

WHOSE BODIES COUNT?

HOW EXPERIENCE WORKING WITH TRANSGENDER PATIENTS SHAPES CONCEPTUALIZATIONS OF TRANSGENDER IDENTITY

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ABSTRACT

In 2013, the American Psychological Association released the fifth edition of the Diagnostic Statistical Manual (DSM). Previous editions of the DSM had used the term “gender identity disorder” (GID) to classify people who felt that the gender they were assigned at birth was incongruent with the gender identity they currently hold. The DSM-5 task force devoted to sexual and gender disorders spent years receiving feedback about the diagnosis and concluded that the gender dysphoria (GD) diagnosis would replace GID. This research project seeks to understand the personal conceptualizations of transgender identity advanced by medical and mental health practitioners, particularly in light of the newly constructed GD diagnosis.

I conducted 15 semi-structured, in-depth interviews with therapists, psychologists, and psychiatrists in New York City; Westchester County, New York; and Los Angeles. I found that practitioners with extensive experience working with transgender patients overwhelmingly advanced social constructionist and agential conceptualizations of transgender identity, whereas those with some or no such experience overwhelmingly advanced essentialist formulations. In addition, I inductively found that practitioners who received “feminist teachings” tended to advance a social constructionist understanding of transgender identity, but those without this background maintained mostly essentialist conceptualizations of transgender identity.

Keywords: *DSM, essentialism, gender dysphoria, therapy, transgender*

In 2013, the American Psychological Association released the fifth edition of the *Diagnostic Statistical Manual* (DSM). This latest edition was intended to take a major step away from the previous versions in its stance on disorders related to gender identity. Earlier editions of the DSM used transsexualism and gender identity disorder (GID) to classify people who felt that the gender with which they were born was incongruent with the gender identity that they currently hold. Many transgender organizations and individuals found the GID diagnosis oppressive and pathologizing toward transgender individuals.¹ The DSM-5 task force devoted to sexual and gender disorders spent years receiving feedback from transgender advocacy organizations, academics, and medical practitioners regarding the new diagnosis: Should the GID diagnosis be eliminated altogether? Should it be revised? Ultimately, the task force decided that “gender dysphoria (GD) in adolescents/adults” and “GD in children” would replace GID.²

This research project examines the personal conceptualizations of transgender identity advanced by medical and mental health practitioners, particularly in light of these newly constructed and released DSM-5 GD diagnoses. The 15 therapists, psychologists, and psychologists interviewed for this study echo words and thematic reasoning in line with current debates between two lines of research on transgender identities: transgender theorists (e.g., Leslie Feinberg, Richard Green, and Jay Prosser) and queer theorists (e.g., Judith Butler, Jacob Hale, Cressida Heyes, and Gayle Salamon). The transgender theorists tend to view identity as stable, real, biological, hard-wired, natural, and reflective of a true inner core,³ whereas queer theorists explain identity as discursively constructed, socially bound, socially regulated, and almost entirely socially constituted.⁴ Although these theories seem in ideological opposition, this stark divide implodes in practical application. I find that practitioners unconsciously pull from both essentialist and social constructionist camps (sometimes even within one sentence) when explaining their understanding of transgender identity.

Conceptualizations of transgender identity offered in this study both mirror and expand on existing theories of gender identity (and identity more broadly) and reflect certain ways of knowing. This project calls into question hegemonic discourses, or “models that equate discourse with truth ... [and] expose the ways in which discourse objectified as truth both forms and sustains collective definitions, social arrangements, and hierarchies of power.”⁵ By revealing the (always) active power

1. Griet De Cuypere, Gail Knudson, and Walter Bockting, “Response of the World Professional Association for Transgender Health to the Proposed DSM 5 Criteria for Gender Incongruence,” *International Journal of Transgenderism* 12, no. 2 (2010): 119–23; Jaime Grant, “National Gay and Lesbian Task Force Commentary on Proposed Revisions to the American Psychiatric Association’s Diagnostic and Statistical Manual-V.” www.thetaskforce.org/static_html/downloads/release_materials/tf_dsm_commentary.pdf.

2. Kenneth Zucker et al., “Memo Outlining Evidence for Change for Gender Identity Disorder in the DSM-5.” *Archives of Sexual Behavior* 42 (2013): 901–14.

3. Mary Bernstein, “Identity Politics,” *Annual Review of Sociology* 31 (2005): 47–74; Talia Bettcher, “Feminist Perspectives on Trans Issues,” *The Stanford Encyclopedia of Philosophy*, Edward N. Zalta (ed.) (2014).

4. Ibid; Judith Butler, *Undoing Gender* (New York: Routledge, 2004).

5. Karen A. Cerulo, “Identity Construction: New Issues, New Directions,” *Annual Review of Sociology* 23 (1997): 391.

structures and unraveling dominant discourses in the medical field, practitioners can begin to (re) think which patients and narratives count as comprehensible.⁶

A Note on Subjectivity

As Judith Butler's concepts of relationality and subjectivity show, there is an "I" behind (or in fact in front of) this writing and research initiative.⁷ No writer can be truly objective, unaffected by affect, experience, and (always present) discourses. This "I" that I both do and do not possess is always already guided by exterior forces as well as internal forces that push me to think, feel, and act in particular ways. Whether reading literature, constructing interview questions, conducting interviews, or analyzing interview content, my writing and findings are always, in some small or large part, impacted and driven by my "I."

As Judith Butler noted, while one can aim to (re)claim one's "I," one is also subject at any given point to forces that exist far beyond and within the subject that limit a subject's ability to speak unhindered, with full clarity, without discourse.⁸ Overall, I aimed to conduct this study methodologically, ethically, and mindfully. Even with this intent, my analysis will be impacted by my specific way of seeing, hearing, and understanding.

The DSM and Its Essentialist Foundations

The DSM is considered the "the authoritative nomenclature of psychiatric nosology within the Western world."⁹ It is used by psychiatrists, psychologists, social workers, and outside third-parties (e.g., insurance companies) for "clinical, research, and educational purposes."¹⁰

6. (In)comprehensibility in the medical realm has major legal and interpersonal ramifications for transgender patients seeking treatment (Dean Spade, "Resisting Medicine, Re/modeling Gender," *Berkeley Women's Law Journal* 18 (2003): 14–37). Practitioners' ability to comprehend transgender patients' narratives may have deep implications for treatment, recognition, and validation of their identity and visions of themselves. For example, if a patient advances a certain conceptualization of transgender identity that is in line with a medical practitioner's particular understanding of transgender identity, that patient may receive recognition (that is, the ability to be seen and understood as the patient sees and understands his or herself) and affirming treatment (that is, the psychological and systemic support of practitioners in affirmation of a patient's needs and desires). While another patient whose body or narrative does not fit this practitioner's preconceived notions may risk misrecognition (defined here as the misunderstanding and lack of clear seeing of a patient's sense of self and narrative) and receive non-affirming treatment (defined here as a lack of psychological and systemic support in pursuit of hormonal or surgical needs and treatments).

7. Judith Butler, *Senses of the Subject* (New York: Fordham University Press, 2015).

8. Butler, Judith. *Undoing Gender*.

9. Arlene I. Lev, "Disordering Gender Identity: Gender Identity Disorder in the DSM-IV-TR," *Journal of Psychology and Human Sexuality* 17, no. 3-4 (2005): 36.

10. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (Washington, DC: American Psychiatric Association, 2000), quoted in Randall D. Ehrbar, "Consensus from Differences: Lack of Professional Consensus on the Retention of the Gender Identity Disorder Diagnosis," *International Journal of Transgenderism* 12, no. 2 (2010): 60–4.

The DSM has faced criticism from clinicians, academics, and activists for enacting arbitrary, pathologizing, and constricting measures on human ways of being.¹¹ Psychologist and historical theorist Michel Foucault documented how the medical complex uses diagnoses to define and, therein, socially and institutionally control certain behaviors.¹²

The DSM is grounded on essentialist foundations – foundations based in a fundamental belief in some corporeal and psychical (ab)normality.¹³ Diagnoses within the DSM operate as though outside construction, meaning that a diagnosis exists because a person is not acting or behaving in accordance with that which is considered internally or biologically “normal.”¹⁴ Diagnoses, thus, stem from the acceptance of certain innate, biological ways of being. They fail, however, to look critically at the ways in which such standards of normality are guided by societal forces and judgments rather than biological grounding.¹⁵

The medical apparatus, through the GID diagnosis, has played an intimate and defining role in constructing and enforcing rules of normality, beginning with the name of the diagnosis itself. In current usage, the term “disorder” places emphasis, blame, and stigma on an individual’s “internal” gender identity rather than on a society that marks particular gender behaviors as atypical.¹⁶

Scholars argue that sexism, transphobia, heterosexism, and ableism undergird the GID diagnosis. They contend that GID reinforces stigmas that serve to socially control certain gender

11. Laura S. Brown, *Subversive Dialogues: Theory in Feminist Therapy* (New York: Basic Books, 1994); Butler, *Undoing Gender*; Paula J. Caplan, *They Say You’re Crazy*. (New York: Addison-Wesley, 1995); Stuart Kirk and Herb Kutchins, *Making Us Crazy: DSM: The Psychiatric Bible and the Creation of Mental Disorders* (New York: Free Press, 1996); Lev; Saralyn Russell, “Deconstructing a DSM Diagnosis: Gender Identity Disorder (GID) in Adolescents and Adults,” *Western Undergraduate Psychology Journal* 1, no. 1 (2014): 1–10; Spade; Jerome C. Wakefield, “Diagnosing DSM-IV–Part 1: DSM-IV and the Concept of Mental Disorder,” *Behavior Research and Therapy* 35, no. 7 (1997): 633–49.

12. Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Pantheon Books/Random House, 1965). In fact, there exists a long medicalization and policing of social behaviors based on racial, religious, sexual, gender, class, and ability lines. See Brown; John D’Emilio, *Sexual Politics, Sexual Communities: The Making of the Homosexual Minority in the United States, 1940–1970* (Chicago: University of Chicago Press, 1983); Kirk and Kutchins; and Siobhan B. Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham, NC: Duke University Press, 2000).

13. Lev.

14. Spade.

15. Lev.

16. Jack Drescher, “Queer Diagnoses: Parallels and Contrasts in the History of Homosexuality, Gender Variance, and the *Diagnostic and Statistical Manual*,” *Archives of Sexual Behavior* 39 (2010): 427–60; Ehrbar; Darryl B. Hill et al., “Gender Identity Disorders in Childhood and Adolescence: A Critical Inquiry,” *Journal of Psychology and Human Sexuality* 17, no. 3–4 (2005): 7–34; Dan Karasic and Jack Drescher, “Sexual and Gender Diagnoses of the *Diagnostic and Statistical Manual* (DSM): A Reevaluation,” *Journal of Psychology and Human Sexuality* 17, no. 3–4 (2005): 1–5; Lev; Russell; Spade; Kelley Winters, “Gender Dissonance: Diagnostic Reform of Gender Identity Disorder for Adults,” *Journal of Psychology and Human Sexuality* 17, no. 3–4 (2005): 71–90.

behaviors by uplifting and normalizing others.¹⁷ Lev, Spade, and Vanderburgh argue that diagnostic criteria in children rely on stereotypical and normative notions of proper/normal “female” and “male” behavior.¹⁸

Overall, the DSM stands as a particular and forceful space for essentialist understandings of the self. Gender identity diagnoses appearing in the DSM have used strict, biological foundations to conceptualize transgender identity. The DSM is thus a significant site for not only the exploration of but also the *creation* of gender norms, rules, and understanding.

Essentialism in Transgender Theory

Essentialist modes of thinking rely on the body as a material and real ontological fact.¹⁹ In this conceptualization, the body exists as the natural container of an inner, true, core gender.²⁰ Proponents of essentialism (like Jay Prosser and more historically – and notably oppressively – Janice Raymond) largely believe in the existence of a naturally sexed body that inhabits a true inner gender identity prior to socialization.²¹ Thus, feminine social behavior is indicative of an inner feminine self, which aligns with that “female” sexed body.²²

This configuration relies on a binary conception of gender in which a transgender individual switches “from one sex to the other” – a consequence of being born “into the wrong body.” “Born in the wrong body” narratives necessitate a certain stabilization of identity or, at the very least, the treatment of said identity as real and reifying.²³ For many theorists, most notably Jay Prosser, narratives are central to the construction of an intelligible and coherent self, body, and story.²⁴

17. Ehrbar; Hill et al.; Lev; Deana Morrow and Lori Messinger, *Sexual Orientation and Gender Expression in Social Work Practice: Working with Gay, Lesbian, Bisexual, and Transgender People* (New York: Columbia University Press, 2006); Reid Vanderburgh, “Appropriate Therapeutic Care for Families with Prepubescent Transgender/ Gender Dissonant Children,” *Child and Adolescent Social Work Journal* 26 (2009): 135–54; Winters.

18. For the remainder of the text, the terms “boy,” “girl,” “woman,” “man,” “female,” and “male” will be placed in quotation marks (except when stated directly by an interviewee). I do so in an effort to first address the constructedness of the concepts at hand; often when these concepts are discussed in my study, mental health practitioners speak to an *idea* of what that concept acts, behaves, and looks like. In this way, one word/concept can connote multiple images, meanings and conceptualizations depending on the subject speaking the word.

19. Bernstein.

20. Bettcher; Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (London: Routledge Classic, 1990).

21. Butler, *Gender Trouble*; Jay Prosser, *Second Skins: The Body Narratives of Transsexuality* (New York: Columbia University Press, 1998); Janice Raymond, *The Transsexual Empire: The Making of the She-Male* (Boston: Beacon Press, 1979).

22. Bettcher; Butler, “*Gender Trouble*”; Prosser; Gayle Salamon, *Assuming a Body: Transgender and Rhetorics of Materiality* (New York: Columbia University Press, 2010).

23. Bernstein; Cerulo.

24. Bettcher. In fact, many naturalizing discourses can be found in transsexual autobiographies. See Canary Conn, *Canary: The Story of a Transsexual* (Los Angeles: Nash, 1974); Cressida Heyes, “Feminist Solidarity after Queer Theory: The Case of Transgender,” *Signs* 28, no. 4 (2003): 1093–120; Jan Morris, *Conundrum* (New York: Harcourt Brace Jovanich, 1974); Prosser.

Importantly, the presence of essentialism in theory is not unlike the medical apparatus' usage. Both academic theorists and those constructing and informed by the DSM assume a self who has some innate, "already there" way of being. Each group brings with it specific conceptualizations of what it means "to be" transgender or how that transgender identity is to be embodied or expressed.

GENDER-BASED CULTURAL INCOMPETENCE IN THERAPY

Clinical practices have historically been contentious and non-affirming spaces for transgender and gender-variant people.²⁵ The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), an advocacy group composed of scholars and clinicians, argues that mental health professionals have been "insensitive, uninformed, and inadequately trained and supervised."²⁶ Practitioners prove insensitive when pressuring their patients to prematurely "come out" and present themselves as a different gender before they are prepared to do so.²⁷ Further, Mary Parlee found that traditional counseling methods often pathologize people who embody a nontraditional gender identity.²⁸ Research further demonstrates a deep "prevalence of clinician ignorance and insensitivity to transgender issues," including the specific struggles faced by this population.²⁹ Mental health practitioners have been actively offensive when engaging with parents of gender-variant children. When practitioners focus on the etiology of transgender or gender-variant embodiments, they often blame parents for "causing" nonnormative behavior or embodiment.³⁰

Most mental health practitioners have never received trainings or any form of education related to sex and gender.³¹ In a qualitative study, Benson found that transgender patients expressed concern with how little training their therapists had received on issues of transgender identity and gender more broadly. These patients felt therapists relied on them to teach them about transgender identity. Patients felt that they were paying for services and needed help, but were spending most of their sessions explaining basic concepts to the practitioner. These patients also expressed concern that practitioners did not understand the difference between sex and gender as concepts, leading to frustration and feelings of invalidation. Patients in this study expressed a deep desire to "dive into the issues" and frustration with the inability to do so.³²

25. Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, *Competencies for Counseling with Transgender Clients* (Alexandria, VA: Author, 2009).

26. *Ibid.*, 9.

27. Patricia Gagne and Richard Tewksbury, "Coming Out and Crossing Over: Identity Formation and Proclamation in a Transgender Community," *Gender & Society* 11 (1997): 478-508.

28. Mary Parlee, "Situated Knowledges of Personal Embodiment: Transgender Activists' and Psychological Theorists' Perspectives on 'Sex' and 'Gender,'" *Theory and Psychology*, 1996.

29. Kristen Benson, "Seeking Support: Transgender Client Experiences with Mental Health Services," *Journal of Feminist Family Therapy* 25 (2013): 18; Jillian Shipherd, Kelly Green, and Sarah Abramovitz, "Transgender Clients: Identifying and Minimizing Barriers to Mental Health Treatment," *Journal of Gay & Lesbian Mental Health* 14, no. 2 (2010): 94-108.

30. Shirley Emerson, "Stages of Adjustment in Family Members of Transgender Individuals," *Journal of Family Psychology* 7, no. 3 (1996): 1-12.

31. Lev.

32. Benson.

The literature also suggests that mental health practitioners lack education and knowledge surrounding transgender identity, sex, and gender.³³ Although multicultural education in counseling has worked to support understandings of race and ethnicity, specialized course work and formal trainings are significantly lacking for LGBT issues, particularly transgender issues.³⁴ Benson asserted that practitioners who lack training specific to gender and sex issues “unintentionally reinforce a socially sanctioned two-gender system,” even when well-intentioned.³⁵ Even some practitioners who work primarily with transgender patients never receive training on sex and gender outside of a “diagnostic framework,” which may explain the binary framework embraced by well-intentioned practitioners.³⁶ Few training opportunities and curricula related to sex and gender are available, and it is seldom mandatory for practitioners to attend.³⁷ Magnet and Diamond argue that when personal biases are not addressed through educational apparatus, there is risk for therapists to “push their own interpretations about clients’ lives onto their clients,” which “may serve to reinscribe existing hierarchies and enact new traumas.”³⁸ Thus, the paucity of competent gender education and training opportunities can have clear and pressing ramifications.

CRITICAL FEMINIST PEDAGOGY

Barriers between a practitioner and the client are likely to be easier to overcome if a therapist has competence in addressing gender identity issues.³⁹ What actions can be taken, however, to ensure that practitioners comprehend gender identity issues? The work of Derald Sue and colleagues indicates that graduate school curricula based in understandings of power, privilege, and oppression are a key means of transforming practitioner biases and judgments.⁴⁰ To address gender injustice and issues on gender identity, several scholars argue that self-evaluation and reflexivity are crucial; that is, future practitioners must evaluate the ways in which their personal experiences and

33. Rupert Raj, “Toward a Transpositive Therapeutic Model: Developing Clinical Sensitivity and Cultural Competence in the Effective Support of Transsexual and Transgendered Clients,” *International Journal of Transgenderism* 6, no. 2 (2002).

34. S. Cole, Dallas Denny, Evan Eyler, and Sandra Samons, “Issues of Transgender” in *Psychological Perspectives in Human Sexuality* (New York: Wiley, 2000); Ruth Fassinger and Beth Richie, “Sex Matters: Gender and Sexual Orientation in Training for Multicultural Counseling Competency,” in *Multicultural Counseling Competencies: Assessment, Education and Training, and Supervision*, eds. D.B. Pope-Davis and H.L.K. Coleman (Thousand Oaks, CA: Sage, 1996); Derald Sue, Patricia Arredondo, and Roderick McDavis, “Multicultural Counseling Competencies and Standards: A Call to the Profession,” *Journal of Counseling & Development* 70 (1992): 477–86.

35. Benson, 18–19.

36. *Ibid.*, 22.

37. *Ibid.*; Christoph Hanssmann, Darius Morrison, and Ellery Russian, “Talking, Gawking, or Getting It Done: Provider Trainings to Increase Cultural and Clinical Competence for Transgender and Gender-Nonconforming Patients and Clients,” *Sexuality Research & Social Policy* 5, no. 1 (2008): 5–23.

38. ShoShana Magnet and Shaindl Diamond, “Feminist Pedagogy Meets Feminist Therapy: Teaching Feminist Therapy in Women’s Studies,” *Feminist Teacher* 21, no. 1 (2010): 25–6.

39. Shipherd et al.

40. Sue et al.

understanding of gender and sexuality are interconnected with larger cultural norms, stereotypes, and institutional forms of discrimination.⁴¹

Educators focused on sex and gender education/training challenge students in the classroom to look deeply into their own internal responses and attitudes toward transgender people. Educators encourage students to evaluate their discomfort with transgender and gender-variant people who challenge the traditional gender binary. Educators also encourage non-transgender practitioners to understand their own gender identity and how it was constructed, built, and supported throughout their lives.⁴² This allows for a relational evaluation between one's own gendered experience and that of another. Through a feminist poststructuralist lens, Elizabeth Tisdell suggests that counselors and educators must "problematize the conditions that have informed their own lives."⁴³ In so doing, they become more competent, informed, and reflexive individuals and therapists.

Many educators committed to strengthening practitioner ties between individual awareness and systemic oppression (which can then be translated into therapeutic practice) consider their strategy *feminist*.⁴⁴ Practitioners focused on creating affirming spaces for transgender clients believe it deeply important for a practitioner to understand the feminist principles of intersectionality, positionality, and deconstructionism. In their eyes, a practitioner must understand that when they come to therapy as a practitioner, they are entering with certain "ways of seeing." That is, a therapist of particular social identities (e.g., "white," "woman," "Jewish") will be shaped by these identities, including the ways those identities are treated and comprehended and how they function in personal life and society. A practitioner must be able to look deeply into their subjective experiences and understand how their experiences are different from those of patients of differing social identities.⁴⁵ Beyond this, practitioners must understand interlocking systems of power. ALGBTIC asserts that practitioners must comprehend how transgender oppression is built on the shoulders of sexism and homophobia.⁴⁶

Tisdell encourages the use of poststructural "feminist teachings" in the classroom to shift and expand practitioner understandings of gender.⁴⁷ She advocates exploring the teachings of the construction of "truth" and a notion of "constantly shifting identities" that are not grounded in stable

41. Association of Lesbian, Gay, Bisexual, and Transgender Issues in *Counseling, Competencies for Counseling with Transgender Clients, Journal of LGBT Issues in Counseling* 4, no. 3-4 (2010): 135-59 [hereafter "Association"]; Benson; Lynn Carroll and Paula Gilroy, "Transgender Issues in Counselor Preparation," *Counselor Education & Supervision* 41 (2002): 233-42; Elizabeth Tisdell, "Poststructuralist Feminist Pedagogies: The Possibilities and Limitations of Feminist Emancipatory Adult Learning Theory and Practice," *Adult Education Quarterly* 48, no. 3 (1998): 139-56.

42. Association; Carroll and Gilroy.

43. Elizabeth Ellsworth, "Why Doesn't This Feel Empowering? Working through the Repressive Myths of Critical Pedagogy," *Harvard Educational Review* 59, no. 3 (1989): 297-323; Tisdell, 153.

44. Magnet and Diamond; Tisdell.

45. Linda Alcoff, "Cultural Feminism versus Poststructuralism: The Identity Crisis in Feminist Theory," *Signs* 13, no. 3 (1988): 405-36; Kimberle Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review* 43, no. 6 (1991): 1241-99; Tisdell, 153.

46. Association.

47. Tisdell, 153.

identity formations as well as deconstructing gender and larger categorical binaries and examining the social construction of their lives.⁴⁸ She explains the effects of such teachings:

*If one has embraced societal prescriptions of particular gender roles (or race roles or sexual roles that are exclusively heterosexual), and one becomes conscious of and examines the social construction of such roles, one's identity is likely to shift and one could develop new ways of acting in the world.*⁴⁹

Tisdell captures the radical transformational possibilities in a poststructuralist feminist education that allows practitioners to see in new ways: to understand how power, stereotypes, and norms inform their reality. When seeing clearly, they can begin to undo social prescriptions and form new ways of being and engaging in the world. These values of looking deeply and analyzing sites of societal inscription can then enter into the therapeutic sphere. This work of "looking deeply" is considered "emotional work." It requires substantial effort and can often raise traumatic experiences around gender, sexual, and racial abuse. Done mindfully, however, this education can lead to a crucial and transformationary "feminist consciousness."⁵⁰

Some educators find it important to teach students about the history of the DSM and its effects on transgender people.⁵¹ ALGBTIC encourages practitioners to understand the historically inadequate training and education provided to practitioners, and how such inattention to transgender persons' existences and experiences vis-à-vis training has compounded the discrimination this population faces. ALGBTIC emphasizes the need for practitioners to understand the DSM's history of heterosexism and gender bias and encourages practitioners to "acknowledge and address the gatekeeper role and subsequent power that mental health professionals have historically had."⁵² Overall, if practitioners can understand the problematic historical relationship between the DSM, mental health practitioners, and transgender patients, this may help enhance the practitioner-patient relationship because the practitioner will better comprehend the fears, social context, and historical discrimination underlying a patient's experience.

Educators can take concrete steps to help their students understand transgender identity and the struggles transgender people face. Carroll and Gilroy recommend inviting guest panels of transgender advocates into the classroom to help students better comprehend the cultural struggles faced by transgender people.⁵³ Members of ALGBTIC argue that lessons devoted to the institutional discrimination faced by transgender people should be mandatory, including discrimination in health care, policing, and schools.⁵⁴ By focusing on institutional discrimination, practitioners can begin to

48. Ibid.

49. Ibid., 146.

50. Magnet and Diamond.

51. Association; Carroll and Gilroy.

52. Association, 148.

53. Carroll and Gilroy.

54. Association.

understand transgender mental health concerns as arising forcefully from societal treatment rather than from an assumed space of innate pathology.⁵⁵ Carroll and Gilroy believe it important to actively challenge binary constructions of gender. As they state, "Discussions about the nature of gender identity need to be integrated throughout course work rather than marginalized in the context of one course."⁵⁶ Finally, educators find it helpful to familiarize students with significant historical and political events that helped shape the transgender movement.⁵⁷ This further evidence of the struggles, traumas, and efforts of transgender people and their allies provides additional context and understanding for the practitioner in therapy.

Study Methodology

This research project examines the conceptions of gender held by medical and mental health practitioners. I conducted 15 semi-structured, in-depth interviews over three months that shed light on the intricate and multilayered ways in which mental health practitioners conceptualize and engage with transgender identity.⁵⁸ Prior to my interviews, these practitioners had not been asked about how they conceptualize transgender identity, especially in relation to the new DSM gender dysphoria diagnosis.

I designed the interviews to challenge both myself and practitioners to speak to a myriad of gendered concepts in unique and situational ways. The interviews demonstrate that a single practitioner can embody and promote diverse conceptualizations of transgender identity. My analysis of the interviews also explores how practitioners' prior education, research, and life experiences shape their approach to therapeutic work. The final section of this paper explores possible interventions for gender liberation in the therapeutic sphere.

While the study participants vary in occupation, all are licensed therapists, psychologists, and/or psychiatrists. Seven have extensive experience working with transgender patients in private practice; two respondents have some experience working with transgender patients; and six have no such experience.⁵⁹

The first overriding theme in this study is the level of experience practitioners have working with transgender patients in a clinical setting. Experience is broken into three types: 1) practitioners

55. S. Rostosky, "Same-Sex Couple Perceptions of Family Support: A Consensual Qualitative Study," *Family Process* 43 (2004): 4357.

56. Carroll and Gilroy, 235.

57. Ibid.

58. Interview respondents were contacted by phone or email. The interviews lasted 30 to 80 minutes. All respondents consented to having their interviews audio-recorded and spoke under informed consent. This study includes no identifying information. Throughout this paper, individual interview participants are referred to with the gender-neutral "them" and "they."

59. Six interviews occurred in Los Angeles. All of those interviews took place with participants who have extensive experience working with transgender patients. I located most of these respondents using a snowball methodology and online resources via LGBT centers, resource pages for transgender persons, and individual blogs. The other nine interviews took place in New York. Six of these participants had no experience working with transgender patients, two respondents had some experience, and the remaining respondent worked extensively with transgender patients. I located most respondents using a snowball methodology.

with *extensive* experience work almost exclusively with transgender or gender-variant patients; 2) practitioners with *some* experience have only worked with one transgender or gender-variant patient; and 3) practitioners with *no* experience have never worked with transgender or gender-variant patients in clinical practice.⁶⁰

During the interviews and subsequent analysis, *feminist teachings* emerged as a second overriding theme.⁶¹ I coded parts of the interview as referring to feminist teachings if they (1) deconstructed the binary between “male” and “female,” or “man” and “woman”; (2) challenged respondents to (re)evaluate their understandings of gender and to consider how dominant notions of gender might impact their work; (3) centered on the socialization of gender identity; or (4) incorporated the word “feminism” when explaining a shift in essentialist gender politics.⁶²

This study focuses on three emergent themes: essentialism, agential identity, and social constructionism. Statements around gender identity were considered *essentialist* if they discussed gender identity as binary, fixed, a bodily phenomenon, an internal phenomenon, resembling a “born in the wrong body” narrative, or consisting of an internal, true, felt sense of gender. Statements were coded as *agential identity* if they discussed gender identity as an individual freedom of expression and choice, multiple identities, and agency, but failed to mention relationality and sociality. Statements were coded *social constructionist* if they discussed gender identity as fluid, affected by outside influences, relationally defined, or universally felt (that is, gender identity is something both transgender people and non-transgender people negotiate).

This study has several limitations. First, eight of the nine participants in the New York interviews knew me or my family personally. While the interviews were rich in content, the connection between the respondent and me could have affected the interview. Second, a consistent interview protocol was not used throughout this study. While some respondents were asked about the social construction of sex, others were not. As the interview process progressed, I realized that the social construction of sex was a relevant and noteworthy subject of exploration. Unfortunately, this area of study was not covered in the first eight interviews. Third, my findings cannot be generalized. Beyond the small sample size, these practitioners are almost all white, work in mostly affluent areas, and come from distinct educational degree programs.

60. It is important to distinguish between *some* and *no* experience, for working with even one transgender patient could drastically inform and shift a practitioner’s understanding and conceptualization of transgender identity.

61. Though not addressed in the literature review, naming something as a *feminist philosophy* can be dangerous in the tendency to both whiten feminism and homogenize a historically complex concept. Feminism, after all, experienced three major waves in US history; between the second and third waves existed major debates and discrepancies in how to advocate for the rights of all women (i.e., queer women, women of color, trans women).

62. Coding is defined as, “A systematic way in which to condense extensive data sets into smaller analyzable units through the creation of categories and concepts derived from the data.” This definition is drawn from Sharon Lockyer, “Coding Qualitative Data,” *The Sage Encyclopedia of Social Science Research Methods*, vol. 1, ed. Michael S. Lewis-Beck, Alan Bryman, and Timothy Futing Liao (Thousand Oaks, CA: Sage, 2004), 137–38.

The Heterogeneity of Essentialism

While the category of essentialism is firmly grounded in identity stability, biology, hormones, and the bodily and psychical realness or naturalness of one's gender identity, I found that specific manifestations of essentialist discourse exist beyond these common themes. A total of 35 comments were coded as essentialist, 26 of which were articulated by practitioners with no experience working with transgender patients, seven by practitioners with some experience, and two by practitioners with extensive experience. Strikingly, of the 35 remarks, 33 came from practitioners without "feminist teachings." Within the general topic of essentialism, five subthemes emerged: (1) binary conceptualizations, (2) the holistic narrative, (3) the conflating of sex, gender identity, and sexual orientation, (4) the naturalness of transgender identity, and (5) the nonbinary essentialist position.

ESSENTIALISM THROUGH BINARY CONCEPTUALIZATIONS

When coding a statement as a binary conception of transgender identity, I required that it include one of the following: (1) the sole mention of "man" to "woman" or vice versa; (2) the sole mention of "female" to "male" or vice versa; (3) the mention of "opposite" gender categories; or (4) the failure to mention alternative gender categories. Seven statements fell within these criteria and were only offered by respondents with either no or some experience and with no feminist teachings.⁶³

This conceptualization requires someone to go from "boy" to "girl," thereby remaining within a binary framework. For example, the following remark presents a binary conception of transgender identity: "And so I think if somebody's born a boy and wants to have a sex change operation, it's because they see themselves as a girl."⁶⁴ This comment suggests that to go from one gender to the other means to both *identify* as the "other" gender and to *live* as the "other" gender. It requires, then, an internal sense of identification as purely one gender and an actualization of that gender identity affirmed by a material/corporeal transition.

Respondent 5 encapsulated this dual process: "And so some people, from my understanding, they're born male but they identify as female and so they present themselves as female." In other words, one must first identify purely as the opposite sex – one must have a sense that the body to which they were born to (in this example, a normative "male" body) is not in line with their conceptualization of themselves as psychically⁶⁵ or corporeally⁶⁶ "female." This incongruent identification necessitates a transition whereby one can or must *present* oneself as one sees oneself: One must find a way to make congruent that "deep" internal sense of gender with

63. Note that coding statements into particular classifications can sometimes be a dangerous or misleading effort, for one given statement can bleed into several categories and often contradict conceptualizations offered earlier in the interview. It is critical to keep these intricacies in mind throughout the paper, namely, that to code a singular statement into one category is never a definite, objective, or removed process.

64. Respondent 7; Respondent 3 offered a similar binarized remark: "I mean, I guess it's not just identifying, more it's, you know, living that way in some way, I guess... Living as a woman if you're a man or a man if you're a woman." Here, Respondent 3 understands transgender embodiment purely in dualistic terms – to go from one gender to the other.

65. The feeling that comes from within one's body – one's spiritual, internal sense "of being" a given gender.

66. One's dress or expected/desired presentation of one's physical body.

a particular corporeal presentation and embodiment. A question raised here is what exactly it means or looks like to present oneself as “female.” For, in this conceptualization, the requirement is not to present oneself as one sees *oneself*, but purely to present oneself as “female.” This suggests a transformation is required, either through surgical means or by dominant social standards. A person’s exterior gender must match the vision of the internal gender. It will not suffice to believe in an internal (“male”) gender identity while still presenting or being socially comprehended as either “male” or “non-female.” Thus, under this binary, congruent/incongruent framework, physical alterations are required.

A HOLISTIC, AUTHENTIC, STABLE NARRATIVE

Part of what transpires in essentialist frameworks is a certain script, usually revolving around dominant notions of transgender identity (i.e., binary identity, biological).⁶⁷ This phenomenon is strongly present in my research: The script is one that relies on all of the elements already explored and requires a transgender person to pursue either (1) a holistic narrative, (2) a stable identity through time, or (3) legal changes. Without one of these elements, the subject is incomprehensible, either socially or within the medical sphere, leading to possible non-affirming treatment and lack of access to medical needs and support.⁶⁸ Five statements were coded under these three criteria, and all statements were made by respondents with no experience working with transgender patients.

In order to exist as a comprehensible subject – and therefore be qualified for surgical and hormonal treatments and met with a practitioner’s understanding and support – a transgender person must maintain a narrative of wholeness in which surgery and hormonal treatments function as a means of transforming incongruence into congruence, emptiness into full being. Respondent 2 reflected the concept that when emptiness exists, life is unlivable:

It’d be like if one’s setting a table, a proper table, well if you don’t put the spoons there, you can’t have the soup. It’s not just the knife and the fork; you need the spoons there too. That’s the proper table setting. And that’s how I think the individual would perceive him or herself. No, now I am whole. Now I am as I see myself. Before there was something not in cohesion with how I saw myself.

Respondent 2 conceptualizes transgender identity as an incompleteness in which one cannot see oneself fully because the “proper” makeup of that table setting – the person’s internal and external sense of self – is not in congruence. A position based in the necessity of making the incongruent congruent is essentialist, for it requires an individual to transition from one way of being (nonnormative) to another (normative). Beyond this, though, Respondent 2’s statement evokes essentialism in the expectation that “fullness” or “wholeness” can be finally, ultimately, stably achieved given changes in certain conditions. The desire to feel more comfortable with oneself is not in itself essentialist. Essentialism is embodied in the premise that once certain conditions or changes to the body are met, *then* a person’s complete, internal sense of identity and fullness can exist in perpetuity.

67. Lev; Spade.

68. Spade.

Like Respondent 2, Respondent 5 suggested an “authentic” transgender narrative of rightful intent, meaning a person who is transitioning their body via hormones or surgery because they have a deep internal need to transform something in themselves. The narrative they are sharing with the world is representative of that internal gender identity-based struggle.⁶⁹ Simply put, a person is transitioning “for the right reasons”: reasons that are believable, recognizable, and understandable for the pain and distress they cause. During the interview, Respondent 5 made a point to distinguish between two types of people: those who are “transgendering” themselves for attention and those who are “transitioning” for authentic and legitimate reasons. Respondent 5 described a student who changes their dress and sexual partners (“man” one week, “woman” another) from week-to-week: “Well, it’s not like a pair of clothes that you, a coat that you just change from day-to-day. So I think sometimes they don’t even realize it themselves that what they’re saying is completely false. I don’t believe that somebody changes their identity from week-to-week, you know?”

Respondent 5’s remarks are striking for two reasons. First, the young adult’s experience of shifting presentation and sexual partners is called “completely false.” Second, Respondent 5 clearly believes in an authentic identity that is stable and lacking fluidity. Using Respondent 5’s conceptualization, it would be difficult to understand a transgender student who believes in the fluidity of their identity because gender identity or sexual orientation are stable, unchanging entities.

Respondent 5’s essentialist position on identity formation marks certain narratives as real and others as questionable. Later Respondent 5 described a person they worked with in a nonclinical setting as being authentic or genuine: “And that was everything from changing their dress and how they present themselves for a period of time to getting hormonal treatment and eventually looking forward to ... reassignment surgery – basically having a sex change operation And going through that whole process. It just seemed genuine to me.” The respondent suggested that an authentic and genuine expression of transgender identity requires a particular narrative in which a person first changes their dress, presents themselves as the opposite gender, and then receives hormonal and sex reassignment surgery to complete this process of full transformation.⁷⁰ When these specific steps are taken and when a narrative by both the trans person and therapist is endorsed, *then* acceptance and genuinity become possible (from access to a driver’s license, to using the bathroom of one’s needs, to receiving medical treatments, to feeling safe and validated by one’s peers and oneself).⁷¹ This expectation raises serious concerns, however, about the need to fulfill particular, narrow

69. Such a notion is illustrated in Dean Spade’s work, “Resisting Medicine, Re/Modeling Gender.” Though Spade speaks less about a transgender person’s experience sharing their narrative with family and other members of society, he addresses the requirement of a transgender person to articulate a pain-based narrative in the clinical sphere. According to Spade, a transgender person’s story is more believable when it follows a particular discourse on pain and internal incongruence. When such a narrative is articulated, one is then eligible for “treatment,” as it would then be necessary to alleviate that pain and suffering.

70. Legal changes can be included in the necessary steps of transitioning. As Respondent 3 remarked, “If you really change your name, change your sex ... and then if you apply for a job, you apply for a job in that sex and really see yourself. I mean changing one’s name I think would be a big one.” Therefore, a “real” transgender narrative requires both a personal transformation as well as legitimizing that transformation through state and economic powers.

71. Butler, *Undoing Gender*; Lev; Spade.

embodiments of gender identity. Such a model deeply limits the ways in which a transgender person can articulate their identity; to identify or state their identity differently could jeopardize access to needed treatments.

THE CONFLATING OF SEXUAL CHARACTERISTICS, GENDER IDENTITY, AND SEXUAL ORIENTATION

Often, an essentialist conceptualization of transgender identity carries within it certain expectations and presumptions about how a transgender individual will/should express themselves.⁷² Those expectations manifest by conflating one's sexual characteristics with gender expression (as it is dominantly understood) as well as with one's sexual orientation or expression of sexual acts in the private realm. During the interviews, remarks that a person presents oneself as "female" come with several assumptions about the way that person will express themselves sexually or physically (by dress). Statements that fall into this category of *conflation* meet at least one of the following criteria: (1) assumptions about the sexual role in the private sphere, (2) assumptions of dominance or submission in the private sphere, (3) assumptions about physical dress and particular gendered embodiment, or (4) assumptions of bodily transition in order to achieve a particular normative gender identity. Six responses were coded under this category, all of which were made by practitioners with some or no experience working with transgender patients.

Practitioners in this study conflated sexual and gender identity within the personal and private spheres by insisting on taking one identity (say, a person who identifies as "female") and associating that identity with a particular gender phenomenon or set of normative acts/behaviors. For example, Respondent 2 said the following:

As I would understand the transgendered person, no! It goes much deeper than just the person who was once born as Frank [change of name for discretion] going to shop at Lauren's [change of name for location discretion] or any well-known store that was for women and buying clothing. No this goes to how they live. You would go in their apartment or where they live. It's decorated, and I hate to use this gender term, but as a woman would decorate her home.

Respondent 2 argued, on the one hand, that being transgender means going beyond physical dress, but on the other, argued that a person's home is indicative of their internal sense of gender. While the former act (shopping) is optional, the second act (the home) is a seemingly true or genuine indicator

72. Ibid. For example, Spade says that transgender people are expected to advance a very particular, narrow narrative of themselves that requires them to align more with normative, essentialist transgender conceptualizations than with alternative understandings. Spade explains, "I learned quickly that to achieve that embodiment, I needed to perform a desire for gender normativity, to convince the doctors that I suffered from GID and wanted to 'be' a 'man' in a narrow sense of both words. My quest for body alteration had to be legitimized by a medical reference to, and pretended belief in, a binary gender system that I had been working to dismantle since adolescence" (p. 26).

of one's identity as a "woman."⁷³ However, both acts rely on a constructed understanding of what those spaces signify. The notion that the way a person decorates their home is indicative of their gender identity fits strongly into an essentialist framework, for it assumes something stable in how a "woman" (any "woman") would embody that space. It speaks not to the "woman" as her own being, but more to the "woman" as encapsulating simply *how* "women" are by their very nature.

However, defining the way "women" are by their very nature means equating "woman" with "feminine" characteristics and "man" with "masculine" characteristics. These gendered assumptions based on sex lay the foundation for connotations surrounding sexual orientation and actions/embodiment within the private sphere. For example, within this framework, a mental health practitioner would expect a heterosexual transgender "woman" to be "submissive" in a heterosexual sexual partnership. When that transgender "woman" is not submissive, this causes confusion and extended exploration by the practitioner. This explorative and confounding process commences because the gender embodiment of the patient runs in opposition to that practitioner's normative notions of gender and sex (including the acts, behaviors, and affects associated with "woman" or "female"). The dissonance between gender embodiment and gender identity ultimately concerns the practitioner, causing them to question the patient at length.

Because of gender and sexual norms and expectations – and narratives that run counter to such norms in therapy – a practitioner comes to believe that the patient has an innate dysphoria. For example, Respondent 2 gave the following description of sexual actions between a cisgender man (their patient) and a pre-operative transgender woman:

What does come up is in sexual intimacy, how the transgendered individual can often be the dominant person in bed and not simply the passive person. And that's always a subject to be explored. Because the presentation of the patient might be that they're very extremely masculine very well built. And yet in intimacy with a transgendered individual, they can be the passive, receptive partner. So those issues do come up.

Respondent 2's remark captures several common assumptions and connotations. First, it assumes that a cisgender, "extremely masculine very well built" "man" would normally be the dominant, penetrative partner. Second, it assumes that for him *not* to desire to be the "dominant" partner is something to be explored rather than something to be accepted without concern. Third, it assumes that the transgender "woman" is the "passive, receptive partner" and thereby embodies a normative

73. Strikingly, while Respondent 2's statement appears to not require a change in clothing or dress for the transgender person, other statements clearly indicate that such gender expressions are a requirement. Take, for example, the following remark: "Certainly, to demasculine the physical house in which Larry [name changed for discretion] lives. The day-to-day house, to demasculine it. By that would be to grow longer hair, to have the minimum of facial hair, or even by – and body hair. To definitely want to have clothing which would assist this person in living as the opposite gender. Dresses, skirts, heels, bags, make-up. That would just be the outer." Exterior aspects of the person, in this conceptualization, are clearly correlated with the person's internal sense of self as either internally feminine or masculine. Further, dominant notions of femininity – make-up, dress, no body hair, heels – are explicitly named in correlation with how they must see themselves. This conceptualization, then, instills certain ways of being onto what that transgender person should or should not be doing. Ultimately, the physical is a representation of the psychical and internal.

“female” role within the bedroom rather than some alternative role or embodiment.⁷⁴ The statement, therefore, conflates one’s sexual identity (“male,” “female”) with sexual acts associated with particular gender identities.

This method of centering on the so-called issue of masculine receptivity raises concerns about the ways in which Respondent 2, and practitioners more generally, use assumptions and standards of masculinity and dominance (and femininity and subordination) to analyze, comprehend, and assist their patients. The practitioner seems to use their understanding of gender (“man”=dominant, “woman”=submissive) as the basis for engaging with the patient; in this case, such conceptualizations of gender place increased attention on the patient’s sexual behavior and partner, casting such sexual and gender embodiments as outside normality. Thus, even in a moment of compassionate “exploration,” gender is being spoken of in a normative, limiting, and perhaps damaging way.

In the interviews, a final conflation was apparent between sex, gender identity, and sexual orientation among queer-identified people. For some respondents, homosexuality was seen as the first step toward becoming transgender via surgical means. For instance, Respondent 8 indicated that the only difference between a “homosexual” and a transgender person is that the transgender person desires hormonal or surgical treatments. However, what these two groups (which Respondent 8 considered mutually exclusive groups) have in common is their switching from one binary form of sexual expression to the other (i.e., passive to dominant). In this conceptualization, homosexuals are transgender in their psychological and physical embodiment, but not in their material desire or need to attain surgery or hormones. Respondent 8 said the following:

[On a psychological level] More where someone is seeing him or herself more as a male within themselves or a female within themselves. In terms of the homosexuality piece, on the female side, someone that’s in a relationship but wants to be not just a dominant partner but wants to be the one that might be strapping on in terms of sexual relationships. Wants to almost feel penile-possessed as they’re with a lover or partner because of it.

Respondent 8’s remarks capture how a homosexual “woman” is psychologically a (transgender) “man” due to her desire for “penile-possession” with her partner. That penile-possession becomes actualized through her need to not just to be a dominant partner throughout the relationship (a dominantly masculine trait) but to actually possess a real penis in bed, including the power, possession, and penetration that comes with this device. The respondent misguidedly includes queer, non-transgender women into the formulation of transgender identity within this essentialist conceptualization. This finding may have implications for the misinformed and non-affirming treatment of queer and transgender patients.

74. For an alternative reading of “submission” and “reception” in the lesbian sexual sphere, see Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Durham, NC: Duke University Press, 2003).

THE NATURALNESS OF TRANSGENDER IDENTITY

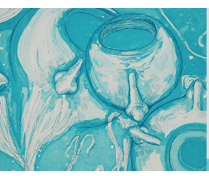
Essentialist frameworks for conceptualizing transgender identity flourish due to the advancement of a naturalizing and biological discourse.⁷⁵ A naturalizing discourse is one that does the following: (1) treats the existence of transgender people as part of a process of human evolution and natural human variation, (2) understands transgender identity to arise due to hormonal or biological differences, or (3) believes transgender identity to be something that is “just there,” something to which one is just born. In general, this discourse is centered on an incongruence between the gender you understand yourself to be and the one to which you were assigned at birth. Seven excerpts were coded as following a naturalizing discourse and were articulated by practitioners with no, some, and extensive experience working with transgender patients.

Transgender identity is often explained through a “born that way” framework. For example, Respondent 12 stated, “[Transgender identity is] probably just something that’s there, the same way that for other people it’s there the other way. I don’t think of it as happening in their life that makes that develop. I think it’s something that’s just, it’s part of you.”⁷⁶ This remark explains transgender identity as stemming from an innate source, intentionally separating identity formation from the social realm. Thus, Respondent 12 believes that transgender identity is not something that develops or is a product of environmental, societal, or cultural forces, but is rather an identity *within* oneself.

Critically, this naturalization of transgender identity can often be grounded in negative or disempowering terms. For example, in this framework, one is a product of one’s body, meaning that a person is considered transgender due to a lack of autonomy or agency over their corporeal person: An incongruence exists in themselves that they cannot help but experience, and they can do nothing except address such “dysphoria” retroactively. Importantly, in this very conceptualization, to be a product of something or someone also means being subject to that force. This phenomenon is reflected in Respondent 8’s description of a transgender person’s pursuit of surgery: “I think I see it initially as a process that would make sense to go through. Like Mother Nature kind of fouled things up and here’s someone working to correct it.” The idea that Mother Nature “fouled things up” places transgender identity in the negative realm, suggesting that transgender identity is nonnormative and must be fixed through surgical means in order to right a wrong. Respondent 5’s remark that “you’re not comfortable in your own skin because you were kind of given something that doesn’t match” mirrors this ideological position by failing to account for a possible agency, positivity, and

75. Spade.

76. Like Respondent 12, Respondent 7 believes that transgender identity is biological and existing prior to socialization: “I believe there is something biological...See with transgender I think that there was something that was there, that there’s a physical, you know, honing acted upon by hormones and all kinds of things. I don’t see that as something that’s, that the environment created.”



empowerment. Thus, this type of essentialist framework based in the naturalization of transgender identity should be viewed with caution.⁷⁷

NONBINARY ESSENTIALIST POSITION

The final subtheme within an essentialist framework is the nonbinary but essentialist position. This viewpoint appears to endorse transgender identity as existing on a spectrum and thus in a social constructionist framework, while being grounded in essentialist words and principles. Comments that fall under this subtheme involve the words *spectrum*, *continuum*, *ranges*, or themes but use constructed terms like *masculinity*, *femininity*, *levels*, and *of being* to make their claim. Practitioners relationally use both sets of terms because they believe these gender markers are real or intrinsic; that is, under a nonbinary essentialist framework, masculinity and femininity are naturally occurring phenomena that exist as part of human variation and diversity. Four statements fall under this criteria: Three were made by practitioners with no experience, and one was made by a practitioner with extensive experience working with transgender patients.

Some respondents advanced the idea that transgender identity exists on a spectrum and that individuals fall along that spectrum. However, these spectrum positions are marked by “different levels of what might seem feminine or different levels of what might seem masculine.”⁷⁸ These “different levels” of femininity and masculinity seem to take place within the hormonal or biological sphere. In other words, these practitioners believe that masculinity and femininity are not constructed but are real categories that exist within each individual, resulting in a diversity of experiences along a spectrum.

In addition, there is the notion of transgender identity as existing beyond the binary while still maintaining a stable identity framework. For example, Respondent 14 explained transgender identity as follows: “Someone who’s deep personal sense of themselves in regard to gender is something apart from the usual binary conceptions of gender.... Their sense of their gendered self – or their deep personal feeling of being male, female, or other – is different from a gender that was assigned at birth.” Clearly, Respondent 14, who works extensively with transgender or gender-variant patients, believed that transgender identity can exist beyond the binary of “man” and “woman.” However, their inclusion of the phrase “*of being* male, female, or other” [author’s emphasis] implies a deep sense of identity stability. Transgender identity exists as something one “has” or “is” in their very being, not something one continuously becomes. In this sense, a nonbinary

77. Importantly, not all statements that fall under this discourse are disempowering. Respondent 11, who has extensive experience working with transgender patients, explained transgender identity through the language of human variation and evolution. “It’s normal in human beings to have a range of experiences. We have intersex experiences; those are also pretty normative for a small segment of the population. We have atypical gender experiences, and I think that’s pretty normative, just like being gay or lesbian is pretty normative. It’s a part of the population that is selected out. It’s continuing through evolution.” A normative phenomenon indicates that the presence of transgender people, like gay and intersex people, is naturally occurring through evolutionary means. Respondent 11 did note, however, that these identities exist as “atypical” experiences, furthering the idea that “normative” does not equate to normality, but rather represents an acceptable, naturally occurring *other*.

78. Respondent 12.

conceptualization of transgender identity can continue to rely on essentialist foundations of stability and realness.

Overall, respondents expressed diverse and divergent essentialist conceptualizations of transgender identity. Some practitioners considered the psychical and corporeal body as a site of transgender identity and dysphoria. This conceptualization was most often advanced by practitioners with some and no experience working directly with transgender patients. Further, this conceptualization was articulated almost exclusively by practitioners who did not receive feminist teachings. These findings are in line with existing theories on essentialism. The tendency to conflate gender and sexuality, rely on the naturalness of transgender identity, and reinforce the gender binary were evident among the practitioners interviewed. A more unique finding is the nonbinary yet essentialist formulation; the extant literature does not discuss the ways in which practitioners use spectrum-oriented language while relying on essentialist foundations.

Transgender Identity as Agential

Another conception of gender that resembles postmodern thought but, upon deeper analysis, relies on essentialist principles at its core is the model of the agential and self-determined Self.⁷⁹ This model allows the freedom to identify oneself as one desires, based on how one internally sees oneself.

Agential models can conflict with social constructionism because individuals in this model see themselves as outside sociality and protected against societal harm through the mechanism of self-identification. This conceptualization of identity tends to dismiss social constructionism as constraining and oppressive toward transgender individuals.⁸⁰ Through individualized, nonsocially bounded identifications, transgender individuals are defining their identities for themselves and by no one else, including societal and institutional standards and regulations.⁸¹

Transgender theorist Gayle Salamon asserts in her work *Assuming a Body* that this belief in corporeal agency and autonomy defined for and by transgender individuals is uniquely positioned in the field of gender studies and discussions on autonomy and agency.

*This premise that the materiality of the transgendered body renders transgendered people outside or beyond gender leads to the assertion that what characterizes transgenderism, along with a specific kind of embodiment, is a specific kind of agency, and it is on this issue of agency that critiques of social constructionism are most assertively advanced.*⁸²

79. This notion of the "Self" is drawn from Michel Foucault, *The History of Sexuality*, vol. 3, *The Care of the Self* (New York: Vintage Books, 1988).

80. Jason Cromwell, *Transmen and FTMs: Identities, Bodies, Genders, and Sexualities* (Champaign, IL: University of Illinois, 1999); Leslie Feinberg, *Trans Liberation: Beyond Pink or Blue* (Boston: Beacon Press, 1998); Viviane, K. Namaste, "'Tragic Misreadings': Queer Theory's Erasure of Transgender Subjectivity" in *Invisible Lives: The Erasure of Transsexual and Transgendered People* (Chicago: University of Chicago Press, 2000) 9-23; Julia Serano, *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity* (Emeryville, CA: Seal Press, 2007).

81. Bettcher; Heyes; Salamon.

82. Salamon, 75.

This ideological rift between agentic-driven theorists, on the one hand, and socially constituted theorists, on the other, is deeply alive and felt in present-day politics and theoretical circles. An agential framework gives little credence to the question of societal constraint and instead places greater emphasis and belief in self/individual personhood.

This model allows for, and often encourages, labels and identities to rightfully exist for personal and political purposes. Many transgender theorists and individuals advocate a notion of gender that can move beyond the “men/women” binary.⁸³ In so doing, advocates of this conceptual position do not wholly reject identity but rather create and construct categories in accordance with how one sees or describes oneself. Transgender people are still, thus, grounded in identity, and as a group based in identity, they should have the right to choose their path forward and to be recognized “for new identities and lifestyles.”⁸⁴

The field of transgender theory is seeing a push to mark a body as the sole property of the individual through dress and expression. In other words, this body should be able to proclaim itself autonomously and, both corporeally and in mind, is capable of making its own decisions and transformations without outside societal interventions or commentary.⁸⁵ This individualized gendered self is intended to be outside of criticism, for any self-expression should be celebrated and need not be rooted in dominant gendered discourses and power structures. Cressida Heyes explained, “In the emerging genre of popular trans feminist polemic ... the rhetorical emphasis is squarely on the right of individuals to express their gender as they choose or to engage in free gender play.”⁸⁶ Transgender author Leslie Feinberg’s comments epitomize this trend: “Since I don’t accept negative judgments about my own gender articulation, I avoid judgments about others. People of all sexes have the right to explore femininity, masculinity, and the infinite variations between—without criticism or ridicule.”⁸⁷ Thus, individuals have the right to explore the deep and vast variations of gender for themselves, and no one has the right to critique that process of exploration and identity formation. Most critiques of any gender embodiments, in this configuration, likely serve an oppressive function, limiting opportunities for individuals to explore and find meaning in various aesthetics and embodiments.

83. Gloria Anzaldúa, *Borderlands/La Frontera: The New Mestiza* (San Francisco: Spinsters, 1987); Holley Boswell, “The Transgender Paradigm Shift Toward Free Expression,” in *Current Concepts in Transgender Identity*, ed. Dallas Denny (New York: Garland, 1998); Feinberg; Jillian Hooley, “Transgender Politics, Medicine and Representation: Off Our Backs, Off Our Bodies,” *Social Alternatives* 16, no. 1 (1997): 31–4; Serano; Ashley Tauchert, “Beyond the Binary: Fuzzy Gender and the Radical Center,” in *Unseen Genders: Beyond the Binaries*, eds. F. Haynes and T. McKenna (New York: Peter Lang, 2001) 181–91; Riki Wilchins, *Read My Lips: Sexual Subversion and the End of Gender* (Riverdale, NY: Riverdale Avenue Books, 1997).

84. Francesca Polletta and James Jasper, “Collective Identity and Social Movements,” *Annual Review of Sociology* 27 (2001): 286, as quoted in Bernstein, “Identity Politics.”

85. This autonomous framework is similar to current discourse on Beyoncé and her gender performance; namely, some cultural commentators proclaim it possible for Beyoncé (and women more generally) to make decisions about her body based on individual empowerment and not first or primarily on discourse on (self) objectification and patriarchy (see Kimberly Foster, “On bell hooks and Feminist Blind Spots: Why Theory Will Not Set Us Free.” *For Harriet* (blog). For a counternarrative, see bell hooks, “Moving Beyond Pain,” *bell hooks Institute* (blog), May 9, 2016.

86. Heyes, 1110.

87. Feinberg, 25.

Some of the medical and mental health practitioners interviewed for this project seemed to understand transgender identity as something defined solely by the transgender individuals themselves. Remarks that fall under this theme use and rely on alternative, nonbinary identity categories like genderqueer, boi, or gender-fluid. Six responses fall under this theme, all of which were stated by respondents with extensive experience.

Transgender identity is conceptualized as a personal and private experience. This private quality of gender, as conceptualized in this model, makes it difficult to organize for a collective politics. As Respondent 9 explained,

Gender and gender identity is such a powerful personal and also political attribute that people who struggle with it, and maybe people who don't struggle with it, hold very dear... I think because of that, these terminologies break down because it's hard to get a whole group of people to agree on a term when they're having a very subjective, personal, often very private experience with gender.

Respondent 9's definition of transgender identity captures several phenomena. First, gender and gender identity are deeply personal parts of oneself and one's identity. Second, gender identity's "subjective" nature assumes an individualist framework. Standardization cannot exist because each person is navigating their own gender in particular and unique ways. Third, this lack of standardization makes it difficult to politically mobilize as a collective "transgender unit."

Importantly, in Respondent 9's remark, essentialism and social constructionism both appear present. The comment may rely on essentialism because this personal, subjective gender identity may be associated with an internal, hard-wired sense of self. On the other hand, the comment may be alluding to social constructionism in how that transgender person navigates, processes, and internalizes society's gender regulations.⁸⁸ The mention of a subjective experience, therefore, does not cancel out the presence of either essentialist or social constructionist conceptualizations. It is only through contextual clues that an agential remark can be analyzed for its essentialist or social constructionist roots.

Many practitioners articulated the importance of rejecting a standardized definition or script for transgender identity. By following the client as an individual self-determining subject, practitioners can broaden their conceptualization of transgender identity beyond essentialist frameworks. Respondent 15 conceived transgender identity as unique to each individual: "It's funny because as a therapist I'm so used to not having my own definition in some ways because I relearn different definitions for each person that comes in my room, and I follow their lead and what they self-identify as, and –if and how they want to label." The practitioner's personal definition of transgender identity has less significance than those offered by transgender clients. In following the patient's lead, there exists the possibility to both resist and find personal empowerment in labels.⁸⁹

88. For example, when the individual encounters the social realm, a subjective process may ensue in which they have to navigate how those social forces affirm, restrict, and shape that person.

89. Respondent 14 explained, "The labels are something that are sort of self-determined by the person and to try to be open to meeting them and not sort of insisting on one definition."

Ultimately, an agential, self-determining model supported by practitioners means nonjudgmentally accepting a client's gender identification (or non-identification) without reservation. However, none of these remarks explicitly addresses societal forces. They hint at the possibility that society's gender regulations may have an impact on a transgender person, but they do not explicitly explore this component. While this conceptualization is empowering because it legitimizes and validates the lives and experiences of transgender people, it does little to address the social forces that affect an individual subject. Therefore, this conceptualization risks a certain removal from the forceful social realm. Such a finding is consistent with existing theory.⁹⁰ Lastly, this conceptualization may fail to address the types or forms of gender enacted by patients. In the effort to accept and validate a patient without addressing sociality, a practitioner risks overlooking certain damaging forms of masculinity and femininity, whether intrapersonally or relationally.

Social Constructionism: Fluidity, Universality, Deconstruction

In contrast to both essentialist and agential models, postmodern theorists argue that the very existence of (stable) identity categories functions as a sort of regulation. Identities do not offer freedom, but suffocation.⁹¹ Social constructionists often advocate for an issue-based, universalizing politics rather than one grounded in an absolute, stable identity.⁹² Jacob Hale argued against an identity politics framework that maintains differential identities and categories at its core.⁹³ Instead of focusing on biological differences between peoples, postmodernists analyze societal guidelines, regulations, and recognitions at play in determining whether persons fit within or beyond rules of normativity and normality.

Judith Butler took issue with the essentialist position that one intrinsically possesses an internal gender identity, based most prominently if not solely on biological grounds. Butler's philosophy suggests that "gender is not exactly what one 'is' nor is it precisely what one 'has,'" but is rather it is "the apparatus by which the production and normalization of masculine and feminine takes place along with the interstitial forms of hormonal, chromosomal, psychic, and performative that gender assumes."⁹⁴ Gender is thus the site of many converging discourses driven by a myriad of forces based only in part, if at all, on the biological and hormonal sphere.

90. Salamon.

91. Postmodernists offer critiques of why identity politics models of activism will not work. See Bernstein; Cerulo; Nancy Fraser, "Rethinking Recognition," *New Left Review* 3 (2000): 107-20; Urvashi Vaid, *Virtual Equality: The Mainstreaming of Gay and Lesbian Liberation* (New York: Anchor, 1995). In their view, identity "categories will not alleviate inequality but will reify those categories, which will increase the use of those categories to regulate and dominate subordinate status groups" (Bernstein, 56). Political scientist Wendy Brown echoed this idea in her 1995 book *States of Injury: Power and Freedom in Late Modernity*, in which she argued that the act of advocating for rights for marginalized cultural identities will only lead to severe increased social regulation at the hands of the state.

92. I use the term "social constructionism" instead of "postmodernism" from this point forward. The two terms have different theoretical positions; here, I find "social constructionism" most theoretically relevant.

93. Jacob Hale, "Tracing a Ghostly Memory in My Throat: Reflections on FtM Feminist Voice and Agency," in *Men Doing Feminism*, ed. T. Digby (New York: Routledge, 1998).

94. Butler, *Undoing Gender*, 42.

Several theorists have taken issue with the self-determinist, nonsocially grounded conceptualization of the self, directly⁹⁵ and indirectly.⁹⁶ Heyes, for example, expressed concern with Feinberg's conception of gender identity, arguing that Feinberg's view "falls back onto an implausibly atomistic self that is given normative free rein [sic] to assert its gender."⁹⁷ This atomistic Self wants to understand itself as separate from sociality and able to resist cultural demands of the body.⁹⁸ Butler vehemently argued against such a conception. For Butler, it is only through engagement with sociality that one can begin to claim oneself.⁹⁹

Throughout the interviews, the second most common theme advanced by medical and mental health practitioners was a social constructionist conceptualization of transgender identity. Overall, 23 statements were coded as under this conceptualization, 16 of which were expressed by those with extensive experience. Practitioners who advanced social constructionist understandings of transgender identity overwhelmingly had received feminist teachings. Of the 23 social constructionist remarks, 21 were made by practitioners with feminist teachings. The next section analyzes the following subthemes: (1) occupation of an undefined, fluid terrain, (2) trans identity as liberatory, and (3) social constructionism as culturally bound.

AN UNDEFINED, FLUID TERRAIN

The most common social constructionist conceptualization advanced by practitioners is the view of gender identity as fluid. The fluidity of identity allows for a departure from the normative conception of identity as stable or from the narrative of the congruent/incongruent individual. Statements that fall under the "undefined, fluid terrain" meet at least one of the following criteria: (1) indicate satisfaction with an undefined, ambiguous area of gender, (2) discuss gender as fluid, (3) discuss gender as on a spectrum, (4) discuss gender as flexible rather than linear, or (5) discuss gender as constantly changing. Eight statements match these criteria, three of which were articulated by practitioners with no experience and five by practitioners with extensive experience.

95. Bettcher; Heyes; Emi Koyama, "The Transfeminist Manifesto," in *Catching a Wave: Reclaiming Feminism for the 21st Century*, ed. Rory Dicker and Alison Piepmeier (Boston: Northeastern University Press, 2003) 244-259; Salamon.

96. Judith Butler, *Bodies that Matter: On the Discursive Limits of Sex* (New York: Routledge, 1993); Butler, *Gender Trouble*; Butler, *Undoing Gender*; Naomi Scheman, "Queering the Center by Centering the Queer: Reflections on Transsexuals and Secular Jews," in *Feminists Rethink the Self*, ed. Diana Tietjens Meyers (Boulder, CO: Westview Press, 1996), 124-162; Elaine Stavro, "Rethinking Identity and Coalitional Politics, Insights from Simone de Beauvoir," *Canadian Journal of Political Science* 40, no. 2 (2007): 439-63.

97. Heyes, 1095.

98. Bettcher; Heyes. "Atomistic" is defined here as a person being "abstracted from the social relations in which actual agents are embedded." See Natalie Stoljar, "Feminist Perspectives on Autonomy," in *The Stanford Encyclopedia of Philosophy*, Edward N. Zalta (ed.), fall 2015 ed. <http://plato.stanford.edu/archives/fall2015/entries/feminism-autonomy/>.

99. Butler explained, "Although we struggle for rights over our own bodies, the very bodies for which we struggle are not quite ever our own. The body has its invariably public dimension; constituted as a social phenomenon in the public sphere, my body is and is not mine.... One is dependent on this 'outside' to lay claim to what is one's own. The self must, in this way, be dispossessed in sociality in order to take possession of itself" (Butler 2004, 7-21).

Envisioning gender identity as fluid offers a path of empowerment and liberation for transgender and non-transgender people. Fluid conceptualizations allow for the possibility of undoing an essentialist normative/nonnormative binary, viewing each individual as equally invested in the project of gender formation. Respondent 4 alluded to a shift in discourse taking place between traditional conceptualizations and those advanced by trans-affirming therapists: “I think those individuals who are trans-positive and trans-affirming have moved slightly from there in the sense that it doesn’t feel ... Like I think for a while the field was like, ‘There’s this disconnect and then there’s not a disconnect.’ And I think now we’re seeing that more in a spectrum, and there’s like a fluidity to that.” Respondent 4’s remark captures a powerful shift in how transgender identity is conceptualized. Within a fluid and spectral framework, a transgender identification is able to escape the limitations of both the binary and a restricting/pathologizing “congruent-incongruent” divide.¹⁰⁰

While a social constructionist framework is empowering, it can also foster contempt, resentment, and critique of transgender embodiments that rely on essentialist, binary models of gender expression. For example, Respondent 10 stated the following:

Sometimes I get a little judgy when I hear people just, trans people, just stuck in that binary, you know? ‘I have to be a woman’, you know? ‘I was born a man but I’ve always felt like a woman and I’ve got to be a woman and I’m going to be a woman’... and sometimes I get judgy and I think, why can’t you just be you? ... Like why couldn’t this person just be genderqueer? Or gender-fluid? Or gender-something? Why did they have to be a woman?

This statement captures a dissatisfaction with embodiments of gender identity that rely on the binary system for legitimacy. The respondent not only critiqued the “born in the wrong body narrative,” but found more genuinity in a person who prioritizes queerness, or fluidity and ambiguity, over long-established identity categories (“man” or “woman”). More than this, though, the question “why can’t you just be you?” suggests that the act of naming oneself as a particular, pre-defined gender is an act of dissociation from oneself, rather than an empowering coming into oneself. This mode of thinking has both means for caution and possibility: The practitioner should be thoughtful about their judgments of a transgender person’s embodiments. This mode of thinking, however, could also help in the therapeutic realm, compassionately challenging the patient and practitioner to understand the roots of the desired transformation.

100. Respondent 15 noted that the ability to escape binary conceptualizations is partly dependent on generational differences. For example, younger people [clients] have “a lot more tolerance of the ambiguity of that fluidity... So even if they can’t put their finger on it or maybe one day they feel neutral, one day they feel feminine, one day they feel masculine. That’s OK ... But with the older, you know I see some clients who came in their 60s who have lived in this society—in this very gendered society, let’s say for 60 odd years. It’s a different mindset because I think especially with male to female clients, there can be a big focus on really fitting in to this idealized feminine.” As this example indicates, generational differences allow for conceptualizations of gender that move beyond binary conceptions and hence beyond fitting into or enacting dominant forms of masculinity or femininity.

LIBERATION THROUGH THE FREEDOM TO EXPRESS; REJECTING AN AUTHENTIC NARRATIVE

A social constructionist perspective on gender often rejects the necessity of an authentic transgender narrative. A transgender person does not have to receive surgery, change one's name, start hormonal treatments, or change one's dress in a particular way in order to be understood as comprehensible or permissible.¹⁰¹ As Respondent 4 noted, being transgender is not (always) the pursuit of surgery, but rather the act of engaging in a way different from, and in opposition to, culturally instituted norms and other societal restraints.¹⁰² A social constructionist conceptualization, in advocating fluidity, allows for myriad embodiments of gender expressions.

Supporting more diverse modes of gender expression fosters liberatory possibilities for both adults and youth. This model of possibility requires less stress, regulation, and shame, for it decenters normality and centers diverse gender expressions.¹⁰³ Three respondent remarks fit this model, all stated by participants with extensive experience.

GENDER IDENTITY AS CULTURALLY BOUND

The final subtheme involves gender identity as culturally constituted. By drawing on gender experiences from around the world, these respondents placed the dominant US binary conception of gender in relation to mostly international alternatives. These practitioners view traditional essentialist conceptions of transgender identity as limited and deeply constructed. By referencing diverse examples of gender presentations across the globe, these respondents added to the general critique of the US two-gender model, particularly the belief in two sexes, a strict binary understanding of gender, and the limited roles and behaviors that people of each gender must embody and perform.¹⁰⁴

An understanding of various gender-diverse cultures throughout the world allows one to imagine different, more liberatory gender possibilities in the United States. When one is able to refer to cultures with three, four, or even five gender categories, one is able to imagine different ways

101. Respondent 15 said, "There is no right or wrong way to transition. It is so dependent upon the person. It could be that dressing is something satisfying to them and that is how they want to express their gender identity and that keeps them going. It could be that that's not enough. It could be that they want real name change, they want hormones, they want some surgery of some kind."

102. To illustrate this point, Respondent 4 offered the following: "So I have some bi-gendered clients who are like, 'I'm not having surgery but I'm not going to express my gender the way that society tells me to be.' I think it's messy. And I'm a person that, I personally am okay with that messiness."

103. For example, Respondent 10 explained how the use of rigid gender norms creates anxiety and identity crises later in life. This anxiety is rectified by the eventual transition from "man to woman" or "woman to man." However, with the advancement and acceptance of gender variance, there may be no need to transition in this binary way. Respondent 10 grounded this in the principle that "if I had my perfect world, I would say that every kid should be embraced for whatever it is they want to do. If they're a little boy and they want to wear fingernail polish to school, they should be able to do that and not be humiliated or ashamed or anything about it. And I think if we allowed kids to express gender variance more, then I think there'd be less angst and issues about being transgender in adolescents and adults."

104. Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York: Basic Books, 2000); Judith Lorber, *Paradoxes of Gender* (New York: Yale University Press, 1994); Dorothy Smith, *The Conceptual Practices of Power* (Boston: Northeastern University Press, 1990).

of being. After discussing the two-spirit peoples in certain indigenous North American tribes,¹⁰⁵ Respondent 10 offered the following global examples:

If people understood 'Wow, there's actually six different places you can be!', I think you'd have a lot less people transitioning from male to female or female to male. But I think growing up in a monotheistic culture, you're programmed to think that you're either this or you're that. And that's just a big mistake. Because all over the world, there are third and fourth gendered people. For example, in India there are the Hijra and in Samoa there's the Fa'afafine, and I could just go around the planet. There are just so many cultural opportunities to be something other than male or female.

Cultural comparison enables one to critically analyze the limited possibilities in a two-gender model. Whereas individuals in other cultures may find it possible to embody a body that is not "one or the other," the two-gender model constricts and constructs bodies to perform and express in a particular way. As Respondent 10 pointed out, a binary actively affects/regulates gender-variant bodies. Examples of extrabinary models challenge one to rethink the function and necessity of surgical and hormonal treatments and transitions.

The strict, binary gender model active in the United States mirrors a wider propensity for a binary, oppositional politics. The restriction of gender performances and identity is just one of many forms of bodily and theoretical restrictions. According to Respondent 10, a culture's theological grounding in monotheism is largely responsible for creating a system in which particular beliefs are correct and all others are deemed invalid.

When you have monotheistic cultures with the belief in one God, like Judaism, Christianity, and Islam, [people] grow up believing 'Either you believe in our God or you're wrong.' Or 'either you're good or you're evil.' Remember that's what George Bush said when he went to war in Iraq. He said to all those European countries, 'Either you're with us or you're on the axis of evil.' It's like he's saying everyone has to make a choice.... And monotheistic people tend to believe, you're either a male or female, or you're either you're gay or you're straight, and they don't make much room for bisexual people or gender-variant people.

Respondent 10's statement suggests that religion, and the belief in a singular God, is responsible for or reinforces the societal expectation for singularity of thought and noncomplexity. When one believes in one God, one believes in one way of thinking. As Respondent 10 later explored, this may differ from notions of fluidity and impermanence advanced in Buddhism, a faith that moves away from attachment to right and wrong, a "this or that" way of thinking, and the stable unchanging "I/self."¹⁰⁶ To live in a culture that finds its theological and theoretical foundations in nonstability, or in the belief that ideologies and corporeal embodiments that may not already exist or be seen are

105. Evelyn Blackwood, "Sexuality and Gender in Certain Native American Tribes: The Case of Cross-Gender Females," *Signs* 10, no. 1 (1984): 27-42.

106. Jack Kornfield, *The Wise Heart: A Guide to the Universal Teachings of Buddhist Psychology* (New York: Bantam Books, 2008).

possible, raises important possibilities and hope for the creation of alternative ways of being that do not rely on a strict model of thought and gender performance.

Respondent 10's remarks raise some questions, however. For example, do monotheist-driven cultures often, if not always, rely on oppositional ways of thinking? Further, do predominantly Buddhist societies, or societies that are polytheistic or pluralist, always err against binary thinking? Religion may play a strong role in molding discourse and shaping the trajectory of a society's ideological and political beliefs, but even faiths with particular ideologies and values do not always hold true or find themselves present in every arena of society.

Finally, Respondent 10's invocation of former President George W. Bush's remarks signals a misattribution of the role of faith and politics. When President Bush stated, "Either you're with us or you're on the axis of evil," what forms of power were at play? If one buys into the belief that monotheism fosters singular thinking, then monotheism may have played a role in Bush's statement and belief that one is either on the side of the United States (and against terrorism and weapons of mass destruction) or against the State. However, when Bush spoke, he was never outside of a discourse on United States supremacy, Christocentrism, and colonialism. In the context of speaking to Western European nations on the subject of Iraq, Bush was actively creating and playing on divisions between Islam and Christianity, and Islam and the West. To speak of monotheism as a singular entity would be to deny the ways in which Christianity, whiteness, and Western/United States supremacy informed and drove Bush's remark. Therefore, while faith may have a part in creating an oppositional politic – including a politic of gender performativity and identity – it cannot be the only system of power at play, not when accounting for the intersection of race, nation, and Christian supremacy.

Overall, social constructionist remarks were stated predominantly by practitioners with extensive experience working with transgender patients and by those who received feminist teachings. These findings reflect existing research, especially as it pertains to the presence of feminist teachings. Those who were trained to deconstruct understandings around masculinity/femininity continued to embrace such methods of thinking in their therapeutic work.

An Intervention toward Gender Liberation

How do practitioners, and people more generally, come to understand gender as operating in particular ways? When practitioners speak about issues of race, gender, class, and other systems of power, their knowledge and understandings come from somewhere. Without intervention, they are grounded most often in a discourse that is already in existence, even before thinking or uttering a word upon the subject.¹⁰⁷ In the United States, the discourse that is always already in existence – always already undergirding the media, dominant education, the medical complex – is one of essentialism.¹⁰⁸ The implication is that when people speak on topics of race and gender, they are

107. Butler, *Undoing Gender*.

108. Drescher; Diana Fuss, *Essentially Speaking* (New York: Routledge, 1989); Carla Golden, "Still Seeing Differently, After All These Years," *Feminism & Psychology* 10 (2000): 30-5; Julia T. Wood, *Gendered Lives: Communication, Gender, & Culture* (Stamford, CT: Cengage Learning, 2014).

speaking out of an understanding that these identities are deeply real and biologically wired, that these identities are intrinsic and do not come from a site of knowledge created by and for institutions and societal apparatuses.¹⁰⁹ The reality, however, is that certain forms of knowledge and concepts are restrictive and can impact engagement with others,¹¹⁰ both in everyday life and in the clinical sphere.

Practitioners in this study with some and no experience embraced essentialist positions because they are a default position in US society. Practitioners with no and some experience have had few, if any, opportunities to understand gender, particularly transgender identity, as operating outside dominant cultural standards.¹¹¹ In US discourse, transgender identity is most commonly understood as a “born in the wrong body” phenomenon. Intrinsic in this narrative are essentialist principles that limit particularly transgender, but necessarily all gendered, patients. As Karen Cerulo stated,

Socially defined maleness and femaleness severely constrict human behavior. Subjective definitions imprison individuals in spheres of prescribed action and expectation... Gender scripting attitudes, behaviors, emotions, and language, and treating these scripts as natural signals, ensures that social members both succumb to and recreate the “armor” of gender identity stereotypes.¹¹²

Cerulo warned against the prescriptive functions and effects of biological and gender-based stereotypes, most often grounded in essentialist frameworks. In effect, a person or practitioner using limiting subjective definitions based in “natural signals” of gender can (unconsciously) restrict a patient’s embodiment into one of more normative form.¹¹³

In this study, the practitioners who advanced essentialist positions often expected transgender patients to be stable in their identity, tended to frame and pathologize transgender identity as “something to be fixed,” and often expected masculinity and femininity to operate normatively, whether through dress, sexually, or in one’s internal sense of self. Transgender patients who understand their gender to be fluid, or explain or express their gender identity in nonbinary ways, may not be comprehended as easily under an essentialist framework. Because essentialist practitioners tie identity so strictly to biology and a natural internal stability, they may struggle to see how identity is formulated through sociality. This finding is in line with the extant literature: Clinical practices that do not acknowledge society’s impact on a patient and a patient’s narrative can deeply limit and restrict analysis.¹¹⁴

Based on the findings of this study, I believe that social constructionist conceptualizations of transgender identity (and gender broadly) are most helpful for transgender, and all gendered,

109. Butler, *Gender Trouble*.

110. Michel Foucault, *The History of Sexuality*, vol. 1, *An Introduction* (New York: Pantheon Books, 1978); Foucault, *Madness and Civilization*.

111. This understanding is supported by Carroll and Gilroy.

112. Cerulo, 388.

113. Association; Benson; Lev.

114. Association; Benson.

patients because they do not require a coherent narrative. The practitioners in this study who advanced social constructionist conceptualizations were open to ideologically and corporeally diverse embodiments: These practitioners understood that sometimes transgender identity may come with the desire and need for surgery or hormones, but they viewed transgender embodiment as multidimensional and a process of constant transformation of dress, behavior, identification, and ideology. For these practitioners—under a social constructionist conceptualization—essentialist understandings of the self, agential identifications, and completely fluid nonnormative transgender embodiment all count as valid. This mode of engagement with patients aligns with the standards outlined in ALGBTIC’s “Competencies for Counseling with Transgender Clients.”

This study explored two primary questions: When restrictive discourses take hold, how can one find a way out, or at least find a different path? What would help facilitate social constructionist understandings of the self? During my research, “feminist teachings” proved to be powerful tools for transforming and expanding critical thought and inquiry. I define “feminist teachings” as those that (1) deconstruct the binary between “male” and “female” or “man” and “woman,” (2) challenge individuals to (re)evaluate their understanding of gender and to consider how dominant notions of gender may impact their work, (3) center on the socialization of gender identity, or (4) incorporate the word “feminism” when explaining a shift in essentialist gender politics.¹¹⁵ Because of the sample size of my study, I cannot definitively state that feminist teachings directly produce social constructionist conceptualizations of transgender identity. However, throughout the interviews, I found feminist teachings to be a better predictor of a social constructionist perspective than experience working with transgender people. After all, some practitioners with little or no experience working with transgender people espoused social constructionist conceptualizations of transgender identity and gender more broadly. This finding suggests that graduate school courses that challenged practitioners to deeply evaluate their way of thinking, gender embodiments, and gender positionality continue to prove relevant, regardless of the population those practitioners serve.

Practitioners could have developed social constructionist conceptualizations of identity and power prior to their exposure to feminist teachings. My research counters this critique: Practitioners explicitly named the transformational aspects of their feminist education in molding their personal and professional outlook on life toward sociality rather than a purely intrapersonal engagement that psychology can so often be rooted in. This finding may prove particularly significant for future research.

Both in this study and in scholarship, feminist teachings matter in the production of deconstructive thought and alternative gender possibilities.¹¹⁶ Thus, I advocate mandatory feminist teachings in graduate school classes for future practitioners. Based on my research, these teachings should include (1) assignments that challenge students to evaluate gender norms in their personal lives, (2) a focus on deconstructionism and categorical construction, and (3) the introduction of research on gender stereotyping and discrimination. These recommendations are in line with prior

115. My understanding of “feminist teachings” was inspired in part by Elizabeth Tisdell’s explanation of a feminist poststructuralist education.

116. Benson; Carroll and Gilroy; Magnet and Diamond.

research on feminist therapy and educational practices,¹¹⁷ but place a stronger emphasis on the learning of gender oppression more broadly in constructing identity, rather than a more centered focus on transgender identity and trans-affirmative therapy.

In this study, several respondents indicated that feminist undergraduate and graduate school courses directly helped them understand gender and power. Respondents who received feminist teachings overwhelmingly advanced broad conceptions of gender identity that were grounded in social constructionism and postmodern thought.¹¹⁸ Respondent 1, who had no experience working with transgender patients, exemplified this background, expressing how a feminist professor directly affected their understanding of gendered phenomena. In the quote below, Respondent 1 is describing a class assignment in which each student had to present a history of their family to the class.

I remember her listening to all that I had gathered about my family going back to the mid-1800s. Everything that I could possibly find. And listening to everything. And she said, 'You know what? The problem with your family is that you have this massive toxic masculinity going on in your family. And it, it clouds everything that you do.' And, I don't think that she was entirely wrong... I think it was the first time that I thought about it [masculinity] in that way. Because I think prior to that, I thought about my father and my grandfather as being tough guys who were admired for their athletic prowess and their ability to defend themselves and their ability to earn respect from people. And there were moments in my life where I thought that was kind of cool, you know? And realized later that that sort of domineering way of living is not healthy.

The professor pushing Respondent 1 to consider the toxicity of their family's masculinity was a transformative moment. The professor's challenge pushed Respondent 1 to evaluate how this masculinity was toxic, causing the student to reconsider those qualities that are dominantly considered "healthy," admired, and valued but through analysis and deconstruction are understood as "unhealthy" and undeservedly valued characteristics. The feminist challenge offered by Respondent 1's professor caused them to undo and evaluate those hegemonic values that "cloud everything you do." This example demonstrates how feminist teachings aided in a transformation of thought, in the ability to contemplate and speak on issues of femininity and masculinity not previously explored. A practitioner with stronger gender competence is likely to have a practice that is more supportive of and welcoming to transgender clients.¹¹⁹

The following excerpt shows that Respondent 4, who has extensive experience working with transgender patients, exemplifies how a professor's teachings and strategies for undoing social harms affect and are later reflected in that practitioner's own methodology in clinical practice.

117. Ibid.; Benson.

118. By "gender more broadly," I only mean that these are conceptualizations of gender that do not specifically address the question of transgender identity, but relate to their overall philosophies and understandings of gendered phenomena more broadly. This involves wrestling with gender roles, with what masculinity and femininity mean, with what gendered bodies overall experience, etc.

119. Association.

I went to go study with my advisor because she did specific work with LGBT issues in psychology.... I sought her out...When I went on my interview, I specifically said, "Are you LGBT little t big LGB or do you actually get it?" And she was really open and said, "I do get it. I really actively deconstruct gender binaries in my work. I identify as a feminist." That's a really big deal for me.

The professor's response reflects a particular way of understanding feminism. This professor strongly associates with this term, not for any general reason, but for the specific purpose of deconstructing gender binaries in her work and incorporating her value of deconstruction into her LGBT research. The project of deconstructing is strongly associated with social constructionist thought, for deconstruction requires actively undoing and questioning those power structures and discourses that seem apparent, that seem "natural," that seem to be "just there."¹²⁰ Differently stated, deconstructionism is a tool for undoing essentialist modes of understanding identity formations. Respondent 4 not only learned from the professor, but seems to replicate those sociological interventions in their own work by deconstructing and naming discourses.

I do a lot of message unpacking and message critiquing. That's like half of my job. I'm a message critiquer around like, "Let's talk about the world that you live in. Let's talk about the messages that you may not even have had a chance to sit down and think about. But when we actually sit down and you unpack those, what have you learned that's not true to who you are but you have adopted as truths? ...We are in a world that likes to put things in a lot of compartmental boxes, and people with dissonance around that, they really struggle in certain ways.

These remarks follow postmodernist and social constructionist thought. While the work is centered on an internal process, that internal process does not have essentialist roots. The roots, rather, are in critiquing the messages that one has received from the outside – deconstructing the boxes that have been drawn around identity that force or corner people into engaging in a certain discourse, whether through dress, identification, personality traits, or something else. This feminist educational intervention challenges the future practitioner to specifically evaluate the "truths" that one has adopted and work to undo those socially effected and enacted processes.¹²¹ The ability to undo "categorical truths" can strengthen practitioners' clinical practices, enabling them to offer more support to their clients.

Class discussions and explorations of research around gender stereotypes can broaden a person's way of thinking.¹²² Respondent 13 delved into how their education helped them realize

120. Tisdell.

121. Ibid. There are other causes and effects of attaining either a feminist upbringing, a feminist education, or a feminist framework, all of which connect with a conceptualization of gender identity based in socially construed thought. For example, Respondent 10 discussed their feminist upbringing during the 1960s based "in advocacy for women's rights and equality." Lastly, Respondent 15 discussed the universalization of body hate by cisgender people as well as transgender individuals because of prevailing social norms. Respondent 15, who has extensive experience working with transgender people, advocated for understanding the body as a creative canvass in order to liberate the self.

122. Magnet and Diamond; Tisdell.

that when social desirability is considered and evaluated, one is able to undo stereotypical thinking around “male” and “female” characteristics, and be left ultimately with androgyny – a neutral and liberated way of being. In reflecting on how education impacted their understandings of gender, Respondent 13 noted the following:

Yes in a very big way.... I can still cite the research that we would cover. And we had long discussions about stereotypic thinking – like what is male and what is female when you’re talking about gender. So that the attitude was that these personality inventories is really influenced by what could be considered social desirability.

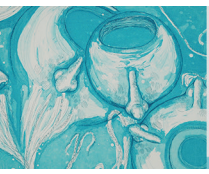
That Respondent 13 could still cite the research covered in class around gender stereotyping, personality inventories, and social desirability is significant. Even though the practitioner’s clinical practice does not focus on issues of gender identity, and although this practitioner took this class decades ago, they were still able to incorporate information from that class into their current-day reckonings with transgender identity and gender more broadly. This finding has implications for future educational interventions: Even a limited engagement with research around the social construction of gender and the creation of roles around femininity and masculinity can help transform thought by providing tools of critical inquiry that can make a longstanding impact on a person’s intellectual, social, and individual understandings of the self.

Overall, in an effort to supply practitioners with the tools to critically analyze their lives through the lens of systems of power and constructed gender rules, roles and regulations, I recommend making classes that address feminism and intersectionality – and explain and expose gender norms and regulations – a mandatory part of graduate school curricula. My research demonstrates that “feminist teachings” gave practitioners the tools to deconstruct, critically analyze, and self-evaluate the ways in which cultural and societal gender norms operate in their life and in the lives of people around them. In some cases, feminist teachings helped deepen their personal lives and transformed their therapeutic practices. Such teachings have transformational possibilities and tend to expand critical thought and aid in moving beyond the gender binary, particularly when introduced in graduate school education. Both my findings in this study and prior research¹²³ demonstrate that feminist teachings can transform conceptualizations of gender and understandings of gendered constructs, leading to greater gender possibilities, and the comprehension of more gender embodiments, for the self, for patients, and for all other gendered beings.

Conclusion

Among the 15 medical and mental health practitioners interviewed for this study, those with no or only some experience working with transgender patients, and those without feminist teachings, overwhelmingly advanced essentialist conceptualizations of transgender identity. Practitioners with no experience working with transgender patients offered only a few socially constructed remarks and no conceptions of an agential, self-determining transgender subject. Only practitioners with extensive

123. Association; Benson; Carroll and Gilroy; Tisdell.



experience maintained agential conceptualizations. Finally, respondents with extensive experience seldom articulated essentialist positions. Instead, practitioners with extensive experience, and those with feminist teachings, most often voiced understandings of transgender identity grounded in social constructionism.

These findings have educational policy implications. Feminist teachings seemed to be a key factor in pushing practitioners to critically engage sociality. Practitioners who espoused essentialist understandings of transgender identity did not receive feminist teachings and did not partake in formative, deconstructive practices that most likely would have critically addressed essentialist frameworks. Feminist teachings enabled practitioners to deconstruct and self-evaluate the ways in which social gender norms operate in their life and in the lives of people around them. Because of the transformational possibilities of such teachings and their tendency to expand critical thought and aid in moving beyond the gender binary, I argue that feminist teachings should be a mandatory part of any graduate school training.

An avenue for future research could be to explore how degree-type affects practitioner philosophies and conceptualizations of gender. Different types of graduate education could affect and yield different conceptualizations of transgender identity. In addition, when a practitioner attained their degree should also be considered. Generational differences may account for different schooling content. Thirdly, future studies may seek to measure differences in respondent remarks based on class, race, and gender differences. Finally, future research should systematically analyze how different conceptualizations of transgender identity impact treatment and engagement with transgender patients. Though this study hints at how conceptualizations may influence treatment, it does not examine this line of inquiry in depth. Future studies should methodologically explore the effects that personal conceptualizations of transgender identity advanced by medical practitioners have on treatment and engagement with patients.

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