank you for asking. Um, yes, there are nuances to being a nonbinary trans woman. To answer your question, is it ok to refer to me? No, never do that, thank you.*

The term "nonbinary transwoman" may feel paradoxical as nonbinary gender is most often conceived as a third category in relation to men and women, assuming the same diametric opposition purported between categories within the binary gender system (Garrison 2017, 631). As implied by User E, this is an overly simplistic system of gender classification that erases the nuance and complexities of some individuals' identities. Any perceived inconsistencies in the language nonbinary people use to describe themselves are easily problematized because they defy normative demands for gender to remain fixed within a discrete category across time (Fournier 2014, 121).

All of the Above and None of the Above

In rejecting pressures to fabricate consistency, nonbinary individuals can form adaptable, mobile, expressive, and nuanced personal identities (Vaid-Menon 2020, 13). Sublimation of the immovable barricades of masculinity and femininity set by the gender binary system creates new possibilities for trans existence. There is no one way to be nonbinary, except for that which honors an individual's authentic identity.

Writer, performer, and public speaker Alok Vaid-Menon demonstrates this deconstruction within themself in an Instagram post from October 11th, 2020.
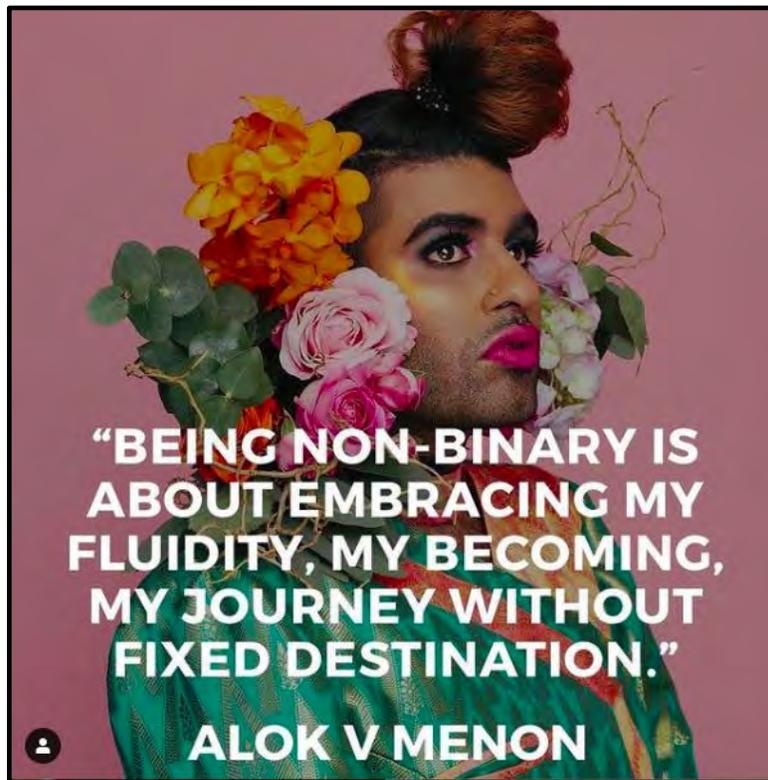
Image description: Alok wears their hair in a bun with orange and pink flowers framing their face. They are looking off to the right of the image, adorned with eyeliner, a flat nose stud, and pink lipstick. The text over the image reads, "Being non-binary is about embracing my fluidity, my becoming, my journey without a fixed destination."

In addition to the image, Vaid-Menon elaborates in the caption to their photo:

> *Foremost I am ALOK, complex and multifaceted. So much of that vital nuance gets lost in extrapolating me to categories which require minimizing difference for the sake of coherence and convenience… I use "gender fluid" because my gender is not static, it shifts across time and space. Presenting what society deems as "masculine," doesn't invalidate the legitimacy of my femininity and vice versa… I am both all of the above and none of the above. This is not a contradiction; it is an invitation. My gender cannot be categorized because it is constantly in flux and shifts depending on context.*

The self-advocacy Vaid-Menon brings to this post sets a precedent for genuine, authentic self-expression from people who "would like to be seen as a person outside of the rubric of gender" (@alokvmenon 10/11/21). Vaid-Menon honors their multiplicity, accepting fluctuation between,

across, and in absence of masculinity and femininity. Most importantly, they assert their legitimacy and validity in expressing a dynamic gender identity that digresses from the tenets of gender hegemony. In their writing, activism, and public vulnerability, Vaid-Meron carves space for fluid and nonbinary gender identities, presentations, and peoples like themselves.

Vaid-Menon grants themself full embracement of the genuine needs and desires of their authentic self. In their book, *Beyond the Gender Binary,* Vaid-Menon speaks to coming into their gender identity despite moments where it was difficult to honor their self because of the social condemnation they faced. However, they state that, "when I started wearing what I wanted to again, it didn't feel like something new. It felt like regaining something that I had lost. It felt like coming home" (24). Despite the innumerous social and cultural barriers to gender fluidity, Vaid-Menon and other nonbinary and genderfluid individuals find means of enlightening and enacting their authentic self and identity. Finding means to live with authenticity can transform individuals' wellbeing, comfort, and empowerment – it can feel like coming home; a relief we all deserve.

De-medicalized Embodiment

Through a demedicalized lens, transgender embodiment is that which brings an individual's external perceptions and experiences into alignment with their internal cognition to find, form, reform, and enliven their authentic self. However, gender-affirming medicine comes from a history of institutional, medicalized methods of preserving the binary gender system, and nonbinary and trans people seeking care may struggle to navigate around this prescriptive legacy. In result, nonbinary and gender nonconforming trans embodiment has only recently emerged in

trans discourse to introduce representations of complex, demedicalized, and authentic modes of being.

Many trans and nonbinary people need medical affirmation; many do not. Individuals who do may not have a clear image of their embodiment in mind. Others may be unsure whether their needs can be met by medical affirmation at all. User K expresses their frustration with such, in a video where they sit at a picnic table in a bucket hat, a tie-dye shirt, and holding an acoustic guitar. After taking a slow sip from a soda can, they declare,

> So, gender presentation is difficult enough as it is as a nonbinary person with high testosterone, but no amount of HRT and Estrogen can give me four arms, more eyes, gingerbread legs, and a cock and coochie. That just ain't happening and I want to be the Eldritch being I was meant to be goddammit it!

The social and political construction of male and female corporality renders nonbinary trans embodiment opaque, because its dimorphic categorization has rarely allowed for a safe but undetermined space in between. Pursuit of this space requires imagination – as exaggerated by User K – to create both medical and nonmedical means of arrival.

The relationship between embodiment and gender dysphoria remains unclear. Walsh and Einstein (2020) propose that gender dysphoria "represents a manifestation of the harm that a cissexist society does to the neural representation of the embodied self," and while this suggestion seems promising, I hesitate to draw a causal link between dysphoria and nonbinary trans embodiment. Novel discourse surrounding heterogenous experiences of nonbinary trans identities is ongoing and evolving at a rapid speed, often returning to question the essentiality of dysphoria to transgender identity. The heterogeneity of nonbinary identities and individuals suggests that embodiment and dysphoria are likely related, but not dependent on each other.

Social Support

Nonbinary individuals face disproportionate social determent because our identities, bodies, and selves are otherized and deemed unintelligible or "too difficult" within the context of the binary gender system (Garrison 2018, 634; Lester 2017, 19). Subsequently, we are at greater propensity for real or perceived social rejection. Interpersonal affirmation and assurance are necessary components to developing secure self-esteem, sense of belonging, and meaningful relationships. Therefore, this social rejection can have repercussions on trans and nonbinary individuals' mental health (Nagoshi et al. 2010). We can find hope in this truth, however: social rejection is minimized by a subject's recognition of their object as something they understand or find familiar (West & Zimmerman 1987, 128-129). This is by no means a matter of ignorance versus awareness, but the increasing sociocultural visibility of nonbinary gender yields potential to bolster support for trans and nonbinary individuals' resilience, prosperity, and wellbeing.

To build transformative trans and nonbinary communities, we must first reckon with hierarchized transnormativity and subsequent boundaries of legitimacy that exclude nonbinary and gender nonconforming trans individuals and undermine trans and nonbinary People of Color. Nuanced communities hold the power to better the lives of trans and nonbinary individuals, evidenced by a Twitter thread posted by an adult roller derby coach who works with trans youth. The author states:

> *I coach roller derby. For the five years I've been coaching, we have welcome trans, nonbinary, and gender nonconforming skaters. We might have been the first youth sport to do this… have you ever seen a trans, nonbinary, or gender nonconforming kid hear their gender affirmed over a loudspeaker in front of hundreds of screaming fans? I have. And I wish I could bottle up that moment and hand it out to every kid who doesn't feel seen or respected.* [15]

The central experience to the community described in this tweet is affirmation. However, not all trans and nonbinary people have access to other trans and nonbinary people nearby. In effect, there are innumerous online formations of trans and nonbinary individuals that make space for community and offer validation.

Para-Social Support Over the Internet

I must disclose; I am twenty-two. I have no lived experience to understand what our social landscape was like before the internet, and this deficit makes it difficult to imagine. Simply put, I personally cannot envision being trans without the internet, as I bear witness to the essential role online spaces have taken in my generations' pursuit of identity exploration, discovery, and connection (Darwin 2019, 32). My experience speaks to a broader phenomenon, as the internet offers a wealth of forums, blogs, and social media accounts that play "a revolutionary role in building safe, supportive, and affirming spaces for transgender individuals, not only in their online lives, but also in existing offline spaces" (Scheuerman, Branham, & Hamidi 2018; 39:11).

Self-published material can gain traction without involvement of the usual media institutions that invite biases[12], such as journalism, celebrity, and entertainment, and the enormous reach of social media platforms can open new channels of connection, conversation, and community building. The ability to self-publish with limited censorship works to expand representations of nonbinary gender accessible through pop culture and can extend passive support to members of a figure's audience who see themselves represented and affirmed in their content. In an Instagram caption, Sage Adams, creative director for the musical artist SZA,

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[12] Social media content still undergoes censorship via a platform's Terms of Use Agreement.

discusses changing the sex listed on their California driver's license to "non-binary" (marked as *X;* Dwyer 2019). They write:

> *It non-binary awareness week or some shit. This year I finally had my gender marker changed. I didn't tell anyone, it felt like something just for me. I want to share now because growing up, the only NB representation I had was skinny whites w/ no titties. I hope that me being open about my gender identity can change that for black kids. Go be fat and non-binary, go be dark skinned and non-binary, go be a whole ass father and be non-binary, go have huge titties and be non-binary. It's time to just go be.*

Adams uses their platform to share their personal experience, in hopes of reaching Black nonbinary youth who otherwise might not see another Black nonbinary person as they come into their identity.

Under a similar premise, TikTok User J posts a video that briskly moves through shots of User J wearing different outfits, often adorned in bright eye makeup, sunglasses, and geometric earrings. The song *Prom Queen* by Beach Bunny plays in the background, and the text displayed over the course of the video reads:

> *There is no one way to look nonbinary! I'm tired of only seeing thin white masc people being considered valid in this identity!! I wanna see more Fat Bitches! More Black Bitches! More Femme Bitches!! I love you! You're valid! You're hot! You're nonbinary! I HOPE YOU HAVE A GOOD ASS DAY!!*

The slim window of media representation for nonbinary identities is enormously whitewashed; prioritizing thinness, able-bodiedness, and transmasculinity in its construction of a consistent and uniform nonbinary appearance (Ghabrial 2019). Nonbinary Black people are adopting social media platforms to resist reformulated applications of normative standards derived from whiteness onto nonbinary gender identities, presentations, and embodiments. In addition to personal testimony, social media can be used to spread educational resources, activism, and mutual aid organizations in support of trans and nonbinary People of Color.

Family, Friends, and Loved Ones

Social support occurs in both individual and systemic relations. Our most proximal sources are our interpersonal relationships, when we feel affirmed and accepted by friends, family, partners, and other significant figures in our lives. (Bradford & Syed 2019, 321). In 2019, a Boston news source published an interview with a trans healthcare worker named Dallas Ducar, where she spoke to the significance interpersonal support has played in her own life. She describes feeling "very lucky to have the support of my loved ones, and it was through that transition… that I began to realize how important support can be" (Gearheart 2019). At the time of this interview, Ducar was a psychiatric nurse practitioner and researcher at the forefront of transgender-affirming health care at Massachusetts General Hospital. Since, she has been working as the CEO of a promising transgender healthcare clinic in Northampton, Massachusetts, scheduled to open in May 2021 (Gearheart 2019; TransHealth 2021).

The emotional significance Ducar expresses is echoed in testimony from other trans and nonbinary people. A Tweet from March 6th, 2021 reads:

> *i officially came out to my boyfriend as nonbinary and it went so beautifully. crying all of the relieved and happy tears rn.* (13)

Support from loved ones can act as a crucial protective factor against distress from social adversity and make an immeasurable difference in trans and nonbinary lives (Johnson 2019, 523-524). However, family and friends are not immune to ignorance, bigotry, and gender hegemony, and many trans and nonbinary individuals do not receive sufficient support from those around them (Dhejne et al. 2016, 54). This is nothing new; trans and nonbinary individuals have successfully sought other means through which to build interpersonal and community support and affirmation for decades.

In Pursuit of Authenticity

Self-authenticity is a state in which an individual thinks, acts, and lives in accordance with their most latent self-concept, comprised of their inherent and unchangeable values, beliefs, and characteristics. Living as one's authentic self extends legitimacy – the expectation for others to believe you are what you say you are – inwards, requiring honesty, assurance, and trust for oneself (Lester 2017). Self-authenticity through nonbinary identity may be a harmonious state of being between a nonbinary person's lived reality, body, and spirit without moderation or adjustment to meet the demands of the world around them. To foster authenticity in ourselves and others, we can point towards a basic principle, expressed in a Tweet from September 20th, 2020:

> *A friendly reminder that you don't need to fully understand the nuances of gender identity to know that each individual person knows who they are better than you ever will.* (14)

Transnormativity pressures individuals to explain, present, and embody their identity in ways intelligible to others, so that others find them legitimate, valid, and worthy of affirmation (Garrison 2018). Intelligible expressions of oneself may diminish authentic expressions of oneself, and the pressure for intelligibility from others can lead to questioning one's knowledge and connection to their authentic self. In alleviating this pressure where we can, we encourage self-authenticity in others.

Authenticity is not only a question of self-trust, but one of self-discovery and self-awareness. In an interview on the BBC podcast *NB,* musician, author, and activist CN Lester discusses authenticity in terms of gender embodiment by posing the questions "how can I be happy however my body changes?" In relation to the self, body, and external world, "how can I honour how I am in this space and bring joy into my life?" The self-knowledge necessary to manifest authenticity is not innate, especially for those who reject a predetermined script of trans

identity, but it's acquisition and acceptance is important, "because we haven't got much time [to live]. I mean, honestly, that's something I just can't stress enough" (Lester 2020, ep. 5).

Living authentically can look like anything that feels authentic to an individual. Within our social and political landscape, nonbinary and trans individuals are systemically denied self-actualization – we are taught to doubt ourselves; otherized by conventional language, public spaces, and institutions – and compensatory efforts towards realization and acceptance are unique to circumstance, positionality, and personality (Johnson 2015, 809). Future research may consider investigating trans and nonbinary methods of manifesting self-authenticity within a deliberately heterogenous sample, but for the purpose of this report, a grasp on the notion of authenticity needs only the mantra: "There's no formula, there's no one way to be. Just be." (@sageaflocka 2020).

We often don't have the tools to fully know and represent ourselves with authenticity -- but the pursuit of such often calls on artistic and representational abstraction. The internet is rife with "trends" among certain groups on certain sites, where users produce and reproduce content that adheres to a consistent and replicable element, such as formatting, rhetoric, or theme, as a symbol for abstract knowledge derived from shared experiences (Scheuerman, Branham, & Hamidi 2018; 39:11). On the platform TikTok, nonbinary creators have popularized a comedic trend of "describing their gender" by compiling ridiculous and incoherent associations that speak to their unique, individual experiences.

In one video, User L reclines on a couch wearing a grey hoodie and overalls. They declare, "this video is called: the most accurate description that I can give you of the way I think about my gender." The key to their humor here is the use of *accurate*, as User L next provides the following list, each item separated by a cut-shot:

- *Approximately a woman.[13]*
- *I'm just some guy.*
- *Whatever the implication is of my great aunt, uh, giving me flowers for my birthday but also calling me sport all the time.*
- *Dyke.*
- *Whatever it means when you think that any gendered term people use for you, uh, whether it is ma'am or my man, yeah whatever it means when you just think that's funny.*
- *Feeling safe in a group of women in a way that I don't feel in group of men, but, when it's a group of straight cis women, I'm like, I am not one of you.*
- *Feeling like your femininity comes from a similar place that it does for a lot of gay men*
- *Like in Animal Crossing[14], when gender is referred to as "style."*
- *Just feeling like I'm just some dude, but also again, dyke.*

User L describes how they think about their gender by listing anything they feel even the slightest bit represented by. These are not gender descriptors one could offer to a doctor's office or a new acquaintance with the expectation to be recognized as nonbinary. Out of context, they sound ridiculous and likely confusing. However, the 30.8 thousand likes this TikTok accumulated suggest that trans, nonbinary, and gender nonconforming people may have found meaning in it -- enough to find it funny, and enough to replicate the concept and execution to share their own descriptions of themselves.

User L alludes to multiple stations of gender nonconformity, gender expression, and queerness to describe, but not define, their identity to an audience. The items on their list reconfigure masculinity and femininity to become mutable and multidimensional constructs, from which they approximate themselves without discernable location or parameter. In the

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[13] Recall the AMAB/AFAB discourse discussed in Chapter II condemning this very statement as it imposed onto nonbinary individuals. It's use in User L's video appears to be a response to the "basically-women" notion – not an acceptance or perpetuating of it – based on the context of the video and its implications onto nonbinary intelligibility. Fully unpacking this statement is beyond the scope of this chapter, however, I'd like to clarify that this is undoubtedly ironic.

[14] *Animal Crossing* is a social role-playing game for the Nintendo Switch

absence of direct and developed language to fully discuss nonbinary genders and gender fluidity, User L successfully communicates some elements via humor.

In another example of this TikTok trend, User M (also wearing overalls) energetically shouts:

> *Okay! Listen up, because I'm only going to say this once! The genders of the day are: one, feral gremlin* (laughs). *Two, pop-punk never died* (speech is cut off by laughter). *Three, I might steal a sword, and kill a dragon, OR, I might steal a sword, and f-ck a dragon* (laughs). *Four, I forgot to eat today! Five, I've been reading fanfiction since two in the morning, baby!* (laughs). *Six, the fairies kidnapped me and I like it here. And finally, seven, I wish I was a frog. You can choose one today and register, or the new genders will be out next week, thank you!*

Unlike from the video created by User L, this one is literally *and* figuratively nonsense; however, it received 90.3 thousand likes, likely because this video is absurdly funny. For what it is worth, the first time I came across it, I *genuinely* laughed out loud. I'd like to suggest that some meaning arises from the irony in each "gender of the day" User L lists being no more or less ridiculous than any of the arbitrary characteristics attributed to gender categories in dominant culture. Calling this video nonbinary satire may be a stretch, however, there is something divinely humorous at play.

Regardless of the intended commentary, the format of the videos posted by Users L and M prompts individuals to label gender by quilting together personally resonate, entirely unrelated concepts. Doing so creates the possibility for earnest and unbound self-expression comprehensible to nonbinary viewers, also encompassed by User N. They stand in what looks like a living room, tying a dark teal apron covered in yellow lemons around their waist. User M briefly adjusts the apron, before stating:

> *Ok, I dunno what it is but, it's this apron that…. makes my gender feel good… yanno?*

They smile and shake their hips. The apron is made of stiff fabric with wide stitching that keeps

it from assuming any gendered shape; its most notable features are its bright colors and intricate

leaves. User N says it "makes [their] gender feel good" -- an experience increasingly referred to

as gender euphoria in recent years.

    Gender euphoria is most easily defined as the opposite of gender dysphoria; a sense of

joy, relief, and pleasure within one's gender identity (Stryker 2017, 17). One Twitter user

describes:

> *gender euphoria can be a feeling of excitement, peace, or connection with your body and mind. It's the feeling when you look at yourself in the mirror and finally see yourself. It's an affirmation of your inner self* (15).

The author of this Tweet directly ties gender euphoria to self-authenticity, implying that euphoria

may act as an emotional or representational confirmation of one's authentic self (Hunt 2018, 23-

24). Most trans and nonbinary people experience gender euphoria, however, the concept is far

less prevalent in trans discourse, medicine, and pop culture than dysphoria (Lester 2017, 50). In

TikTok content like the videos from Users L, M, and N, individuals have the opportunity to

speak on experiences of euphoria that may otherwise go unnoticed. The following and final

section of this chapter aims to draw attention to gender euphoria as a significant and

transformative prospect in trans and nonbinary discourse, narrative, representation, and

ultimately, wellbeing.

Arriving at Gender Euphoria

    The history of cultural representation for transgender individuals is grim. I need not

divulge the details of the cruelty and dehumanization done onto transgender people throughout

the 20th century, but even the lifetimes of transgender individuals a bit older than myself have

endured Buffalo Bill[15], *Ace Ventura*[16]*,* and three entire decades of Dave Duchovny-related

gender anxiety[17] in popular television. General consensus says that things are better now – after

all, it is the "Transgender Tipping Point" – and in many ways, the last thirty years have created a

whole new world for transgender figures in popular culture (Steinmetz 2014). I do not want to

diminish the significance of this progress. However, the majority of narratives given to trans

cultural figures still revolve around forms of suffering, often in the shape of medicalized

dysphoria, self-hatred, or trauma. These representations are reductive and propagative of

transnormative ideology and narrative representation, overshadowing experiences of euphoria,

which have so far received little cultural attention.

The forces of medicalization modeled gender-affirming medicine to relieve bodily

dysphoria, but these interventions hold equal potential towards making possible authentic

embodiment that incites gender euphoria in trans and nonbinary individuals (Motsman, Nieder,

& Bouman 2019). Although it is rarely given space, imagery of gender euphoria in a medical

context is powerful. A Tweet (16) from Dallas Ducar[18] shares her feelings of euphoria after

medical affirmation:

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[15] Buffalo Bill is the villain in Johnathon Demme's *Silence of the Lambs* (1991). This character is portrayed as a transgender woman from Ohio in the film and emblemizes the traits of the culturally constructed psychopath/serial killer as well (Marshall and Steed 2021).

[16] *Ace Ventura: Pet Detective* is a 1994 comedy starring Jim Carrey, where the actor dramatically vomits after kissing a trans woman (Marshall and Steed 2021).

[17] *Dave Duchovny-related gender anxiety* refers to the actor's role on the occasionally trans-suspicious *X-Files* (Season 1 Episode 14, 1994)*,* and as a trans woman on *Twin Peaks* (1990 – 2017).

[18] The image in this Tweet was included with permission from the author

Image description: A Tweet (16) from @DallasDucar includes both image and text. The image shows Ducar in a hospital bed post-operation, smiling at the camera. Her face expresses both peacefulness and excitement. The text reads, "Good morning! Feeling embodied, euphoric, and loved. Wishing absolute joy for you all today!

Gender-affirming interventions are indescribably impactful on the lives of trans and nonbinary individuals. Euphoric embodiment is not an exclusively achieved through medical means, either. For some, euphoria arises from non-medical states of embodiment. In a Tweet from March 4th, 2021, a user states:

> *i love wearing my binder and rocking the titties + hips and fat ass look [it] really gives me gender euphoria* (16).

This author self-identifies as nonbinary and speaks to how binding their chest while appreciating other unmoderated parts of their body brings them euphoria. Both Tweets speak to the significance the state of our bodies holds over how we think, feel, act, and perceive the world

around us. Authentic embodiment achieved through any means can deliver a sense of peace, wellbeing, and consonance to trans and nonbinary individuals salient throughout our everyday lives.

Gender euphoria most often appears in discourse as an antonym for bodily dysphoria, brought about by the relief of bringing one's body into alignment with their identity. However, trans and nonbinary individuals describe experiences of euphoria beyond their bodily alignment. A post from the Instagram account @queersextherapy on October 12th, 2021 attempts to explain gender euphoria by providing examples of the account owner's experiences, including but not limited to *being with other nonbinary people, dancing, wearing a strap on, a keychain from my mom,* and *sleeping in only pajama bottoms.* These items and experiences are not specific nor intentional affirmations of trans and nonbinary identity – they are just parts of life that provoke joy. These sources of euphoria are not amelioration for pain or wrongness, but creations of living as one's authentic self.

Feelings of euphoria can come to replace dysphoria, but dysphoria is not necessarily an antecedent to euphoria. The precursors for gender euphoria are unclear, as the concept is novel, underrepresented, and undeveloped in trans discourse, literature, and theory. One Twitter user describes gender euphoria in the following words (17):

Image description: A Tweet (17) from @theFoxFisher states the following: Not all trans people need to experience gender dysphoria to be trans. However, all trans people can experience euphoria – a feeling you can get when you look a certain way, when you're seen, when someone uses your pronouns, you get a new ID, you start hormones or results of surgeries.

The author recognizes that trans identities invite the possibility of euphoria independent of dysphoria. Furthermore, he suggests that euphoria may better encapsulate trans and nonbinary identities than gender dysphoria. Although gender euphoria originates as a negative definition of dysphoria, the testimony of trans and nonbinary individuals suggest that gender euphoria can represent much more.

What is clear: manifesting self-authenticity creates space for feelings of gender euphoria. Nonbinary manifestations of self-authenticity often require an individual to reckon with the pressures of transnormativity first, as they may not see themselves within the dominant medical model of trans identity or feel "trans enough" to be trans. Beyond the pressures of transnormativity, trans identity could become an act of pursuing joy in self-actualization and transformation. Refocusing cultural attention onto gender euphoria dethrones gender dysphoria

from being the most significant criterion for claiming a trans identity and shifts the dominant narrative of transgender identity to be more positive and reflective of the heterogeneity of trans and nonbinary people, identities, and experiences.

When we are understood only in terms of our pain, we struggle to find space for our joy. Transnormativity has popularized transgender identity to be an experience of unhappiness -- we see ourselves only represented in sadness, grief, and violence. What more, we become only conduits of sadness, grief, and violence for the significant population of people in the U.S. who know transgender people solely through media. In my work, I intend to draw cultural attention to gender euphoria beyond its relation to dysphoria, as a potential cohesive element across trans and nonbinary identities.

IV. Conclusion

Despite the media's overwhelming trend of medicalized, stereotypical, and trauma-centered representations for trans identities, positive narratives and narrative elements for transgender characters occasionally break through to mainstream culture. The television series *Steven Universe Future* features a nonbinary character of color named Shep, to whom the other characters on the show refer using the pronouns they, them, and theirs without question. Sam Smith, a Grammy-winning musician, discussed their experiences with the complexities of masculinity and femininity in a *Vogue* "Beauty Secrets" tutorial from October 2020. Instances such of these have gained traction over the last five years and continue to increase in prominence (Lester 2017). This evidence suggests that a shift towards an expanded, reframed narrative of transgender identities is possible, as gender identities beyond the binary become normalized in pop culture. However, normalization will not deconstruct transnormativity – in fact, normalization will resurrect standards of normativity to apply to trans and nonbinary individuals that placate hegemonic norms. Mainstream representation and visibility are essential to shifting the transgender paradigm away from transnormativity, however, cannot enact change if unsupported by structural and systemic reform.

Currently, the growing diversity of visible trans and nonbinary individuals pose challenges to transnormativity by defying its doctrines. Some of this growth has occurred in pop culture media, but a significant remainder has come from trans and nonbinary individuals' mediations of themselves. Platforms such as Twitter and TikTok enable users to publish content regarding almost anything, and trans and nonbinary individuals have taken advantage of such to form communal, authentic representations of themselves and their identities. Self-published material is still subject to mechanisms of transnormativity; however, its content can resist the

ideology's regulatory mechanisms and make visible non-normative trans and nonbinary identities and representations as expressed by trans and nonbinary people themselves. To a limited degree, self-publishing on an open-access platform negates the need to placate social hierarchy and institutional authority in exchange for visibility and acknowledgement.

In effect, trans and nonbinary individuals' authentic self-expressions are made visible to a select audience. Transnormativity instates a border between legitimate and illegitimate trans and nonbinary individuals based on their presentation, embodiment, and identity according to binary and medicalized ideals. The narrative constructed around visible authenticity on platforms such as Twitter and TikTok defies transnormative narrative elements and rejects the standards of legitimacy they set forth. These narratives bolster the intelligibility and affirmation given to nonbinary individuals in particular, as their authenticity is often buried by intrapersonal, social, and institutional pressures of transnormativity.

The nonbinary visibility I identify in this thesis is relative – transnormativity continues to guide conceptualization of transgender identity in popular culture – but significant in its discursive function. The induction of diverse personal testimony in trans and nonbinary discourse disrupts the ideological production of transnormativity by validating contradictory experiential knowledge. Individuals who do not adhere to transnormativity are made visible to other individuals who do not adhere to transnormativity, where they may find communal acceptance and shared experiences. In doing so, nonbinary and gender nonconforming trans individuals collectively form resilience against social regulatory mechanisms and challenge transnormativity through juxtaposition.

Most significantly, the rejection of transnormativity in favor of self-authenticity creates space for a collective recognition of gender euphoria. In reflection of my items of analysis, I

identify gender euphoria as an affective and embodied state of self-authenticity. There are no apparent prerequisites to experiences of gender euphoria between individuals, and the preceding factors which induce gender euphoria appear meaningless beyond their salience to an individual. As a newer concept, gender euphoria goes largely undefined, but I argue that its non-specificity is essential to its utility for describing transgender phenomena. As a function of self-authenticity, the causes and effects of gender euphoria are unique to individuals and their context. However, states of gender euphoria are recognizable across trans and nonbinary people as the joy, comfort, and peace one finds in their presentation, embodiment, or expression of their identity.

While there is no conclusive evidence declaring gender euphoria an empirically superior marker of transgender identity, there is no conclusive evidence supporting the criteria for the Gender Dysphoria diagnosis as such either. The validity of any DSM diagnosis is questionable, as its taxonomy was founded in the observations of clinicians without use of scientific method and have only retrospectively received weak empirical support (Kotov et al. 2017). I do not mention this to undermine the validity of gender dysphoria as an experience, but to question its capacity to define and describe transgender identity in consideration for that of gender euphoria.

I'd like to suggest that shifting the transgender paradigm from a dysphoria-centric approach to euphoria-centric approach may aid in uprooting transnormativity. It is imperative and urgent to construct systems of transgender healthcare that do not rely on the medical model of transgender identity, to separate contemporary practices from legacies of medicalization, psychopathologization, and diagnostic criteria. Dethroning medical dysphoria is necessary to restructure transgender healthcare, as well as to interrupt the gender binary as applied to trans and nonbinary people. In the presence of adequate medical affirmation and absence of systemic pressure to perform binary gender norms, trans and nonbinary individuals develop their identities

in accordance with their authentic selves. Self-authenticity invites gender euphoria to be as frequent, significant, and shared of an experience as gender dysphoria. Defocusing medical dysphoria will remedy the lingering harm of medicalization found in narratives that revolve around unhappiness, illness, and abuse, and neglect and delegitimize nonbinary and gender nonconforming trans people. In place, uplifting gender euphoria could change the narrative of transgender and nonbinary identities in the U.S. to be a more positive one.

There are notable limitations to the findings of my research. The sample of testimony I've collected represents an unbelievably small portion of the total of that from trans and nonbinary individuals on the internet. The generalizability of my findings is questionable from an empirical standpoint, and it is important to note that the observations I base my qualitative analyses in are biased by my position as a researcher and the academic and media institutions I navigated in conducting this research.

That being said, my approach to this thesis was extremely broad and my conclusions nonspecific. While I was able to cover a wide array of relevant and intersecting topics, the deconstruction of transnormativity and continued interrogation of the binary gender system will require targeted and detailed inquiry into their mechanisms. Delicate and intentional development of gender euphoria as a concept will be crucial to the field of trans studies moving forwards as well. My hope for the research I've conducted is to outline the divisive and oppressive functions of transnormativity as an imperial derivative and bring attention to alternative modes of having gender and the possibilities they incite.

Appendix 1. Social Media Data

1.1. *TikTok Data*

As much demographic information as available was extricated from the Users' accounts, when disclosed in one or more of their videos, video captions, replies to comments, hashtags, or account biographies. De-identified items are marked "anonymized," otherwise, username appears in the third column. Users that did not explicitly disclose a trans or nonbinary identity were excluded. Other items of interest include race and pronouns. For Users who did not disclose a racial identity on their social media account, I've indicated whether they are likely to be socially categorized as white, unknown or white passing (U/WP), non-Black POC (NBPOC), or Black based on my limited judgement. I've included this information in efforts to contextualize items of analysis and position each User without visually displaying videos, however, this categorization is unreliable. Users who did not disclose their pronouns are marked "N/A," and not referenced by any in analysis. All pronouns used throughout this report were self-disclosed on the User's account.

Table 1.
User and Video Interaction Data from TikTok

User	Pronouns	Race	Gender Identity	Date	Likes	Views	Comments
A	Any	White	Nonbinary trans	9/15/20	20,200	65,300	446
A	Any	White	Nonbinary trans	9/24/20	36,000	84,000	228
B	He/him	White	Man	8/1/20	449,800	4,200,000	5241
C	He/him	White	Man	11/13/20	584,100	4,400,000	16,100
D	He/him	White	Man	12/18/20	14,400	66,200	136
E	They/them	White	Nonbinary trans woman	9/2/20	38,300	122,700	908
F	They/them	U/WP	Nonbinary	9/16/20	22,400	71,300	242
G	They/them	NBPOC	Nonbinary	9/15/20	29,800	94,600	641
I	They/them	Black	Nonbinary	9/21/20	13,400	63,000	322
J	They/she	Black	Nonbinary	1/21/21	8,134	19,800	176
K	They/them	White	Nonbinary	7/8/20	64,300	184,300	227

L	They/them	White	Nonbinary	8/6/20	30,800	86,000	409
M	N/A	Black	Nonbinary	9/17/20	90,300	309,800	1,146
N	They/them	White	Nonbinary	12/11/20	Removed	Removed	Removed

1.2 *Twitter Data*

All Tweets were de-identified except for those I believed could contain intellectual property. In these instances, I contacted the author of each Tweet through their Twitter account to ask if they prefer to be cited or remain anonymous in this project. Those who consented to citation are referenced by their username in the text, in the table below, and in the *References* list for this report. Otherwise, Tweets are listed in order of appearance, corresponding to a reference number that appears in the text and the table below.

Table 2.
User and Interaction Data from Twitter

Reference	Username	Date	Likes	Retweets	Replies
1	Anonymous	8/10/20	3,300	32	9
2	Anonymous	10/6/20	662	12	1
3	Anonymous	10/6/20	2,300	256	37
4	Anonymous	10/6/20	89	1	6
5	Anonymous	10/6/20	5	0	0
7	Anonymous	8/22/20	Removed	Removed	Removed
8	Anonymous	9/4/20	228,700	37,900	228
9	@shantilly	2/28/21	2,597	826	-
10	@shantilly	2/28/21	347	35	-
11	@shantilly	2/28/21	342	55	-
12	Anonymous	11/7/20	Removed	Removed	Removed
13	Anonymous	3/6/21	8,500	3,000	63
14	Anonymous	9/20/20	58,800	16,300	55
15	Anonymous	3/3/21	341	23	2
16	@DallasDucar	1/12/21	395	2	13
17	@FoxFisher	11/30/20	671	147	-

* Rows highlighted in green indicate corresponding citation under "References."
** Entry marked with dash indicates that the author of the Tweet did not enable replies to their Tweet.

1.3 *Instagram Data*

Identifying information for the Instagram images in this report is listed in order of appearance below. Each image is referenced by username and date in text. Items published by public figures are cited in the bibliography to this report as well.

Table 3.

User and Interaction data for Instagram

Username	Date	Likes
@TheQueerSexAdvocate	8/29/20	3,320
@sageaflocka	7/14/20	12,085
@alokvmeron	8/11/20	25,710
@queersextherapy	8/12/20	3,504

Appendix 2. Criteria for Gender Dysphoria Diagnosis in Adolescents and Adults[19]

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

   1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristic (or in young adolescents, the anticipated secondary sex characteristics).

   2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced or expressed gender (or in young adolescents, a desire to prevent the development of anticipated secondary sex characteristics).

   3. A strong desire for the primary and/or secondary sex characteristics of the other gender (or some alternative gender from one's assigned gender).

   4. A strong desire to be of other gender (or some alternative gender from one's assigned gender).

   5. A strong desire to be treated as the other gender (or some alternative gender from one's assigned gender).

   6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender from one's assigned gender).

B. The condition is associated with significant distress or impairment in social, occupational, or other important areas of functioning (American Psychiatric Association 2013).

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[19] Criteria is taken verbatim from the *Diagnostic and Statistical Manual of Psychiatric Disorders*, fifth edition, code 302.85

References

Ahmed, Sara. *Living a Feminist Life*. North Carolina: Duke University Press, 2017.

American Psychiatric Association. *Diagnostic and Statistical Manual of Psychiatric Disorders* 5 (2013). https://doi.org/10.1176/appi.books.9780890425596.

Awkward-Rich, Cameron. "Thinking Black [Trans] Gender." *American Quarterly* 71 no. 3 (2019): 903-14, https://muse.jhu.edu/article/734922.

Bakker, Julie. "Brain Structure and Function in Gender Dysphoria." *Endocrine Abstracts* (2018). doi:10.1530/endoabs.56.S30.3.

Ballenstin, Lucas. "Gender as Colonial Object." *Public Seminar* (2018). https://publicseminar.org/2018/07/gender-as-colonial-object/.

Benestad, E. E. P. "From Gender Dysphoria to Gender Euphoria: An Assisted Journey." *Sexologies* 19 no. 4 (2010): 225-31. doi:10.1016/j.sexol.2010.09.003.

Billard, Thomas J., "Passing" and the Politics of Deception," in *The Palgrave Handbook of Deceptive Communication,* edited by Tony Socan-Morgan, 463-477. Palgrave Macmillan, 2019. doi:10.1007/978-3-319-96334-1

Bornstein, Kate. *Gender Outlaw*. Westminster: Knopf Doubleday Publishing Group, 1994.

Bradford, Nova J. and Moin, Syed, "Transnormativity and Transgender Identity Development: A Master Narrative Approach." *Sex Roles* 81 no. 5-6 (2019): 306-325. doi:10.1007/s11199-018-0992-7

Bradley, Peri and Page, James. "David Bowie - the Trans Who Fell to Earth: Cultural Regulation, Bowie and Gender Fluidity." *Continuum* 31 no. 4 (2019). doi:10.1080/10304312.2017.1334389

Budgeon, Shelley. "The Dynamics of Gender Hegemony: Femininities, Masculinities, and Social Change." *Sociology* 48 no. 2 (2014): 317-324. doi:10.1177/0038038513490358.

Cerankowski, K. J. "I Don't Know if This is About Trans Stuff, or What." *The Account* 9 (2017), https://theaccountmagazine.com/article/cerankowski-17.

Coleman, E., Bockting W., Botzer M., Cohen-Kettenis, P., Decuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G. … Zucker, K. "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People." Version 7. *International Journal of Transgenderism* no. 4 (2012): 165-232. doi:10.1080/15532739.2011.700873

Conrad, Peter. *The Medicalization of Society*. Baltimore: Johns Hopkins University Press, 2007.

Conrad, Peter. "The Discovery of Hyperkinesis: Notes on the Medicalization of Deviant Behavior." *Social Problems* 23, no.1 (1975): 12-21.

Cromwell, Jason. "Queering the Binary" in *The Transgender Studies Reader,* edited by Susan Stryker and Steven Whittle, 509-520. New York: Routledge, (2006).

Darwin, Helana. "Doing Gender Beyond the Binary: A Virtual Ethnography." *Symbolic Interaction* 40 no. 3 (2017): 317-334. doi:10.1002/symb.316

Draz, Marie. "Born This Way? Time and the Coloniality of Gender." *The Journal of Speculative Philosophy* 31 no. 3 (2017): 372-384. doi:10.5325/jspecphil.31.3.0372

Dresser, Jack. "TGNC Guide: Gender Dysphoria Diagnosis." *American Psychiatric Association* online, accessed March 20, 2021. 2010. https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis.

Ducar, Dallas (@DallasDucar). "Good morning! Feeling embodied, euphoric, and loved. Wishing absolute joy for you all today!" Twitter, January 12, 2021, 8:44am. https://twitter.com/DallasDucar/status/1348989157411074058.

Dwyer, Kate. "Sage Adams, a Creative Force Behind SZA." *New York Times* online, accessed December 24, 2020. May 10, 2019. https://www.nytimes.com/2019/05/10/style/sage-adams-sza.html.

Fanon, Frantz. *Black Skin White Masks.* Translated by Charles Lam Markmann. London: Pluto Press, 1986.

Fields, Karen and Fields, Barbara. *Racecraf: The Soul of Inequality in American Life*. New York: Verso (2014).

Fisher, Fox (@theFoxFisher). "Not all trans people need to experience gender dysphoria to be trans. However, all trans people can experience euphoria…" Twitter, October 30, 2020, 2:17pm.

"Fuck Anyone Who's Not a Sea Blob," directed by Sam Levinson. Written by Sam Levinson and Hunter Schafer. *HBO,* January 7, 2021.

Galupo, M. Paz, Pulice-Farrow, Lex, Ramirez, Johanna. "Like a Constantly Flowing River": Gender Identity Flexibility Among Nonbinary Transgender Individuals." *Identity Flexibility During Adulthood* (2017): 163-177. doi:10.1007/978-3-319-55658-1_10

Garrison, Spencer. "On the Limits of "Trans Enough": Authenticating Trans Identity Narratives.": *Gender and Society* 32 no. 5 (2018): 613-627. doi:10.1177/0891243218780299.

Gearheart, Lindsey. "HubWeek Change Maker: Dallas Ducar, N.P." *HubWeek* accessed March 5, 2020. September 3, 2019. https://sponsored.boston.com/hubweek/hubweek-change-maker-dallas-ducar-n-p

Georgiou, Myria. "Identity" in *Keywords for Media Studies,* 94-98. NYU Press: New York, 2017.

Ghabrial, Monica A. "We Can Shapeshift and Build Bridges": Bisexual Women and Gender Diverse People of Color on Invisibility and Embracing the Borderlands." *Journal of Bisexuality* 19 no. 2 (2019): 169-197. doi:10.1080/15299716.2019.1617526

Gill, Rosalind. "Gender" in *Keywords for Media Studies.* NYU Press: New York, 2017.

Gould, E. "Independence and Interdependence: The American Revolution and the Problem of Postcolonial Nationhood, circa 1802." *The William and Mary Quarterly* 74 no. 4 (2017): 729-52, doi:10.5309/willmaryquar.74.4.0729

Gray, Rae. "The Whitewashing and Erasure of Nonbinary People." *Daily Dot* (blog), accessed February 6, 2021. January 31, 2018. https://www.dailydot.com/irl/nonbinary-people-racism/.

Halberstam, Jack. "C. Riley Snorton. *Black on Both Sides: A Racial History of Trans Identity., The American Historical Review,* 124 no. 4 (2017): 146-147. doi:10.1093/ahr/rhz048

Hunt, Sarah. "Embodying Self-Determination: Beyond the Gender Binary," in *Determinants of Indigenous People's Health* 2nd edition. Edited by Margo Greenwood, Sarah de Leeuw, and Nicole M. Lindsay (Canadian Scholars, 2018), 22-39.

Herrman, John. "How TikTok is Rewriting the World." *New York Times* online, accessed Feburary 27, 2021. Mar 10, 2019. https://search.proquest.com/docview/2189261621

Johnson, Austin. "Transnormativity: A New Concept and its Validation Through Films About Transgender Men." *Sociology Inquiry* 86 no. 4 (2016): 465-491.

Johnson, Austin. "Normative Accountability: How the Medical Model Influences Transgender Identities and Experiences." *Sociology Compass* 9 no. 9 (2015): 808-813. doi:10.1111/soc4.12297.

Johnson, Austin. "Rejecting, Reframing, and Reintroducing: Trans People's Strategic Engagement with the Medicalisation of Gender Dysphoria." *Sociology of Health and Wellenss* 4 no. 3 (2019): 515-32. doi:10.1111/1467-9566.12829.

Koehler, Andreas, Eyssel, Janna, and Nieder, Timo O. "Genders and Individual Treatment Progress in (Non-)Binary Trans Individuals." *Journal of Sexual Medicine* 15 no. 1(2018): 102-13. doi:10.1016/j.jsxm.2017.11.007.

Kotov, Roman, David Watson, Michael Bagby, William Carpenter, Lee Anna Clark, Miriam Forbes, David Goldberg, Steven Hyman, Donald Lynam… and Leonard Simms. "Hierarchical Taxonomy of Psychopathology (HiTop): A Dimensional Alterantive to Traditional Nosologies." *Journal of Abnormal Psychology* 126 no. 4 (2017): 454-477.

Lester, C. N. *Trans Like Me: Conversations for All of Us*. New York: Seal Press, 2017.

Marshall, Sarah and Steed, Alex. "The Silence of the Lambs w. Harmony Calangelo." *Why Are Dads. Why are Dads* audio on Spotify, March 24th, 2021.

Masharova, T., and Malova, T. "Problem of Gender Self-Determination of Learning Youth." *Problems of Education in the 21st Century* 2 (2007): 117. https://search.proquest.com/docview/2343820247.

Matsakis, Lousie. "TikTok Finally Explains How the 'For You' Algorithm Works." *Wired* online, accessed March 1, 2021. June 18, 2020, https://www.wired.com/story/tiktok-finally-explains-for-you-algorithm-works/.

Moncel, Dean. "The Politics of Passing." *Be You Network,* accessed March 3, 2021. January 9, 2020. https://www.beyounetwork.org/articles/the-politics-of-passing.

Morales, Ezra. "I'm a Trans Student of Color. Supporting Me Means Fighting White Supremacy" (blog). GLSEN. https://www.glsen.org/blog/im-trans-student-color-supporting-me-means-fighting-white-supremacy.

Motmans, Joz, Nieder, Timo O., and Pierre-Bouman Walter. "Transforming the Paradigm of Nonbinary Transgender Health: A Field in Transition." *The International Journal of Transgenderism* 20 no. 2-3 (2019): 119-125.

Nagoshi, Julie L, and Brzuzy, Stephan/ie. "Transgender Theory: Embodying Research and Practice." *Affilia* 25 no. 4 (2010): 431-443. doi:10.1177/0886109910384068

Nolan-Hoeksema, S. *Abnormal Psychology* ed. 8, 2019. Boston: McGraw-Hill.

Nuriddin, Ayah, Mooney, Graham, and White, Alexandre. "Reckoning with Histories of Medical Racism and Violence in the USA". *The Lancet* 396 no. 10256 (2010): 949-51. doi:10.1016/S0140-6736(20)32032-8.

Parekh, Ranna. "What is Gender Dysphoria?" *American Psychiatric Association,* accessed June 24, 2020. https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria.

Pausé, Cat, Wykes, Jackie, and Murray, Samantha. *Queering Fat Embodiment.* Farnham: Routledge, 2014. https://www.taylorfrancis.com/books/e/9781317072492.

"Redefining Healthcare." *Plume*. Accessed March 12, 2021. https://getplume.co/.

"Research on the Transgender Brain: What You Should Know." *Cleveland Clinic* online, accessed July 30, 2020. March 27, 2019. https://health.clevelandclinic.org/research-on-the-transgender-brain-what-you-should-know/.

Rifkin, Mark. *Manifesting America: The Imperial Construction of U.S. National Space.* Oxford University Press, 2009.

Rodemeyer, Lanei M. "Feminist and Transgender Tensions: An Inquiry into History, Methodological Paradigms, and Embodiment" in *New Feminist Perspectives on Embodiment,* 103-123. Cham: Springer International Publishing.

Roxie, Marilyn. "Genderqueer history," accessed March 3, 2021. https://genderqueerid.com/gqhistory.

Shaw, Sara and Bailey, Julia. "Discourse Analysis: What Is It and Why Is It Relevant to Family Practice?" *Family Practice* 26 no. 5 (2009): 413-419.

Schieber, Katharina, Kollei, Ines, de Zwaan Marntina, and Martin, Alexandra. Classification of Body Dysmorphic Disorder — What is the Advantage of the New DSM-5 Criteria?" *Journal of Psychosomatic Research* 78 no. 3 (2015): 223-227. doi:10.1016/j.jpsychores.2015.01.002

Schiebinger, Londa. "Why Mammals Are Called Mammals: Gender Politics in Eighteenth-Century Natural History." *The American Historical Review* 98 no. 2 (1993): 382-411. https://www.jstor.org/stable/2166840.

Schilt, Kristen and Lagos, Danya. "The Development of Transgender Studies in Sociology." *Annual Review of Sociology* 43 (2017): 425-443. doi:10.1146/annurev-soc-060116-053348.

Serano, Julia. *Outspoken: A Decade of Transgender Activism and Trans Feminism.* Oakland, CA: Switch Hitter Press, 2016. https://ebookcentral.proquest.com/lib/[SITE_ID]/detail.action?docID=6059423.

"Services." *Plume*. accessed March 15, 2021. https://getplume.co/.

Shraya, Vivek. *I'm Afraid of Men.* Penguin: Canada, 2018. https://ebookcentral.proquest.com/lib/[SITE_ID]/detail.action?docID=6059423.

Smith, Nat, Stanley, Eric A., and McDonald, Cece. *Captive Genders: Trans Embodiment and the Prison Industrial Complex.* Chico: AK Press (2015). www.vlebooks.com.

Smirnova, Michelle. "Small Hands, Nasty Women, and Bad Hombres: Hegemonic Masculinity and Humor in the 2016 Presidential Election." *Socius: Sociological Research for a Dynamic World* (2018). doi:10.1177/2378023117749380.

Snorton, C. Riley. *Black on Both Sides*. Minneapolis: University of Minnesota Press, 2017. doi:10.5749/j.ctt1pwt7dz.

Steinmetz, Katie. "The Transgender Tipping Point. *Time Magazine* online, accessed November 29, 2020. May 29, 2014. https://time.com/135480/transgender-tipping-point/.

Stryker, Susan. *Transgender History*, 2nd edition. New York: Seal Press, 2017.

Stryker, Susan. "(De)subjugated Knowledges" in *The Transgender Studies Reader* edited by Stryker and Steven Whittle, 1-17. Routledge, 2006.

Tate, Charlotte C., Hagai, Ben, and Crosby, Faye J. *Undoing the Gender Binary.* Cambridge: Cambridge University Press, 2020. https://doi.org/10.1017/9781108584234.

Tatum, Alexander K., Catalpa, Jory, Bradford, Nova J, Kovic, Alex, and Berg, Dianne. "Examining Identity Development and Transition Differences Among Binary Transgender and Genderqueer Nonbinary (GQNB) Individuals." *Psychology of Sexual Orientation and Gender Diversity* 7 no. 4 (2020): 379-385. doi: 10.1037/sgd0000377.

Tuck, Eve and Yang, Wayne K. "Decolonization is not a metaphor." *Decolonization: Indigeneity, Education, and Society* 1 no. 1 (2012): 1-40.

Vaccaro, Jeanne. "Handmade" *TSQ: Trans Studies Quarterly* 1 no. 1-2 (2014): 96-97.

Vaid-Menon, Alok, and Lukashevsky, Ashley. *Beyond the Gender Binary. New York:* Penguin Young Readers Group, 2020.

Vaid-Menon, Alok (@alokvmenon). "I am both all of the above and none of the above. This is not a contradiction, it is an invitation. My gender cannot be categorized…" Instagram, October 11, 2020. https://www.instagram.com/p/CGNuNdihyc1/

Vipond, Evan. "Resisting Transnormativity: Challenging the Medicalization and Regulation of Trans Bodies." *Theory in Action* 8 no. 2 (2015): 21-24. doi:10.3798/tia.1937-0237.15008

Walsh, Reubs, and Einstein, Gillian. "Transgender Embodiment: A Feminist, Situated Neuroscience Perspective." *Journal of the International Network for Sexual Ethics & Politics* (Special Issue 2020): 56-70. doi: 10.3224/insep.si2020.04

West, Candace, and Don, Zimmerman. "Doing Gender." *Gender and Society* 1 no. 2 (1987): 125-151. doi:10.1177/0891243287001002002

"What is Informed Consent?" *Plume* (blog). Accessed March 7, 2021. https://getplume.co/blog/what-is-informed-consent/.

Wilson, Robert A, Foglia, Lucia, Sharpiro, Lawrence, and Spaulding, Shannon. "Embodied Cognition" in *Stanford Encyclopedia of Philosophy,* winter 2019 edition, edited by Edward N. Zalta. https://plato.stanford.edu/entries/embodied-cognition/.

(@shantilly_t). "The gender binary is a social construct really isn't the full story. The gender binary is a white supremacist colonial social construct that actively oppresses everyone…." Twitter, February 28, 2021, 2:22pm. https://twitter.com/shantilly_t/status/1366106221413945346.

(@ayyy_vuh). "I love my shoulders. I love my arms, my muscles. I love wearing suits. I love being tall. I love having a deeper voice… I love being trans." Twitter, January 31, 2021, 11:30pm. https://twitter.com/ayyy_vuh/status/1356097674836140035.