DOING CISGENDER VS. DOING TRANSGENDER:
AN EXTENSION OF ‘DOING GENDER’ USING DOCUMENTARY FILM

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fulfillment of the requirements for the
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by

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CHAPTER 1

INTRODUCTION

In recent years, trans men have been the subject of many empirical studies within the sociology of gender literature, most notably studies engaging West & Zimmerman’s (1987) theory of doing gender. These studies have focused primarily on the ways in which trans men perform normative masculinity within interaction with their female-identified partners or within workplace environments. By highlighting the experiences of trans men in these particular settings, researchers argue that the persistent and often invisible experiences of gender inequality, specifically those of cisgender women, are made salient. While those studying trans men in these scenarios categorize these interactions under the general heading doing gender, I argue here that these studies highlight experiences of doing cisgender', defined as individuals’ accomplishment of gender within interaction according to cisnormative standards. While this understanding of gender performance is generally referred to as doing gender within the sociology of gender literature, I argue that this generalized moniker—doing gender—is complicit in the marginalization of trans individuals’ experiences of gender in that it marks the dominant gender identification, cis, as the unnamed norm.

1 The terms “cisgender” and “cissexual” are used to refer to individuals who identify as the sex/gender coupling to which they were assigned at birth. These terms have come to replace the pejorative “gender normals” used by sociologists of gender since Garfinkel (1967).
Trans men, along with all others, *do cisgender* when they are held accountable to cisnormative standards of maleness and masculinity in situations such as heterosexual intimate partner interactions or gender discriminant workplace environments. While this is an important contribution to the doing gender literature, I argue in this project that *doing cisgender* is one component of trans people’s experience of *doing gender*. In addition to *doing cisgender*, trans people also *do transgender*. That is, trans people are held accountable to transnormative standards that police and enforce medical, legal, and social access to *trans* as an identity category.

To outline the differences between *doing cisgender* and *doing transgender*, I conduct a qualitative content analysis of nine documentary films featuring individuals transitioning from female to male. By drawing out the narratives of authenticity deployed by trans men in attempts to affirm their gender identity and sex category, I highlight and analyze instances in the films of trans men *doing cisgender* and trans men *doing transgender*. By comparing the two types of authenticity narratives, I will further distinguish between *doing cisgender* and *doing transgender* to offer a more thorough understanding of the gendered experiences of trans as a gender and sex category of its own.

First, I offer a very short overview of the theory of *doing gender*, or what I have renamed *doing cisgender* for the purposes of this paper. Next, I detail the two paths scholars have taken to apply *doing cisgender* to trans people: 1) *Trans-as-a-model-for-doing-cisgender* and 2) *Trans-as-undoing-cisgender*. I then offer an overview of my conceptualization of *doing transgender*, using trans men’s narratives of authenticity in
documentary film as a vehicle through which to better understand the differences between *doing cisgender* and *doing transgender*
CHAPTER 2

LITERATURE REVIEW

Doing Cisgender

It is a widely held perspective in sociology that the self is a result of sociality rather than individuality (Mead 1934). According to this perspective, the self is emergent, resulting from interaction among social beings. We are who we are insofar as we are reacted to as such by others in the process of social interaction. It is our perception of the reaction of others to us that constitutes our selves. West and Zimmerman’s (1987) groundbreaking article, without characterizing itself in such a way, extended this perspective to gender. Their *doing gender* perspective positioned gender as a component of the self that exists in relation to others rather than something we are innately or individually.

West and Zimmerman went beyond the social psychological approach and positioned gender not only as relational but also as an accomplishment (however, it could be argued that the *self* within social psychology is also an accomplishment). We are gendered, according to West and Zimmerman’s perspective, only insofar as we accomplish gender within interaction. Gender is accomplished in and through “the local management of conduct in relation to normative conceptions of appropriate attitudes and activities for particular sex categories” (West and Fenstermaker 1995:21). Not only is our
gender contingent upon our perception of an other’s view of us, this perspective states that it is also contingent on our accountability to normative situated standards for a gender presentation that coheres with an assigned sex category. Individuals, according to the doing gender perspective, are not gendered per se, but are continuously doing gender within interactions by participating in gendered behavior according to the normative standards in which they are situated. While trans people reject or actively thwart biological determinism of sex and gender—i.e., trans men adopting pronouns/names/expressions-of-self typically associated with biological men—they do not operate outside of gender ideologies. Both trans women and trans men are held accountable not only to social standards of femininity and masculinity, respectively, but I argue here that they are also held accountable to social, medical, and legal standards of transfemininity and transmasculinity.

In addition to individuals, West and Zimmerman’s perspective suggests that institutions are also accountable to gender standards. That is, “our existing institutional arrangements are predicated on the belief that women are not only different from—but essentially inferior to—men” (West and Fenstermaker 2002:41). By doing gender, social institutions (e.g., family, work, government, education) are replicating normative gender ideologies. This replication operates to naturalize social differences between men and women such that the interactional achievement of gender is rendered invisible. For trans people specifically, medical and legal institutions strictly reinforce gender ideologies by operating as gatekeepers with whom individuals have to negotiate their bodies, identities,
and presentations of self in order to live their lives in a gender, body, and identity with which they feel comfortable.

The treatment of trans identity within the doing gender literature generally follows two lines of thought: 1) *trans as model for doing gender* and 2) *trans as undoing gender*. Multiple scholars have wrestled with the application of *doing gender* in studying trans identified populations, attempting to unpack the assumptions of trans identity as either *model for* or *antithesis to* the theory of doing gender (Connell 2009; Dozier 2005; Vidal-Ortiz 2009). These scholars and others have questioned the implications of applying *doing gender*'s conformity assumptions to a population of individuals who actively thwart a system of gender as binary and tied to bodily sex. In addition to questioning the conformity assumptions, scholars have critiqued the use of trans people, specifically the infamous Agnes used in no fewer than five academic inquires of gender, to explain cis experience without attending to the unique gender experiences of trans people. I now turn to an overview of the treatment of trans within the doing gender literature and the shortcomings, in addition to those mentioned in this paragraph, that I see with each approach.

**Trans as Model for Doing Gender**

For Garfinkel (1967), Kessler and McKenna (1978), and West and Zimmerman (1987) trans identity was employed as a model for or vehicle by which to better understand the accomplishment of gender in interaction. By studying trans people, these scholars suggests, we can see very clearly the steps that all people take in order to conform to the normative gender structure. Due to trans people’s conscious, active, and
deliberate enactments of gender within interaction, the *trans-as-model-for-doing-gender* perspective suggests that trans people reveal the otherwise unconscious and ubiquitous experience of gender for all people. In particular, scholars have studied trans men in romantic and intimate interactions (Dozier 2005; Pfeffer 2009; Schilt and Westbrook 2009; Schleifer 2006; Ward 2010) and workplace environments (Schilt 2006; 2009) to make visible this otherwise invisible process of the accomplishment of gender in everyday life.

Those studying trans men in intimate and workplace environments argue that these particular interactions offer unique contexts within which to understand the *doing gender* perspective, that is they serve as a *model for doing gender*. Intimate interactions between trans men and their partners serve as rich sites of nuanced negotiation about gendered body parts, language, and boundaries that work to create and sustain transmasculinity and transmaleness. For instance, both Pfeffer (2009) and Ward (2010) argue that masculinity and maleness are sustainable only through the domestic and emotional labor conducted by women within partnerships with trans men. By looking at the conscious and deliberate work that takes place within romantic and intimate interactions of trans men, the typically invisible work that is conducted by cisgender people in everyday life to create and sustain gender is arguably made more visible.

Additionally, scholars within the *trans-as-model-for-doing-gender* perspective argue that the unique positionality of individuals who have experienced life as both male and female can offer valuable information on the ways that masculinity and femininity, maleness and femaleness differ in their structures of empowerment and constraint. For instance, when
Schilt (2006; 2011) interviews trans men regarding their experiences in the workplace before and after transition, her research shows that trans men receive better treatment as men than they did as women. These two areas of inquiry use trans men’s accomplishment of cisnormative masculinity within interaction to position trans men as models for better understanding the process of *doing gender* for all people.

**Trans as Model for Undoing Gender**

Risman’s work (2004; 2009) sits oppositional to the *trans-as-model-for-doing-gender* line of thinking, reminding us all of the structure of inequality supported by acts of doing gender, a key component of West and Zimmerman’s original article. In Risman’s interpretation, doing gender means participating in the patriarchal gender structure by adhering to normative conceptions of masculinity and femininity that ultimately reproduce inequality along a male/female binary. The undoing gender perspective seeks to account for the lack of inclusion within the doing gender perspective of resistance to normative conceptions of gender, a point of critique from multiple scholars in the field (Hill Collins 1995; Weber 1995). Writing from this perspective, scholars (Butler 2004; Deutsch 2007) have situated trans identity, as well as other non-normative sex/gender couplings, as *undoing* rather than *doing* gender. Trans, within the undoing gender perspective, is said to undo or dismantle gender via an enactment of gender that refuses the biological determinism inherent in normative conceptions of what it means to be a man or woman, masculine or feminine. By refusing to tie sex category and gendered behavior to biological sex, trans people, according to this perspective, undo the normative order of gender and pave a path towards a gender-free world for all people.
In ignoring their respective operational errors, both the *trans-as-model-for-doing-gender* perspective and the *trans-as-undoing-gender* perspective obscure the diversity within trans communities by positioning trans people as a monolithic type, either extremely normative as in the case of Agnes, or extremely radical in the case of all trans people who actively reject biological determinism. By using trans experience as a model for normative gender or a model for the radical undoing of gender, both sets of literature fail to account for the ways in which trans people express their gender identities in diverse ways that may uphold gender normativity, disavowal it, neither, or both depending on the social context in which they are *doing* gender. Additionally, both perspectives coopt the experiences, lived and imagined, of a marginalized population, trans people, to bolster a theory about the dominant group, cisgender people. That is, trans experiences of gender as they relate to trans people, whether normative or radically disruptive, are glossed over or blatantly ignored to make room for the application of trans experience to cisgender people. Finally, these two perspectives ignore the existence of trans as a distinct gender and sex category that is held accountable to a distinct structure of formal and informal regulatory norms specific to transpeople. That is, trans people are situated within dominant ideological structures of gender that pertain to cisnormative standards of masculinity and femininity while never directly addressing the transnormative standards that directly affect trans identities, bodies, and experiences.

**Doing Transgender**

In a recent move toward correcting for some of the aforementioned shortcomings in the doing gender research program and highlighting the trans-specific experiences of
doing gender, Catherine Connell (2010) coined the phrase “doing transgender.” Connell writes: “‘doing transgender’ captures trans people’s unique management of situated conduct as they, with others, attempt to make gendered sense of their discordance between sex and sex category” (2010:50). For Connell, doing transgender includes both *doing gender* and *undoing gender* in that trans people sometimes conform to the normative gender structure by participating in gendered behavior that aligns with their newly assigned sex category and sometimes thwart the gender structure by resisting those gendered behaviors. This unique experience, Connell argues, leads to trans people’s development of a specific feminist standpoint from which to understand the way that gender and inequality operate in the larger social structure as well as in the lives of individuals. Connell’s *doing transgender* essentially explains the way that trans people negotiate masculinity and femininity according to cisnormative standards and within cisnormative social arrangements, that is, it explains how trans people *do cisgender*. This is a useful and necessary addition to the doing gender literature in that it is a first time the theory has been applied to trans experience in a way that does not tokenize. However, it fails to account for the ways that trans people negotiate transmasculinity and transfemininity according to transnormative standards and within transnormative social arrangements. That is, it describes how trans people *do cisgender* and fails to account for how trans people actually *do transgender*.

**An Extension of Doing Transgender**

This project expands the doing gender and doing transgender perspectives to account for what is missing from the *doing gender* framework thus far. My expansion of
this framework rests on the acknowledgement of trans as both a gender and sex category that is held accountable to its own normative standards distinct from those tied to cisnormative categories of masculinity and femininity, male and female. The *doing/undoing trans/gender* paradigm allows for two gender and sex category representations: masculinity and femininity, male and female. While transmasculinity and transfemininity overlap with masculinity and femininity, I argue that within trans communities there are additional structures of accountability for transmasculinity and transfemininity that are enforced by members of the trans community (e.g., via support groups and social media networks) and the gatekeeping institutions (e.g., trans health practitioners and identification distributing institutions) that police transgender as a stand-alone category.

Accountability, as West and Zimmerman (1987) explain it, is the crux of doing gender. To do gender, according to the theory, is to “engage in behavior at the risk of gender assessment” (1987:136). Individuals may engage in gendered behavior but West and Zimmerman’s primary argument is that gender—as an accomplishment—is “interactional and institutional in character, for accountability is a feature of social relationships and its idiom is drawn from the institutional arena in which those relationships are enacted” (p. 137). That is, individuals are gendered insofar as they successfully present themselves as such—or accomplish gender—within interaction. The successful accomplishment of gender leads to the “categorization of members of society into indigenous categories such as ‘girl’ or ‘boy,’ or ‘woman’ or ‘man’” (p. 133). For West and Zimmerman, this categorization is social and “does not involve a positive test,
in the sense of a well-defined set of criteria” (p.133). While this is true for trans people
doing cisgender within interaction, the medicalization of gender for trans people has
created a positive test for the accomplishment of transgender within interaction that is
enforced by structures of accountability such as the Diagnostic and Statistical Manual for
Mental Disorders (DSM), World Professional Association for Transgender Health
(WPATH), and state and federal laws that restrict legal identity change. These structures
of accountability require individuals to authenticate their trans identities in formal and
informal interactions by engaging specific narratives of identity. Failure to do so restricts
access to transition in both medical and legal institutions. Therefore, in order to
successfully do cisgender in everyday interaction, trans people must first do transgender
by deploying narratives of authenticity.

Authenticity, as it appears in sociological literature, typically splits into two
themes, 1) authenticity as an individual’s affective experience of feeling aligned with
their ideal self (Erickson 1995; Gecas 1986, 1991, 1994; Turner and Shutte 1981) and 2)
authenticity as a normative and situated accomplishment among individuals within social
groups at the level of interaction (Holden and Schrock 2009; Van Leeuwen 2001;
Vannini and Williams 2009). In relation to doing gender and doing transgender, I employ
the latter conceptualization of authenticity to demonstrate the ways that transgender
people must do transgender in order to achieve a certain level of *realness* in order to gain
access to the medical and legal resources needed to do cisgender in everyday interaction.
In order to access transition related healthcare, individuals must meet formal criteria
established by the American Psychiatric Association for Gender Identity Disorder. The
formal criteria includes the individual’s lifelong identification with the opposite sex and an active discomfort with the assigned sex’s physical characteristics. Given the psychological nature of the diagnosis, the interactional medium for accomplishing transgender is narrative.

It is important to note here that this project conceptualizes doing gender and doing transgender as distinct albeit overlapping phenomena. In the same way that cisgendered people do gender, trans individuals give accounts of their masculine and feminine gender identities—through language, mannerisms, or other social markers—and are validated or invalidated by social institutions and the meaningful others around them according to their accountability to the normative standards specific to their situation. However, in addition to their accountability to cisnormative standards of sex category and gender, I argue that trans people are also held accountable to transnormative standards of sex category and gender such as medical, legal, and social standards that police trans as an identity category. These standards include but are certainly not limited to the medical regulation of trans identity as outlined by the Diagnostic and Statistical Manual for Mental Disorders, the federal and state requirements for changes in identity documentation, and the social pressures of both trans- and cispeople for individuals to clearly signify as male or female in social interaction.

Those studying trans communities have shown that transnormative standards can affect trans identity via local, corporeal bodies—partners, friends, community members—or the representation of those bodies in social discourses—documentary film, trans studies literature, diagnostic criteria, legal criteria. For instance, both Schrock’s
(1996) and Schwalbe and Schrock (1996)’s research has shown that trans individuals may enter interaction with other trans individuals with unstable identities but those identities then become legible and solidified through the interactional practice of narrative formation. Additionally, Gagne and Tewksbury’s (1998) study of trans support groups suggests that the promise of fitting in and being accepted by other trans identified people “is highly valued, and the norms that structure this newly discovered community become important” to new members who feel that those norms “deserve conformity” (1998:97).

As indicated in the above research and others (Gagne and Tewksbury 1999; Gagne, Tewksbury, and McGaughey 1997; Lee 2001; Prosser 1998; Rubin 2003; Schrock, Holden, and Reid 2004), these norms include self-narratives regarding the individual’s relationship to the body and their lifelong awareness of gender dysphoria.

Once trans individuals encounter transnormative accountability structures such as medical authorities or community support groups, they not only learn the norms of the community but also how to narrate and thus pass along those norms to other people. Meaningful others within trans communities, such as doctors, therapists, or more experienced trans people, offer narratives of the trans self that model community sanctioned beliefs about gender over the life course. The self-narratives of meaningful others in trans communities teach new members “how to scan their biographies for evidence of a differently gendered ‘true self’” (Schrock 1996:176). Self-narratives may not always be accurate accounts, but their importance does not lie in their truth. The importance of narratives of a trans self lies in their meaning to the community and the way they are used as affirmations of individual and collective identity and accountability
structures for the deployment of authentic, that is transnormative, genders and sex
categories. Insofar as the individual’s narrative deployment of trans identity falls in line
with the socially agreed upon norms of the community, the individuals are doing
transgender successfully, or, in the language of this project their trans identity is
considered authentic. I use the phrase narratives of authenticity to draw attention to the
ways that narrative accounts of trans identity and experience work to create
transnormative social and cultural understandings of what it means to be a person of trans
experience. These social and cultural understandings can then be used as tools for
policing the identities and experiences of all trans people
CHAPTER 3

METHODOLOGY

Research Question

This project seeks to draw out the narratives of authenticity present in documentary film on the transmale community in order to distinguish between trans men’s experiences of doing cisgender and their distinct albeit overlapping experiences of doing transgender. As I have argued, in addition to doing cisgender, trans people must also do transgender due to their accountability to structures designed to determine their authentic membership in trans as a category. I further argue that due to the medicalization of gender, trans people’s enactment of gender often comes in the form of narrative claims to trans authenticity. These narratives of authenticity are accountable to and in turn reinforce transnormative standards for enacting a trans identity in interaction. Using qualitative content analysis, I examine the narratives of authenticity present in documentary film in order to gain a clearer understanding of what it means to do transgender as it is perpetuated by cultural productions pertaining to the transmale community.

Documentary Films as Meta-Narratives of Authenticity

By acting as accountability structures providing a coherent and easily accessible idea of what it means to do transgender, social and cultural discourses such
documentary film operate as meta-narratives of authenticity against which trans people can compare and contrast their own authenticity narratives. Additionally, because the documentaries feature trans men’s narrative accounts of identity, they offer easily accessible collections of trans men doing transgender. Shotwell & Sangrey suggest that narrative accounts of gendered identity are “self-stories” that are delivered to an audience who then use them to validate their own identity narratives (2009:59). In this project, I employ documentary films as meta-narratives or meta-self-stories that are available to and thus have the capacity to influence a wide range of trans-identified individuals. Social and cultural documentaries, in addition to their attempt at a representation of realness, share a common goal of affecting the audience’s evaluation of the social phenomenon they claim to represent. One film scholar has even described documentary films as “instrumental,” arguing that these films “exercise power by changing consciousness, by their deliberate attempt to alter their viewers’ relationship to a subject by contextualizing it in the proffered time, space and intellectual field of the film” (Godmilow & Shapiro 1997:82). Due to the disparate and often invisible nature of trans men, it is often difficult to find a trans community. Documentary films, much like the self-stories of meaningful others in support group environments, act as conduits for narratives of authenticity circulating in and through these marginalized bodies, identities, and communities.

Sampling

Of the nine films selected for this project (Table 1), six were chosen from a list of trans-related documentaries compiled by Trans-Academics. Trans-Academics is a
website “designed to provide educational and community resources for those with an academic or personal interest in the spectrum of gender identities” (Trans-Academics 2012). The website acts as a hub for scholars, community members, and interested individuals in that it provides resource lists of existing literature and cultural productions, trans-related research tools, trans studies program listings, and community announcements. The website offers a list of documentaries on its page for Educational Resources. The list on the website included 10 films that focused primarily or exclusively on trans-identified individuals assigned female at birth. Of the 10 listed on Trans-Academics, 4 were unavailable for purchase or viewing. The six films that were available were included in my analysis. The six films selected from the website ranged in production date from 1997 to 2006.

While limiting my sample to the films listed on Trans-Academics would ensure that the films selected were familiar to a wide range of individuals, I conducted a more extensive search for films featuring trans men. In conducting my own extensive search for documentaries I was able to find 6 additional films featuring trans men, bringing the total number of films to 16. Of the additional six films, three were unavailable for purchase or viewing. Based on my prior knowledge of trans documentaries, I used theoretical sampling (Glaser and Strauss 1967) to add the three remaining films to this list. First, I added Becoming Chaz (2011). This film was released in 2011 and has received a large amount of publicity. Second, I added Still Black: A Portrait of Black Trans men (2009). The films provided by Trans-Academics were disproportionately representative of white trans men. Still Black is currently the only documentary feature that focuses
solely on the lives of black trans men. Third, I added *Boy I Am* (2006). *Boy I Am* appeared on many web searches regarding trans men but was not included on the list provided by trans-acdmins.org. The films analyzed for this project range from films about the transition of individual trans men to films about gender transition that include commentary from multiple members of the community. While some of the films are focused on gender transition in general, others are about specific aspects of transmasculinity such as intimate partnerships, parenting, or sexuality.

Table 1: Films

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<tr>
<th>Films</th>
<th>Year</th>
<th>Length</th>
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<tr>
<td><em>You Don’t Know Dick: Courageous Hearts of Transsexual Men</em></td>
<td>1997</td>
<td>75 Minutes</td>
</tr>
<tr>
<td><em>Southern Comfort</em></td>
<td>2003</td>
<td>90 Minutes</td>
</tr>
<tr>
<td><em>Call Me Malcolm</em></td>
<td>2005</td>
<td>90 Minutes</td>
</tr>
<tr>
<td><em>Transparent</em></td>
<td>2005</td>
<td>61 Minutes</td>
</tr>
<tr>
<td><em>Transgender Revolution</em></td>
<td>2006</td>
<td>50 Minutes</td>
</tr>
<tr>
<td><em>Enough Man</em></td>
<td>2006</td>
<td>61 Minutes</td>
</tr>
<tr>
<td><em>Boy I Am</em></td>
<td>2006</td>
<td>72 Minutes</td>
</tr>
<tr>
<td><em>Still Black: A Portrait of Black Trans men</em></td>
<td>2009</td>
<td>78 Minutes</td>
</tr>
<tr>
<td><em>Becoming Chaz</em></td>
<td>2011</td>
<td>80 Minutes</td>
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Analysis

While my own trans identification, my prior exposure to trans studies scholarship, and my working knowledge of trans documentaries and other cultural productions allowed me some anticipation of specific themes in the data, I did not restrict my analysis to a predefined coding scheme. The analysis of the documentaries followed a three-step process of emergent coding (Mayring 2000; Stemler 2001). First, I reviewed all films, making lists of both latent and manifest topics as they arose. The manifest content
consisted of content that was unambiguous or explicitly stated. For example, I kept a record of the specific themes such as childhood experiences and medical interventions. The latent content of the films in contrast required interpretation in order to document the symbolic meaning present in the film. For instance, the documentaries included commentary on the unequal division of household and emotional labor in several of the participants’ heterosexual-identified relationships. I recorded this information as an adherence to normative gender relations. While this was not explicitly stated as such, the commentary of the documentaries revealed this latent content. Second, when all films had been reviewed and topics recorded, I consolidated the coding lists. The consolidation process involved the clustering of topics into themes. For example, the first step of coding produced topics of ‘hormones’ and ‘surgery.’ These topics were later clustered to form a ‘medical intervention’ theme. Third, once the topical lists had been consolidated into a coding scheme of emergent themes, the coding scheme was applied to the data in a second viewing. The second viewing also involved the collection and transcription of excerpts from the data that were exemplary of the themes covered.
CHAPTER 4

EMPIRICAL FINDINGS

Trans Men Doing Cisgender in Documentary Film

For the trans men in the documentary films analyzed for this project, there are clear representations of *doing cisgender*. Masculinity, as it has been discussed in the sociology of gender and the doing gender literature specifically, is most generally conceptualized as a personal disavowal of femininity (West and Zimmerman 1987; Connell and Messerschmidt 2005; Kimmel 2006). This disavowal comes in many forms such as dress, sexuality, mannerisms, and outright commentary. For trans men specifically, who are consistently required to authenticate their masculinity in social, medical, and legal arenas, this disavowal of femininity appears at once compulsory, obligatory, utilitarian, and genuine. In the films analyzed for this project, and much aligned with other literature in the doing gender research program, trans men *do cisgender* by deploying narratives regarding their alignment with masculine gender and discomfort with a feminine gender in childhood and adolescence as well as during and after their gender transitions.

While trans men’s enactments of cisnormative masculinity would appear to others as *doing transgender*, the distinction lies in the subtle but important differences between being gendered and doing gender. To be sure, trans men are *being* transgender when, as children and adolescents they perform masculinity in spite of their female sex assignment.
However, these men are *doing cisgender* when they, as adult trans men, use cisnormative standards of play behavior and presentation of self to reject femininity and authenticate their masculinity. It is the accountability structures, according to West and Zimmerman (1987), to which individuals are held accountable that determine the gender they’re performing.

**Doing Cisnormative Masculinity In Childhood and Adolescence**

Many of the trans men in the documentaries use examples from their childhood and adolescence to disavow femininity and to affirm their masculinity. Rene discusses his childhood play behavior as a way to affirm his masculinity:

“I did what I wanted. I played baseball. I played football. I roughhoused. I guess I was the epitome of the tomboy.” (*Transparent*)

Kylar, in the context of describing his lifelong felt sense of masculinity, also uses childhood, gendered behavior as a way to disavow any femininity associated with his identity:

“When I was a kid, I always used to play Perry Mason. You know, I was a weird kid. Other kids wanted to play dolls or whatever. I wanted to play Perry Mason, so I would. And every Saturday after watching episodes of Perry Mason, my bed in my room would be my little table and I would do cases. And so I was probably four or five then so . . . and then I did that and I really loved that, you know?” (*Still Black*)

When discussing his gender identity, Logan uses his childhood characteristics of masculinity to support his claim to a masculine identity:

“I always felt that I was kind of divided in half. There was the part of me that was me, that everybody had known my whole life; that had always been into comic books, batman, liked to join the medieval reenactments, and hit people with sticks. You know . . . one of my favorite movies was Full Metal Jacket.” (*Transparent*)
Similarly, Michael describes his childhood play behavior with gendered language that more clearly distances himself from femininity:

“I wouldn’t play with the girls. They were doing jump rope and hopscotch. I would go around to the other side of the building where the boys are playing marbles, for instance. You know? Or baseball, or something like that. Just . . . they called me “rebellious” but I couldn’t . . . I didn’t want to play jump rope. Do I look like the type to play jump rope?” (You Don’t Know Dick)

This characterization of childhood play behavior falls in line with Dozier’s assertion that “when sex is ambiguous or less convincing there is an increased reliance on highly gendered behavior” (2005:314). Here, the descriptions of gendered behavior are the verbal affirmations of childhood masculinity. The men in the documentaries support their male identities by relying on cisnormative standards for what it means to be a girl or a boy and thus support their claims to authentic masculinity.

While play behavior is a common theme throughout the documentaries, gendered dress is also used to affirm masculinity and disavow femininity. In a conversation with his girlfriend regarding a photo from adolescence, Robert uses his childhood dressing preferences as a way to affirm his masculinity:

“I hate that picture. I hated that dress. I’d much rather had my ball cap or worn my cowboy hat. It’s not a smile. It’s a snarl. Yea, thanks a lot . . . It made my mother happy. That’s my cross-dressing days.” (Southern Comfort)

Malcolm also uses his dressing preferences to reject the notion of a feminine self and establish his masculine identity:

“Senior prom is an especially dreadful and painful memory. I wasn’t gonna go but then I decided why not to go. First, I had to get my hair done
and it took forever and there were curlers that got stuck in it. I just looked in the mirror and laughed.” (*Call Me Malcolm*)

The use of childhood and adolescent characteristics such as gendered play behavior and dressing discomfort to affirm masculinity is interesting because it grounds the individual’s masculinity in the innocent unknowing of a young person’s preferences. In this way, trans men affirm their masculinity and disavow femininity by using the dominant culture’s understanding of gender as an innate characteristic. While trans men in childhood and adolescence are often pressured by parents and peers to conform to their assigned gender and sex categories, these men cast this conformity as inauthenticity in their descriptions of childhood and adolescent preferences. According to the narratives found in these films, trans men possess an internal sense of identity that forms in or before childhood and adolescence that is in stark contrast to their assigned and socially recognized gender and sex category. Even while actively constructing their identities as men through testosterone therapy and surgical body modification, these men still call on dominant cultural ideologies around innate binary gender identities to support their masculine identifications.

**Doing Cisnormative Masculinity During and After Transition**

While many of the trans men in the documentaries invoke childhood and adolescent experiences to support their claims to an inherent masculinity that exists antithetical to femininity, some men indicate that their masculinity developed later either as a result of concerted social efforts at a masculine presentation of self or as the inevitable result of testosterone therapy.
Loren describes his and other trans men’s social efforts at enacting a masculinity that is clearly distinguished from femininity:

“The one thing that is true for all of us is that no one teaches us how to be men . . . we don’t get socialized like genetic men . . . I’ve talked with other transsexual guys about it, and we watch men a lot, and we, you know, practice watching the signifiers and see how they weave together. And a lot of it . . . we go through stages of overcompensation and being insecure.”

(You Don’t Know Dick)

Ethan explains his efforts and anxieties surrounding the construction of a socially legible masculinity:

“There’s a lot of things I don’t know about having to interact with people as male because I was socialized as female. So I kind of tend to defer more. Like, I don’t know . . . When someone’s talking to me, if I’m talking with a woman, I tend not to look at them as much as I do when I’m talking to a man. And I don’t know what that’s about. I’m not sure what that’s about. Although I don’t look at men—I mean I do look at men, I’m a gay man, I do look at men—but I don’t really look them in the eye as much as I would like to. So I feel like I’m not being taken seriously a lot cause I have a hard time looking people in the eye. Cause as a woman, I was taught that you lower your eyes when people are speaking to you, you lower your eyes a bit. So I’m still trying to get used to looking people full in the face a bit and that’s hard.”

(Still Black)

While some men, such as those quoted above, acknowledge the social construction of masculinity, their narratives indicate a consistent reliance on cisnormative standards for their own enactments of gender. That is, they hold themselves accountable to dominant understandings of masculinity as created and enforced with cisgender men in mind. Other trans men in the films describe their masculine characteristics as developing during transition as well, but more clearly attribute these characteristics to medically transitioning from female to male. This characterization of masculinity directly adheres to cisnormative gender standards that tie masculinity to a biological, and specifically
hormonal, maleness. When talking to his friends about the changes arising from testosterone injections, Chaz explains:

“My range of emotion has gotten a little bigger, I mean, I get angry . . . and then the sex drive thing. I mean . . . it’s good. I just didn’t know it was gonna be me wanting to have sex with everybody, everyone I saw. It’s a shame that women can’t feel it and know how biological it is.”  

Michael also describes his masculinity as a biological component of self, arising from his testosterone therapy:

“I used to, as a female, crave love. I wanted love and affection and I wanted all that kind of warm and snuggly stuff. You know, the cuddly everything. And sex was nice maybe sometimes. My priority was really a warm, loving, caring relationship. Testosterone has totally turned the tables around. The sex drive needs to be fulfilled urgently now. I don’t know if I can think of a relationship now.”

The trans men in the documentaries enact masculinity according to cisnormative standards that divide childhood play behavior, adolescent dress, and social interaction into male and female categories. These standards directly tie masculinity to maleness and position masculinity as antithesis to femininity. In this way, the trans men in the documentary are doing cisgender or what is often and misleadingly referred to as doing gender. However, by stopping the analysis at the ways that trans men enact cisnormative masculinity, or the ways that they do cisgender, the findings are quite limited. For trans men, cisnormative masculinity is one part of a more nuanced gendered identity.

Trans men Doing Transgender in Documentary Film

In addition to and, I argue, separate from doing cisgender, trans men also do transgender. As I define it and am using it in this project, doing transgender should be
thought of as a structure of accountability for trans people and those individuals and institutions with which they interact that includes transnormative standards for the deployment of a trans identity. While trans identified individuals are responsible for maintaining transnormative deployments of gender, cisgender individuals and social institutions are responsible for policing trans identities in ways that uphold transnormativity. As described earlier, doing cisgender describes individuals’ accountability to cisnormative standards of masculinity and femininity as we understand them in the dominant culture. Doing transgender, however, describes individuals’ accountability to the creation, maintenance, and adherence to transnormative standards of masculinity and femininity.

The films analyzed for this project range in subject matter from films focusing on the general experiences of those living a transmale identity to films focusing on transmale experiences of parenting, sexuality, activism, and the experiences of black trans men specifically. For the purposes of this project, which seeks to document the narratives of authenticity that serve as accountability structures for transmale identity in an effort to better understand the phenomenon of doing transgender, I focus in this section on the themes throughout the films that relate to transmale identity specifically. That is, this section focuses on what it means to be trans for the men in these films. As the empirical findings summarized here will show, there are two themes circulating throughout the documentaries that illuminate the phenomenon that I am calling doing transgender: 1) trans identity as something that is known about oneself not something that is chosen for oneself, and 2) the necessity of body modification for the actualization of that identity.
Knowing

Eight of the nine documentaries analyzed here give significant amounts of screen time to the discussion of the degree to which the men featured knew of their identities throughout their lives. This is not surprising given the medical and legal requirements for sex reassignment in the United States. For trans men seeking medical transition, via testosterone therapy or surgical reconstruction, most physicians accredited by the World Professional Association for Transgender Health (WPATH) administering hormonal gender transition require a diagnosis of Gender Identity Disorder (GID) and all WPATH accredited physicians performing surgical transition require a diagnosis of GID. The first and primary criterion for a GID diagnosis in the United States is a strong and persistent identification with the opposite sex, or, an insistence that one is the opposite sex. Meeting this criterion is essential for trans men seeking legal transition, where a formal court order is needed to order this kind of change and most states require proof of surgical reconstruction and anatomical coherence (National Center for Transgender Equality 2013). Legal transition does not only offer satisfaction of recognition for trans men, but secures gender marker and name change on identity documents, access to public restrooms, and access to social welfare programs.

In order to secure a medico-legal and thus social transition, trans men must deploy narratives of a lifelong struggle with gender identity that began in childhood. While similar to the ways in which trans men do cisgender by invoking childhood play behavior in order to enact masculinity, the use of childhood experiences to do transgender centers on the trans men’s establishment of a lifelong identification with maleness. Invoking
childhood play behavior to enact masculinity centers on the rejection of characteristics of femininity such as gendered play behavior and presentation of self. In contrast, the use of childhood and adolescent experiences as a component doing transgender centers on a rejection of a female identity and the bodily markers of female sex categorization associated with that identity. While the distinction between trans men doing cisgender and trans men doing transgender is subtle, it is vital to an understanding of trans-specific experiences of gender and sex category.

Childhood

Asserting the knowledge of one’s gender identity from a young or adolescent age is a common occurrence for trans men meeting the criteria for GID. This state of knowing is described differently throughout the documentary films analyzed for this project. Some men in the films reference having a felt sense of maleness in childhood with no specific referent for claiming that identity. In a narrative explaining his decision to transition, Chaz states:

“I just knew I wanted to be a boy. I didn’t know there was a name for it or that there was anything that could be done about it.” (Becoming Chaz)

Like Chaz, James explains his transition using his feelings of bodily difference as from childhood:

“I knew from childhood that I wasn’t like other girls. I also knew that I wasn’t in some ways like the other boys. I knew I would be more comfortable if I had a male body.” (You Don’t Know Dick)

Robert, in a narrative about his lifelong feeling of gender incoherence, also recalls a childhood knowledge of his identity:
“I’ve known from a very small age that the outside did not fit what was on the inside.” *(Transgender Revolution)*

Ted similarly describes his childhood knowledge of his male identity:

“I remember thinking that something was wrong. I remember trying to figure out what it was. And, I remember I wanted to be a boy.” *(You Don’t Know Dick)*

Other men in the documentaries describe their knowledge of their identity as arising from instances of dissonance with other male bodies. In a narrative regarding when he knew he was trans, Tonye states that he became aware of his identity during a childhood encounter with his brother:

“I didn’t feel different until one day I saw my brother’s penis and I wondered where mine was. And he said, Well, you don’t have one. And I said, Well, why not? You know, I was very young. And he said, Because you’re a girl. And I said, No, no, no. I’m not a girl. In my mind, I was a little boy. Always. That never changed.” *(Transgender Revolution)*

Ethan also describes a childhood experience in which his female assigned genitalia triggered thoughts of his male identity:

“I remember asking my father when I was about three years old when my penis was gonna grow and it totally freaked him out. But I knew . . . I mean . . . I would see little boys and I always wanted to hang out with them all the time.” *(Still Black)*

Terry describes his childhood knowledge of his male identity in terms of his own gendered body parts feeling “mismatched”:

“I never thought I was female growing up. So, as far as thinking about gender, I mean . . . female, who’s that? You know, who are they talking about? That’s not me. I mean . . . I have certain parts that, you know, are supposed to be female but to me they’re mismatched. They don’t belong. Who made this mistake?” *(Transparent)*
The sentiment of wanting to be a boy or knowing that one is a boy is common in the films with several men recalling instances of voicing these desires to others. Kym remembers an incident from childhood in which he voiced his desire to be a boy:

“I do remember when I was about, like, eight years old and I went into this grocery store and I, for some reason, I don’t even know what the conversation was, but I stood up and I said, *You know, when I grow up, I’m gonna be a man.*” (*Transparent*)

Still, others kept their desire to be male private due to the fear of stigma. Malcolm remembers the way that keeping his knowledge of his identity private made him feel:

“When I was a kid, I used to think of myself as one of the brothers. I have two brothers so that would have made me the third brother but other people perceived me as a girl. And I couldn’t really correct them. It made me feel like I wasn’t there.” (*Call Me Malcolm*)

**Puberty**

While several men indicate that their bodily difference was noticeable to them in childhood others mark the changes that come with puberty as a time when their bodily difference indicated to them their male identities. These men describe their understanding of their gender as beginning around puberty with the arrival of female breasts, menstruation, and pubescent sexuality. Chaz who, above, described a dislocated ambivalence about his body in childhood, locates his solidified gendered awareness in puberty:

“I’ve hated my body since puberty. You know it’s different as a kid because you know boys and girls are the same as a kid. Other than genitalia, there’s no difference between a boy and a girl. When I went through puberty it was obvious. Like, oh fuck, what’s happening?! In high school often at night I would go to bed praying I would wake up the next day as a boy.” (*Becoming Chaz*)
Similarly, Malcolm’s discomfort in childhood transformed into a gendered awareness that something was not right with his gender as the onset of puberty:

“So I had a female body and so when I turned twelve or something like that and the female body kicked into female puberty which mostly involves secondary characteristics like breasts and hips and then also involves menstruation. And I didn’t appreciate that very much. I didn’t understand a lot about why I was uncomfortable with that. I didn’t know exactly what was the matter but I knew there was a problem.” (Call Me Malcolm)

Nicco describes the physical discomfort he felt with his body. He ties his knowledge of his trans identity directly to his pubescent physical body:

“I could stand in the bathroom and look at my face in the mirror for hours on end. And I did and be like, Is that really my face? It didn’t feel like me [. . .] Any time I was aware physically that my breasts on my body were moving, and its obvious you know, I hated it. I hated the feeling.” (Boy I Am)

Terry also began to understand his identity in relation to his body, and more specifically his sexuality, during puberty:

“I knew I wasn’t straight obviously. I was female and wasn’t interested in men. I didn’t want a woman touching me as female. So, what’s that make me?” (Transgender Revolution)

**Body Modification**

Throughout the documentaries, the trans men featured make reference to body modification as the path to a successful and complete transition. Like the section above, this is not a surprising occurrence given the diagnosis requirements for a medical, legal, and social gender transition. As mentioned above, Gender Identity Disorder (GID)—as it currently stands in the 4th Edition of the Diagnostic and Statistical Manual of Mental Disorders put forth by the American Psychiatric Association (DSM-IV)—requires 1) a
strong and persistent identification with or insistence that one is the opposite sex, and, 2) a discomfort with and desire to rid oneself of one’s natal sex characteristics and a desire to acquire the sex characteristics of the opposite sex. Given the current privilege of medical authority in U.S. culture, there is no way to undergo gender transition without acting in accordance with this authority. In addition to the trans men in the documentary, some documentaries feature prominent physicians in the field of transgender health to support the necessity of body modification for successful transition. Dr. Richard Horowitz, a world-renowned endocrinologist specializing in hormonal sex reassignment, weighs in:

“The gender condition is, in my own estimation, no different from diabetes or high blood pressure. It’s a medical condition that needs to be treated.” (Becoming Chaz)

Dr. Daniel Greenwald, a prominent neurosurgeon specializing in trans genital reconstruction, is featured in another documentary emphasizing the importance of body modification in the transition from female to male:

“This is a profound undertaking. It is irreversible but it really is a small step. The biggest step is for them to be comfortable with themselves and to recognize who they are and what they are. And you have to smile when you think about it.” (Transgender Revolution)

The narratives provided by the trans men in the documentaries reflect the authority of the diagnostic criteria regarding the role of bodily discomfort and a desire for body modification in the lives of trans people. Of the 57 trans men featured in the documentaries, 49 are undergoing hormone replacement by way of testosterone therapy, 35 have undergone chest reconstruction referred to in trans communities as top surgery, and only 4 have undergone genital reconstruction surgery referred to in trans
communities as bottom surgery. As indicated in the previous section, the men in the documentaries analyzed for this project affirm that their identities are something they’ve known since childhood or adolescence. Therefore, the steps for transition at the individual level are solely and necessarily physical. Many men in the documentary describe their decisions to physically modify their bodies in matter of fact terms. Robert, in a narrative about the simplicity of trans people’s decisions to undergo body modification, recalls his process:

“The main thing I did was accept myself, and then I went on testosterone, and I had top surgery. I had a form of mastectomy done. I had the breasts removed. And that’s all I had to do.” (*Southern Comfort*)

Similarly, Malcolm describes his transition as the result of his acceptance of himself as male and the requisite physical transformation that followed:

“I’ve transitioned. I had a year of transition. Everything changed that year in terms of gender. Now, I’m just Malcolm.” (*Call Me Malcolm*)

In a narrative justifying his decision to spend thirty thousand dollars on transition related surgeries, Terry describes the necessity of body transformation for a successful transition:

“It’s not elective. It’s not a choice. You’re not happy with yourself. You can’t hardly stand yourself physically […] Being transsexual is no different to me than like having cancer. You have to have it removed. You have to have it taken care of. You can’t just live with it. Eventually it will eat you alive, just like cancer.” (*Transgender Revolution*)

There are, of course, a few individuals featured throughout the films who dismiss the significance of body modification for trans men. Dean places transmale body modification alongside more benign ways of doing gender in order to detract from its significance:
“Every person has a modified body and every person puts on their gender every morning when they get dressed and over the long term when they determine what kinds of exercise to engage in and what to eat and what to, you know, how to interact with their body.” (Boy I Am)

Keegan discusses classism in order rejects the trans community’s emphasis on body modification:

“We need to be careful about seeing surgery inherent in transness because of classism. You know? Not everyone can afford this. Very few can afford this.” (Boy I Am)

This perspective on trans body modification is, however, the minority and most trans men in the documentaries place a strong emphasis on body modification as part of a successful transition.

Hormones

Forty-nine of 57 trans men featured in the documentaries are undergoing hormone replacement therapy via testosterone injections or creams in order to modify their secondary sex characteristics (e.g., vocal pitch, body hair, fat distribution, muscle mass, skin texture). However, only a couple of trans men speak directly to the significance of hormones in particular for transition. Max, in his description of the transition process, speaks to the importance of testosterone therapy:

“The hormones are sort of the essence in a sense, or one of the essential ingredients, in what makes one a man or a woman biologically. And the hormones really do change you.” (You Don’t Know Dick)

Malcolm stressed the importance of life experiences that cohere with gender identification with puberty being one of those experiences. He reflects on his first year of
hormone replacement therapy and how his life experiences then began to cohere with his gender identification:

“That’s what I call puberty for me. It was about ten years late but that’s when my body kicked in to responding to testosterone.”  (*Call Me Malcolm*)

**Chest Reconstruction**

Thirty-five men in the documentaries had either undergone or had plans to undergo chest reconstruction, referred to as *top surgery* in most trans communities. Most men describe their chest reconstruction as a result of the discomfort with female-identified characteristics, referred to in trans communities as body dysphoria. Nicco describes the life-interrupting feeling of body dysphoria associated with his female-identified chest and his desire for top surgery:

“All the time I was aware physically that breasts on my body were moving, and it’s obvious, you know, I hated it. I hated the feeling […] I definitely think that having breasts has sort of interrupted me from almost functioning in the way that I would as a human being. So I’m absolutely going to do chest surgery. […] I don’t think I will ever be truly living my life unless I have this surgery.”  (*Boy I Am*)

In a narrative about his sexuality, Wendel describes how his female breasts cause him great discomfort and his anticipation of bodily comfort post top surgery:

“I have, like, issues having my chest be touched just because, like, not so much, like, because it’s triggering that my breasts are there and it’s as though I’m perceived as female, but, because, like, I feel as thought my chest is underneath them. So, whenever someone is touching my chest, I’m like, *No, wait, deeper, No, no, wait.* And I feel like there’s this thing between my chest and my partners. And that is really hard for me because like no matter how someone touches it, they’re not going to be able to touch what really feels like it’s a part of me. I’m really looking forward to being touched after surgery and like how good that’s going to feel.”  (*Enough Man*)
Chaz also describes his lifelong discomfort with his female chest in terms of his sexuality and how he coped with that prior to surgery:

“When I was younger and was having sex with women who touched my breasts, I just mentally detached and tried to leave my body. As I got older, I made them hands off, you know, I was just honest that I didn’t like to be touched there.” *(Becoming Chaz)*

Some men felt an increased sense of body dysphoria regarding their chests after beginning hormone replacement therapy. Ethan describes his relationship to his chest in terms of gender incongruence:

“Having breasts was just, I was like, this is not what a guy is supposed to look like. Cause I was starting to get a beard. I had a mustache and was looking a lot more masculine and then there were these big honking, you know. And I was just like, ugh, no, I can’t do it.” *(Still Black)*

Rik had a similar reaction to his chest after starting testosterone therapy:

“I wouldn’t not be bound and go to bed, or, you know, sometimes I didn’t want my chest touched. Or, if someone touched my chest in a particular way that I felt they were relating to them as breasts rather than my chest, I would just freak out.” *(Enough Man)*

Stephen similarly explains his experiences of chest dysphoria after beginning hormone therapy:

“My breasts became, um, they went beyond feeling embarrassed or ridiculous having them, but they became humiliating.” *(You Don’t Know Dick)*

**Genital Reconstruction**

Of the 57 trans men featured in the documentary, only four of them had undergone or had plans to undergo genital reconstruction, commonly referred to by trans men as *bottom surgery*. Of the 53 trans men who have not have bottom surgery, those
who state a desire to have it in future cite cost and effectiveness as reasons for not seeking one of the many procedures for genital reconstruction. These results are not surprising considering the current state of female-to-male genital reconstruction in the United States.

Chest reconstruction is significantly less expensive than genital reconstruction surgery. While top surgeries are available in most major U.S. cities and costs between five and ten thousand dollars, bottom surgeries are only available in a select few cities in the U.S. and cost between fifteen and one hundred thousand dollars depending on the type of procedure and quality of surgeon. In addition to cost, genital reconstruction is less common due to effectiveness. Neither of the two primary procedures—metoidioplasty and phalloplasty—create a fully functional penis that would be considered natural.

The narratives and experiences of trans men in the documentaries reflect these issues. Michael cites cost as his primary reason for not pursuing genital reconstruction surgery:

“I’d love to get bottom surgery. Right now it’s cost-prohibitive.” (*You Don’t Know Dick*)

Most trans men featured in the films, however, cite effectiveness as the primary barrier to them seeking genital reconstruction. Dale describes his desire for genital reconstruction but describes the limitations of genital reconstruction in a way that is common throughout the films:

“I do definitely have a strong desire to have male genitals but I know that anything that I could get an operation for would never equal my fantasy.” (*Enough Man*)

Chaz states this position in more specific and direct terms:
“A lot of us elect not to do the surgery because it’s not very good. They haven’t really figured out how to make a functioning penis.” (Becoming Chaz)

Wendel is also direct about the outcome limitations of bottom surgery:

“I’m not ever planning on having bottom surgery because it wouldn’t work and what I’ve got works.” (Enough Man)

Other men state that the desire for bottom surgery is based on individual experience and that not all trans men want or need genital reconstruction. Malcolm’s narrative of his own experience is that cost and effectiveness are less important than personal desire:

“My experience is that you’ll know if you have to have surgery. If it’s an agonized decision and you really don’t know, then you don’t get the surgery. But, if you know at some point that you really have to have that then it really doesn’t matter how inconvenient, expensive, or uncomfortable it is—you’ll get the surgery.” (Call Me Malcolm)

Some men in the documentaries dismiss the need for bottom surgery altogether, insisting that male genitals are not necessary for gender transition. Robert states this directly:

“Some of the guys, especially the younger guys just coming out, they think they’ve got to have that bottom surgery. If they don’t have that piece of flesh swinging between their legs, they’re not a man. Being a man or being a woman has nothing to do with your genitalia. It has to do with what’s right here in your heart and what’s in your mind.” (Southern Comfort)

James, who has undergone bottom surgery, defends his decision to undergo phalloplasty but echoes the assertion that the penis does not make the man:

“My penis isn’t like every other man’s penis and we have to realize that the exact shape of the penis and the exact size of the penis does not make a man.” (You Don’t Know Dick)

Both Robert’s and James’s contribution to the narratives on genital reconstruction are interesting due to their seeming contradiction of earlier statements regarding the
importance of chest reconstruction. It may be that some trans men dismiss the need or
desire for genital reconstruction due to the barriers to obtaining those kinds of surgeries.
Additionally, genital reconstruction does not have the same kinds of social and legal
consequences for trans men as testosterone therapy and chest reconstruction. Without
hormonal treatments and chest reconstruction, trans men would not be allowed to live
legally, and for some socially, as men. Genital reconstruction, in contrast, is not a socially
visible signifier of gender or sex category making it less central to trans men’s doing
transgender.
CHAPTER 5

DISCUSSION AND CONCLUSION

Discussion

In recent years, there has been a proliferation of literature regarding trans men using the doing gender perspective (Connell 2010; Dozier 2005; Pfeffer 2008; 2010; 2012; Schilt 2009; Vidal-Ortiz 2009; Ward 2010). Most of this research focuses on the ways in which trans men engage in traditional forms of masculinity within heterosexual relationships while others analyze the effects of trans men doing masculinity within workplace environments. This research as a whole answers several questions regarding trans people: How does doing gender change when sex category is ambiguous or incoherent? How do trans men negotiate their performances of gender given their background as women? And, how do the gender performances of trans men affect the gender performances of those with whom they interact, be it colleagues, family members, or intimate partners? These are important questions and the research that has arisen in the past decade to answer them has pushed the doing gender literature forward.

However, with respect to the inclusion of a marginalized population, this literature only addresses the ways that trans men engage in cisnormative performances masculinity, that is, how they do cisgender within interaction. What is missing, and what my project is attempting to correct for, is the attention to the ways in which trans men engage in transnormative performances masculinity, that is, how they do transgender as a
gender and sex category on its own. While Catherine Connell’s (2010) analysis of trans men doing gender used the terminology “doing transgender,” I have argued that Connell’s research was limited to the ways that trans men accommodate or push back against the cisgender norms of masculinity within interaction. Her research did not analyze the additional norms placed on trans people in accordance with their identification with trans as a gender and sex category such as the legal, medical, and social requirements for transition.

As my research here shows, in addition to their accountability to cisnormative standards of behavior and interaction, trans men are also held accountable to transnormative standards of behavior and interaction. That is, while trans men deploy narratives of authenticity that align themselves with cisnormative notions of what it means to be masculine—such as their instances of roughhousing and reading comic books as children or their rejection of dresses in adolescence—they also deploy narratives of authenticity that align themselves with transnormative notions of what it means to be masculine—such as their discomfort with breasts and the need to have them removed.

Due to the medicalization of gender under the purview of the American Psychiatric Association, trans as a gender and sex category is subject to a stringent set of criteria that is designed to determine the authenticity of a trans identity prior to approval for medical and legal identity affirmations. These criteria currently rest under the diagnosis of Gender Identity Disorder (to be changed to Gender Dysphoria in the forthcoming DSM-V) and act as a positive test for determining the authenticity of claims to trans identity according to two general areas: 1) a strong and persistent identification with the opposite sex, or, an
insistence that one is the opposite sex; and 2) discomfort with and desire to rid oneself of one’s natal sex characteristics and desire to acquire the sex characteristics of the opposite sex. The failure to satisfy these criteria limits an individual’s access to gender affirming medical procedures and legal documents and, as previous research has shown, to social acceptance within trans communities (Schrock 1996; Schwalbe and Schrock 1996; Gagne and Tewksbury 1998).

The men in the documentaries analyzed for this project do transgender by deploying narratives of self that authenticate their membership in trans as a gender and sex category in two ways: 1) by describing their lifelong and persistent identification with maleness and 2) by describing their desire for a body that is congruent with maleness. These narratives mirror the authenticity standards outlined by the American Psychiatric Association and enforced by legal and medical gatekeepers that restrict gender-affirming documents and medical care to those deemed authentically trans.

First, in describing their lifelong identification with maleness, the men deploy narratives from childhood and adolescence. One authenticity narrative that the men deploy is their recollection of their childhood longings to be male through direct reflection on either specific thoughts of gender dysphoria or general feelings of gender incongruence. Additionally, the men deploy narratives that establish a strong dislike for their natal sex characteristics through descriptions of negative associations with their breasts and menstruation. Chaz engages this narrative most directly, he says, “I’ve hated my body since puberty […] Like, oh, fuck, what’s happening?! In high school often at night I would to bed praying I would wake up the next day as a boy.” As my data shows,
these types of narratives regarding childhood and adolescent identification with maleness and disdain for femaleness are common throughout the films. Second, in describing their desire for a body that is congruent with their identification and social presentation of gender, the men highlight the need for hormonal and surgical body modification. Nicco’s narrative of body modification most directly highlights this theme, he says, “. . . having breasts has sort of interrupted me from almost functioning in the way that I would as a human being.” The prevalence of these types of narratives in documentaries featuring trans men is indicative of the ways that trans men are accountable for gendered narratives of authenticity in everyday life.

Conclusion

An application of the doing gender framework to trans people, as I have presented it here, should highlight not only the ways that trans people engage in cisnormative performances within interaction—how they do cisgender—but also the ways in which they engage in transnormative performances—how they do transgender. Doing Transgender, as I have defined it in this project, is best understood as how trans people perform and are held accountable to sociomedical and sociolegal standards of trans as a gender and sex category. As my research has shown, this manifests for trans men as an adherence to and a sustaining of gender as internal to the individual. The repetition throughout the films of well-worn essentialist narratives around trans men’s knowing of a true self and the necessity of body modification to actualize that self naturalizes the divide between trans and cis, making the construction of gender—both trans and cis—invisible or subordinate to the “natural” and “true” identities of gendered people. As
evidenced in ethnographies of transmale identity (Cromwell 1999; Devor 1997; Rubin 2003), social, medical, and legal environments privilege the “natural” and “true” identities of trans men over all other explanations of identity. Thus, trans people’s authenticity narratives operate as currency in the exchange for recognition and affirmation of their gender identities.

Limitations

Documentary film as a medium of communication is often designed with a very specific purpose – to inform and persuade. As social rhetoric, documentary footage is subject to editing into a specific type of narrative. Editors, directors, and producers often arrange documentary film footage to reflect specific narrative of the subject matter. Additionally, my research focuses specifically on the narratives of authenticity that contribute to trans men’s doing cisgender and doing transgender, while excluding those of trans women. Further, only 15 of the 57 trans men featured in the documentaries were trans men of color. Given this representation, this project is, to be sure, limited in its generalizability to both trans people and trans men as a group. However, given the range of documentaries analyzed for this project and the homogeneity of my findings across films, my research reveals the need for a framework that better accounts for transnormative standards for doing gender.

Future Research

While my project focuses specifically on the narrative performances of gender within documentary film, future research should look at the ways that trans people do
transgender in interaction of everyday life. Given the limitations, above, to analyzing documentary film, future research in the form of survey, questionnaire, or interviews could determine whether trans men’s personal reflections on identity would correspond with or diverge from those presented in documentary film.

Currently, the Diagnostic and Statistical Manual for Mental Disorders is undergoing its fifth revision (DSM-V) to be finalized and released in 2013. With respect to trans people, a key change is being made: Gender Identity Disorder and its diagnostic criteria are being removed and replaced by Gender Dysphoria. While the details of the diagnosis have yet to be released to the public, one marked difference reported by Lisa Leff, of the Associated Press, (2012) is the limited application of the diagnosis to those with “emotional distress” as a result of their trans identity. Trans identity in and of itself no longer constitutes a disorder and therefore the diagnostic criteria for a trans identity no longer exist in the discourse of the medical authority. Future research should examine the effects of this change on the identity narratives of trans people, specifically whether the narratives change to reflect revised diagnostic criteria for the diagnosis.
REFERENCES


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