This paper explains the medical basis for mainstream notions of trans identity and explores the implications of pervasive medically-derived understandings of trans experience. It turns to transauthored articulations of identity and experience to understand the various ways trans individuals negotiate competing discourses on gender and embodiment, leading to more complex accounts of trans experience. Chapter Two focuses on articulations of identity found in online spaces and the effect relatively unmediated, non-linear writing spaces have on articulations of trans identity. Chapter Three is a rhetorical analysis of Thomas Beatie’s appearance in mainstream media outlets and the way his account of being a pregnant transman shifts cultural understandings of sex and gender. This paper also suggests that we rethink the way we conceptualize sex, gender, and embodiment as it explores the perceived threat trans identities pose to conventional notions of identity.
SPEAKING FROM THE BORDERLANDS OF GENDER: MAKING TRANS IDENTITIES SOциально LEgIBLE

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Chapter One
Troubling Medically-Derived Notions of Trans Identity

A note about terminology: The question of which terms function best as referents for gender variant identities is a complicated and contested issue. Although scholars writing about trans issues have frequently employed the terms “transgender” and “transsexual,” there is concern about who in variously included and excluded from either of these terms. Based on the narratives I’ve read for this project, my sense is that the shortened term “trans” is frequently employed in trans communities as a term that simultaneously encompasses a wide variety of experiences/embodiments and serves as a less alienating referent than the more formal “transgender” and “transsexual.” I’ve chosen to use the term “trans” throughout this project precisely because of its frequent use within trans communities. I also employ the terms “ftm” and “transman” to refer to individuals born with female bodies who identify as men; conversely, “mtf” and “transwoman” refer to individuals born with male bodies who identify as women. While “ftm” and “mtf” are often written in capital letters to indicate their states as acronyms for female-to-male and male-to-female, respectively, I’ve chosen to follow C. Jacob Hale’s lead and employ lower case letters in an attempt to disrupt these terms’ assumed reliance on stable, normative categories of gender (“Consuming the Living” 341, Endnote 1).

“Realness” and Identity

In September 2005, the Sundance and Logo cable networks broadcast an eight episode mini-series, Transgeneration, that followed the lives of four transgender college students through the course of the 2004-2005 school year. Although the show offered a unique opportunity for the four students to talk at length about their identities, the segments following Lucas, a female-to-male (ftm) trans student at the all female Smith College, are often marked by a curious quiet. Lucas frequently expresses concerns about his position as a student at Smith, the efficacy of the trans advocacy group he and a friend began at Smith, his parents’ reactions to his gender identity, his job prospects as a pre-operative trans person, and the potentially harmful bodily effects of hormone therapy. However, Lucas rarely expands on these points of concern to articulate exactly what it is that worries him or to describe how he situates his identity amidst these concerns. Rather, his brief discussion of these various complicating factors in his life is often followed up with scenes of a pensive Lucas smoking, looking up at the sky or fixing his gaze to the ground.

Despite his general quiet in response to the concerns he himself raises, a brief conversation that takes place between Lucas and his mother Cheryl during a visit home to Oklahoma sheds a bit of light on both Lucas’ own discomfort with the categorization of trans identity and some of the complicating factors that affect his articulation of this identity.

Cheryl: Is, um, bring transsexual something that the doctor comes up with a diagnosis that that’s what’s going on?
Lucas: Gender Identity Disorder.
Cheryl: Gender Identity Disorder. So is that what your therapist . . .
Lucas: It’s seen as like . . . It’s still seen as a psychiatric disorder. Obviously I think that’s bunk. I think it’s like a physical disorder, you know? It’s deceiving because they say it’s a mental disorder but yet the treatment is to change your body to fit your mind. I mean to me that means it’s a physical disorder. Your mind is right and your body’s messed up.
Here Lucas rejects the pathologizing of trans identity which results from the inclusion of Gender Identity Disorder (GID) within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). If, for Lucas, the key to his increased comfort as an embodied subject is achieved by altering his body towards an increasingly masculine presentation, then the problem is not with his mind; it’s the body that is “messed up.”

While Cheryl listens attentively to Lucas as he situates himself in resistance to the pathologizing parameters established by the psychiatric community, nodding her head in agreement and recognition, her response reiterates a concern expressed earlier in the episode about her own difficulty explaining Lucas’ transition to her friends and family. Lucas’ resistance to the implications of the GID diagnosis is met by his mother with a desire for a language and an authority she might invoke to make child’s trans identity legible to those around her and to assert the legitimacy of his transition. Her question—“who’s saying you that you have this disorder, other than yourself?”—implies that Lucas’ own articulation of his identity is not enough to justify his transition; a therapist’s diagnosis, however, is perhaps less easy to contest. Although even diagnosed mental disorders are often regarded within our culture with suspicion and even disbelief, the GID diagnosis Lucas’ therapist had made is seen as lending more legitimacy to the “realness” of Lucas’ trans identity than his own articulation of that identity. After having acknowledged earlier that his mother’s struggle to discuss his trans identity must, indeed, be a difficult task to take on, Lucas ultimately responds to his mother’s question with a tone of resignation—his therapist has, indeed, diagnosed him with GID, even if he does not submit to the pathologizing that is one of the diagnosis’ effects.

This exchange between Lucas and his mother is significant because it reveals multiple points of struggle that frequently emerge as trans individuals work to articulate their identities. Although we may like to think of asserting an identity as a highly individualized pursuit, Lucas’ conversation with his mother makes apparent the fact that we are never simply talking about who we “really” are, but are rather continually negotiating a sense of felt identity within a web of complex cultural values. As Judith Butler argues in *Undoing Gender*, “[O]ur very sense of personhood is linked to the desire for recognition, and that desire places us outside ourselves, in a realm of social norms that we do not fully choose, but that provides the horizon and the resource for any sense of choice that we have” (33). For Butler, because social recognition brings us within the realm of the human, our identities must be made socially legible—a legibility that at once depends on and can be constrained by the social norms in place. If we are not legible to others, if we cannot be recognized within the culture as human, then we cannot expect to receive basic protections that make life liveable.

For the trans individual, making a non-normative gender identity legible to a culture that expects biological sex and outward gender markers to align requires a complex, ongoing negotiation of social norms. This negotiation involves simultaneously engaging with norms as a means towards recognition and reconstituting the bounds of constraining norms so as to expand the realm of the socially recognizable. As far as the viewer sees in *Transgeneration*, Lucas’
negotiation of his felt identity and established social norms most often results in an uneasy quiet, a continual searching for an appropriate response. But a number of trans narratives have emerged over the last decade, both in more formal print/broadcast mediums and in less formal online spaces which represent the variety of ways trans individuals have worked to negotiate the demands of competing discourses while working to make trans identities culturally legible. What follows is an attempt to identify the various ways in which these trans narratives work to negotiate the demands of competing discourses in narrative and to highlight the wider cultural implications of the language deployed throughout these articulations of trans identity.

**The Construction of Trans Identity in Medical Discourse**

As is exemplified in Lucas’ conversation with his mother, psychological/medical discourses constitute one of the most powerful forces shaping the way trans identities are conceived of and constructed. Not only are the primary means of physical transition—hormone therapy and surgical procedures—inherently medical, but in order to legally obtain either of these means of transition trans individuals must submit to extended psychological evaluation and therapy, ranging anywhere in duration from three months to (more often) an entire year. Trans people wishing to physically transition must meet regularly with a therapist in order to have any sought-after means of transition and/or changes in legal status authorized. The therapist’s authorization to proceed with physical transition—frequently referred to in trans communities simply as “the letter”—is most often based on a formal diagnosis of GID.

According to the diagnostic criteria for GID outlined in the DSM-IV, individuals must express “a strong and persistent cross-gender identification,” which the clinician can expect to reveal itself through a “repeatedly stated desire to be, or insistence that he or she is, the other sex” or “strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex” (“Diagnostic Criteria for Gender Identity Disorder”). The diagnostic criteria participate in the naturalization of culturally-specific gendered behavior, assuming that patient and clinician alike can agree on what are, for instance, the “typical feelings and reactions” of a given sex. More specific examples of gendered behavior cited in the diagnostic criteria emphasize attire and toys/games/activities as markers of an individual’s gender identity. The Harry Benjamin Standards of Care (SOC), a document used by clinicians that outlines courses of treatment for GID patients, expands on the diagnostic criteria by characterizing a transsexual as an individual who articulates a “desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment” (5). Relying once again on accounts of cross-gendered fantasies, cross-gendered play, and preferences for cross-gendered attire, the SOC similarly assume a naturalized connection between biological sex and gender performance.

What the SOC add to the official clinical discourse on trans identity is a strong and oft repeated concern for avoiding gender ambiguity. Indeed, the “wish to make his or her body as congruent as possible with the preferred sex” is taken as the patient’s unambiguous desire to embody the opposite sex as it is normatively conceived of within our culture’s dimorphic sex/gender system. The SOC go on to specify a sort of transitional “plan” that attempts to forefront irreversible surgical procedures with as much “real life experience” (living as the other sex before physically transitioning) and reversible or partially-reversible transitional measures as possible. As a whole, the ideal process for physical transition is meant to take several years and proceed at a rather slow pace to ensure the patient displays no ambiguity about “sex reassignment” within a highly normative, rigidly binary sex/gender system. Emphasis is placed
throughout the SOC on helping patients achieve a body and identity as closely aligned with their preferred sex as possible. And while the SOC has since been revised to recognize that patients differ in their willingness and ability to pursue certain means of transition, the document has a long history of recommending that patients not committed to “fully” transitioning—that is, undergoing genital surgery—should not be considered as candidates for physical transition.

Jay Prosser notes in *Second Skins* that because there are no physically manifest symptoms on which to base a GID diagnosis, the diagnostic process instead depends entirely on the narrative a trans person offers within the therapist’s office. It is not enough for one to simply assert a trans identity; the individual must provide an autobiographical narrative that adequately (in the therapist’s mind) attests to the speaking subject’s “gender dysphoria.” Indeed, the SOC is careful to specify that patients who demand the means of physical transition are not, in the eyes of the medical community, good candidates for physical transition; a willingness to submit to the therapeutic, narrativizing process thus functions as evidence of fitting within a clinical definition of transsexuality. Prosser argues that within this dynamic therapists “listen as narratologists for the recognizable transsexual plot, tropes of themes, matching the subject’s narrative against the narratemes of [an] archetypal story of transsexuality” (104). That is, clinical discourses not only compel the trans individual to narrativize their identities, but the narrative these discourses demand is a rather specific one.

Evidence to the emergence of an “archetypal” narrative forefronts the SOC’s discussion of contemporary clinical nomenclature for GID treatment. Prior to detailing current accepted criteria for recognizing an individual as transsexual, the SOC includes a detailed discussion of the “true transsexual,” a category that emerged in the 1950’s as the current clinical lexicon for non-normative gender identities was just beginning to develop. According to the SOC, “True transsexuals were thought to have […] cross-gender identifications that were consistently expressed behaviorally in childhood, adolescence, and adulthood” (3-4). In other words, the “true transsexual” was an individual who was able to provide an account of lifelong cross-gendered identification supported with plenty of stories of cross-gendered behavior and fantasy. What the definition of the “true transsexual” demanded, then, was an articulation of having “always known” that one was meant to be the opposite sex, of having continually attempted throughout multiple stages of life to realize cross-gendered fantasies, and of having continually experienced an acute discomfort with the sexed body the individual was born with. The SOC explains that the definition of the “true transsexual” was ultimately abandoned when clinicians learned that many of those who had been labeled as “true transsexuals” had in fact lied about or embellished their personal histories in order to fit their experience within the accepted narrative frame.

The SOC’s current criteria that an individual must have identified as transsexual for at least two years before transitioning, then, is positioned as a more lenient and reasonable expectation. However, the fact that the category of the “true transsexual” is positioned within the SOC as the root of current definitions of transsexuality is significant. Indeed, clinical discourses still seem to assume that “persistent” cross-gendered identification will evidence itself through early childhood or pubescent stories of discomfort with the sexed body, cross-gendered behavior, or cross-gendered fantasies. One cannot, as Butler points out, “walk into a clinic and say that it was only after you read a book by Kate Bornstein that you realized what you wanted to do, but that it wasn’t really conscious for you until that time” (81). Even if it might be true that a particular cultural experience—a book, a show or movie, a chance meeting with another trans person—might provide a language for an individual’s experience and open up the possibility for embracing a trans identity, the individual must (at least for the purposes of speaking within
medical discourses) reframe the past to prove that those cross-gendered feelings were always present, that the individual has in fact long felt like the other gender and has long exhibited behaviors that testify to those feelings.

While emphasizing a stability of feeling or a sense of having “always known” one was meant to be the other sex is certainly part of the archetypal narrative clinicians listen for, both the diagnostic criteria for GID and the SOC clearly insist on a correlation between gendered performance and biological sex. Thus, the archetypal narrative also works to reinforce a normative and rigidly binary conception of the sex/gender system. In other words, the diagnostic criteria and SOC assume that we can expect a “normal” individual to exhibit secondary gender characteristics that align with their biological sex (an example of these expectations might include anticipating that a boy would naturally want to wear masculine clothing and engage in masculine activities like sports). Likewise, clinical discourses assume that an individual who wishes to transition is committed to embracing the gendered behaviors of their post-transitional sex. For a trans individual to tell the “right” story about their identity, then, means offering a narrative of their experience that speaks directly to normative notions of gender, maintains a clear masculine/feminine binary, and is firm in its insistence on cross-gendered feeling. In other words, the clinical narrative expected of trans patients is one that does little to trouble normative notions of both sex and gender by reaffirming the legitimacy of gendered behaviors and sexed anatomy as definitive markers of identity.

At the same time that the diagnostic criteria and SOC naturalize a correlation between biological sex and outward gender performance, the archetypal narrative depends heavily on a modernist mind/body split. Magrit Shildrick characterizes the ideal modernist subject in *Embodying the Monster* as an individual who is “secure within the well-defined boundaries of the body rather than actually being the body” (50, emphasis in the original). Locating the root of modernist conceptions of the body with Descartes, Shildrick argues that the insistence on a mind/body split assumes that the body is a mere container for the mind and that the ideal subject is one whose body presents as few limits and constraints as possible. The modernist mind/body split maintains that although we must inhabit bodies, the particular morphology of the body cannot (or should not) define our being. Within the archetypal trans narrative, then, the body becomes figured as a trap—a container that, rather than allowing the innately gendered mind to flourish, prevents the individual from being read in ways that accord with their felt identities. Thus, the archetypal narrative clinicians anticipate from trans patients is one that expresses not merely discomfort with the body, but dissociation from it. Because the SOC pinpoint “persistent and intense distress” over the sexed body as an indication of an individual’s candidacy for physical transition (5), and because the SOC assumes a strong link between biological sex and gender identity, an acceptable clinical narrative is often one that involves a total rejection of the sexed body or an articulation of being contained in the “wrong” body. A narrative that articulates discomfort with only certain aspects of the body (for example, an ftm expressing discomfort with breasts while also asserting that having a vagina does not similarly affect his felt identity as a man) might signal to the clinician the kind of ambiguity about transition that the SOC frequently warns of.

Beyond investing the trope of bodily containment with much narrative power in the therapist’s office, the implications of the modernist mind/body split in medical discourses on the articulation of trans identity are twofold. First, the mind/body split works to situate trans identity as a linear process of becoming in which one moves (or more appropriately, transitions) from occupying one normatively gendered category to another. By way of what the SOC refer to as
“interventions,” medical discourses invest themselves with the power of setting the transition into motion, of enabling the trans subject to actually make the journey from one gendered home to another. As Jason Cromwell notes in *Transmen and FTMs*, “By at least one definition, transsexuals constitute an intermediate gender in that the label obtains only while an individual is in transition from female to male (and vice versa)” (99). Trans identity is then also regarded as a momentary identity that can fall away once the body is altered through surgery and hormone therapy to allow the individual to pass as their preferred sex. If medical discourses define the trans individual as someone whose felt identity does not align with their biological sex and who thus feels trapped by the body they were born with, then it stands to reason under this definition that once the body has been altered to resolve the divide between sex and gender, the need for identifying as trans also falls away. In other words, the very criteria on which medical discourses base their definitions of trans identity situate that identity as something that can be corrected and made to disappear. Trans identity is posited as an identity of crisis and dissonance—the kind of identity you throw off when and if you’re able.

The second implication of the modernist mind/body split is that trans identity is situated as a highly individualized phenomenon. The dissonance and tension in trans identity is localized to the individual body and the individual mind. In other words, the problematic of trans identity is limited only to the trans person—it is their individual body that does not align with their felt identity and it is thus only their individual body that is in need of correction. Shildrick expands on the modernist conception of the body to argue that the modern embodied ideal is not only a matter of being *in* a body rather than *being* a body, but also that the self must also be “ordered and discrete” (50). The body not only acts as a container for the mind, but also works to protect the self, to act as a definitive border between self and other. It is through the assertion of definitive and stable categories like gender that the body maintains its “ordered and discrete” nature. Cromwell identifies where much of the concern about trans identities may lie when he writes, “There is, I think, a deep, underlying fear that there may be little real difference between maleness and femaleness” (41). While Cromwell argues specifically that acknowledging this lack of difference would unravel a theory of biological determinism, it would also jeopardize the stability and discreteness of normative, binary gender categories. Individualizing trans identity removes the possibility of considering that non-normative gender identities may raise questions about the way we define sex and gender as a culture, as well as the way we rely upon the categories of sex and gender to organize ourselves. Normative categories are protected as given, stable, and certain while distance is created between the normative and non-normative through the pathologizing of trans identity, maintaining the “discrete and ordered” bounds of the modernist self.

Like all discourses, the medical/clinical discourse on trans issues is by no means fixed, nor are its iterations the same in all contexts. As trans identities have become more visible and support networks for trans people have grown, more and more trans persons have begun to go into medical and therapeutic fields, becoming the therapists, surgeons, and endocrinologists aiding trans patients through the process of physical transition. When the SOC were revised in 2001, the advisory board reached out to leaders in transgender activist circles for recommendations. Although the resulting document is not radically different from its previous instantiation, Patrick Califia notes that the language employed is at the very least “more respectful,” “more patient-centered,” and more appreciative of the diversity of trans experience (xix–xx). Some therapists and doctors specializing in the treatment of trans individuals have begun to privilege the specificity of individual circumstances over some of the more constraining
recommendations of the SOC. In some cases, therapists and doctors agree that authorization for physical transition can and should occur without a GID diagnosis. In the fall of 2008, the American Psychological Association (APA) even released an official statement urging psychologists “to take a leading role in ending discrimination based on gender identity” by not only insisting on a higher quality of medical treatment for trans individuals, but by also supporting “legal and social recognition of transgender individuals consistent with their gender identity and expression” and by calling on insurance companies to cover medical procedures sought to physically transition. Also included in the press release were the results of an APA Gender Identity Task Force charged with making recommendations for improving psychological care for gender variant people.

Still, the authority the medico-scientific community has been invested with makes medical discourses a substantial cultural force doing much to shape the way trans identities are thought of beyond the walls of the doctor’s office. As Anne Fausto-Sterling demonstrates throughout her work in *Sexing the Body*, the language of medico-scientific discourses and the research findings that language communicates are never entirely neutral or objective. Rather, like all utterances, they are shaped by the context from which they emerge, influenced by and often speaking directly to the prevailing values and existing categories of the culture. The next section continues to explore the implications of the clinical lexicon established by medical discourses surrounding trans identity, paying particular attention to the role medical terminology plays in non-medical discussions of trans identity. If, indeed, medical communities are interested in working towards fair and non-discriminatory treatment plans for trans patients, then there is no better time than now to thoroughly investigate the language used within these communities so as to work towards an understanding of trans identity that respects the agency of trans individuals and the diversity of trans experience.

**Trans Identity and the Problematic of Language**

Postmodern theories, including core texts from queer theory like those from Judith Butler and Michel Foucault, have long been criticized for what is perceived as a lack of consideration given to the material realities of embodied life. Although Butler and other postmodern theorists like Shildrick have worked to fill this perceived gap by bringing the body to the forefront of postmodern discourse, it seems that the language of postmodernism still raises some anxiety about the position of the material body in discussions of gender variance. Prosser forefronts his work in *Second Skins* with many of these concerns, focusing particularly on Butler’s work in *Gender Trouble* and *Bodies That Matter* as an indication of postmodernisms refusal to recognize the limits of material reality. Responding to queer theoretical interest in trans identities, Prosser argues that “what gets dropped from transgender in its queer deployment to signify subversive gender performativity is the value of the matter that often most concerns the transsexual […]—in brief and simple the materiality of the sexed body” (33). For Prosser, queer theory’s insistence on the trans subject’s potential transgression of rigid gender norms ignores the lived reality of the trans body. Prosser argues that the moments of transgressive gender performance that queer theory celebrates are also those moments in which the trans person is most vulnerable, either because the physical body is at risk of disciplining violence or because the subject’s psyche is at risk of an unbearable dissonance between body and mind. He goes on to theorize an understanding of trans experience focused on the body in “its fleshiness, its nonplasticity, and its nonperformativity” (62), ultimately suggesting that it is the surgical “intervention” of the medical community more so than postmodern theorizing that best understands the substantive quality of the body and the need for a “coherent and integral body” (80).
Prosser’s critique of Butler positions the discursive productions of gender taken up in postmodern theory as social constructions removed from the reality of the individual’s daily lived experience. He then distances postmodern theories of gender from the material body which he situates as real precisely because it is material. While abstract gender constructs may be debatable and could theoretically shift in whatever radical way we desire (even, perhaps to the point of extinction), the “fleshiness” of the body is taken as a more substantive and more serious matter. He posits an irreconcilable gulf between gender performance and the material body, between the imagined and the real. Prosser thus implies the need for a split between queer theoretical interests in gender subversion and transsexual interests in embodied cohesion, a split which he reinforces through the differentiated use of the terms “transsexual” and “transgender.” For Prosser, “transgender” signifies the gendered subversion and resistance to the fully re-sexed trans body queer theory celebrates. Prosser himself instead embraces the term “transsexual” as a marker of his belief in the power of physically transitioning to restore a sense of a cohesive, unified identity. From the other side of the transgender/transsexual split, Califia also insists on a clear differentiation of the two terms, but defines them instead according to what he sees as their respective resistance of and submission to medical/clinical discourses on trans identity. What Prosser and Califia both have in common in their discussion of the transgender/transsexual divide is the insistence on a binary that situates the interests of queer theory in counterdistinction to the interests of medical discourses. What’s more, the insistence on this binary opposition assumes that trans-identified individuals land on one side or the other, that they are committed to transgressing normative gender categories or reinforcing them through medically proscribed means of physical transition.

While there is much to be said about the effects of dividing trans communities along transgender/transsexual lines, with respect to the previously outlined medical discourses on trans identity, it seems there are at least two different points to be gleaned. First, because the debate itself revolves around the efficacy of the term “transsexual”—a term taken from the clinical lexicon on trans issues—the debate speaks to the power medical discourses have in shaping the way trans identities are understood. What is at issue in the way “transgender” and “transsexual” are being defined is trans people’s orientations towards medical discourses and the normative notions of sex/gender that those discourses attempt to place trans people within. The central question at hand becomes one of deciding who decides how to best characterize and construct trans identity—do we embrace the established clinical lexicon or do we work to throw it off? Second, the transgender/transsexual debate works to reiterate Suzanne Kessler’s important assertion in Lessons from the Intersexed: “In this, as in all important enterprises, words matter” (39). Here, Kessler is speaking specifically of the way that the language used to describe, define, and categorize the genitalia of intersex infants has very real consequences for the medical “interventions” doctors stage so as to fit the intersex body cleanly within the male/female dyad. Collapsing the distance Prosser posits between the linguistic imaginary and the material real, Kessler’s chapter on “Defining and Producing Genitals” instead argues that the ways in which bodies are understood and treated depends very much on the language through which they are cast. In other words, the language we use to make sense of bodies (including our own) is not a set of neutral, purely descriptive terms that speak to some kind of objective material truth.

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1 It’s worth noting that although Prosser and Califia are certainly no alone in their insistence on the difference between transsexual and transgender identities, many trans writers like Cromwell and C. Jacob Hale invoke (and identify with) the term “transgender” as a more inclusive categorization of trans identities meant to embrace a variety of both trans bodies and understandings of trans identities.
Rather, the terms by which we define and classify bodies often constitute productions and reproductions of established cultural norms and values.

Although Kessler ultimately suggests that trans interests may be contributing to the medical violence done against intersex bodies (an argument I will return to later in this section), the connection between the way that bodies are characterized in language and the ways in which we inhabit/interact with bodies is very much pertinent to understanding the significance of medical discourses on trans identities. The fact that the term “transsexual” emerged as a clinical term and continues to be the preferred term for trans individuals within medical discourses speaks to a cultural insistence on the male/female dyad as a fixed biological fact, as well as on the normative correlation between biological sex and gender performance. Likewise, the SOC’s use of “sex reassignment” to refer to physical transition implies that in order to occupy the opposite sex category, the passive trans body must be reconstructed through the use of medical technologies. Reaffirming the cultural primacy of genitalia and secondary sex characteristics (like breasts or facial hair) as definitive markers of sex and normative gender, medical terminology implies that only physical, medically-produced changes to the body can “reassign” an individual’s sex; the individual cannot reassign themselves. The classification of trans identity as a “disorder” further works to situate the trans individual within medical discourses as a disempowered subject. In her piece “On the Rhetorics of Mental Disability,” Catherine Prendergast speaks to the disenfranchisement of the perceived pathological person. Stating what she identifies as a seemingly “obvious point,” Prendergast contends that “[i]f people think you’re crazy, they don’t listen to you” (57). Prendergast argues that with the assignation of mental disorders comes the assumption that the subject is an illogical and unreliable speaker—the kind of speaker that is rarely positioned as an authority, even when they are speaking about themselves. Affirming Prendergrast’s argument, Califia argues that because trans individuals are only positioned in medical discourses as “patients undergoing sex reassignment [or] the troubled clients of psychotherapists” the language of medical discourses “gives the experts a privileged voice and disenfranchises differently-gendered people” (1).

Amplifying the implications of the language used in medical discourses is the fact that medico-scientific discourses are viewed culturally as particularly powerful producers of truth. In “The Discourse on Language,” Foucault discusses the relationship between language and dynamics of power as he describes what he terms the “will to truth.” According to Foucault, discourses function to produce their own truth by establishing their own rules to determine what kinds of things can be spoken, who can rightfully speak what, what can be spoken in which contexts, what constitutes evidence or reason to support a claim, and which methods and means of producing that evidence will be respected. In Foucault’s own words, “the production of discourse is at once controlled, selected, organized and redistributed according to a certain number of procedures” so as to maintain both the bounds of the discourse itself and the integrity of the truth it produces (233). Of course, Foucault’s discussion of truth necessarily resists a notion of truth as universal and instead contends that what is accepted as true within a given discourse is contingent upon the parameters, interests, participants, etc. that work to constitute and continually reproduce the discourse. To consider Foucault’s discussion of the will to truth in the context of medical discourses on trans identities is to again return to my earlier assertion that the language used within medical and therapeutic settings to characterize trans individuals is never purely, objectively descriptive but rather contingent upon the particular context of the discourse’s production. Thus, the particular truth that medical discourses posit concerning trans identities bears the mark of the value system supporting the discourse, and we can imagine that
discourses produced in different contexts by a different set of participants would likely produce a truth of trans identity that might differ substantially from that held up in medical discourse.

The will to truth is neither static nor is it necessarily invested with the same power of truth-making that medical discourses hold. As Foucault points out, the will to truth “relies on institutional support: it is both reinforced and accompanied by whole strata of practices and [...] thus reliant on institutional support and distribution, tends to exercise a sort of pressure, a power of constraint upon other forms of discourse” (233-4). What holds medico-scientific discourses up as a particularly powerful truth-maker is a whole network of institutional support, within and without the medical community itself. That is, the accepted methods and means for producing what is regarded as objective knowledge are often equally regarded within non-medical, non-scientific discourses as producing a kind of truth that holds, producing the kind of knowledge that you can rely on. Thus, when medical discourses claim some expertise on trans identities and put forth a defining lexicon to talk about those identities, those words (and, necessarily, the system of values encompassed in the way those words come together) stick.

Indeed, this clinical lexicon is often employed in the making of laws and legal decisions concerning whether or not trans individuals can legally change their sex (that is, whether or not they can have key documents like birth certificates, state-issued IDs and social security information changed to reflect their post-transitional gender identity). While laws concerning changes in sex vary from state to state—some states even refusing to allow changes in sex on birth certificates—many laws that do exist depend on combinations of a therapist’s “letter,” a letter from a surgeon verifying the completion of “sex reassignment” procedures, and/or a court order. While some laws depend on the word of the therapist alone as an indication of whether or not changes in legal status are appropriate, others base determination on the state of genitals and other secondary sex characteristics. These laws not only privilege the surgically-altered trans body as legitimately “re-sexed,” but also continue to naturalize the correlation between biological sex and gender. In addition to framing legal understandings of trans identity, medical discourses also underlie many discussions of trans identities in more popular contexts. Employing medical terms like transsexual, sex-reassignment, and GID, as well as privileging narratives of being “trapped” in one’s body, discussions of trans issues in popular media outlets reinforce the distance between normative gender categories and the deviant trans person. By focusing on the medical construction of the body, these popular discussions of trans identity position the trans person in public knowledge as a patient whose situation is best explained through expert medical knowledge.

Because the medical discourse on trans identity has so often served as the basis upon which trans identities are made legible in other contexts, this language has also frequently been employed by critics in order to challenge the efficacy of physical transition and cross-gendered identification. Among these critiques, trans writers often pinpoint works written from feminist perspectives as some of the most damaging perspectives on trans issues. Janice Raymond, author of the infamous Transsexual Empire, not only articulates an understanding of transmen as trying to escape their status as women, but also reads the medical construction of ftm bodies as the misogynistic “final solution” to the problem of women. As Raymond argues, “[f]emale-to-constructed-male transsexuals naturalize themselves as biological women and also their potentially deviant power” (qtd. in Hale, “Tracing a Ghostly Memory” 99). Catherine Millot, whose book Horsexe is a Lacanian treatise on transsexuality, affirms Raymond’s understanding of ftm trans identity as an anti-feminist project when she argues that “they want to be like everyone else, that is, men. Women are never like anyone, for they do not make the world.” It is
significant that for both authors, a reliance on medical terminology of trans identity leads to the conclusion that trans individuals are participating in—and even reinforcing—normative categories of gender, including the patriarchal aspects of those normative categories.

Although the work of both Raymond and Millot is at once rather dated (their books were written in 1979 and 1990, respectively) and embraces theories of essentialism and sexual difference that have long been contentious in American feminism, medical discourses have also been used to critique trans identities from what we might recognize as more mainstream, liberal feminist perspectives invested in the concept of social construction. As I mentioned earlier, Kessler’s work in Lessons from the Intersexed contains an implicit critique of trans identities. In the book, Kessler argues that medical violence done to intersex bodies (often with limited knowledge/consent on the part of patients and their parents) is due to an intense cultural investment in the body as a marker of gender. Kessler draws on discussions of surgical procedures undergone by trans people as part of physical transition and highlights them as movement in the wrong direction. Speaking generally about the surgical construction of normatively sexed bodies, she contends that “[w]hat underlies both adult and infant genital surgery is that the genitals are taken very seriously. What I have been moving toward in this analysis is the opposite proposition—that genitals be taken less seriously—because it is in that position that relief from gender might be found” (117). For Kessler, the greatest relief from the constraints of gender that we can hope for is the ultimate eradication of gender categories. This eradication, while certainly long off, is not an impossible project for Kessler who holds tightly to the belief that because gender categories are socially constructed, they can also be torn down. However, for Kessler, eradicating gender categories depends in large part on ending the obsession with genitalia as a marker of gender—an obsession she see the transitional trans person as actively participating in.

Not only do all three of these critiques rely on a clinical lexicon of trans identity as a reliable indication of what it means to be trans, but in doing so they actively reinscribe a strict patient/doctor hierarchy in which the doctor is positioned as the authoritative speaker on the pathological condition that keeps the trans person from being a reliable speaker themselves. Raymond, Millot, and Kessler implicitly assume, just like the clinical discourses on which they base their arguments, that trans persons are created by (in these arguments, oppressive) medical technologies; they cannot construct themselves. Responding to the collusion of disempowering medical discourses and damaging feminist critiques, Califia contends that “[t]o be differently-gendered is to live within a discourse where other people are always investigating you, describing you, speaking for you; and putting as much distance as possible between the expert speaker and the deviant and therefore deficient subject” (2). Cromwell seconds Califia’s concern about the silencing of trans voices, arguing that the failure of trans critiques advanced by those like Raymond, Millot, and Kessler is “in relying on ‘eminent’ authorities rather than consulting transpeople themselves, who [have long been] rejecting and bypassing the so-called medical empire as well as rejecting the sexist demands it makes” (85). As Califia and Cromwell point out, the privileging of medical discourses on trans identities ignores what trans people have said themselves resulting in a limited understanding of what it means to be trans. Cromwell’s argument contends that if critics would simply start to privilege trans voices as authorities on their own subjectivities and stop assuming the primacy of medical discourses, they would see that their critical arguments simply do not hold up as well.

Positioning the medical discourse on trans identity as a force that one is either with or against results in reductive readings of trans experience in which trans narratives are read for the
extent to which they either transgress or uphold normative gender categories. In other words, the trans subject is assumed to be either capitulating to the disempowering discourse of the medico-scientific community or continually working to throw off these discursive constraints. But as Foucault explains, “Discourse transmits and produces power; it reinforces it, but it also undermines and exposes it, renders it fragile and makes it possible to thwart it” (101). That is, at the same time that discourses can constrain and discipline, they also can also bring to light the networks of power in which we are always already intertwined. To focus merely on discursive constraint, then, is to forego exploring discursive possibility; it is to forego exploring the ways in which discourse is and can be utilized to shift dynamics of power, to shift the bounds of the discourse itself, to transgress constraint in the interest of expanding possibilities. Likewise, assuming the trans subjects can somehow remove themselves from the power of medical discourses is to misunderstand agency in the sense that Butler describes in *Undoing Gender*. Speaking of what she describes as “agency riven with paradox,” Butler argues that “[m]y agency does not consist in denying this condition of my constitution. If I have any agency, it is opened up by the fact that I am constituted by a social world I never chose” (3). According to Butler, the fact that we are inherently placed within networks of norms and power relations not of our choosing does not mean that we have no agency, that we are constituted by external forces against which we have no recourse. Rather, the very existence of these norms functions as the condition of the possibility of our acting in response to them. It is only because these norms are in place that we can assert any sense of agency and actively position ourselves in relation to them, whether that positioning is one of distance, resistance, belief, etc.

To assume, then, that trans subjects’ participation in medical discourses signifies wholehearted capitulation to the normalizing implications of those discourses is to strip trans subjects of their agency in relation to these discourses. It is to foreclose the possibility of recognizing the ways in which trans subjects might speak against or in response to powerful medical discourses at the same time that they engage with them. It is also to ignore the possibilities for recognition that existent norms present for trans subjects. And indeed, the importance of bringing non-normative gender identities into the realm of the socially legible is high. Articulating a complex understanding of trans identity is not merely a matter of saying to audiences, “this is who I really am,” but it is also very much a matter of asserting the humanness of one’s experience and to argue for the necessity of having social protections extended to include one’s life.

The removal of gender identity as a category of protection from the most recent version of the proposed Employee Non-Discrimination Act speaks to both the lack of trans rights protections and the exclusion of trans identities from the category of those deserving state support. Hate motivated violence perpetrated against trans persons continues to be a primary concern within trans communities and is compounded by the lack of media coverage of and even paltry police concern with regard to trans victims of hate crimes. The murder of Angie Zapata, an 18-year-old trans woman who was beaten to death in her apartment in the summer of 2008, stands out as a recent exception to the general quiet surrounds transphobic violence. Zapata’s murder case was tried as a hate crime under Colorado state hate crime legislation, and the conviction of Allen Andrade constituted “the first time in the nation that a state hate crime statute resulted in a conviction in a transgender person’s murder” (Spellman). At the same time that Andrade’s conviction in under state hate crime laws represents a step in the direction of increased protections for trans persons, continued progress towards these protections depends
heavily on making trans identities socially legible in such a way that respects the agency of trans subjects and speaks to the specificity of trans experience. Lateisha “Teish” Green, a trans woman from Syracuse, NY, was shot in November, 2008, and while her murder is being tried under New York state hate crimes like Zapata’s, the media coverage (or more appropriately, the lack of media coverage) surrounding both the murder and the trial speaks to the various ways in which trans identities are erased in the public conscious. A piece from Syracuse’s *The Post-Standard*, one of the few pieces written following Green’s murder, referred to Green throughout using male pronouns and her birth name, Moses Cannon. What’s more, the very title of the article—“Family says Moses Cannon was shot because he was gay, and his killing should be treated as a hate crime”—altogether erases Green’s trans identity by reading her death through the lens of homophobia. Despite acknowledging that Green was known as “Teish” and that her family referred to her using female pronouns, the article’s author Robert Baker never mentions Green’s trans identity or pays heed to her preferred terms of identification. Instead Baker writes that “Cannon’s family accepted his sexual orientation. Pictures of him in women’s clothing were on display in the family’s living room.” In Baker’s account, trans identity, cross-dressing, and trans identity are all collapsed into one mess of confusing referents and undefined categories that mystify the reader. Baker has been handed a language with which to speak about Green—he clearly knows her name and knows how she was referred to by friends and family—but he chooses instead to continue Green’s erasure as a trans subject, opting instead to position her within the frame of the unreadable sexual/gender deviant. The implications of these kinds of discussions of trans identity are much greater than simply using the wrong pronouns or the wrong name; these discussions have a direct impact on whether trans subjects are recognized as human and worthy of social protection. We cannot agree that a life should be protected if we have no way of naming and understanding that life, and Baker’s article works to undermine any potential means of understanding we are given. The erasure of trans subjects in life and in language continues the silencing of trans voices and reaffirms the primacy of normalizing medical discourses as experts on trans identities. As Robyn Wiegman argues in “The Desire for Gender,” “[T]he deployment of gender is never different from the political desires invested in it” (228). If we are truly invested in making trans identities socially legible and concomitantly increasing protections for trans people, then we must privilege trans-authored narratives as authoritative accounts of trans identity. As a part of this goal, the purpose of this particular project is to pay heed to more recent trans narratives. In reading these narratives, I am most interested in reading for the way the various demands of competing discourses are negotiated through narrative. Ultimately, I argue that in their negotiation of the demands made by competing discourses, the also often work to reach beyond the language provided by existing discourse in an attempt to bring unto language those unnamed or unspeakable aspects of transgender identity. In both their variety and their attempts to bring the unspeakable into language, I argue that these narratives work to shift our understanding of trans identity. What results is not merely a counter-narrative—a medical understanding of trans identity is not, for instance, merely displaced in favor of another definitive characterization. Rather these narratives work on the very borders of the category of trans, expanding its bounds to account for diversity in experience, in sexuality, in intersecting identities, and in embodiment. What follows in the next section is a discussion of some of the ways in which these shifts have begun to take place and a consideration of the wider implications of trans-authored narratives of identity. **Speaking from the Borderlands of Gender**
Although trans individuals are expected to give a particular account of their identities within the context of medical discourses, it certainly does not mean that this archetypal narrative is one that trans individuals repeat in other contexts of their lives. Nor does it mean that the clinical lexicon of trans identity—a lexicon that often serves as the basis of non-medical discussions of trans identity—is one that is wholeheartedly embraced by all trans individuals as language that adequately characterizes trans experience. Many of the trans narratives I have read throughout my research for this project indicate that much like the “true transsexuals” who tweaked their personal histories to fit within the diagnostic criteria of the day, many trans individuals continue to embrace a kind of strategic narrativizing of their identities. To say that deploying the clinical lexicon of trans identity in order to obtain the means of physical transition is to entirely submit to the implications of that language is to assume that the therapist’s office is the only context in which trans individuals speak about their identities. Indeed, it seems that trans narratives articulated outside of a clinical context are active attempts at resisting the reductive implications of conventional conceptions of trans life that hinge precisely on highlighting the multidirectional pull exerted on trans bodies by the network of competing discourses that surrounds them.

The narrative provided by TJ, another transman followed as part of the Transgeneration series, is an excellent example of the ways in which competing discourses affect both an individual’s understanding of their trans identity and their ability to articulate that identity. An Armenian student finishing up graduate work in the United States, TJ struggles throughout the series to negotiate his trans identity with his cultural identity. In many ways, TJ is located in a liminal space between categories. He is trans-identified, but has not yet taken steps to physically transition, largely because he knows he must return to his home country of Cyprus to work for two years once he completes his education and he is not confident that he can live as a transman when he returns home. According to TJ, the Armenian community is small and close-knit precisely because Armenians themselves occupy a precarious position as a stateless minority. TJ himself explains, “As Armenians, all we have is our community” (Episode 8). He cannot slip under the radar and live his life as a man in Cyprus without the Armenian community knowing—he himself has long been a point of pride for the Armenian community in Cyprus for his success in education and is thus well-known. Because the community is a conservative one, TJ feels certain that he would not be accepted within the Armenian community were he to transition. But the prospect of being rejected by his community is not a point of anxiety for TJ alone; his mother also fears what might happen were TJ to return to Cyprus as a man because she believes it will affect the entire family’s standing within the community.

In the final episode of Transgeneration, TJ returns home to Cyprus for a week-long visit—a trip that makes TJ’s concerns all the more clear for the viewer. Throughout his time in Cyprus, TJ chooses to go by his birth name so as not to upset his mother and to try to get a better sense of how his friends and neighbors respond to the masculine presentation he has taken on since his time in the United States. TJ’s discussions with family, friends and former teachers make evident both how much being part of the Armenian community means to TJ and how much TJ means to the community. While the viewer might expect that using his birth name, being identified as a woman, and having to keep silent about his trans identity might lead to articulations of containment—of living a kind of lie, of being constrained by his cultural values, of having to sacrifice his own desires for his mother’s—what TJ expresses in response to his trip is a feeling of unsettled conflict. As he makes his way back to America to finish up an internship that will complete his degree TJ says, “I thought that going home would clear things up for me,
but now I’m feeling more confused than ever” (Episode 8). TJ’s intersecting identities as an Armenian transman make it impossible to choose one identity over the other when the two come into conflict—he can no more abandon his felt identity as a man than he can throw off his cultural identity as an Armenian.

Although the mini-series ends before TJ decides to negotiate his two-year return to Cyprus, in an interview with the Gay & Lesbian Times TJ explains his decision to hold off on transitioning: “I did go back and forth about whether I wanted to transition before going home, and I’ve finally decided that it’s not going to be in my best interests to do that. So I am going to wait until I am able to come back to [the U.S.] and transition in a more stable way” (qtd. in O’Brien). For TJ, it seems that being able to “transition in a more stable way” could mean waiting to transition until geographical distance can lesson some of his anxiety about his place in his community or waiting until he feels more emotionally and mentally settled about the dissonance between his intersecting identities. Either way, TJ’s situation appears to bear many of the signs of ambiguity that the SOC warns of as an indication against candidacy for physical transition. Conventional, medically-derived understandings of trans identity figure that identity as a state of crisis—a pathology that takes precedence over all other identities, making physical transition a necessary and urgent pursuit. But TJ’s struggle to negotiate his intersecting identities shows the way in which the complexity of trans lives and the competing discourses surrounding trans identity can often mean being caught up in an impossible negotiation. Throughout his struggle to negotiate his intersecting identities, TJ’s conviction in his felt identity as a transman never falters. TJ decides to return to Cyprus for two years using his birth name and being identified as a woman because he feels it is “in his best interests to do so”—that is, because it is the means of navigating the impossible tension between his trans and Armenian identities he sees best suited to the given context (qtd. in O’Brien). TJ’s trans identity does not depend, then, on having undergone physical transition or on entirely rejecting his past identity as a woman. His trans identity does not follow out a linear narrative that upholds normative gender categories, but is rather characterized by a continual negotiation of competing discourses.

If the tension between TJ’s intersecting identities strikes the viewer as a struggle that may never be easily settled, it is precisely because it is a dilemma that cannot be solved by TJ attempting to place himself in one category or the other. Trying to do so would mean denying an important part of TJ’s subjectivity. The experience that TJ articulates is one that C. Jacob Hale identifies as an experience of living in border zones. Identifying himself as a trans border zone dweller, Hale writes: “Those of us who live in border zones constituted by the overlapping margins of categories […] do so because our embodiments and our subjectivities are abjected from social ontology: we cannot fit ourselves into extant categories without denying, eliding, erasing, or otherwise abjecting personally significant aspects of ourselves’” (“Consuming the Living” 336). For Hale, we are positioned as subjects within overlapping categories of identity, the bounds of which have become defined and fortified through a whole system of cultural practice. The non-normative subject is defined by their very inability to fit cleanly within any of these categories—they are defined by the fact that they are not clearly man or woman, not clearly gay or straight, not clearly black or white, etc. Because the categories that constitute identity are multiple, trans individuals are certainly not the only border zone dwellers, nor is trans experience of the borderlands singular. The importance of various intersecting identities having to do with race, nationality, religion, ability, sexuality, etc., as well as significant differences in sociopolitical context like class and geographic, mean that the positions trans individuals occupy in the borderlands are various and often shifting. Indeed, the language of the borderland may not
even be appropriate for all trans identities given that some trans people identify themselves firmly with normative, existing categories of identity. But even though a single narrative articulating a trans borderland narrative can never speak for the whole of trans experience, I want to argue that these narratives are significant precisely because they work to collapse the distance between normative and non-normative gender identities that so many medically-derived narratives of trans identity reproduce.

According to Gloria Anzaldúa, “The borderland is a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition” (25). Because existing categories are cultural and discursive productions contingent upon their continued reiteration, the borders of these categories are neither fixed nor natural. Consequently, the individuals inhabiting the borderlands of these categories likewise occupy a position that is neither fixed nor stable. Not only can borderlands themselves shift as boundaries shift, but in order to move through the world as a socially legible subject can mean moving among categories, positioning oneself within and without various boundaries depending on the context. We can see this kind of movement in TJ’s narrative—the way in which he identifies himself as he moves between his life as a student in America and his home within the Armenian community in Cyprus depends very much on his perception of what is possible in each context with regards to the way he orients himself towards normative gender categories. But what is perhaps most significant is that no single shift is ever final; if he allows himself to be identified by his birth name in Cyprus, it does not mean that he has given up his trans identity just as embracing his trans identity in the US does not mean that he has completely distanced himself from his Armenian identity.

Despite being in “a constant state of transition,” living within these border zones does not mean that subjectivity is fractured or impossible. In Borderlands/La Frontera, Anzaldúa advocates embracing the multiplicity inherent in borderland identities as a point of power rather than capitulating with the compartmentalization of identities that rigid boundaries of identification seem to encourage. Referring to what she terms “mestiza consciousness,” or the awareness of being a borderland dweller defined by one’s multiplicity, Anzaldúa argues that “[t]he work of the mestiza consciousness is to break down the subject-object duality that keeps her a prisoner and to show in the flesh and through the images in her work how duality is transcended” (102). We might add to this work of breaking down dualities the project of narrative—of articulating experience and identity in such a way that not only highlights the limits of existing categories but that also works to bring into language the experience of living at the bounds of these categories. Breaking down the duality of being either within or without given categories, these narratives enact José Esteban Muñoz’ concept of disidentification, defined by Muñoz as “a survival strategy that works within and outside the dominant public sphere simultaneously” (5). In other words, a disidentificatory articulation of a borderland identity is one that at once works to engage, resist, redefine, and shift the bounds of established discourses. These narratives embrace the neither in nor out position of the borderland subject to push on the bounds of what is intelligible, working to shift understandings of categories so that they become more expansive and inclusive.

It is precisely because borderlands identities threaten to shift the bounds of categories that they are identified as dangerous. Borders are fortified by policing borderland dwellers—a policing that results in the silencing, the radical other-ing, the metaphoric and physical erasure of trans subjects that happens again and again in our culture. As Hale argues, “Border zones become battle zones whose occupants are removed from their domain by capture or who are
traded into opposing camps. […] Border zones need not be battle zones: border zones need to be recognized and demilitarized” (“Consuming the Living” 340). That is, the border zones only become the equivalent of war-time no man’s land when we choose to militaristically police the bounds of normative gender categories. And given the kinds of hate-motivated violence that has been perpetrated against trans bodies, Hale’s war metaphor is apropos. To end this militarization of borders, to make life liveable for trans subjects in the most literal and metaphorical sense does not hinge on creating yet another tightly-bounded category that tries to speak to a singular truth of trans identity. Rather, it hinges on being able to bring borderland identities, embodiments, and experiences into language and to make them socially legible as legitimate human experiences.

By highlighting the sheer diversity of trans experience and embodiment, the narratives I have read for the purposes of this project indicate an increasing focus on articulating an experience of borderland identities. Indeed, in contrast to reductive notions of trans identity that work to fortify existing boundaries, these narratives work to negotiate the demands of multiple competing discourses so as to carve out a space that pays heed to all aspects of their felt identities. Simultaneously engaging with and moving discussions beyond medically-derived conceptions of trans identity, these narratives both resist the constraining norms of existing discourses and try to enrich understandings of trans identity by bringing into language those experiences that been elided by many discourses. Thus, these narrative constitute the author’s assertion of authorial agency in the construction of their own identities as the speak back to felt constraints, engaging with surrounding discourses when appropriate, resisting and rewriting aspects of discourse when necessary. Because they work to make borderland identities socially legible, I argue that what we can read in many trans narratives is transformation—both a transformation of the ways in which we understand trans identities and in the way we understand the very categories we employ to organize our lives.

While trans scholars like Prosser and Califia have done a good deal of work reading published trans autobiographies, little critical attention has been paid to the narratives of trans experience that have emerged in less formal mediums. The continuing proliferation of internet technologies has made it easier for trans people to give voice to their experiences and form networked online communities, and so I turn in the second chapter to an extended analysis of some of the trans narratives that have been published over the past few years on personal websites, blogs, and social networking sites. In an extended discourse analysis, I consider the possibilities presented by the mediums themselves in terms of structure, access, customizability, networking and mediation. But I focus primarily on the ways that these online texts represent the author as agent in an effort to resist codifying definitions and to push towards establishing a new, diverse lexicon for trans experience. In the third chapter, I narrow my focus to an extended analysis of Thomas Beatie’s recent media attention. Known in the media since his 2008 *Oprah Winfrey Show* interview as “the pregnant man,” Beatie’s engagement with popular media constitutes a highly charged attempt to make non-normative gender identities (in his case, his identity as a pregnant transman) socially legible through rather traditional mediums. Because Beatie’s discussion of his post-transition pregnancy necessarily diverges from the linear, normalizing conceptions of trans identity often discussed in popular media, his narrative creates a highly fraught speaker/audience relationship as it calls into question normative assumptions about gender, maternity, family, and the sexed body. While Beatie’s story is not unproblematic, I want to highlight the ways in which a narrativization of the trans body, particularly in its difference, works to transform normative categories of gender and our expectations of trans speakers.
In selecting transgender narratives to analyze for this project, I have chosen to focus exclusively on narratives from ftm-identified trans authors. I believe that competing normalizing discourses concerning gender often affect ftm and mtf trans persons in significantly different ways, the exploration of which exceeds the means and reach of this particular project. Additionally, my decision to limit the scope of this project to the narratives of transmen is motivated by my proximity to ftm experiences. Indeed, my work here is very much born out of my experience as the partner of a pre-transitional transman. The struggle to make trans identities socially legible, the necessity of this legibility, and the power of homogenizing conceptions of trans identity are all significant factors in the life I share with my partner. This project is not meant to be an act of speaking for trans communities—indeed, it depends very much on the assertion that trans subjects speak for themselves in powerful and important ways; the issue is whether non-trans audiences are listening and/or what they expect to hear.
Chapter Two
Articulating the “Grey Space” of Gender in Online Trans Narratives

Composing Trans Identities through Autobiography
In Second Skins, Jay Prosser refutes the notion that trans individuals are created by recourse to medical technologies when he argues that “transsexuality is always narrative work, a transformation of the body that requires a remolding of the life into a particular narrative shape” (4). As discussed in the previous chapter, Prosser maintains that the narrativizing of trans identity is a crucial first step towards obtaining the means of physical transition. But he also argues that the importance of narrative for trans people extends beyond the therapist’s office, working to construct a trans identity and make sense of trans experience through the whole of an individual’s life. Although surgical procedures and hormone therapy can result in a number of physical changes to bring the trans body in alignment with the individual’s felt identity, Prosser contends that it is only through narrative that the trans subject is able to make sense of their experience, to bridge the difference between pre- and post- transition life in such a way brings about a sense of a cohesive subjectivity. In Prosser’s own words, “[W]riting allows the transsexual to make connections, to trace ‘how I got here’” (117). The stance of the trans autobiographer, then, is necessarily one of looking back—the goal of trans autobiographies, according to Prosser, is to create a history of trans experience that helps the reader to understand the psychical necessity of transitioning.

Prosser even identifies common narrative tropes in trans autobiographies that delineate the stages of this history: “suffering and confusion; the epiphany of self-discovery; corporeal and social transformation/conversion; and finally the arrival ‘home’—the reassignment” (101). The shared narrative structure Prosser identifies among trans autobiographies certainly mirrors the linear narrative privileged by the medical discourses discussed in the previous chapter, a fact that may indicate an allegiance on the part of the autobiographers with the normative values of the medical community. However, the linearity of the trans autobiography is also very much a function of the genre itself. Prosser argues that autobiography as a genre hinges on the reframing of one’s life as a journey or transition from one point to another, a reframing that necessitates excluding details and events extraneous to the transitional trajectory of the narrative. Expanding on this reframing of one’s life to fit within the genre conventions of autobiography, Prosser contends that “narrative composes the self. Conforming the life into narrative coheres both ‘lives’ on either side of transition into an identity plot” (120, emphasis in the original). The retroactive “conforming” and “composing” of one’s life into a plot of transitional identity means excluding the excess details that don’t fit well into this plot. Following out Prosser’s argument that trans identity is always narrative work, it seems that writing oneself into the category of the preferred sex/gender means leaving out the details that might detract from the journey to a new gendered home.

To read trans autobiographies as creating a sense of cohesive identity for the subject, then, means reading trans experience and identity as congealing into a predictable plot with a definitive beginning, middle, and end. The genre of the autobiography supports (and perhaps even encourages) this congealing in its demand for a well-composed plot of personal journey/transition. I do not believe that the composing of autobiographical narratives leads to an account of identity that is somehow inauthentic or less legitimate because of the details that must be excluded, and I agree with Prosser that trans autobiographies constitute an important body of work precisely because they offer a space for trans voice to speak back against a culture invested
in their silencing. Still, looking to these texts alone for trans-authored articulations of identity necessarily limits the understandings of trans identity one might find. The narrative demands autobiographers must meet, as well as the demands made by publishers, result in narratives that not only uphold a linear transitional narrative but also often appeal to normative categories of gender. Indeed, the narrative limits presented by the genre of the autobiography raise the question: what effect might different narrative forms, different mediums, and different kinds of composing have on articulations of trans identities?

This chapter is meant to be an exploration of this question and forgoes traditional print texts to look instead at the digital narratives trans individuals have self-published in personal websites, blogs and social networking profiles. While these narratives are certainly composed in the sense that they must cohere into an account that readers can make sense of, the fact that these texts can be published as soon as they are written and updated continuously often results in a collection of narratives rather than a single, codified account. As I will show in the rest of this chapter, what results is a text that is non-linear and multiple, allowing for an articulation of identity that opens up increased possibilities in terms of speaking from the borderlands of gender. Combining critical perspectives on the potential of hyperlinked web texts with a close reading of the digital narratives of transmen, I argue that the decreased level of cultural policing (relatively speaking) and the establishment of a networked community characteristic of online environments allows for a resistance to a conventional linear narrative. Rather, the various ways in which transmen write about their identities and their experiences reflect a more open and community-supported negotiation of the embodied borderlands of gender.

**Disrupting Linear Narratives: The Queer Potential of Hypertexts**

As I argued in the previous chapter, the problematic implications of linear, medically-derived conceptions of trans identity are several. Looking to the medical establishment as that which constructs the trans subject not only strips trans individuals of their agency in constructing their own sense of identity, but because the medical establishment defines the trans subject according to the means of physical transition it prescribes and provides, this medical construction works to reify rigid cultural associations between biological sex and gender. The conception of trans identity as a linear, transitional phase from one sex to the other is closely linked to this rigid association between sex and gender. To see trans identity as a transitory quality that falls away post-transition is to view the trans individual as temporarily suspended between stable gender categories, and as necessarily moving from one category to another. This movement, then, according to the medical establishment’s approach, becomes the only significant feature of the lives of trans subjects, and not the pre- or post-transition position they occupy.

Judith Halberstam takes up the problematic of linear narrative in *Female Masculinity*, focusing particularly on the way that such narratives are often translated into “metaphors of travel and border crossings” (165). While Halberstam acknowledges that that association of trans identity with movement is, to some extent, inevitable, Halberstam looks critically at the limitations imposed by such associations, as well as the “burden of national and colonial discursive histories” that border crossing metaphors carry (165). These metaphors again configure the gendered “homelands” of man and woman as stable, separate, and opposed. As Hale similarly demonstrates, border crossing metaphors also bring to mind alarming, albeit appropriate, association with border policing and border defending. That is, in the national and colonial discourses that Halberstam’s work reminds us of, the nation border is often seen as the boundary between insiders and culturally threatening outsiders and is thus something to be defended in order to protect against the possible infiltration of the other.
Representing trans narratives as linear journeys towards becoming “real” men or women does little to challenge the cultural maintenance of a dimorphic sex/gender system and misrepresents the complexity of trans experience. While certain members of the population might successfully “travel” from one gendered homeland to another, the border of these homelands do not become more fluid or less defined given these periodic crossing. A linear, medically-derived narrative also seems to encourage trans individuals to go underground (or “stealth,” as it is known in trans communities) with their identity, living in such a way as to conceal their biological sex from as many people around them as possible. Although a border-defending culture seems to demand that trans individuals aim for a stealth, normalized lifestyle, this same behavior is often at the root of queer and feminist criticisms that view the stealth trans individual as actively reinscribing heterosexist, patriarchal values. Thus, the disruption of this linear, border crossing narrative carries significant implications both for the agency of the trans subject in constructing an individual identity and for the furthering of a culturally subversive, queer feminist project that seeks to establish more malleable categories of identity.

Interestingly, discussions of the disruption of linear narratives mark the area in which the fields of trans studies and digital writing studies most obviously overlap. Because it is organized into a set of associated links, hypertext has been characterized by digital writing scholars like Stuart Moulthrop, George Landow, and Jay David Bolter as often resistant to linear readings. Although Bolter points out in *Writing Space* that some hypertexts may be designed to reproduce and encourage the kind of linear readings that occurs with traditional printed texts, he also argue that many hypertexts hold mulilinear potential. According to Bolter, “The connections of a hypertext constitute paths of meaning for that author and the reader. Each topic may participate in several paths, and its significance will depend on which paths the reader has traveled in order to arrive at that topic” (35). By offering a multiplicity of meanings through a multiplicity of possible paths, the hypertext actively challenges what might be seen as the prescribed meaning of the traditionally linear text.

Landow demonstrates a slightly different view of hypertext in his reading of Shelley Jackson’s 1995 hypertext fiction *Patchwork Girl*. In his discussion of this hypertext, Landow highlights the “patchwork” process readers must go through while navigating the various linked texts and visuals. Jackson’s text builds on a Frankenstein image, forefronting a navigational page in which the reader accesses different parts of the text by clicking on different parts of a woman’s body that has been literally stitched together. Past the navigational page, the individual pieces of text and images contain more links that lead the reader through a winding and sometimes circuitous path through the text. The reader confronts bits of text and images that represent a multiplicity of memories, events, reflections, and identities in an unpredictable manner and the sequence of texts the reader confronts is contingent upon which links the reader chooses to follow. The text is thus not meant to be read in any particular order, nor does one “progress” through the body of the text; indeed, there is no definitive beginning or end to the text, and readers often unwittingly navigate back to pages they have already read. What the text presents, then, is a collection of seemingly disparate, multiple, and even excessive texts that have no inherent order, no underlying logic that ties the pieces together. Despite the absence of a step-by-step pattern the reader can follow to piece together the patchwork identity of the hypertext’s protagonist, the reader still works to piece together the text as they read it, arguably resulting in an interpretation of the text that is highly specific to the particular circumstances of its reading.

Ultimately, for Landow, it is only through the act of assembling the “pieces” of the hypertext (the individual texts and visuals) that the purpose of the hypertext becomes apparent
and “one realized that Jackson is showing us the way we always thus stitch together narrative, notions of gender, and the identities of ourselves and others” (231). In other words, having to sew together the multiple, separate, sometimes repeating pieces of the Patchwork Girl’s identity without the guidance of instruction is meant to highlight for the reader the fact that the ways we organize and articulate our identities is always shifting and contingent. While Landow’s reading pertains to a particular hypertext in which the format of the text works to reinforce its intended meaning, the idea of meaning resulting from a non-linear assemblage of information can be applied to many hypertexts. Indeed, the linking together of various texts, sounds, and images in hypertext greatly expands narrative potential from the traditional print texts that have not typically been able to support the combination of such diverse modes. Linear narratives are certainly not a necessary feature of traditional print texts, but one could argue that there is a strong habitual association between the two. And if resisting the clean trajectory of the linear narrative is difficult to accomplish within traditional print texts (as Prosser’s work on trans autobiographies seems to indicate), then the non-linear linking of various elements and the multilinear possibilities for progressing through these linked networks characteristic of hypertexts present ripe potential for a more effective disruption of linear narratives.

The non-linear quality of hypertext leads Jacqueline Rhodes to argue in “Homo Origo: The Queertext Manifesto” that the hyperlink, and by extension the hyperlinked text, is always already queer because of its “imminent possibility” and its subversion of what Rhodes terms “The Word,” or the hegemonic use of language (338). Expanding on the idea of the hypertext as resisting “The Word,” a 2004 Computers and Composition Online article from Brian Houle, Alex Kimball, and Heidi McKee explores the queer potential of hypertext. The article (itself a hypertext) revolves around a hypertext Kimball created as a student called “Robin Hood: A Personal Mythography,” which works to employ the non-linear, patchwork potential of the hypertext to articulate his identity as a transman. In this hypertext, Kimball combines stories, poems, personal narrative, images and sounds linked together in a non-linear fashion, ultimately creating an account of his identity and experience that presents that past (of having been socialized as a girl) alongside the present (of identifying as a man). Most importantly, this juxtaposition of past and present has been done in a way that resists denigrating one and celebrating the other in a manner that a more traditional border crossing narrative might. Kimball’s use of Robin Hood as a figure contributes to the connecting of past and present. Kimball explains that he identified with Robin Hood as a child—the articulation of early cross-gendered articulation that is an expected trope in clinical narratives on trans identity—but his continued identification with Robin Hood as an adult trans man takes on a different character. No longer just about identifying with a traditionally masculine figure, Kimball’s continued identification with Robin Hood as an adult hinges on Robin Hood’s rogue character and his refusal to adhere to what he saw as oppressive social conventions and power dynamics. Kimball similarly resists conventional categorizations of identity and the expectation that he will write himself into a normative understanding of masculine gender identity. Asking the reader to decide whether he is a boy, a girl, or something else entirely, Kimball refuses to compose his identity according to both the demands of normative gender categories and the demands of traditionally linear narratives, offering the reader instead pieces of his identity that might be assembled and understood in a myriad of ways.

Much like Jackson’s The Patchwork Girl, Kimball’s multimodal hypertext represents a formalized project. The combination of various texts, images, and sounds is done deliberately and is meant to present a specific argument to the reader. But the queer potential of hypertext
does not reside solely in formal texts. Indeed, I think that some of the richest, most varied, and most complicated arguments about identity are being composed by trans individuals in less formal, self-published web texts. Although the combination of text and pictures that is a common feature of many personal websites, blogs, and social networking profiles may not be done with the explicit intention of presenting an argument, the piece together of these elements still communicates a kind of meaning to the reader that might otherwise be lost with the use of a singular medium. What’s more, the fact that web texts can be continually updated and revised means that readers and writers alike can account for shifts in understandings of identity as they happen, and the publishing of bits of texts over periods of time means that online narratives are able to include many of the details from everyday life that often get cut out in the composing of more formal linear narratives.

With more readily available web-design software and user-friendly technologies for launching blogs and social networking profiles, a much larger population of people are able to create more informal hypertexts. According to Nina Wakefield’s work in “Cyberqueer,” LGBTQ communities have been taking advantage of the opportunity to self-publish in online spaces since the early days of the internet, linking individual web pages to one another and creating a community network of LGBTQ online spaces. The work of many queer digital writing scholars suggests that the creation and maintenance of this online, networked community continues to be of considerable import for LGBTQ individuals. The effects of increasingly available internet technologies and networked online communities with regard to the articulation of trans identities are several. Not only do internet technologies allow a much greater diversity of trans individuals to give voice to their particular experiences, but online communities work to link these diverse narratives together in a way that resists the construction of a singular, archetypal trans narrative. Online communities also allow geographically distant individuals to speak directly to each other, allowing an ongoing negotiation of trans issues and terminology to occur despite the level of isolation trans individuals often feel.

Of course, available web technology allows for more than increased self-publishing possibilities and the creation of online, networked communities. As Pascu et al point out in their work on Web 2.0 technologies (examples of these technologies include social networking sites as well as websites like YouTube and Wikipedia), the dependence of these technologies on user-supplied content meant that, to some extent, users play an active role in the shaping of online spaces. The effect of this shaping is the remediation and remixing of a formerly unified culture. The old cultural hierarchy is displaced by what Bolter identifies as a rhizomatic “network of interest groups” wherein there can be, for example, “no single favored literature or music” (205). In terms of the potential hyperlinked web texts hold for trans narratives, this displacement of the cultural hierarchy means that the power of the dominant culture that has often encouraged, or even imposed, a linear border crossing narrative may be diminished, allowing for more open and nuanced negotiations of transgender identity, as well as the creation of an alternative discourse community through online networking that supports these new negotiations.

To argue that the queer, subversive potential of the hyperlinked web text is sufficient for assuming that such queer subversion is actually realized within online digital trans narratives is to continue the silencing of trans voices. Additionally, such an approach would necessarily fail to tell us anything about the way trans individuals are actually using online spaces to articulate their identities. Thus, I turn in the next section to a detailed discussion of ten different digital narratives of trans identity, a discussion that explores the ways trans writers do or do not make
use of the non-linear potential of the hypertext and the way the use of digital mediums effects the articulation of trans identities.

**Reading Identity and the Body in Digital Trans Narratives**

*Terms of Identification*

As I noted in the previous chapter, terms of identification are a complicated and often contentious issue within trans communities. While I, like many writers, have chosen to employ a single set of terms to refer to trans identities, issues of identity are often negotiated within web texts in ways far more nuanced and complex than a single term can encompass. While several writers identified themselves only as FTM, other like Tristan, Hayden, Angel and Spencer M. also described themselves as transmen or transguys.\(^2\) The use of these terms is interesting in light of a linear conception of trans experience that is tied to a phase-like transition through which the individual passes, ultimately shedding difference upon crossing over the borders of the other gender. The invocation of a term like transman or transguy, however, ties the experience of transition with the post-transition experience of one’s preferred gender. In other words, the terms transmen and transguys implies that the post-transition experience as a man cannot be separated from the overarching experience of being trans. The process of transitioning is not merely a means to a newly gendered end, but rather a significant experience of embodiment that continues to affect the individual’s sense of self even after the radical bodily changes of transition are complete.

Other writers left the term FTM out of their narratives altogether, choosing instead to play on this term or create new terms altogether to describe themselves. On the homepage of his personal website, Cj identifies himself as a “genderqueer trannie boi,” an identification that not only reclaims a traditionally derogatory term for transvestites and transsexuals, but also borrows from two terms used frequently within LGBTQ communities to signify more androgynously gendered persons. The term *genderqueer* has been embraced by those who have deliberately chosen to resist binary gender categories, refusing to identify as either man or woman, while the term *boi* is frequently employed to refer to young masculine females. Cj’s description of himself simultaneously rejects the cultural associations that imposed an identity of girl/woman upon him as a child and that would also seek to impose identification of him now as a man.

Comedian Ian Harvie’s MySpace profile displays a similar resistance. Self-described as butch, queer, and FTX, Harvie clarifies his identity: “I identify as Female to X instead of Female to Male. The X represents something more masculine. [...] My gender is not male, but masculine.” Harvie’s description of his identity, much like that of Cj, actively resists the culturally habituated association between sex and gender. In doing so, Harvie and Cj both place themselves between the borders of man and woman. Josh perhaps more clearly articulates this in-between position on his personal website: “I don’t identify as a man, but I know I’m not a woman either, so I sit somewhere in the middle of those two and say I’m a boy.”

These trans writers, articulating their identities in digital online spaces, embrace trans as a persistent, rather than transitory, category of identity and resist the cultural association between sex and gender; they also do not represent purely abstract negotiations of gender. For “passing,” post-transition, and androgynously-presenting transmen alike, the negotiation of what Josh refers to as “the grey space of gender” between categories of man and woman involves an embodied experience of this gender borderland. For some transmen who are in the process of transitioning

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\(^2\) Within the text of this chapter, as well as in my works cited list, I refer to all web authors by the names they use to identify themselves within their respective texts. Thus, I will refer to many of the writers using only their first names (since these were the only names the authors used to identify themselves), and some writers may even be identified by the pseudonyms they’ve chosen to employ.
or who have already transitioned, the prospect of no longer being publicly identified as queer or ambiguously gendered raises some concerns. In an extended description of his experience of coming to terms with being trans, Josh writes about the prospect of physically transitioning: “I kind of feel that [transitioning] is just jumping to the other gender sometimes. […] I worry about losing my trans identity. […] what happens when I pass so well that I’m no longer trans to the world, I’m just a guy?” the anonymous author of *TrannyPop*, the personal website of a trans stay-at-home dad, expresses a post-transition struggle that echoes Josh’s concerns as he writes, “I got real used to being queer, and haven’t learned to deal with being thought of as normal.”

Trans narratives like those described above that display resistance to normative, binary gender categories and involve a deliberate choice to occupy the borderlands of gender, and those that express anxiety about no longer being publically recognized as queer raise an interesting question about the decision to undergo physical transition: if one’s goal is to remain continually between man and woman and to maintain a queer identity, then why transition at all? In one blog entry posted on his MySpace page, Ian Harvie provides his own answer to this question by explaining his decision to maintain an ambiguous gender presentation. For Harvie, the decision to stop testosterone injections and to have a breast reduction rather than a double mastectomy was wholly influenced by his desire to “always look queer.” However, other narratives make clear that in a culture that actively polices and defends gender borders, continually occupying the space between man and woman is not easy. While Harvie’s decision to maintain a queer, androgynous gender presentation is accompanied by a feeling of not seeing “anything feminine about [his] body at all,” writers like Josh describe a sense of “not fitting in anywhere, […] even in [his] own skin.” Although the prospect of transitioning raises concerns for Josh regarding the potential loss of his openly trans identity, it also presents the possibility of feeling more comfortable with his body. As Josh explains, he wants to begin testosterone injections “not to be male,” but rather to “feel at home” in his body (emphasis in the original).

This idea of beginning to feel at home in one’s body is a theme that surfaces in many of the blogs and websites that specifically detailed the physical changes of the body during transition. In a blog that chronicles the bodily changes that result from beginning testosterone injections, Nick talks at length in multiple entries about the gradually increasing hair on his legs and face. While noticing darker and coarser hair might seem like a rather mundane physical change, the prospect of “producing stubble a bloke can be proud of” is clearly important to Nick. Riley and Chris include similarly detailed accounts of their hormone treatments which focus not only on changes like increased body hair, but also the deepening of the voice, changes in facial structure, increased muscle mass, changes in libido, and changes in genitalia. In all three narratives, what is celebrated is not simply the changes themselves, but rather the increased recognition from other of the writers’ respective masculine or male gender identities. In other words, the physical changes gradually brought about by transition are celebrated precisely because they make it increasingly difficult for others to interpret the trans person according to biological sex, meaning that the trans individual’s felt identity is more easily recognized and respected. In the case of Chris, for example, receiving comments about his deepening voice fourteen weeks after beginning testosterone injections represented much-appreciated external validation of his masculinity. What might seem like mere facial hair for barely perceptive changes in voice for the reader represent for the writer both a bodily realization and social validation of a deeply felt masculine gender identity.

The tension that emerges in reading these narratives between a desire to resist normative gender categories and a desire to be recognized as a man is significant. Read together, these
narratives highlight what Butler identifies in *Undoing Gender* as the simultaneously constraining and enabling functions of social norms. At the same time that appealing to and being read within existing categories of identity allows for the trans individual to become socially legible, categories of gender as normatively conceived constitute highly bounded and policed categories that work to discipline gendered behavior and cast gender variant individuals as radical, unintelligible others. Because many of the online narratives of transman articulate both a desire to be socially recognized as men and an acute awareness of the ways normative categories exclude and limit non-normative gender expressions, these narratives rarely constitute either a wholehearted embrace or total rejection of existing gender categories. Rather what narratives like those from Josh and Ian Harvie articulate is a desire to be read as men or masculine subjects, but with a difference. That is, at the same time that these narratives insist on a masculine identification, they do so with careful attention to redefining the bounds of existing categories in ways that open up greater possibilities for gendered identification.

**Bodily Images**

Trans writers using their blogs and personal websites to detail their physical transitions often include photos to accompany their written accounts of their bodies. In addition to writing about the bodily changes he experienced after beginning testosterone injections, Riley also began a photo-journal on his personal website featuring pictures of his face before beginning testosterone and at various intervals after. The last photo featured on his website was taken when he was just short of having been on testosterone for two years. While Riley’s written accounts of his bodily changes discuss many of the differing features among the pictures (altered facial structure, increased facial hair, receding hairline), the images make these changes real for the reader. The reader’s recognition of the extent of the change is amplified on Nicco’s personal website where the only photos that have been included are pictures taken three years prior to beginning testosterone (pictures in which Nicco displays a punk brand of femininity) and three years after beginning testosterone (pictures in which he passes as male).

For some, the inclusion of photos that display the transition from being recognizably female to passing as male, particularly when accompanied with a narrative of wanting to feel at home in one’s body, might be interpreted as reminiscent of a linear border crossing narrative. That is, what these photos seem to communicate is the idea that during physical transition, a female-bodied trans individual can move rather seamlessly from being a woman to being a “real” man, a becoming that offers the possibility of total assimilation into the normative category of man. However, the narrative voice that attaches itself to these pictures through captions and other linked texts often functions within trans digital narratives as a way of resisting this seeming assimilation. Nicco, for example, explained the juxtaposition of his pre- and post-transition pictures on his website as allowing him “to know and see the past.” Nicco reminds his reader (and perhaps himself), “Where I have come from is all part of who I am.” The text that Nicco combines with the pictures works to discourage the reader from interpreting the images as evidence of a border-crossing narrative that alienates the self of the past with the self of the present. While the juxtaposed images might lend themselves to being read as representations of two different people, through Nicco’s words we are encouraged to recognize that the pre-transition experience is inextricably linked with the post-transition experience—that the experience of having been socialized as a woman and the experience of transition do not fall away, but are rather always a constitutive part of the ftm trans subject.

The combination of text with images in the digital narrative of other transmen highlights the gender “grey space” or borderland that the writers occupy. The particular page on Josh’s
website in which he discusses his concern about losing his queer identity after transitioning is headed with a series of personal pictures. Most of these pictures are headshots of Josh that show the reader a decidedly masculine-looking face. Again, the combination of these specific images with the accompanying text describing Josh’s experience of being a transman works to make Josh’s masculine gender identity real for the reader. However, what is perhaps more interesting that these head shots is a set of images that falls between them in which we see Josh in the process of binding his chest. These images not only work to heighten the reader’s awareness of Josh’s female body, but also bring the reader to a new understanding of the “grey space” of gender that Josh discusses in the text just below the images. Looking at pictures of Josh’s masculine face alongside his female body makes the reader acutely aware of what he meant when he wrote, “I struggle to be me.” For the reader, the pictures effectively underscore the fact that we live in a culture tied to a rigidly dimorphic sex/gender system in which people often feel uncomfortable with those who transgress these binary categories. The fact that the pictures of Josh’s body show him binding—an attempt to conceal the female-ness of his own body—is also powerful. Witnessing the act of concealment through the image makes real for the reader not only the struggle to feel “at home” in his body, but also the threat that cultural policing poses to the trans body.

The images posted on Ian Harvie’s MySpace profile similarly work to highlight the difficulty of living in the borderlands of gender. Just above the “About Me” section of the profile in which Harvie describes his identity (the same description discussed earlier in this chapter), he has posted a slideshow of personal photographs. Unlike many of the photos included in web texts written by transmen, these photos are not meant to document the physical changes of transition, but are instead simply photos of Harvie with fans, friends, and family. Still, in their visual representation of Harvie’s androgynous gender presentation, the images force the reader to confront the normative conceptions of gender they have likely brought with them to the page. In a blog entry posted to his MySpace profile, Harvie discusses an instance in which he was forced to leave the line of a women’s restroom because of his masculine appearance. Looking at the slideshow of images of Harvie helps readers understand the difficulty of being in such a situation and having to negotiate the borderlands of gender on a daily basis. Although the reader can understand and, to some extent, recognize why he would be seen as “not belonging” in the women’s restroom, seeing images of Harvie likewise reminds the reader that he would likely not pass as a man in the men’s room either. Thus, while we can read about Harvie’s decision to maintain a queer aesthetic, it is often by looking at the images of Harvie that we truly begin to understand the potential implications of this decision.

Ultimately, it is not the words or text alone that work to communicate the experience and identity of transmen in their digital narratives. Rather the combination of the two works to deepen the reader’s understanding of these identities and experiences by the way the text and images relate. That is, the images make what the text narrates tangible for the reader while the text simultaneously pushes the reader towards a deeper understanding of the visual. Likewise, it is neither the description of identity or the description of the body that singularly provides an account of transmen’s experiences. It is through reading both that the reader not only recognizes the disruption of the linear, normalizing trans narrative, but also begins to understand what it means to live in the embodied borderlands of gender.

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3 Here the term binding refers to the steps some transmen take to flatten and conceal their breasts. Binding is something frequently (although not always) done by transmen who have not yet had “top surgery,” or a bilateral mastectomy.
Embodying the Borderland

What we see in the descriptions transmen have written (both verbally and visually) of their identities in digital online narratives is a resistance to the traditionally linear narratives that capitulate with medically-derived definitions of trans identity and reinforce normative gender categories. The way that many transmen have written about themselves, whether it be by describing themselves as transmen or by claiming their experience of having been socialized as a woman as a crucial part of their post-transition identities, clearly resists an interpretation of trans identity as a phase to pass through on the way to stealth assimilation. Indeed, even the act of creating a web text that openly discuss the ongoing experience of living as a transman seems to constitute an act of resistance to this culturally-encourage assimilation. By publically claiming their trans identities, often in such a way that forgoes anonymity, the transmen who have written these digital narratives have insisted on being “out” as trans. Other descriptions of identity that forgo identification as male or as a man, such as when Ian Harvie described himself as “FTX,” resist a border crossing narratives. Given the way that these transmen are writing about themselves, one can conclude that many of them do not see themselves as “switching sides,” and some, like Josh, even openly express concern about being seen this way.

The disruption of traditionally linear trans narratives manifest in these digital narratives seems to support many queer theorists’ beliefs that the experiences of gender-variant individuals might help highlight the social construction of gender and potentially challenge dominant gender norms. The alternative lables many transmen use to identify themselves (boi, FTX, genderqueer, etc.) work to remind readers of the possibility of gender categories other than man and woman, while even more traditional labels like FTM challenge dominant cultural associations between sex and gender. Pre-, mid-, post-, and even non-transitional pictures also force readers to confront these habitual associations, while the written account of transition and the body in general raise important questions about the felt connection between sex and gender. The digital narratives of transmen also heighten the reader’s awareness of social pressures that encourage conformity with binary gender norms—pressures placed on trans and non-trans subjects alike.

It seems then that what many of these narratives articulate is a sense of a borderland identity—a feeling of being located in the overlapping margins of established categories. For most of the writers, working to feel at home in one’s body is not the same at moving towards the gendered home that is positioned as the end of a linear narrative of trans experience. The narratives the writers provide articulate a distinct difference between finding comfort in a masculine body that aligns more closely to their felt identities and the reiteration of normative gender categories. Indeed, many of the narratives constitute involve a kind of disidentification in which the writers simultaneously engage with and push the bounds of existing gender categories. What results is both a recasting of the bounds of normative gender categories to be more malleable and more permeable and a revision of the reader’s own understanding of trans identities. Narratives written from the borderlands forefront the specificity of individual experience, and the proliferation of internet technologies allows for a greater diversity in narratives of trans experience and embodiment. Both the diversity and the specificity of these narratives works to undo what Hale refers to as the “construct of the transsexual,” giving flesh and blood to lived daily experience and collapsing the distance between normative and variant gender identities.

Despite allowing for non-linearity and multimodality with little cultural mediation, the internet technologies that have allowed these digital trans narratives to emerge are not without their own set of limitations. Although internet technology is available and user-friendly for many
people, concerns about limited access to these resources remain. Access to these technologies can be a problem for reasons of geography and/or economic status; ability can also play a significant role in who is able to access what kinds of technology given that many online spaces are designed with an ideal, able-bodied user in mind. These issues of access mean that despite their articulation of a variety of experiences still represent a limited cross-section of the trans community and intersecting issues of race, class, geography, age, and ability may not be explored to the extent they could be if these technologies were universally available.

What’s more, issues of audience for these narratives might be seen as another limit to the cultural capital of these narratives. Given Bolter’s characterization of online spaces as organized according to a “network of interest groups,” these online trans narratives are often only published for and read by other trans persons. While this certainly lends itself to a feeling of openness and security in one’s expression, it also means that these narratives may never move outside of online trans communities in a way that might significantly shake up conventional conceptions of trans identity. On the other hand, the fact that these narratives are indeed put out into a very public space to be potentially read by those not included in the intended audience means that these narratives are at risk for continued silencing and border policing from potential readers. Indeed, as the popularity of web pages has ebbed in favor of using social networking sites and blogs, the comment feature used in many of these technologies that allows users to read and immediately comment on online texts can often function as a powerful site for transphobic hate speech.

Despite these limitations, online trans narratives still function as important examples of articulations of borderland identities and underscore how much can be gained by looking to various kinds of trans narratives. The negotiation of the competing discourses acting on the lives of trans individuals is always context specific. The makeup of the given rhetorical situation and the particular rhetorical devices employed to make trans identity socially legible within a particular moment make the consideration of different kinds of narratives all the more important. Paying attention to both the content of trans narratives and the rhetorical situation serving as the basis of the narrative’s production undoes homogenizing conceptions of trans identity once again by highlighting the necessary shifts and shape-changes narratives must undergo as speakers engage again and again with various audiences in the interest of making trans identity socially legible. Prosser has argued that the genre conventions of autobiography have affected the shape of trans narratives produced within this genre and I have argued in this chapter that the narrative possibilities particular to online spaces likewise affect the digital trans narratives that emerge in those spaces. Continuing with this concern for the way trans narratives negotiate competing discourses in particular rhetorical situations, I turn in the next chapter to build on this discussion of trans borderland narratives to consider an example of how Thomas Beatie works to make a borderland identity socially legible given the heightened rhetorical demands of popular media outlets.
Chapter 3  
Thomas Beatie and the Subversive Narratives of “Manternity”

“How does it feel to be a pregnant man? Incredible. Despite the fact that my belly is growing with a new life inside me, I am stable and confident being the man that I am.”

~Thomas Beatie in “A Labor of Love”

I first encountered Thomas Beatie’s story when I came across a short piece Beatie authored for The Advocate Online, “A Labor of Love.” Short and sweet, the piece briefly discussed Beatie’s identity as transman, his relationship with his wife, and his decision to become pregnant with the couple’s child. In closing the article, Beatie wrote: “Outside the local medical community, people don’t know I’m five months pregnant. But our situation ultimately will ask everyone to embrace the gamut of human possibility.” Less than three weeks after “A Labor of Love” was published, Beatie’s story moved out of the queer community and into a much wider public arena when The Oprah Winfrey Show and People Magazine teamed up to cover what the two media giants touted as the “exclusive” story of “the first pregnant man.” Beatie’s story was quickly picked up by national news outlets and almost immediately began generating substantial internet buzz.

Having already begun to write about trans narratives, I was certainly interested to hear Beatie talk about his experience as a pregnant transman but I also approached Beatie’s Oprah interview (which aired the day before the companion People article hit newsstands) with a fair amount of fear. The very notion of a trans person who firmly identifies as a man, who is even legally defined as a man, choosing to become pregnant and give birth to a child necessarily disrupts the normative associations between sex and gender discussed in the first chapter. Because maternity depends on a female reproductive system, pregnancy is both a powerful marker of femaleness and, given the habitual association between sex and gender, womanhood. If the linear, medically-derived narrative discussed in the previous two chapters works to maintain the bounds of normative gender categories by fitting trans experience into a dimorphic sex/gender system, then a pregnant transman functions as a significant foil to this normalizing trajectory. Choosing to become pregnant post-transition highlights the non-normatively sexed body of the trans person, a powerful reminder given that conventional notions of trans experience imply that transitioning typically involves excising or altering as many of the sexed traits one was born with as possible—including reproductive organs. What’s more, choosing to become pregnant as a transman involves taking advantage of all the body’s possibilities in the face of powerful norms that work to discipline bodies. Using his female reproductive organs at the same time he identifies as a man, then, challenges the medically-derived notion of the biologically sexed body as a trap and threatens the bounds of what we normatively consider the respective domains of men’s and women’s experience.

The challenge Beatie’s situation posed to normative assumptions about gender was especially significant given the spaces in which he was telling his story. In the Oprah interview and the People feature, Beatie would be talking about his experience in spaces that, because of their wide mainstream appeal, are very much committed to upholding normative notions of gender. When narratives of trans identity are offered within these mainstream media outlets, they generally adhere to the lines of the linear, medically-derived narrative. Thus, as a speaker, Beatie was taking on the rhetorical burden of not only trying to shift the bounds of normative gender categories to make his experience legible but of also giving an account of trans identity that significant diverges from the kinds of narratives that most audience members would be familiar
with. Although the writer’s discussed in the previous chapter were all working to articulate borderland trans experiences, the fact that they were doing so in relatively informal spaces where narrative demands are less codified and that they were speaking to much smaller audiences means that they were speaking in lower-stakes rhetorical situations. For Beatie to take on two major mainstream media outlets speaking as a single voice meant that he faced incredible rhetorical demands as he tried to make a culturally-fraught (because it challenges the sanctity of maternity) borderland experience to a mainstream audience presumably invested in maintaining normative gender categories. At the same time that Beatie’s story posed an interesting challenge to the way we typically think of men’s and women’s experience, his story also ran a huge risk of serious border policing—a kind of border policing that could very well extend beyond Beatie’s own telling of his story and affect trans communities more generally. The way in which Beatie’s story was presented, then, not only ran the risk of turning Beatie into something akin to a sideshow, but also had more far-reaching implications concerning the general perception and reception of the trans community in the normative public sphere.

What I found when I watched Beatie’s *Oprah* interview and read the companion *People* article was a largely respectful, albeit sensationalized, portrait of Beatie and his wife, Nancy, that at once challenged popular perceptions of transgender identity and questioned our rigid cultural conceptions of gender while offering a narrative of Beatie’s identity and experience that a mainstream audience could easily identify with. Both the soft-spoken Beatie and his fiery, witty wife gave an account of their lives together and their decision to have the child Beatie is carrying in a sophisticated and articulate manner. They refused to assent to the reductive ways in which trans experience is often discussed in a popular media context. Not surprisingly, this presentation of Beatie’s story did not lead to a widespread “embrace” of the gender non-conformity Beatie represents, but rather elicited a variety of angry responses from *Oprah* viewers and *People* readers alike. Indeed, for both those inside and outside of the trans community, Beatie’s story (and the acts of telling and hearing that story) have raised a myriad of questions and concerns that are difficult to negotiate. In an attempt to help untangle these various concerns, I approach Beatie’s story as a rich site for an extended rhetorical analysis of the various cultural narratives the Beatie’s story both participates in and challenges.

Through this analysis, I hope to illuminate the way in which Beatie’s story is functioning within a larger heteronormative social context, and suggest what we might learn from the enraged viewer/reader responses to Beatie. In doing so, I am not concerned with whether or not the Beaties were right in bringing their story to a mainstream audience (a question which has been debated both inside and outside the trans community). Rather, I am interested in what that telling means, particularly for the relationship between the trans community and the larger culture. Throughout my analysis of both the *Oprah* interview and the *People* article,¹ I argue that Beatie’s story highlights both the limits of language and the limits of cultural intelligibility. As we confront these limits through Beatie, I argue that we must not treat them as static cultural inevitabilities, but that our increased understanding of these limits should instead be used to better orient ourselves toward bringing about a progressive change in the way that we talk about and understand gender identity.

**Trans Identity and the Popular Media: Making the “Freak” Intelligible**

¹ Although a number of other news and media sources picked up on Beatie’s story, I have chosen to focus my analysis only on the *Oprah* interview and *People* article because, to the best of my knowledge, these are the only sources to which Beatie has consented to telling his story and are thus the only sources which give ample space for Beatie’s own voice.
Although Beatie truly represents a first in the history of both The Oprah Winfrey Show and People Magazine, as noted earlier, he is certainly not the first trans person to emerge in the popular media. Indeed, the talk show stage has long functioned as one of the few places in which trans individuals have been made visible to a mainstream audience. The question of what the visibility gained through popular media such as the talk show, as well as the celebrity magazine, means for those made visible is complicated by the dependence of these mediums on the confession and/or exposé of the subjects they profile. Although the People article treats his story sympathetically and allows ample room for Beatie and his wife to articulate their own goals and concerns, the story itself is still placed within the context of a publication that profits from covering culturally charged human interest stories and exploitive (and often salacious) celebrity profile pieces. Indeed, the cover story of the April 14th, 2008, edition of People containing the piece on Beatie features “shocking reports” exposing the possibility that the recently deceased Heath Ledger might be survived by a “secret child.” Within the pages of People, even those stories that attempt to reach beyond headline-level shock value seem perpetually haunted by the sensational tone of scandal.

While talk show hosts like Oprah Winfrey and Tyra Banks have made explicit efforts to refigure the relationship between host/audience and guest, working to position the guest as someone to be recognized and potentially identified with rather than to be made the merely abject on parade, talk shows remain precariously situated in relation to their sideshow-esque history. Indeed, Wendy Parkins argues that the deliberate reorientation of The Oprah Winfrey Show towards the themes of self-transformation and self-realization was an effort to “distinguish her programme from the Jerry Springers of the talk show world”—that is, talk shows that blatantly employ an exploitive and sensational “freakshow” rhetoric (145). According to Rebecca Wanzo, Winfrey’s show frequently functions as a sentimentalizing frame for guests and their stories, with Winfrey working to place these specific stories within the overarching narratives of triumph over containment/oppression and of self-determination, themes that define the show as a whole. Placing guests within these sentimental narratives works to align the vast experiences and circumstances of the show’s guests with the liberal values of the audience, opening up new avenues of identification amongst the host, the audience members, and the guests.

To the extent that the audience is encouraged to recognize a part of themselves in the sentimental narratives most guests tell, these narratives can be said to serve an educative purpose, guiding viewers to either take or avoid certain lines of action, or encouraging them to value or change certain aspects of their lives. In the case of the trans guest, however, attempts to identify with the audience might more accurately be seen in relation to Judith Butler’s work in Undoing Gender (2004). Unlike stories that ask the audience to reflect on their own lives and actions, the sentimental narratives of trans talk show guests may function moreso as the grounds on which the presumably normative audience might “confer ‘humanness’” on individuals that would otherwise be seen as “less-than-human” in their culturally unintelligible difference (Butler 2). In other words, the act of telling a sentimental story, which evokes certain overarching values with which the audience can identify, offers the trans individual the opportunity to move from the category of “freak” to what Butler calls the “recognizably human.” For Butler, being recognized as such is key in order to establish one’s right to pursue the conditions for a “livable life.” The trans talk show narrative, then, does not appear to ask viewers to consider their own need/desire for self-transformation, but rather seeks to appeal to the audience’s shared values as
a way to gain recognition of trans self-transformation (i.e. physical transition) as a valid, human experience.

Despite this focus on creating narratives the audience can recognize themselves in, *The Oprah Winfrey Show* continually makes use of the sensational both as a means of pulling in viewers and as a means of framing episodes. As an example of this sensationalism, the trailer for the episode featuring Beatie makes no mention of the fact that he is trans, but rather flashes images of Beatie’s bearded face and pregnant torso to the rather foreboding sound of Winfrey’s own voice proclaiming an “Oprah exclusive.” The tenor of the trailer is carried through to the very beginning of the episode when Winfrey informs the audience, who have been kept unaware of the show’s topic, that they will be meeting a pregnant man. Cameras pan the shocked and confused faces of audience members for an extended period of time before Winfrey invites Beatie onstage, and it is only after the interview begins—after the audience has had plenty of time to visually register Beatie’s pregnant physique—that his trans identity is disclosed. This type of sensationalism and manipulation of the audience is certainly (although sadly) not unexpected, and its use is more than just for publicity. As much as both Winfrey and Beatie work throughout the course of the interview and the accompanying segments to create the conditions for a positive identification between Beatie and the audience, the show is still very much imbued with the sense that Beatie is on display—he is framed as the curious, unintelligible other. Much like the scandalous *People* cover story, the tone of sensationalism and shock that frames not only Beatie’s interview, but interviews with other trans guests, complicates both the audience’s ability to identify with the trans narrative and the audience’s recognition of the “human” quality of the trans guests’ experiences and identities.

Beyond this tension between the sensational and the sympathetic, the talk show stage has long made only particular accounts of trans identity visible. This limitation is typically created by hosting guests who replicate the clinical narrative required of trans individuals in order to obtain the gender identity disorder (GID) diagnosis that is the condition for nearly all physical means of transition. This clinical narrative is problematic to the extent that it is demanded of transgender individuals wanting to pursue means of physical transition, thus severely limiting the ways in which transgender individuals might account for their gender identities. Expecting individuals to follow more or less scripted narrative cues—identifying, for example, a moment of acute discomfort with one’s gender early in childhood, and detailing definite same-(biological)sex attraction—the clinical narrative requires the trans subject to place themselves within a heterosexist, gender-dimorphic framework. In doing so, the clinical narrative posits the individual’s gender dysphoria as an entirely internal and individual discomfort with the physical body and leaves little to no room for challenging rigidly binary notions of gender.

The talk show, much like the medical establishment, depends heavily on this linear narrative. Indeed, a recent episode of the *Tyra Banks Show* illustrates the reliance on the medical as a means of defining the trans subject. The episode followed mtf trans guest, Abby, as she underwent and recovered from a vaginoplasty (a surgery which essentially inverts the penis in order to create a vagina). Although Abby had undergone hormone therapy for three years prior to coming onto the *Tyra* show and had already had a number of medical procedures ranging from facial reconstrution to breast implants, Banks still used male pronouns to refer to Abby during the introduction to the segment and continued throughout the episode to refer to the vaginoplasty as “the” surgery that would “officially” make Abby a “real” woman. The three years that Abby had spent living, identifying, and being identified as a woman, then, by the standards Banks was employing on her show, were mere masquerade. In the context of this example, it is the medical
establishment alone, through its various technologies and procedures, that can make the MTF body conform to rigid cultural notions of sex and gender.\(^5\) And, despite having lived and identified as a woman for years prior to the show, it is not until Abby has undergone the procedure that removes the most culturally charged signifier of the biologically male body that she can be rightfully recognized as a woman.

Although Winfrey frequently asks guests to outline the various medical procedures and treatments they have undergone as a means of transitioning—Beatie included—Winfrey seems to rely on the linear narrative of trans experience as a means of identifying the trans guest with the overarching themes of rising above containment/oppression and self-determination that drive the *Oprah* show. The common tropes within the linear trans narrative of being “trapped” in the body one was born with, as well as the idea of having “always” known that one was different, both lend themselves to a conception of the body as a prison that contains the individual and must be overcome (through physical transition) in order for the individual to realize any kind of autonomy. The decision to transition, and the transition itself, become figured as efforts towards self-actualization and are emphasized as internally significant for the trans subject rather than as intimately tied to the need/desire for social recognition from a public who tows the gender lines. The concept of the body as that which contains and must be overcome seems to further disrupt and even deny the continuity of embodied existence the trans individual experiences. The trans individual is essentially split in two: a past embodied self who the individual claims not to be (and in some cases, to *never* really have been) and the present, autonomous and fully realized self.

**Beatie and the Subversive Body**

Given this overview of the issues of narrative that arise when trans individuals account for themselves in a popular media context, we can begin to better understand the various ways in which Beatie’s story simultaneously employs and challenges conventional cultural tropes. Indeed, throughout both the *Oprah* interview and the *People* article, there is a constant tension between the linear narrative that Winfrey and *People* writer Alex Tresniowski attempt to construct for Beatie, and the non-linear narrative that Beatie himself provides. Providing an account similar to that told in a brief segment included on *Oprah*, Tresniowski summarizes Beatie’s experience as follows:

> Thomas was born a female and lived his first two decades as Tracy; he was a Girl Scout, wore dresses to modeling shoots and was a finalist in a Miss Hawaii Teen USA beauty pageant. But in his 20s he began the process of transitioning to a male […] He took testosterone, had his breasts removed and switched his passport, driver’s license and birth certificate from “F” to “M.” Entitled at last to marry Nancy, his longtime girlfriend, legally in Hawaii, he did just that in 2003. (56)

Certainly the experiences Tresniowski describes here are by no means untrue, but the way in which they are framed is significant because it follows the trajectory of linear narratives conventionally used to describe trans experience. The mention of Thomas’ modeling and pageant experience, as well as his experience as a Girl Scout, followed immediately by a description of the steps he took to transition, gives the impression that Thomas’ pre-transition life was

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\(^5\) The reliance on the medical establishment as a means of defining and constructing the transgender subject is further problematized by issues of class. Since the various surgical procedures and medical treatments characterized as part of “gender reassignment” are rarely covered by insurance, those who cannot afford to pay for these procedures out-of-pocket are generally barred from pursuing them.
recognizably feminine in nature, while his post-transition life is likewise recognizably masculine. Thomas’ transition, then, becomes figured as a movement between two stable gender categories marked by equally stable signifiers.

This linear narrative is further supported in the People article through the juxtaposition of one of Thomas’ pre-transition modeling photos and a post-transition picture of Beatie with his wife (Tresniowski 57). In these juxtaposed images, we first see a beautiful woman and then a handsome man, again reinforcing the idea that a physical transition constitutes movement from one stable category to another. This story is ultimately an attempt to appeal to the reader’s sense of normative gender expression, figuring Beatie not as someone who is potentially blurring or challenging the bounds of this gender expression, but who has found a more comfortable life by “switching sides” in the gender binary. The linear narrative necessarily eclipses questions concerning the ways in which trans identity might put pressure on the stability of gender categories.

While this conventional narrative attempts to communicate a culturally legible experience to a non-trans audience, it is precisely this failure to account for the gender-troubling aspects necessarily present in the narrative of a “pregnant man” that causes the linear narrative to fail in Beatie’s case. That is, a person who “is a black belt in karate who can bench 255 lbs,” “drives a Ford truck,” and “looks like Mario Lopez” (Tresniowski 55), but is also pregnant, is a phenomenon that is an absolute disruption to both rigid notions of gender and the linear trans narratives that appeal to that rigidity. Indeed, the images of Beatie’s pregnant body featured on the front page of the article work to undo the sense of discrete past and present lives that the previously mentioned photos attempt to create. In the front page photo, Beatie is shown standing without a shirt in the nursery he and his wife have set up for their child. Because he is topless, the photo emphasizes for the reader both his masculine physique (including his flat, post-surgical chest) and the reality of his pregnant belly. At the same time that Beatie’s naked torso works to say “this is not a hoax,” his position within the nursery works to highlight the tension between the reader’s normative assumptions about childbearing and Beatie’s personal story.

The use of images in the People article brings to mind the dynamic relationship between words and images working throughout many of the digital trans narratives discussed in the previous chapter. In those digital narratives, the images the writers included in their online texts often highlight bodily difference and drive home for the reader the reality of living daily in the borderlands of gender. Generally, the relationship between images and words in these narratives is a symbiotic one in which the words and images enhance and even bring new meaning to one another. The images included in the People article likewise affect the meaning the reader takes away from the piece. But rather than lending support to the conventional narrative Tresniowski tried to support, the images of Beatie’s pregnant body, in particular, work to undo a normalizing conception of trans identity. As much as Tresniowski attempts to read Beatie’s identity and experience through the lens of normative gender categories, Beatie’s body stands on the front page of the article as a preemptive disruption to the idea of trans experience as a linear movement between fixed, dimorphic gender categories.

Beatie himself rejects the conventional narrative tropes Winfrey attempts to appeal to during their interview on Oprah. When Winfrey asks Beatie about his experience growing up as a girl, Beatie responds by describing his childhood as happy and recalls behaving much like a “tomboy.” Pressing the conversation further, Winfrey asks if Beatie had felt as though he was in “the wrong body.” When Beatie denies having experienced such a feeling, Winfrey refers to a previous episode of her show during which a trans guest said that he had felt “trapped” in his
body since he was seven years old. Resisting the narrative of containment Oprah attempts to invoke--a narrative that has clearly been presented on her talk show stage before--Beatie offers a different account of his experience, explaining that he had not felt uncomfortable with his body until puberty when maintaining a feminine gender presentation began to feel forced and unnatural. According to Beatie, his decision to transition was based on his desire to return to the comfort he felt with his physical body as a young child. Winfrey then calls his attention to one of his pre-transition modeling photos (the same photo that appears in the People article), asking him how he felt when he looked at those photos. Looking at the picture, Beatie says, “I wish I could feel comfortable looking like that. I don’t feel like I was born in the wrong body--I feel like I was meant to look this way,” referring in the latter part of the statement to his current post-transition, masculinized body. Shortly after, Beatie also denies having always been sexually attracted to women, briefly discussing his relationships with men during his young adulthood in such a way that, unlike many trans talk show narratives, did not characterize those relationships as always uncomfortable or as merely an attempt to better perform femininity.

The account that Beatie provides of his identity as a trans man during this part of his Oprah interview ultimately sets the stage for a discussion of his decision to become pregnant and carry a child. Beatie’s resistance to the conventional narrative Winfrey invokes is significant because the alternative narrative he constructs implies a sense of bodily continuity by forgoing “right” body/“wrong” body distinctions--distinctions that encourage the dissociation of the past from the present. Beatie’s biologically female body, then, is not posited as a force of containment that denies autonomy and must be overcome. Thus, the femaleness of the body need not be entirely destroyed, broken, or erased through physical transition as it is altered to result in a more masculine presentation, allowing Beatie to experience a renewed sense of comfort with his body and to be socially and legally recognized as a man.

We can perhaps better understand how Beatie’s resistance to conventional, linear accounts of trans experience makes room for his decision to carry a child by considering the impossibility of such a decision within a framework that does little to challenge rigid, binary notions of gender. Responding in the People article to Beatie’s situation, Dr. Chester Schmidt, a professor at Johns Hopkins School of Medicine, claims that “Someone who says, ‘I want to live as a man,’ but retains female reproductive organs, to me as a psychiatrist, that suggests an ambiguity about what they’re doing” (Tresniowski 60). For Schmidt, a psychiatrist whose profession suggests an intimate tie with the clinical narrative that serves as the prototype for the linear narrative trans individuals often provide in popular media contexts, the decision to not entirely rid oneself of key signifiers of femaleness (in this case, the female reproductive organs) “suggests an ambiguity” precisely because it does not align with binary conceptions of gender that view gender categories as fixed. Retaining one’s reproductive organs during physical transition, particularly for the purpose of potentially making use of those organs as Beatie has done, disrupts the clean distinctions we attempt to culturally enforce between male and female bodies. Beatie’s decision to use his female reproductive organs to carry his own child, then, is a decision that cannot be accounted for or made intelligible within a conventional narrative framework that encourages the division and dissociation of the past (pre-transition) and present (post-transition) body. Such a decision instead requires an alternative narrative like that provided by Beatie, when he asserts a sense of continuity to embodied experience and does not position the physical body as something to be overcome.

The challenge Beatie’s pregnancy issues to rigid gender norms and his resistance to the conventional narrative tropes that appeal to those norms do not, however, imply that he has no
stable gender identity. Indeed, Beatie confirms both on *Oprah* and in *People* that his daughter will know him as her father and that she will know Beatie’s wife as her mother. Although Beatie jokes during an *Oprah* segment following him through a tour of his home, “Pregnancy doesn’t make me want to go shave me legs or anything,” he more blatantly asserts in *People*, “Having this baby doesn’t make me less of a man” (Tresniowski 57). The stability of Beatie’s gender identity ultimately issues yet another challenge to normative conceptions of gender. The fact that Beatie forewent surgery to have a penis constructed (something Beatie tells Winfrey during their interview is in no way necessary for him to identify as a man or to maintain a relationship with his wife) and chose to engage in an act often associated as a powerful marker of womanhood, while still asserting his unwavering identity as a man, raises fundamental questions about the sexed and gendered distinctions we create as a culture to define the categories of “man” and “woman.”

Despite the various challenges Beatie’s pregnancy and his account of his identity pose to conventional notions of gender, and despite his disruption of the linear narratives of trans experience that have offered audiences a means through which to make that experience intelligible within a heteronormative framework, Beatie by no means gives up all attempts to identify with *Oprah* viewers and *People* readers. Indeed, if we take seriously Kenneth Burke’s work in *A Rhetoric of Motives*, then we know that any successful communication requires that the speaker attempt to identify themselves in some fashion with the audience. In Beatie’s case, this identification comes primarily in the form of two culturally recognizable narratives: that of overcoming discrimination/adversity and that of the desire for and value of family. The use of these narratives allows Beatie to identify his experience with some of the same basic American values his audience presumably holds, an identification we can work to understand further through our analysis.

One of the similarities found not only between the *Oprah* interview and the *People* article, but also with the piece Beatie authored for *The Advocate Online*, is the denial of medical care Beatie was forced to deal with as he both attempted to become pregnant and began to seek prenatal care. In Beatie’s *Advocate* piece, in particular, he describes spending thousands of dollars to receive care from a doctor who ultimately refused to continue treating him. Beatie expands on the resistance he has encountered from the medical community as he writes, “Doctors have discriminated against us, turning us away due to their religious beliefs. Health care professionals have refused to call me by a male pronoun or recognize Nancy as my wife. Receptionists have laughed at us.” In each of the three previously named texts that detail Beatie’s story, this discussion of the medical community’s reaction is linked to a story about Beatie’s brother who, in response to an earlier ectopic pregnancy that had to be terminated, remarked that “it’s a good thing [the termination] happened. Who knows what kind of monster it would have been” (Beatie).

Although Beatie was ultimately able to gain access to a sperm bank and to find an obstetrician who fully supported his decision to have a child, the continual reference made to the resistance Beatie has faced from members of the medical community and his own family serves to align his story with other social justice movements wherein the members of traditionally subjugated groups must fight to overcome the discrimination and adversity they face on a day-to-day basis. As Rebecca Wanzo notes, this narrative of overcoming oppression is particularly powerful within the context of *The Oprah Winfrey Show*, appealing both to the audience’s liberal values of freedom and tolerance and to the overarching theme of self-determination that guides Winfrey’s show. The use of this narrative also helps Beatie frame his acknowledgement of the
negative reactions his story will likely elicit within the optimistic tone of politically progressive discourse by articulating the hope that the audience will move past feelings of fear and anger and recognize, as he stated during his *Oprah* interview, that “difference is normal.”

While this narrative of overcoming adversity certainly works to create a possible avenue of identification with the audience, the cultural narratives of family life and expectant-parenthood are perhaps even more effective identificatory strategies. Through her interview with Beatie, Winfrey plays film segments following Beatie and his wife through the home and their daily life--clips which prove to be a particularly effective means of aligning Beatie and his wife with the everyday experiences of the average viewer. While one film segment shows Thomas and Nancy in the baby’s nursery, sifting through baby clothes and putting together baby furniture, another segment follows the couple to an ultrasound, allowing viewers to see the unborn child on the ultrasound monitor and hear the baby’s heartbeat along with the expectant parents. Just as these film segments work to create the sense that Beatie and his wife are very much like any other couple expecting a child, Beatie himself argues, “Maybe [Nancy and I] are doing things differently, but this is the same dream all couples have” (Tresniowski 54). Both Beatie and his wife also talk at length on *Oprah* and in *People* about the dreams they have for their daughter, envisioning a life filled with happiness and unconditional love. As Tresniowski summarizes the couples’ plans for what they will tell their daughter when she is older: “They will talk about what it means to be a family, about how lucky they are to have this chance at happiness—and about how hard she used to kick her daddy whenever he laid on his back” (60).

Both the film segments included in the *Oprah* episode and Beatie’s discussion of his experience as an expectant parent draw on powerful cultural narratives of expectant parenthood and family life that do more than merely appeal to the audience’s shared values. Indeed, the images of Beatie and his wife preparing their baby’s nursery, the images of the ultrasound, and the dreams the couple outlines for their child all encourage family-oriented viewers to see part of themselves in Beatie and his wife, to recognize the shared experiences that audience and speaker share. This method of identification thus provides a twist on what is usually asked of popular audiences presented with narratives of trans experience. Returning again to Judith Butler’s work, we can understand the narratives of family life and parenthood that Beatie employs as going beyond asking the audience to recognize some kind of “humanness” in the speaker, and instead asking the audience to locate their own human experience in Beatie--asking the audience to acknowledge that their may be more uniting them with the speaker than they might have otherwise thought, thus blurring the boundaries between “normal” and “other.”

**The Effects of Manternity in the Mainstream**

Despite Beatie’s hope of having his audience “embrace the gamut of human possibility,” *Oprah* viewers who responded to an after-show forum articulated, with rare exception, angry and negative reactions to Beatie’s story. While many respondents have lamented the future of the child who they felt was being born into an unhealthy and unstable situation, others have staunchly denied Beatie’s identity as a man, referring to him, for example, as a “hormonally challenged female” and in some cases challenging his right to have legally changed his sex or married his wife. Perhaps one of the most common and surprising themes found on the after-show forums is that of anger towards Winfrey herself for, in the eyes of her viewers, “stooping” to the level of less intelligent and sensitive talk shows like *The Jerry Springer Show*. Respondents not only felt that Winfrey had temporarily turned her stage into a “freakshow” for higher ratings, but felt that Beatie had intentionally exploited media sensationalism to get attention and secure future book deals.
While we might read the heated responses from the *Oprah* forum participants as evidence of a failed identification between Beatie and his audience, I think that looking more closely at the forum responses reveals instead a successful identification that creates dissonance for the audience and threatens the bounds of culturally intelligible signifiers of gender. Labeling Beatie’s experience as properly maternal (thus negating his identity as a man), describing Beatie as confused about his identity (thus denying his experience of a stable gender identity), and criticizing Winfrey for having created a “freakshow” environment (thus rejecting Beatie’s narrative as one worthy of being heard) all function as attempts to refigure Beatie’s story within a heternormative frame, to deny that someone could share in the experiences of the normative audience while occupying a position that transgresses and challenges normative ideals of gender.

Indeed, it is precisely because Beatie’s challenge to rigid notions of gender occurs within a successful “I’m just like you” narrative (successful because Beatie’s experience is framed within culturally recognizable and emotionally charged images and language) that his story is so subversive. Beatie’s story presents a fundamental challenge to cultural definitions of gender, and it is in many ways a challenge posed from within. Not only is Beatie challenging these norms as someone who is otherwise culturally intelligible as “male,” but he is challenging these norms as someone whose experience of working to create a family is similar to that of so many others. Ultimately, Beatie’s story asks its audience to do more than merely confront the “gamut of human possibility”—it asks them to confront the inessentiality of the gender norms they ascribe to and rely on.

It’s important to note, however, that the challenge Beatie poses to rigid binary notions of gender in no way implies a call to erode gender as a powerful category of identity, nor is it a call to understand gender as something that can be flippantly changed or “played” with. Indeed, if we draw from the work José Muñoz has done in *Disidentifications*, we can interpret Beatie’s story as a disidentificatory narrative that situates itself within a normative framework for the purpose of “restructur[ing] it from within” (29). Beatie’s story, then, is not an attempt to challenge normative gender to the point of extinction, but rather to work from within a normative framework to expand and shift the bounds of gender categories to include new possibilities for gender expression. Thus, Beatie’s account of his identity and its resistance to linear narratives that do little to challenge fixed categories of gender when situated within culturally charged narrative tropes of family and parenthood can be seen as an attempt to refigure the bounds of masculine gender identities, making room for the emerging possibility of “*man*ternity.”

In its simultaneous challenge to and embrace of various cultural narratives, Beatie’s story works to highlight the limits of cultural intelligibility and language. Faced with the image of a pregnant man and an account of trans experience that resists the constraints of conventional trans narratives, popular audiences are confronted with an embodied dissonance that is not easily resolved. As a culture, we have few tools with which to articulate, negotiate, and respond to stories like that of Beatie and the challenges he poses to normative ideals of gender. Further, there are few arenas in which stories like Beatie’s can be discussed—where the various questions raised by such stories can be put on the table and respectfully dealt with. While Beatie’s story has done much to raise important questions about the way we define gender as a culture, the telling of one story is clearly not enough to bring about significant social change with regard to the way we view issues of gender identity. Indeed, as Beatie’s story continues to be tossed around in other media venues that have deliberately made a mockery of his situation and blatantly labeled him a “freak,” it seems that we have a responsibility to pick up on the work that Beatie’s story has begun. While the prospect of “*man*ternity” does not offer any clean or
definitive solution to making the rigid bounds of gender more flexible, Beatie’s story does highlight the need for continued discussions on gender essentialism and heteronormative conceptions of family, as well as the importance of making visible diverse trans experiences that simultaneously challenge and embrace normative ideals of gender.

Through his attempts to articulate a masculine gender identity that does not entail a rejection of the female body and its reproductive potential, Beatie’s articulation of his identity and experience as a transman effectively works to shift the bounds of normative gender categories. Speaking much like the authors of the digital trans narratives discussed in chapter two, Beatie affirms his identity as a man, but with a difference. Through disidentification, Beatie simultaneously positions himself within existing categories of identity and pushes on the bounds of these categories to make them more malleable and permeable. If Beatie’s story is shocking and unsettling for the reader/viewer, it is precisely because his articulation of his identity hinges on a transformative notion of gender categories. Asking his audience to recognize the legitimacy of his experience as a pregnant man necessarily constitutes a request for individual audience members to revise their own notions of gendered experience, to rethink what has been assigned as the proper domains of men and women. To put it differently, Beatie’s hope that readers/viewers might “embrace the gamut of human possibility” involves the hope that the audience might heed Hale’s call to demilitarize the border zones so that gender-variant people might better live and thrive. Building on the transformative nature of Beatie’s story, I turn in the final part of this project to a consideration of the very categories we use to organize our lives, asking the question: what do narratives of trans identity have to teach us about our investment in categories of gender?
Rethinking the Way We Understand Trans Identity

Throughout this project, I have looked to trans-authored narratives of identity and experience to argue that the medical discourse on trans identity (as well as its proliferation into non-medical discourses) characterizes trans experience in reductive and damaging ways. What emerges from these medical narratives is what Hale identifies as the “construct of the transsexual”—an abstract ideal of trans identity and experience that all individual trans people are assumed to unproblematically take on. This trans construct is characterized by at least four distinct assumptions about trans identity. First, that trans individuals capitulate with and seek to fit within rigidly binary categories of gender. Second, that physical transition constitutes a linear movement from one fixed category to another, after which trans as an identifier can fall away in favor of assimilating into one’s preferred gender. Third, that the biologically sexed body functions as a force of containment preventing the trans individual from realizing an inherent gender identity and thus must be corrected through medical intervention. And finally, that trans identity is pathological—a dissonance between felt identity and socially recognized gender that is classified as a mental disorder. Ultimately, the medically-derived construct of the transsexual works to elide the specificity and complexity of trans lives, often limiting discussions of trans experience to what happens on the surgeon’s table. Because of the pathologizing of trans identity, trans voices are also silenced in favor of “expert” medical opinions, making it difficult for trans persons to voice any resistance to these powerful medical discourses and making it easier for non-trans critics to assume that trans persons wholly submit to the terms the medical community has defined.

As I have argued throughout this paper, although trans-authored narratives certainly discuss the importance of being able to access the means of physical transition, reading these narratives also makes clear that many trans individuals resist the limiting construct many discourses attempt to read them through. Rather, in their narratives they challenge the primacy of normative gender categories by articulating their experience of occupying the borderlands of gender. As they speak from the borderlands, they disidentify with existing categories by employing the terms of established discourses in order to make their experiences legible while simultaneously working to shift the constraining bounds of the categories on which these discourses rely. Trans narratives thus involve a kind of transformative power in which normative associations between biological sex and gender are troubled, bodily difference is made apparent, trans identities are embraced, and the limits of the dimorphic sex/gender system are critiqued. As they work to transform categories, these narratives work towards demilitarizing the border zones—a project that at once recognizes the importance of categories but also works to make living in the marginal zones of overlap between categories possible.

Given the ways in which both the online trans narratives discusses in the second chapter and Beatie’s engagement with mainstream media outlets are shaped by the circumstances under which they are produced, these narratives also highlight the fact that articulations of identity are never definitive and never speak an ultimate truth trans identity. Indeed, any given articulation is only a single iteration responding to the particular narrative demands presented by the genre, the medium, and the overarching rhetorical situation out of which the iteration is produced. Rather than replicating the clinical narrative privileging normative categories of gender and the authority of the medical community, these narratives work in various and complicated ways to navigate competing discourses so as to make trans experience socially legible without silencing...
significant part of the self. To speak from the borderlands is not, then, to submit to a fractured self that fails to fit well within existing categories and thus cannot be understood. Instead, speaking from the borderlands challenges the efficacy of the categories themselves and aims toward finding new ways of honoring multiple, diverse, and shifting subjectivities.

**Understanding the Threat of Permeable Borders**

The various discussions of trans identity highlighted throughout this project—whether it be trans articulations of borderland identities, medical discourses on trans issues, or even the border policing that leads to the silencing of trans voices and the erasures of trans lives—all seem to demonstrate what Robyn Wiegman identifies as the desire for gender. Bridging gaps between often disparate discourses, Wiegman argues that “feminist, queer, and trans-ed studies, along with heterosexuality itself, share a desire for gender […]”. It manifests itself anytime that gender is pursued, whether with passion or aggression, for social discipline or sexual pleasure, or for any analytic or personal explanation” (228). Wiegman argues that regardless of whether a given discourse seeks to uphold, subvert, or revise existing gender norms, the question is never whether to choose gender as a meaningful category or to get rid of it all together. Regardless of the stance they assume, what all these discourses have in common is the desire to articulate and realize gender in a particular way. In other words, what is at issue both in trans-authored narratives and the competing discourses that surround trans identity is how we, as a culture, are defining gender and what kinds of power we invest in gender categories. Although many discussions of trans identity work to create a gulf between the normatively and non-normatively gendered, Wiegman’s discussion of the desire for gender seems to maintain that the distance between the two is always already false given a shared concern for the way gender is constructed. Thus, Beatie’s effort to revise the category of man to include the possibility of carrying a child is not a revision of normative gender the applies only to his individual life; it is a revision of the bounds of gender categories that is projected outward to suggest a new way for us to understand gender as a culture.

While it is simple enough to say that we all share a desire for gender, even if our ideas of what gender categories should look like and the role they should play may differ, the fact that gender is such a powerful locus of identity and social ontology leads to fraught dynamics at the borderlands of gender. Hale employs the figure of the ghost to characterize the trans individual’s position at the borderlands when he describes himself as “flitting” at the margins of overlapping categories and explains that “[f]litting is movement proper to ghosts, to creatures abjected from full social existence, creature who have only partial, limited social existence and agency” (“Tracing a Ghostly Memory” 115). For Hale, the trans individual is positioned within the culture as neither fully human nor non-existent, occupying instead a liminal position in the borderlands of gender. The trans individual has gained this status a “ghost,” as the liminal creature haunting the margins of gender, because they have been abjected from social ontology. The abject is that which has been cast off in fear and disgust—a fear and disgust that emerges precisely because the abject functions as a potential point of identification for the subject that frightens precisely because it threatens to undo the subject’s contained, cohesive sense of self. The trans individual is thus abjected from social ontology precisely because they present a threatening point of potential identification through which the normative subject might recognize the precariouslyness of their own gendered identity.

Shildrick expands on this discussion of the abject and the potential threat it poses in her discussion of monsters. Responding to what she identifies as the modern ideal of a contained, discrete, and well-protected body/self, Shildrick describes the monster as a figure that challenges
the stability of the modern self through its own excessiveness, its own inability to be contained by existing categories, including the category of the radical other. As Shildrick explains, “What makes the other monstrous is not so much its morphological difference and unfamiliarity, as the disturbing threat of its return. It is in its failure to fully occupy the category of the other, in its incomplete abjection, that the monster marks the impossibility of the modernist self” (81). For Shildrick, although we try to abject the monstrous, to cast it as the radical other in order to maintain a safe distance from it, the monstrous is characterized precisely by its resistance to this categorization and its continual return to threaten the discrete bounds of the modern body. The threat that the monster poses to the modern body is not one of death or even of violence, but rather of highlighting the precarious situation of all bodies. The monster makes real the fact that all bodies are both excessive and unruly, ultimately making the boundedness, stability, and separation from other bodies characteristic of modern ideals impossible.

In many ways, trans identities constitute the excessive threatening other that we can neither fully abject or contain. As trans borderland identities stress the importance of bodily experience, they collapse the divide between mind and body and challenge the modern embodied ideal. By virtue of posing challenges to the normative gender categories by which we organize and name our bodies, trans identities likewise challenge our own sense of boundedness and discrete bodily separation. We can begin to see then that making the bounds of gender more permeable or more malleable poses a very real threat to the normative categories individuals rely on to organize and identify themselves with. By recognizing the legitimacy and value of trans experience and by agreeing to a shift in the borders of categories, normative subjects likewise risk experiencing a shift in their understanding of their own bodies and identities.

**Taking the Risk**

Engaging with trans narratives, then, is never about just trying to recognize another’s experience or trying to merely learn about the other; it is about engaging with and revisiting the very means through which we understand and organize ourselves culturally. Responding to potential breaches or shifts in the borders of normative gender categories by policing these borders and trying to abject borderland dwellers can very well put a liveable life out of reach for trans individuals. Rather than trying to distance ourselves from those identities and embodiments that threaten the stability of normative ideals, Butler suggests that we engage with the points at which our identities start to come undone and to question how and why we define subjects. As Butler explains, “To question the subject is to put at risk what we know, and to do it not for the thrill of the risk, but because we have already been put into question as subjects” (227). If policing the bounds of normative gender categories and trying to abject trans individuals from works to protect “what we know,” then to engage with the challenges trans identities pose to gender norms is to risk moving towards a new and unknown understanding of gender. What makes this potential shift a threat is precisely its status as the unknown—not only would our current means of “knowing” ourselves be transformed, but they would be transformed in ways that we cannot predict or control.

Still, if we are committed to demilitarizing the borderlands of gender and making space for gender-variant lives to become liveable, we need to stop thinking of the challenge trans identities pose to normative categories of gender as threats and start refiguring those challenges as necessary risks. Indeed, continuing to pay heed to trans authored narratives may make this refiguring easier. Recalling both the online trans narratives discussed in chapter two and chapter three’s discussion of Beatie’s experience as a pregnant transman, it seems that trans narratives themselves emphasize that recognizing borderland gender identities does not constitute a radical
revolution in the way we understand gender. These narratives do not propose an absolute upheaval of gender norms or suggest that categories of gender are not legitimate means of organizing our lives. Rather, they suggest that rethink our need for such tightly-bounded categories of gender and instead allow for gender boundaries that are more easily crossed, more easily shifted, and more easily revisited so as to include a greater variety of embodiments and identities within the realm of the human.

But most immediately, for progressive political purposes of ending hate motivated violence and increasing trans protections, we need to undo the silencing of trans voices and the reductive homogenizing of trans experience. Instead, we need to focus more attention on the impact of living in border zones and on more complex understandings of gender identity. Paying heed to the way trans subjects negotiate the demands of competing discourses as they articulate their identities can help continue to make trans experience socially legible in ways that respect the very human complexity of trans lives.
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