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Narratives of De/Retransition: Disrupting the Boundaries of Gender and Time

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Gender, Sexuality & Women's Studies

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ABSTRACT

This dissertation research draws on the lived experience of people who choose to de/retransition in order to complicate simplistic understandings of de/retransition as ‘sex change’ (or postoperative) regret. Specifically, I interpret narratives of de/retransition beyond the dominant framing of ‘sex change’ regret to analyze the ways in which these narratives produce ruptures in normative discourses that constrain trans genders and temporalities of gender transition. My research opens up space for interpreting processes of de/retransition as more complex, nuanced, and productive than they are commonly understood. The dissertation is organized in such a way that each chapter deals with narratives that become progressively personal. As such, the first chapter is an analysis of mainstream media representations of de/retransition, with commentary on topics such as desistance rates, rapid-onset gender dysphoria, and autism. The second chapter rereads Leslie Feinberg’s fictional *Stone Butch Blues* as a narrative of de/retransition and considers what this narrative adds to contemporary debates in trans studies, specifically with regard to the trans/cis binary and trans temporalities. The third chapter focuses on Brian Belovitch’s memoir, *Trans Figured: My Journey From Boy to Girl to Woman to Man*, where the topics of trauma, passing, and queer utopia arise. The fourth and final chapter is based on interviews that I have conducted with three participants. In the conclusion to this dissertation I argue that we need to do away with notions of authenticity and regret in favour of an understanding of all (trans) gender subjectivity as relationally constituted and subject to change.

Keywords: De/retransition; gender transition; narrative inquiry; trans studies; queer phenomenology; queer temporality; queer affect theory; fat studies

SUMMARY FOR LAY AUDIENCE

The visibility of trans people and issues has increased since high-profile celebrities such as Caitlyn Jenner and Laverne Cox have graced the covers of magazines such as *Vanity Fair* and *Time*. Along with changes in attitudes in the general public, the medical establishment has moved toward treating trans individuals as autonomous subjects who have the right to access gender affirming treatment with less interference or gatekeeping than was enacted in the past. Best practices for treating and supporting gender dysphoria have shifted from a gatekeeping model of care, where individuals would have to take many steps, or jump through "hoops", to demonstrate their readiness for medical intervention, to the gender affirmative model, where (adult) individuals presenting with symptoms of gender dysphoria receive support that affirms their gender and treats them as capable of making choices regarding gender transition, often based on an informed consent model of care. I argue that the recent (2015 and on) increase in concern around individuals who de/retransition is linked to this shift in approaches to care. The topic of de/retransition serves as a larger spectre of the harms that may occur with a medical system that has too little oversight. In addition to arguing against the moral panic that has arisen from the possibility that people may de/retransition, I also advocate for interpreting this process beyond the framing of de/retransition as simply 'regret'. I argue for the understanding of trans subjectivity, like any gendered subjectivity, as being relational and contextual. If we understand gender identity as being constituted relationally and as impacted by social and cultural context, we can take seriously the reasons beyond simple regret, or misdiagnosis, that individuals express when narrating their choices to de/retransition.

ACKNOWLEDGMENTS

First and foremost, thank you to the three individuals who agreed to participate in this research and openly share their stories with me.

I owe a special thanks to my supervisor, Dr. Susan Knabe for her guidance, patience, and encouragement throughout this process. I also want to thank Dr. W. G. Pearson and Dr. Stephen Bruhm for their insightful feedback and consideration in earlier versions of this project during the candidacy exams and thesis proposal process.

I would also like to express my heartfelt appreciation to Hal for being my constant companion and to all my friends and family who were always willing to lend a listening ear, especially my brother, Nicholas Slothouber.

And finally, words cannot not express how invaluable Jami McFarland has been during the entirety of this PhD process. I truly could not have done it without your guidance, advice, and especially your friendship.

This research was supported by a Joseph-Armand Bombardier Canada Graduate Scholarship from the Social Sciences and Humanities Research Council (SSHRC) and an Ontario Graduate Scholarship (OGS).

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INTRODUCTION

Given a queerer framing, retransitioning can just as easily be seen as the ultimate trans freedom, the ultimate fuck you to cisnormativity.

—Jacob Tobia (Tobia, Jacob. “Inside One Person’s Journey From Man to Woman and Back Again.” Paper, 3 April 2018, www.papermag.com/perpetual-transition-brian-belovitch-2555638364.html?rebellitem=1#rebellitem1.)

My proposed doctoral research draws on the lived experience of people who choose to de/retransition in order to complicate simplistic understandings of de/retransition as ‘sex change’ (or postoperative) regret, a characterization that assumes *a priori* that individuals who choose to undergo the process of de/retransition have made a mistake. Specifically, I interpret narratives of de/retransition beyond the dominant framing of ‘sex change’ regret to analyze the ways in which these narratives produce ruptures in normative discourses that constrain trans genders and temporalities of gender transition. My research opens up space for interpreting processes of de/retransition as more complex and nuanced than they are commonly understood.

In this project, I define detransition as the process of transitioning back to one’s assigned gender (or an alternative gender) after having undergone some measures (medical or social) to transition to another gender.¹ Or, characterized another way, detransition can be understood under the rubric of ‘retransition’, which perhaps more

¹ For the purpose of this project, I specifically look at the narratives of individuals who express a clear wish to de/retransition. Narratives of de/retransition exist where the term ‘de/retransition’ refers to stopping hormone therapy due to health issues, rather than a wish to cease transitioning or de/retransition altogether. While this issue is of equal importance, I think that choices to de/retransition based on medical contraindication are likely different than the choice made free of this specific constraint.

accurately reflects the double transition to a different gendered state, rather than a return to a previous form of gendered embodiment. Recently, researchers have argued that 'detransition' should be better defined. For instance, Rowan Hildebrand-Chupp posits that there are three "related but meaningfully distinct concepts" that often fall under the more general label of 'detransition' (Hildebrand-Chupp 801). These include "detransitioning" as an "act or process," "detransitioner" as an identity, and "negative transition experience" as the "subjective experience that can be associated with detransitioning" (Hildebrand-Chupp 801-802). These terms allow for a distinction between those who have undergone the process of detransitioning but may not identify as detransitioners and those who have had negative transition experiences but who do not necessarily detransition (Hildebrand-Chupp 803). I am interested in exploring the subjective experiences of individuals who have undergone the *process* of de/retransition so my own definition aligns primarily with Hildebrand-Chupp's first concept. In another vein, Paulo Expósito-Campos suggests that detransition should be better defined in terms of whether an individual continues or ceases to identify as trans (Expósito-Campos 2). Expósito-Campos offers "a typology of gender detransition" where a "core detransition" would denote those who cease to identify as trans and a "non-core detransition" would refer to those who continue to identify as trans (3). I do not make this distinction in this project because I am more interested in the shared experiences of those who de/retransition, rather than in the identities of those who have undergone this process.

Despite a growing body of trans and queer scholarship that is critical of normative gendered expectations, there has been very little sustained academic focus in these fields on the topic of de/retransition. Trans and queer scholars have objected to the ways in

which de/retransition is used by the general public, researchers, and the medical establishment as evidence to disavow the legitimacy of trans people's experiences and identities, and as justification for tighter regulations on access to medical treatment. However, the framing of de/retransition as a mistake and the lack of attention to the complexities of this process have not been theorized in depth within these fields of scholarship. This oversight is important to address at this moment in North American history because the significant increase in visibility and acceptance of trans individuals and trans issues has been accompanied by a backlash in the form of an increased deployment of the 'sex change regret narrative' in the mainstream media (Slothouber). My research rejects the dominant framing of de/retransition as regret in order to explore what this process adds to contemporary debates within trans and queer scholarship. Additionally, and perhaps more importantly, my research is one of a handful of studies to interpret and analyze the narratives of actual individuals who decide to de/retransition, as opposed to using the topic simply to dismiss trans identities (Jeffreys; Millot; Raymond).

1. Literature Review

Prior to the 1990s, most academic scholarship focusing on trans identities came from a psychological or medicalized perspective. According to Susan Stryker, trans phenomena have been studied in the United States and Europe since the nineteenth century, predominantly in the fields of sexology, medical science, and psychiatry. Some notable researchers who focused on the existence of trans identities include Richard von Kraft-Ebbing, Magnus Hirschfeld, Havelock Ellis, and Harry Benjamin (Stryker 13-14). Harry Benjamin is of particular interest because it was his book, *The Transsexual Phenomenon* published in 1966, that paved the way for the current approach to medical treatment for

trans individuals or, more specifically, 'gender dysphoria'. In his 1954 article, "Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes," Benjamin distinguishes between transvestites and transsexuals.² According to Benjamin, a transvestite is an individual who cross-dresses and wishes for society to accept their 'role-playing' as successful of the opposite gender. Transsexuals, on the other hand, are those who go beyond 'role-playing' to include an intense and persistent desire to change sexes, often through medical transition (46). While the transvestite wishes to mimic a woman/man, the transsexual wants to be a woman/man. Further, in Benjamin's view, the main difference between transvestites and transsexuals was that "in transvestism the sex organs are sources of pleasure; in transsexualism they are sources of disgust. That seems to me a cardinal distinction and perhaps the principal differential diagnostic sign. *Otherwise there is no sharp separation between the two, one merging into the other*" (46, emphasis mine). Ultimately, Benjamin argued that transsexuals should not be treated with psychotherapy, but rather should be treated medically. Of course, Benjamin asserted that the decision for a transsexual to be treated medically should be that of the physician, cautioning the physician against being too easily persuaded by the patient (51).

The Stanford Dysphoria Program was another major source of academic scholarship focusing on gender dysphoria. This program was instituted in 1968 and began with the goal of collecting as much information as possible on the topic of 'transsexualism' (S. Stone 222). This clinic and other gender clinics initially used Benjamin's book as a clinical guide to diagnosing and treating transsexuals, as this was the only book that existed for such purposes. In fact, in the 1960s and 1970s,

² I use the terminology originally used in these early academic writings.

transsexualism was not yet an official psychological disorder as designated by the American Psychiatric Association (APA)— meaning that concrete diagnostic criteria were not available to clinicians seeking to determine if their clients were ‘truly’³ transsexual or not (S. Stone 223). Thus, these academic gender clinics sought information from clients that would work toward the categorization of transsexualism, and to differentially diagnose transsexualism from similar ‘conditions’, most notably that of transvestism. However, Benjamin’s book was not only used by clinicians but also by the patients themselves in order to gain access to medical treatments. Transsexuals who sought out these gender clinics related their experiences in a way that matched with Benjamin’s criteria, having read the book themselves (S. Stone 228; Cromwell 511).

Clinicians and researchers used these cases to identify commonalities among the reported experiences of trans individuals and ultimately created criteria to diagnose transsexuals. According to Jason Cromwell, “beginning with the first literature on transsexuals, specific characteristics, behaviors, identities, and sexualities have been attributed to them. All individuals were to have to fit within these attributions, which became diagnostic criteria and were considered the etiological factors in the diagnosis of ‘true’ transsexualism” (510). One of the main criteria that transsexual individuals wishing to access medical treatments regularly feigned was related to the distinguishing characteristic between transsexuals and transvestites forwarded by Benjamin: that of sexual arousal. Often these patients would claim to have no erotic sense of their bodies in order to be categorized as transsexual and receive medical treatment. The result of this

³ I use 'truly' trans throughout this project in order to convey my skepticism towards attempts at differential diagnosis. While the diagnosis and understanding of trans subjectivity have become more varied and expansive, these diagnostic 'issues' are raised once again with the spectre of de/retransition.

was that it was assumed for a long time that one common experience that all trans individuals shared was a lack of arousal from the genitals they were born with and that this lack of arousal was a reliable predictor of whether one was ‘truly’ trans (S. Stone 228; Cromwell 511). Further, the simplest way to meet Benjamin’s criteria was to express a sense of inhabiting the ‘wrong body’. Indeed, S. Stone argues, “neither the investigators nor the transsexuals have taken the step of problematizing ‘wrong body’ as an adequate descriptive category. In fact ‘wrong body’ has come, virtually by default, to *define* the syndrome” (231, emphasis original).

While Benjamin was for the most part an advocate for the trans community, his publications on trans phenomena have had lasting effects, both positive and negative. For instance, Benjamin advocated for access to medical treatment for trans individuals, which in many ways was a positive development for trans people wishing to undergo medical treatments for gender transition. On the other hand, this medicalized and psychologized research has also resulted in the pathologization of trans identities and an overly simplistic understanding of trans embodiment. For instance, the APA’s third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM III)* (1980) saw the inclusion of disorders of gender under the title of ‘Gender Identity Disorder’ (GID). The simplistic criteria used to diagnose the ‘disorder’ (as discussed above) became ‘scientific knowledge’ with the inclusion of GID in the *DSM III*. This medicalized history is problematic for numerous reasons. First, it assumes that all trans individuals will express a sense of being in the ‘wrong body’, which works to simplify the complexity of the lived experience and embodiment of trans folks. Moreover, the diagnostic criteria tended to be normative. For instance, Cromwell posits that transmen were expected to have felt

masculine from a very young age, possess no femininity, and abide by other gender stereotypes, such as working in so-called ‘masculine’ occupations (510). Furthermore, trans individuals were often denied sexuality, as aforementioned, but even when they were allowed some version of sexuality it tended to be deemed appropriate only if it was heterosexual. In fact, many trans people would be denied medical treatment if they identified as gay, lesbian, or queer; were not able or did not want to pass as normatively gendered; or did not wish to undergo all steps of the gender transition process (e.g., hormone therapy, top surgery/breast augmentation, bottom surgery, etc.). Thus, as Cromwell writes, “based on limited case studies, practitioners, as gatekeepers, determined what constituted a ‘true transsexual’. Transsubjectivities were defined and subject to control by moral discourses. Gatekeepers elevated and regulated transidentities” (511).

Beginning in the 1990s alternative perspectives on trans identities materialized within academia, including trans theories stemming from feminist and queer theory (Whittle xii). Transgender was introduced as an umbrella term—as opposed to the specific and exclusionary medicalized term transsexual—to refer to any individual who experiences a discordance between their birth assigned sex and/or the accompanying norms of that assignment and their own gender identity (Whittle xi). The term, although not coined by Leslie Feinberg, was popularized by them, in a pamphlet entitled *Transgender Liberation: A Movement Whose Time has Come* (1992). In Feinberg’s conceptualization, transgender is an umbrella term that refers to all those individuals who may experience oppression based on a perceived or felt difference from normative forms of gendered embodiment (206). Transgender, in this sense, encompasses a wide range of

individuals including “transsexuals, drag queens, butches, hermaphrodites [intersex people], cross-dressers, masculine women, effeminate men, sissies, tomboys, and anybody else willing to be interpolated by the term, who felt compelled to answer the call to mobilization” (Stryker 4).

Contemporary terminology has again shifted, mostly as a response to the medicalized history of the term transsexual, as well as issues surrounding access to medical treatment. For instance, historically trans individuals were (and sometimes still are) split into two camps: transsexual and transgender. The term transsexual usually denotes the use of medical technologies to create congruence between an individual’s gender identity and biologically sexed body, while transgender is an umbrella term to indicate a broader range of gender nonconformity as aforementioned and/or various 'levels' of medical intervention (Noble, "Refusing" 171). The more contemporary term 'trans' is used to consciously erase this distinction, usually for political purposes. Indeed, Bobby Noble suggests that “at its most provocative, ‘trans’ and the space it references can also refuse the medical and psychological categorical imperatives through which it has always been forced to confess” ("Refusing" 171). An oft-cited reason for the refusal of the distinction between transsexual and transgender is the issue of access to medical technologies. For trans individuals who are poor, or have no health insurance, access to medical technologies to change the body is often limited or simply unavailable. Thus, some have argued that the distinction works to create a hierarchy of trans individuals, one’s who are ‘true’ transsexuals—those who have used medical technologies to ‘fully’ transition—and one’s who are ‘merely’ transgender—all those trans individuals who do not medically transition entirely, for either personal reasons or because of systemic

barriers preventing them from doing so. However, these debates are ongoing and much more complex than I can cover here. I mostly use the term ‘trans’ throughout the remainder of this project to refer to all those individuals who may identify their sex/ gender as such.

Transgender, or trans, studies, as a response to the medicalized history of trans phenomena, emerged out of feminist studies and alongside queer theory as a category of thought differing from these traditions, while, at the same time, significantly overlapping with both. Stryker provides a succinct, yet comprehensive, definition of trans studies:

Transgender studies, as we understand it, is the academic field that claims as its purview transsexuality and cross-dressing, some aspects of intersexuality and homosexuality, cross-cultural and historical investigations of human gender diversity, myriad specific subcultural expressions of ‘gender atypicality’, theories of sexed embodiment and subjective gender identity development, law and public policy related to the regulation of gender expression, and many other similar issues. (3)

Trans studies is interested in phenomena that disrupt the normative connections between biologically sexed bodies and gender identities, expression, and roles. Furthermore, trans studies is an academic field that is particularly attuned to the ways in which embodied differences are translated into “social hierarchies—without ever losing sight of the fact that ‘difference’ and ‘hierarchy’ are never mere abstractions; they are systems of power that operate on actual bodies, capable of producing pain and pleasure, health and sickness, punishment and reward, life and death” (Stryker 3). Accordingly, trans studies takes as its goal the unveiling of normative prescriptions for gendered embodiment as neither natural nor inevitable. In other words, trans studies draws attention to the ways in which trans bodies are only labeled as ‘deviant’, ‘perverse’, or ‘pathological’ in relation

to social norms pertaining to gendered embodiment “that are themselves culturally produced and enforced” (Stryker 3). Ultimately, as Stryker argues, trans studies is not only concerned with trans bodies or identities per se, but also with systems, institutions, and structural oppression that allow some forms of subjectivity to thrive while other forms are rendered unintelligible, disposable, or worse, not worthy of life (Stryker 3).

Despite the influence of trans studies within academia and activism, the progress toward conceptualizing trans identities more diversely has been slower within medical communities and dominant discourses. Contemporary dominant narratives of trans embodiment continue to conceptualize trans individuals as inhabiting the wrong body. Indeed, the medicalized history of research pertaining to trans identities continues to influence the ways in which trans subjectivity is understood, insofar as the wrong body narrative continues to hold the most sway when claiming a trans identity. There are likely two reasons for the endurance of the wrong body narrative: first, this narrative is straightforward, in the sense that it follows existing criteria created to diagnose gender dysphoria, as well as presumes trans individuals as being biologically predisposed to transness, thereby justifying the use of medical technologies to transition to the opposite gender; and, second, trans individuals who express a feeling of being in the wrong body are easier to treat insofar as this narrative assumes that there is a ‘cure’ for gender dysphoria and transness (gender transition).⁴

Narratives of de/retransition must be placed within both the medicalized and psychologized history of trans identities and within trans studies more broadly.

⁴ For an analysis of how the wrong body narrative constrains interpretations of de/retransition and “negates gender fluidity of trans people” (Pehl 2) see Pehl, Emerson Parker. “(Trans) Gender Fluidity.” *Body Studies*, vol. 2, no. 1, 2020, pp. 1-8.

Specifically, it is important to understand the history of the medicalized study of trans phenomena because many of the concepts from this strain of scholarship continue to be used within medical settings when dealing with access to treatment for trans folks. It is also important to understand these narratives in relation to trans studies because, for the most part, de/retransition has not been a topic of focus within this area of study and, thus, is sometimes misunderstood among trans scholars and the trans community more generally. This misunderstanding is likely due to the use of accounts of de/retransition by the general public and some strands of feminist theory to discredit the legitimacy of trans experiences (Clark-Flory). For instance, some 'gender critical' feminists have used the process of de/retransition to delegitimize trans individuals' experiences and support their claims of transwomen and transmen as infiltrating the feminist movement (Jeffreys; Raymond; Millot).

Most academic research on the topic has focused not necessarily on the phenomenon of de/retransition, but on the related, although not identical, topic of 'postoperative regret'. However, more recently, literature on the newly defined topic of de/retransition has been published primarily in the field of psychology. For instance, Lisa Litmann and Lisa Marchiano have both theorized that the increase in cases of de/retransition may be attributable to a new form of gender dysphoria—rapid-onset gender dysphoria (ROGD). Litmann and Marchiano along with other researchers have also used the phenomenon of de/retransition to question the gender affirmative approach to trans healthcare (D'Angelo et al.; Entwistle; Withers). Researchers approaching the topic from this perspective often do so with the goal of preventing instances of de/retransition (Hildebrand-Chupp 808). According to Hildebrand-Chupp, “research on preventing

detrans will almost certainly be used to argue for restricting access to transition-related care or for other interventions designed to reduce the likelihood of detrans” (Hildebrand-Chupp 811). A number of academic papers have responded to these approaches to studying and interpreting de/retransition (Ashley "Critical"; Costa; Restar; Slothouber). Alternatively, perspectives that aim to support de/retransitioners have simultaneously emerged in the academic psychology literature. Most of this literature is based on clinical case studies (Turban, et al.; Turban and Keuroghlian). Despite these interventions in the field of psychology, little attention has been paid to de/retransition in the academic areas of trans and queer studies. Additionally, there has been minimal focus on the personal perspectives of individuals who choose to de/retransition.⁵

2. Theoretical Framework

My research is primarily informed by trans studies. Along with trans studies, my project is also heavily guided by queer theory, an approach that Tey Meadow terms a “queer, trans* epistemology” (“Toward” 322). While, as Stryker notes, trans and queer studies have different, sometimes competing, views, they also have significant points of overlap (7). Generally, my theoretical framework incorporates both trans and queer theories to answer my main research questions. Both trans and queer theories are concerned with deconstructing normative assumptions around gender and sexuality (Doty; Gamson; Stryker). At the same time, poststructuralist or postmodern approaches have been critiqued for ignoring people’s embodied experiences, and thus the area of ‘postmodern body studies’ has emerged in order to balance a focus on the effects of discourse with

⁵ With the exception of Alexander Yoo's chapter detailing preliminary findings and "trends" based on interviews with 11 participants "with varying experiences with gender" (182), including some folks who have de/retransitioned. I discuss Yoo's findings in more detail in the fourth chapter of this dissertation.

individuals' narrated experiences (Sykes). While my research is primarily interested in first person accounts of experience, I maintain a postmodern approach which recognizes that subjectivity is not prior to language (H. McCann 230). According to Meadow, "such an epistemological orientation allows for multiple, unstable, contingent meanings, while still recognizing that individuals 'bring a high degree of intelligible order to their circumstances', even when such circumstances seem dauntingly complex" ("Toward" 320). Ultimately, trans and queer theories are both interested in disrupting gender norms and ideas of 'natural' and 'normative' gender, as well as expanding possibilities for gendered embodiment. This theoretical framework is particularly well-suited for my topic because of my focus on individuals whose identities are unstable and incoherent and challenge simple gender categorizations. More specifically, my theoretical framework takes a queer phenomenological affective approach to understanding trans identity and embodiment.

2.1. On (Queer) Phenomenology

In his book, "Introduction to Phenomenology," Robert Sokolowski defines phenomenology as the "study of human experience and of ways things present themselves to us in and through such experience" (2). Feminists and queer theorists have found promise in phenomenological approaches insofar as phenomenology is interested in human experience and, in particular, the embodied nature of this experience (Weiss 42; Janssen 3-4). Indeed, Ephraim Das Janssen finds promise in a Heideggerian phenomenological approach to studying gender because "the phenomenological method examines phenomena as Dasein experiences them, rather than seeking universal truths ... Subjective conscious experience is the starting point for phenomenology, and the goal is

to gain insight into how phenomena experienced by Dasein are experienced at all and how they are relevant to Dasein's life" (19). Thus, "what Dasein experiences and how Dasein understands its experience are relevant topics of investigation to the phenomenologist" (Janssen 19). Similarly, Elizabeth Grosz suggests that Merleau-Ponty's phenomenology provides "three crucial insights from which many feminists could learn" (*Volatile Bodies* 94). She posits that Merleau-Ponty's understanding of experience is not that it provides some unquestionable truth, but rather that experience is embedded in the social, cultural, and political. Following this idea is Merleau-Ponty's insistence that, regardless of the aforementioned position, experience remains a necessary component of knowledge production. Grosz writes, "it [experience] is not only the starting point of analysis but also a kind of measure against which the vagaries of theory can be assessed" (*Volatile* 95). In my initial examination of narratives of de/retransition I found a discrepancy between the ways in which de/retransition has been taken up in dominant discourses and academia and the ways in which people narrate their own experiences. Thus, paying close attention to what individuals say about their own experiences and how they understand and interpret these experiences is central to my project.

Phenomenology also invites a study of trans genders in the form of Judith Butler's theorizing around gender. In fact, much scholarship in trans studies has taken as its reference point Butler's theory of 'performativity' (Stryker 10). This theory is useful for trans studies scholars because it suggests that gender is not 'naturally' grounded in biology, but rather is an effect of performative speech acts. In Butler's words:

Gender is performative insofar as it is the *effect* of a regulatory regime of gender differences in which genders are divided and hierarchized *under constraint*. Social constraints, taboos, prohibitions, threats of punishment operate in the ritualized repetition of norms, and this repetition constitutes the temporalized scene of gender construction and destabilization (*Gender Trouble* 21-22, emphasis in original).

Importantly, while we are compelled to reiterate and repeat gender norms, this repetition allows for ruptures between the gendered self and norms, which is where resistance is possible. Moreover, because performative speech acts are technically ones that are not falsifiable the application of performativity is useful for trans studies insofar as this means that one must take the subject behind the speech at their word. For instance, as Stryker explains, "a woman, performatively speaking, is one who says she is—and who then does what woman means" (Stryker 10). Of course, who is afforded the personhood to make these performative claims is dependent on cultural norms and regimes of power. Additionally, cultural norms constrain the gender categories available for one to be interpellated into, as well as police those who fall outside these norms.

Butler's understanding of the performativity of gender is influenced by phenomenological thought. For instance, in an article that could be characterized as a precursor to *Gender Trouble*, Butler takes up Merleau-Ponty's concepts of the body in order to forward an initial version of her theory. She claims that for Merleau-Ponty,

the body is understood to be an active process of embodying certain cultural and historical possibilities, a complicated process of appropriation which any phenomenological theory of embodiment needs to describe. In order to describe the gendered body, a phenomenological theory of constitution requires an expansion of the conventional view of acts to mean both that which constitutes

meaning and that through which meaning is performed or enacted. (Butler, "Performative Acts" 521)

Butler takes seriously the body as important in the constitution of gender, while also considering the ways in which this body is shaped by the norms available to it. Or, as Sara Ahmed argues, "For Judith Butler, it is precisely how phenomenology exposes the 'sedimentation' of history in the repetition of bodily action, that makes it a useful resource for feminism. What bodies 'tend to do' are effects of histories rather than being originary" (Ahmed, *Queer Phenomenology* 56). Ahmed expands the purview of phenomenology through a 'queering' that would attend to the emergence, or 'background' of objects and how we become orientated toward certain objects more than others (*Queer Phenomenology* 4). While phenomenology is interested in what subjective experience adds to current knowledge, a queer phenomenological approach allows for an analysis of these experiences that also accounts for their embeddedness in the social world.

In order to elucidate the foundations of my understanding of transness, I turn to a discussion of the relationship between the self and the body in relation to trans genders. Where does the desire, the feeling, the conviction to modify one's bodily gender come from? The material basis of transness has been debated in trans studies to a great extent. For instance, Jay Prosser argues that Butler uses Freud's passage in "The Ego and the Id" — "The ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface" (Freud 636) — to conceptualize "the body as the psychic projection of a surface" (Prosser, *Second Skins* 40). Prosser claims that this is a misreading of Freud's statement, especially given the following footnote to the passage: "I.e., the ego is ultimately derived from bodily sensations, chiefly those springing from

the surface of the body. It may thus be regarded as a mental projection of the surface of the body, besides, as we have seen above, representing the superficies of the mental apparatus" (Freud 637). He posits instead that "Freud underlines that the bodily ego derives not so much from the perception of the body (an 'external perception'), that is, from what can be seen, but from the bodily sensations that stem from its touching—touching here in both an active and passive sense—(an 'internal perception')" (*Second Skins* 43). The issue with the use of this passage, according to Gayle Salamon, is that it has both been taken to argue the material basis of the subject, as Prosser does, or to put that material basis into question, as it is done in Butler. In order to refute Butler's theory of performativity Prosser relies on a split between the body image and the body (or postural) schema to argue that transsexuality is more of a product of internal feelings, sensations, and perceptions that move the individual towards bodily gender modification. Joonas Taipale describes the 'body schema' as "a pre-reflective, functional, and non-objectifying bodily self awareness, a practical projection of possibilities of movement" and the 'body image' as "a perceptual, conceptual, or emotional representation of one's own body" (Taipale 45). The body schema, in this conceptualization, could also be taken to be pre-discursive. Not all theorists agree with this conceptual split between the body image and the body schema, and it is certainly not the case that the body schema is somehow outside the world and its norms and conventions. The body schema is not the natural to the cultural body image. The body schema is also built up over time and although its constructedness recedes into the background, it carries with it a "sedimented history" (Salamon 78).

Salamon, contra Prosser, turns to Paul Schilder's theory of the relation between the body and self in order to reintegrate the effects of the discursive on subjectivity. Schilder suggests that our experience of our bodies is mediated by body image, defined as "a psychic representation of the body that is constructed over time" (Salamon 29). Grosz writes of Schilder's body image:

The body image, for him, is formed out of the various modes of contact the subject has with its environment through its actions in the world. In this sense, the body schema is an anticipatory plan of (future) action in which knowledge of the body's current position and capacities for action must be registered. It is also comprised of various emotional and libidinal attitudes to the body, its parts and its capacity for certain kinds of performance; and finally, it is a social relation, in which the subject's experience of its own body is connected to and mediated by others' relations to their own bodies and to the subject's body. (*Volatile Bodies* 67-68)

Schilder's theory provides a number of important concepts. First, it is constructed over time and in relation to the environment, others, and the world. Second, if the body image is constructed relationally, then it cannot be understood as voluntaristic. Additionally, Schilder views the body image as having two parts that are "closely related to perception and action" (Grosz, *Volatile* 69); however, these components, for Schilder, are not discrete parts, such as body image versus body schema, "but more like two poles or extremes of a single integrated and integrating image" (Grosz, *Volatile* 69).⁶ Further, the body image is also not merely a reflection of the contours of the body, but rather is more invested in parts of the body that are of concern to the subject's projects (Weiss 1; Grosz, *Volatile* 34, 37). This last point is of particular importance to my research. The concept

⁶ Salamon notes that "Schilder often uses the terms *postural model*, *body image*, and *body schema* interchangeably" (29, emphasis original).

that the body image is more invested in particular parts of the body may explain, to some extent, an increased or decreased investment in reconfiguring those parts. The wish to transition gender may be a matter of degree of investment, rather than an indication of some objective truth of gender.

In sum, the body is integral to subjectivity and the ego. The self cannot exist without the body. The body is also not a fixed, stable, biologically determined entity; rather, the body, and the body image, are changed through their interactions with each other and the environment. Further, the body and the self are constituted intersubjectively. We only understand ourselves in relation to other subjects. This conceptualization of the self and body is used throughout this dissertation in order to explore the complexities of gender identity and decisions made regarding social and medical transition beyond designating cases of de/retransition as a result of misdiagnosis.

2.2. *On (Queer and Trans) Affect*

Harlan Weaver posits that attending to affect can “produce better understandings of trans experiences through careful and caring attention to the ways that affect shapes those experiences and the embodiments that emerge from those experiences” (*Thinking* 24-25). I believe that attending to the affective aspects of de/retransition will move beyond the simple characterization of individuals who undergo the process as filled with ‘regret’ and as having made a mistake. Following C. Jacob Hale, I am not interested in categorizing these individuals, pinning down their identities, or determining whether they are, or ever were, ‘truly’ trans/gender/sexual. I want to examine, instead, the feelings and circumstances involved in the processes of gender de/transition. In what follows, I discuss my particular approach to understanding affect.

Contemporary affect theorists describe affect, following Spinoza, at its most basic, as the ability “to affect and be affected” (Massumi, *Politics* ix; Gregg and Seigworth 2; Clough 2; Stewart 1-2). Spinoza shifted focus from theorizing the body as a purely biological thing or container for consciousness, to exploring it “in terms of what it can do, the things it can perform, the linkages it establishes, the transformations and becomings it undergoes, and the machinic connections it forms with other bodies, what it can link with, how it can proliferate its capacities” (Grosz, *Volatile* 165). Similarly, for Melissa Gregg and Gregory J. Seigworth,

affect arises in the midst of in-betweenness: in the capacities to act and be acted upon ... affect is found in those intensities that pass body to body (human, nonhuman, part-body, and otherwise), in those resonances that circulate about, between, and sometimes stick to bodies and worlds, and in the very passages or variations between these intensities and resonances themselves. (1)

Spinoza and Deleuze and Guattari were not interested in embodiment per se, but in what the body is able to do (Grosz, *Volatile* 168-169). Affect plays a significant role in what a body can do, according to Spinozan and Deleuzian affect theorists.

There is a general divide in approaches to the study of affect where one strain tends toward distinguishing between affect and emotion, insisting that, unlike emotion, affect is non-referential, non-conscious, and non-intentional. For instance, Brian Massumi writes, “by ‘affect’ I don’t mean ‘emotion’ in the everyday sense. The way I use it comes primarily from Spinoza. He talks of the body in terms of its capacity for affecting or being affected” (*Politics* 3). For Massumi, affect refers to the ways in which the body is open to situations and its capacity for change (*Politics* 7). Similarly, Gregg and Seigworth posit:

Affect, at its most anthropomorphic, is the name we give to those forces—visceral forces beneath, alongside, or generally *other than conscious knowing*, vital forces *insisting beyond emotion*—that can serve to drive us toward movement, toward thought and extension, that can likewise suspend us (as if in neutral) across a barely registering accretion of force-relations, or that can even leave us overwhelmed by the world’s apparent intractability. (Gregg and Seigworth 1, emphasis mine)

Affect, for these theorists, challenges dualisms: between the subjective and the objective, the mind and the body (Massumi, *Politics* x). Indeed, one of Massumi’s objectives is to theorize beyond the “semiotic paradigm”, which he believes renders invisible the instability of subjectivity and the change and transformation that affect gives rise to (Brown and Tucker 234). For Massumi, theorizing affect is so powerful because it is beyond consciousness and experience. It occurs within a “neurological half second gap” (Brown and Tucker 239), which is to say, it occurs before it is registered consciously. And because it occurs before it is consciously registered, it has the capacity to transform bodies.

In her critique of the ‘new affect theorists’ Ruth Leys argues that Massumi’s theory, while purporting to blur the distinction between body and mind, actually reinforces this dualism insofar as he defines the mind “as a purely disembodied consciousness” (456). One of the problems with the ‘new affect theorists’, for Leys, is that they separate the mind from the body in positing the body as thinking. In attempting to theorize the body as animate outside of consciousness these theorists repeat a sort of Cartesian dualism, albeit favouring, instead, the body over the mind. Consciousness is attributed to the mind and nonconsciousness to the body, even if this nonconsciousness is reformulated as ‘thinking’.

Another main premise of affect theory that has come out of the 'affective turn' is that affect is nonintentional versus emotion which is theorized as intentional. Leys argues that this 'anti-intentionalism' is "what fundamentally binds together the new affect theorists and the neuroscientists" (443). One of the major issues that Leys has with this anti-intentionalism is that it implies that affect is beyond meaning and ideology, and thus "affect produces as one of its consequences a relative indifference to the role of ideas and beliefs in politics, culture, and art in favor of an 'ontological' concern with different people's corporeal-affective reactions" (451). However, Leys identifies an issue with the way in which Massumi understands intentionality. She argues that his understanding of intentionality purports that for experience to be intentional it must be fully conscious. However, for phenomenology, intentionality refers to the idea that consciousness is directed at objects, not that all experiences are necessarily aware or present to consciousness. In Leys's view, then, the new affect theorists are attempting to theorize "a more embodied account of mind-world interactions", but "there is nothing inherently noncognitive or nonintentionalist about such an embodied theory" (458). I tend to agree with Leys. Besides the obvious difficulty of studying concrete instances of affect's influence on bodies in this paradigm, I find it problematic that our only capacity for transformation is located within nonconscious processes of being affected or affecting. In this scenario, the mind is 'too late' to be involved in any radical change, thus possibility for transformation is relegated to the body's capacities. Consequently, there is nothing transformative about emotion, figured as affect's conscious counterpart. Indeed, Leys argues that "the emphasis thus falls on the role of affective neural and neurochemical networks considered to be capable of emergent, unpredictable activity creating

possibilities for political and personal change” (Leys 452). Similarly, Rei Terada contends that in theories that propose affect and emotion as distinct, “there does not seem to be anything unconventional, anything potentially radical in emotion. Hence emotion is seen as the territory that remains to subjects after one has admitted that even nonsubjects have affects” (Terada 5-6). Likewise, in her review of the move to distinguish affect from emotion, Ahmed posits, “it is implied here that affect in taking us beyond conscious knowing and emotion is what allows movement, what enables us to go beyond a subject, even though an ‘us’ that is somehow attuned to vital force relations is given here in words” (*Cultural* 208).⁷

In the 'new affect theory' paradigm, affective bodily memory is also positioned as more able to enact radical change than conscious memory. Massumi argues this is because conscious memory is "retrospective, going from the present to reactivate the past, whereas active memory moves in the other direction, coming from the past to energize the present" (*Politics* 61-62). And further,

Immediacy, in this way of thinking about it, is always in relation to the past, but it's a direct, unmediated relation to the past as the past is coming back to life in the singularity of a given situation that hasn't yet fully played itself out....

Immediation is actually more intensively inclusive of the past than a reflective or critical thinking about it, because it includes the *force* of the past—where it is potentially heading beyond itself, as a function of its own momentum meeting the singularity of a new arising. Immediation is the past bumping against the future in the present. (Massumi *Politics* 147-148, emphasis original)

⁷ Ahmed is specifically referring to a description of 'affect' found in Gregg and Seigworth's introduction to *The Affect Theory Reader*. She also names Massumi as championing this split.

Conscious memory has little power to effect any actual change in these theories. I do not disagree that conscious memory can function in this way. Indeed, this is a point that many queer theorists make, including Elspeth Probyn. In *Outside Belonging*, Probyn argues that the retrieval of the past to “justify the present” is unproductive and fails to create “anything new in the present. It merely reproduces the present as an effect of the past, of past causes” (117). But if we take seriously a phenomenological understanding of memory, conscious memory need not be understood as the stagnant other to nonconscious memory. If it is the case that memory involves an actual re-experiencing and reliving of the past, then it does not seem far-fetched to characterize memory as always active and imbued with potential, whether conscious or un(non)conscious. A phenomenological account of memory also acknowledges that memory is intertwined with imagination—an entwinement that suggests that the act of remembering is also bound up with the creative act of imagining other possibilities. Additionally, phenomenology insists that remembering brings about a distinction between our present and past selves—suggesting that memory does not merely justify the present, but, instead, works to constantly transform identity. In the case of individuals who de/retransition, conscious memories may contribute to a re-membering of the past, identity, and the body.

Thus, for my project I follow queer theorists who refuse the hard and fast distinction between affect and emotion.⁸ Like Mel Chen, Ahmed, Sianne Ngai, Teresa Brennan, and Butler I don’t deny that affect *may* be prepersonal and nonsubjective;

⁸ Ahmed makes an interesting point about the distinction between affect and emotion as potentially “operat[ing] as a gendered distinction”, which works to exclude “certain styles of thought (we might think of these as ‘touchy feely’ styles of thought, including feminist and queer thought) from affect studies” (*Cultural Politics* 208).

however, I agree with Ngai that, “affects are *less* formed and structured than emotions, but not lacking form or structure altogether; *less* ‘sociolinguistically fixed’, but by no means code-free or meaningless; *less* ‘organized in response to our interpretations of situations’, but by no means entirely devoid of organization or diagnostic powers” (27, emphasis original). Similarly, Brennan distinguishes between affect and feeling, but finds no “reason to challenge the idea that emotions are basically synonymous with affects (if more an evidently physiological subset), or that moods and sentiments are subsets referring to longer-lasting affective constellations. What does need to be borne in mind is that all affects, including even ‘flat affects’, are material, physiological things” (5-6). For Brennan, ‘the transmission of affect’ underlines the idea that we are not self-contained subjects, but rather that the boundaries between self and other/environment are insecure. However, she does not conclude that this renders irrelevant one’s personal emotional experience (6). In fact, she argues “even if I am picking up on your affect ... the thoughts I attach to that affect, remain my own: they remain the product of the particular historical conjunction of words and experiences I represent” (Brennan 7). For Butler, as may be expected, we are affected before we become subjects, or can refer to ourselves as ‘I’, but “yet there seems to be much we can still say” (*Senses* 4). Central to her argument are norms:

Norms impress themselves upon us, and that impression opens up an affective register. Norms form us, but only because there is already some proximate and involuntary relation to their impress; they require and intensify our impressionability. Norms act on us from all sides, that is, in multiple and sometimes contradictory ways; they act upon a sensibility at the same time that they form it; they lead us to feel in certain ways, and those feelings can enter into

our thinking even, as we might well end up thinking about them. (Butler, *Senses* 5)

Ahmed, also influenced by phenomenology, eschews concrete distinctions, focusing instead on ‘impressions’. Ahmed’s understanding of emotions is also useful because she insists that emotions are intentional insofar as they are directed or oriented toward objects. Emotion is not, however, located in the object, or in the subject, but rather emerges from a relation between the two: “emotions are not simply something ‘I’ or ‘we’ have. Rather, it is through emotions, or how we respond to objects and others, that surfaces and boundaries are made: the ‘I’ and the ‘we’ are shaped by, and even take the shape of, contact with others” (*Cultural* 10). It is our relationship to certain objects that imbues them with affect and this affective value influences the emotions they engender. And, it is not the case that because emotions are intentional the subject is always aware or conscious of how they feel or why they feel the way they do. Moreover, rather than characterizing affect as promoting movement and emotion as inhibiting it, Ahmed recognizes both the movement and stasis that emotions can engender. While emotions move us and move between us, they also create forms of attachment that hold us (*Cultural* 11).

I aim to attend to the affective dimensions of gender (de/re)transition in order to sidestep the ways in which de/retransition is commonly understood. Without paying attention to lived experiences and the feeling these experiences engender, feeling that may move a person toward change, or perhaps even turn them back, de/retransition will continue to be interpreted through a medicalized approach to trans embodiment. Of course the medicalization of trans phenomena is important for contextualizing de/

retransition, but my aim is to challenge and disrupt these discourses by turning my focus to the individuals who engage in the process and the feelings and emotions that prompt or accompany such a process. I explore affect primarily through a (queer) phenomenological lens. Phenomenology emphasizes the importance of embodiment and lived experience and provides a theoretical framework for attending to affect in personal narratives. A phenomenological view of affect also provides a perspective that takes seriously the entwinement of body and mind and the embodied subject's inextricability with the world. Further, phenomenology does not necessarily make distinctions between affect and emotion, and consequently offers a more practical approach to attending to the affective negotiations involved in transitioning and de/retransitioning.

2.3. On (Queer) Temporality

Queer affect theorists also pay particular attention to temporality. This project threads queer temporal approaches to understanding gender transition and de/retransition throughout. For instance, I consider mainstream media narratives of de/retransition in relation to Lee Edelman's 'reproductive futurism' which explains the tendency of politics to use children, or the figure of the 'Child' as futurity, to suspend the rights of queers in the present. In my review of relevant mainstream news articles about de/retransition I discuss the moral panic around the possibility that future children may be harmed by the apparent laxity of the medical regulation of transition-related treatment in relation to this queer temporality framework. The project also interrogates the medical imperative of linearity in the process of gender transition. Gender transition is traditionally characterized as a one-way, forward-moving process from female-to-male or male-to-female. Trans people have also been expected to want to undergo all steps of transition in

a linear fashion. Folks who de/retransition clearly do not abide by this normative imperative of a linear gender transition. Queer theories that address temporality suggest, among other things, that past experiences affect individuals in the present (Freeman; Halberstam, *Queer Time*; Love, *Feeling*; Muñoz). I am particularly interested in how one's gendered past may linger in the present, and how this contributes to the decision to 'turn back', or de/retransition. Additionally, I draw on José Muñoz's queer temporality to consider how the social and cultural context of New York City (NYC) in the 1970s and 1980s could influence decisions made to transition or de/retransition. More specifically, I pay attention to Muñoz's suggestion that certain environments may provide queers with a glimpse of future queer possibilities. In this case, I address the possibility that NYC in the '70s may have foreclosed particular gender expressions, while the '80s ushered in ephemeral glances at more expansive gender configurations. I also discuss the temporality of paranoia (Sedgwick) in attempts to prevent possible future regret and consider the process of de/retransition in relation to queer failure (Halberstam, *Queer Art*).

3. Methodologies

Trans studies is interested in experiential knowledge and critical of research that claims to be objective. Indeed, much trans theorizing is critical of the ways in which trans individuals have been objectified by researchers, medical clinicians, and psychologists, and how their subjective knowledges have been devalued. Central to methodological approaches to studying trans subjects is the call for attention to 'subjugated knowledges' (Stryker 13). Foucault describes subjugated knowledges as "a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently

elaborated: naïve knowledges, located low down on the hierarchy, beneath the required level of cognition and scientificity” (82). Further, he locates the potential for criticism in “the re-emergence of these low-ranking knowledges, these unqualified, even directly disqualified knowledges (such as that of the psychiatric patient, of the ill person, of the nurse, of the doctor—parallel and marginal as they are to the knowledge of medicine—that of the delinquent etc.), and which involve what I would call a popular knowledge” (82). Of particular interest for my project are the ‘disqualified knowledges’ of the psychiatric or medical patient. I aim to bring to the fore the experiential knowledges of individuals who have gone through the process of de/retransition.

While trans and queer scholarship on the topic of non-normative gendered embodiment has proliferated in the last two and a half decades, there has not been much scholarly focus on the topic of de/retransition within these academic fields. My methodological approach is informed by my aim of supporting de/retransitioners. According to Hildebrand-Chupp, research with the goal of supporting de/retransitioners would logically include the

in-depth qualitative interview, which can shed light on detrans people’s experiences and the way they navigate their lives. A study of people who have detransitioned could investigate the diverse range of meanings associated with detransition. A study involving detransitioners or people with NTEs [negative transition experiences] could delve into their narratives, the kinds of struggles they have encountered when interacting with the medical/mental health systems, their experiences of gender dysphoria, the ways they have found to manage that dysphoria, their experiences with detransition communities, and so on. (811)

Accordingly, my project is also qualitative in nature. I conducted individual interviews with 3 participants residing in Canada and the United States. I outline my specific methodology below.

3.1. Narrative Inquiry

My project employs narrative inquiry as a methodological approach. Narrative inquiry is the study of experience as told in storied form (Aryes, “Narrative Interview”; Chase; Clandinin; Clandinin and Caine; Clandinin and Rosiek; Polkinghorne; Riessman, “Analysis”; Riessman, “Narrative Analysis”; Riessman, *Narrative Analysis*; Riessman, *Narrative Methods*). While there are many different approaches to narrative inquiry, what remains constant is the premise that “story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful” (as qtd. in Clandinin and Rosiek 37-38). In fact, Donald E. Polkinghorne suggests that narrative is “the primary form by which human experience is made meaningful” (1). Similarly, Catherine Kohler Riessman argues that narrative is the means by which individuals make sense of their experiences, specifically those that are traumatic or “difficult life transitions” (*Narrative Analysis* 4). For Riessman, narrative inquiry is particularly well-suited for research that is interested in subjectivity and identity (*Narrative Analysis* 5; “Analysis” 706).

This methodology aligns nicely with a phenomenological theoretical framework insofar as it is “an approach to the study of human lives conceived as a way of honoring lived experience as a source of important knowledge and understanding” (Clandinin, *Engaging* 17). Narrative inquiry shares with phenomenology an interest in studying experience as experienced by embodied subjects with an emphasis on the idea that

experience is meaningful (Chase 273; Clandinin, *Engaging* 18; Clandinin and Caine 542; Clandinin and Rosiek 37, 69; Reissman, *Narrative Analysis* 8; Polkinghorne 1). Indeed, according to Susan E. Chase, “a major contribution of narrative analysis is the study of general social phenomena through a focus on their embodiment in specific life stories” (274). Accordingly, D. Jean Clandinin and Jerry Rosiek suggest that narrative inquiry not only attends to the narratives of individuals, but also considers how their experiences are bound up with the world (42). In fact, Andrea Fontana posits that “in conveying life to us, respondents tell us stories about themselves, but they do not do so in a social vacuum” (167). This focus on the experiences of embodied subjects in the world meshes well with the theoretical framework used in this project.

Narrative inquiry is also particularly well suited for a queer approach because it rejects entering into research with preconceived categorization (Reissman, “Narrative Analysis” 540). Moreover, it is commensurate with poststructuralist theory. According to Corinne Squire, Molly Andrews, and Maria Tamboukou:

A postmodern approach is commonly argued to compromise the political engagement which many narrative researchers seek. However, narrative research that engages thoroughly with postmodernism does not necessarily exhibit such compromises. Some narrative researchers operate with an extended version of postmodern or poststructuralist critiques of ‘narrative’, formulating narrative research as a poststructural enterprise, aware of narratives’ social positioning as discourses and of the problematics of subjectivity and story ‘meaning’. Such thoroughgoing poststructural takes on narrative are relatively infrequent, but they are important reminders of where many narrative researchers’ theoretical concerns with language, subjectivity, discourse and power relations might lead, if they followed them more thoroughly. (9)

Similarly, Kathleen Wells argues that narrative inquiry can include a recognition of the larger discourses and social context in which participants tell their stories (38). Indeed, Riessman argues that in narrative inquiry that is ‘post positivist’ concrete distinctions are not made between fact and fiction (*Narrative Analysis 2*).

Furthermore, personal narratives do not merely describe experiences and identities, but can also be understood as occasions for individuals to construct identities (Riessman, *Narrative Analysis 2*; Riessman, *Narrative Methods 8*). These identities are fluid; they “can be assembled and disassembled, accepted and contested, and indeed performed for audiences” (Riessman, *Narrative Methods 7*). In fact, Riessman argues that “approaching identity as a ‘performative struggle over the meanings of experience’ opens up analytic possibilities that are missed with static conceptions of identity and by essentializing theories that assume the unity of an inner self” (“Analysis” 701). Kristen M. Langellier also discusses the idea of personal narratives as performative in her chapter, “Personal Narrative, Performance, Performativity: Two or Three Things I Know for Sure.” For her, personal narrative “*constitutes* identities and experience, producing and reproducing that to which it refers” (446, emphasis original). Personal narrative does not reflect a preformed, stable self, but rather works to accomplish a self. Perhaps most importantly, Langellier posits that

personal narrative is a performance strategy with particular significance for socially marginal, disparaged, or ignored groups or for individuals with ‘spoiled identities’. Personal narrative as cultural performance has transformative power to assert self-definitions about who matters and what matters: the existence, worth and vitality of a person or group as meanings not otherwise available to an audience. (453-454)

This point is of importance to my project insofar as I contend that attending to the personal narratives of individuals who de/retransition can lead to better interpretations of this process. Listening to those folks who actually engage in the process of de/retransition allows for new knowledges and meanings to emerge around the topic.

Narrative inquiry is also concerned with temporality. Following Ricoeur, Polkinghorne suggests that narratives reveal something about our understanding of time and the way in which experiences are fundamentally temporal. Echoing a phenomenological account of time, Polkinghorne writes: “Temporal existence draws the past and its possibilities into the present through tales and histories, and it imaginatively anticipates the future consequences of activity by seeing them as reenactments of its repertoire of stories” (135). Similarly, following Dewey, Clandinin and Rosiek understand experience as being continuous—individuals, objects, and events have “a past, present as it appears to us, and implied future” (45), where the past blends into the present and the present into the future (69). For Riessman, personal narratives do not offer truths in the form of recounting experiences accurately, but, rather, “in the shifting connections they forge among past, present, and future” (“Analysis” 705). According to Squire, Andrews, and Tamboukou, a postmodernist lens can identify “the co-presence of futurity and past in the present, the reconstruction of the past by new ‘presents’, and the projection of the present into future imaginings, in ways that do not give an implicit priority to personally experienced time” (11). As previously mentioned, queer theories of time attend to these temporal complexities and, thus, can bring to narrative inquiry a fresh perspective regarding the temporal nature of narrative.

4. Research Methods

My approach to narrative collection follows Jack Halberstam's 'scavenger methodology' (H. McCann 235). This methodology "draws upon various methods for the production of knowledge" using "cultural fragments" to narrate a topic "without a definitive conclusion on the subject" (H. McCann 235). H. McCann argues that "Halberstam's work highlights the value of analyzing a variety of cultural texts alongside more traditional social research methods such as conducting interviews" (236). This approach to narrative collection is commensurate with narrative inquiry. Indeed, D. Jean Clandinin and Vera Caine posit that 'field texts' can be garnered from interviews and 'artifacts' (543). For Polkinghorne, this could include "personal and social histories, myths, fairy tales, novels" (1). Accordingly, I attend to a variety of narrative texts, including a collection of news stories on the topic of de/retransition, Leslie Feinberg's 1993 novel *Stone Butch Blues*, Brian Belovitch's memoir *Transfigured: My Journey from Boy to Girl to Woman to Man*, and individual in-depth qualitative interviews.⁹

My dissertation is organized in such a way where each chapter deals with narratives that become progressively personal. As such, the first chapter is an analysis of mainstream media representations of de/retransition, with discussion of topics such as desistance rates, rapid-onset gender dysphoria, autism, and approaches to transition-related medical care. The second chapter rereads Leslie Feinberg's fictional (or semi-autobiographical?) *Stone Butch Blues* as a narrative of de/retransition and considers what this narrative adds to contemporary debates in trans studies, specifically with regard to the trans/cis binary and trans temporalities. The third chapter focuses on Brian

⁹ More information on the specific methods used for the qualitative research portion of the project is provided in Chapter Four.

Belovitch's memoir, *Trans Figured: My Journey From Boy to Girl to Woman to Man*, where the topics of trauma, passing, and gender euphoria and queer utopia arise. This chapter focuses on the affective aspects of gender (de/re)transition. The fourth and final chapter presents the interviews that I have conducted with three participants. These interviews, for the most part, echo the ideas presented in the preceding chapters; however, they have also unearthed an interesting intersection with fatness which is explored in detail. And finally, I conclude the dissertation with a brief commentary on authenticity and regret.

Chapter One:

An Analysis of Mainstream Media De/Retransition Narratives¹⁰

Within the past few years (2015-2020), numerous stories about de/retransitioning have surfaced in the mainstream media. I argue that the increase in the visibility of trans people and issues has been accompanied by a backlash in the form of a concomitant increase in the circulation of de/retransition stories. The interpretation of mainstream media publications on ‘sex change regret’ as a backlash to trans visibility and support for trans people is substantiated by the surfacing of a rumour about Caitlyn Jenner de/retransitioning just eight weeks after her July 2015 *Vanity Fair* cover. While this initial rumour was short-lived—only seemingly reported by a number of disreputable news sources—the rumour surfaced once again in early May 2016. This rumour was then regurgitated by numerous other online news sources, including *CBS* and *The Washington Post*, mainly from May 12-May 15 of the same year, although a few articles perpetuated the rumour a month, and even over a year later. Many of these articles outright state, or imply, that were the rumour true, support for trans people and trans rights would be devastated due to Jenner’s status as a public figure for trans acceptance. Along with these articles, I have also collected over 50 mainstream media articles that focus on, or mention, de/retransition, published from 2015¹¹ to 2018.

¹⁰ This chapter is derived in part from an article that has been published in the *European Journal of English Studies*, 2020, copyright Taylor & Francis, available online at www.tandfonline.com/10.1080/13825577.2020.1730052.

¹¹ This date was not predetermined by the researcher. While there are a few articles that mention de/retransition prior to 2015, the bulk of the attention has occurred from 2015 onward. The articles collected are English language ones primarily from the United States and the UK, although a few are from Australia and New Zealand, as well.

What many of these articles have in common is that they centre around a number of themes all related to the gatekeeping of access to trans related healthcare. First, many of the articles claim that as trans visibility and support for trans people increases, de/retransitioners are being silenced and any discourse focusing on de/retransition is shut down by a social and political climate that would label those who dare to speak up as transphobic.¹² This theme is detected in the majority of the articles, but is especially prevalent in articles that discuss James Caspian, a psychotherapist whose proposed master's thesis on the topic of de/retransition was rejected by Bath Spa University's research ethics board. Second, the collection of articles often begin discussing de/retransition broadly before going on to discuss (White, cisgender) children and the need to protect them from making the potentially irreversible mistake of transitioning gender. Third, related to the concern regarding children transitioning a moral panic is detected in the mainstream media pertaining to the idea of transness as 'social contagion', an idea that is apparently supported by an increase in rates of children, adolescents, and young adults presenting to clinics with gender dysphoria. The social contagion theory has even cropped up in academia, under the heading 'rapid-onset gender dysphoria' (ROGD)—a subset of gender dysphoria that seemingly occurs "for the first time during puberty or even after its completion" (Littman 1). The fear is, then, that (White, cisgender) children

¹² While this is not entirely untrue, it is oversimplified. Some trans people *are* antagonistic toward those individuals who share their stories of de/retransitioning mainly because the process of de/retransition has been used as fodder by trans exclusionary radical feminists and the far right to invalidate trans subjectivities and increase medical gatekeeping of transition-related healthcare. Additionally, as Julia Serano argues, even those individuals who are seemingly supportive of trans people are using stories of de/retransition in a way that implies that access to medical care for trans people should be more regulated ("Detransition"). See also Wilchins, Riki. "No, De-Transitioning Is Not A Thing." *Advocate*, 7 July 2017, www.advocate.com/commentary/2017/7/07/no-de-transitioning-not-thing.

and adolescents are being diagnosed with gender dysphoria and undergoing medical transition at alarming rates while, simultaneously, more and more individuals are ‘coming out’ as ‘detrans’.¹³ The resulting implication is that increasing numbers of individuals (White, cisgender children) are being misdiagnosed, which, of course, bolsters support for increased regulation of access to transition related healthcare. In this chapter, I analyze the aforementioned themes presented in these mainstream media articles, considering the ways in which stories told about de/retransition are framed in order to raise questions about the appropriateness of gender-affirming medical care for trans people and, by extension, support increased psychiatric gatekeeping and medical regulation of trans-related healthcare. I begin by analyzing the 2016 rumour about Caitlyn Jenner de/retransitioning, which links the current obsession in the mainstream media with the prospect of people de/retransitioning to the increased visibility and support of trans people and issues. I then examine the idea, threaded through many of these articles, that de/retransition is not talked about enough and that this discourse is being shut down by political correctness. I couple this discussion with an overview of the current academic literature (2011-present) on rates of ‘sex change’ or ‘postoperative regret’. Further, I analyze the politics of turning the focus to children in these discourses, paying close attention to issues of irreversibility and infertility. Next, I turn to the spectre of transness as ‘social contagion’ presented in these articles alongside current academic conceptualizations of ROGD. And finally, I conclude the chapter with a discussion of

¹³ ‘Detrans’ can be understood alternatively as ‘ex trans’, similar to ‘ex gay’. One previously thought they were trans or gay, but ultimately were not. This idea connects with social contagion theories, which suggest that the existence of ex gay or ex trans people proves that het or cis people can be recruited into these ‘lifestyles’. This comparison is seen in some of the mainstream media articles I collected for this research.

what these discourses *do* politically. I consider how the framing of de/retransition in the mainstream media works to support increased psychiatric gatekeeping and medical regulation of trans-related healthcare. I also gesture toward what can be gained from interpreting these stories beyond the framework of ‘sex change regret’, which is the focus of the remainder of the dissertation.

1. Caitlyn Jenner Rumour

When I first began this project, I identified a backlash against the significant increase in the visibility of transgender individuals and issues in the form of an increased deployment of the ‘sex change regret narrative’ in the mainstream media. The purpose of my project at the time was to look at the newly burgeoning narratives of de/retransition in order to analyze them beyond the dominant interpretation of ‘sex change regret’—I wanted to identify the nuances of this process and attend to how individuals describe their own experiences. I started this project in 2015, the same year that Caitlyn Jenner graced the cover of *Vanity Fair*. While Jenner certainly was not the only trans person to be making headlines at the time, her *Vanity Fair* cover undeniably contributed significantly to the increased visibility of trans people and issues. Thus, when I identified this increase in the deployment of the ‘sex change regret narrative’, I also cited Jenner’s (and other famous trans folks) increased visibility as a catalyst for this backlash. Thain Parnell’s concerns in their article, “Transition is No Casual Matter, and We Need to Talk About Those Who Regret It” (*Feminist Current*), support this interpretation. Parnell writes, “the high visibility of trans-identified people like Caitlyn Jenner and Chaz Bono has made society more accepting of transgenderism [sic], but we are failing to ask important

questions about this trend.” Similarly, Walt Heyer¹⁴ writes in his article, “sex-change studies base their conclusions on as few as 10 percent of study subjects. The truth is, many people who follow Caitlyn Jenner’s path will deeply regret it” (“Research”). Heyer is also quoted in Stella Morabito’s article, where he suggests that “we’ll look back and see Bruce [sic] Jenner’s 2015 *Vanity Fair* cover story as the high-water mark of the trans fad.”

It is not surprising, then, that shortly after her *Vanity Fair* cover in 2015, a rumour about Jenner de/retransitioning surfaced on the website *Nova Girl*, in an apparently satirical article entitled “Caitlyn Jenner in shock announcement ‘I’m detransitioning.’” According to the website *Snopes*, this rumour was initially created by the fake news site *Huzlers*. The Editorial Board of *Nova Girl* suggested that Jenner had announced her intentions to de/retransition just two months after her *Vanity Fair* cover. The rumour did not become widespread, however, until it resurfaced on May 11, 2016 when it was published by *The Wrap*.

In order to analyze this rumour, I collected 50 articles through Google searches performed prior to December 1st 2018 using the search terms: “Caitlyn Jenner detransitioning”; “Caitlyn Jenner detransition”; “Caitlyn Jenner de-transition”; and “Caitlyn Jenner sex change regret.” Of the 50 articles, 1 reported the rumour a year earlier than the majority of the articles; 37 of the articles, for the most part, repeated the initial rumour published by *The Wrap*; 11 articles offered alternative perspectives on the story and de/retransitioning in general; and 1 article was not specific to the de/retransition

¹⁴ Walt Heyer is a notoriously vocal anti-trans detransitioner.

rumour, but discussed Jenner's transition. The 11 articles that offered alternative perspectives were published from May 12, 2016 to May 18, 2017, with the majority falling within the same time period of the articles that repeated the rumour. This sample is not numerically representative in the sense that I was interested in finding articles that referred to the rumour, but not necessarily collecting all the articles that perpetuated the rumour. In other words, there were many more articles online that perpetuated the rumour than what I consider in this chapter. Most of these articles simply repeated the initial report by *The Wrap*. I am interested in assessing the ways in which both Jenner and de/retransition were framed in the articles, thus I ask the following questions: How many articles listed 'sex change regret' or 'regret' as the reason for Jenner's de/retransition? How many articles mentioned 'regret' more than once? What reasons are given for Jenner's alleged decision to de/retransition? And, how is Jenner represented in the articles? These questions were considered in relation to the articles perpetuating the report.

Of the 37 articles that repeated the rumour 26, or approximately 70%, referred to 'sex change regret' or 'regret' as the reason Jenner was de/retransitioning. 14, or about 38%, of these articles mentioned 'regret' more than once. The use of the terms 'sex change regret' or 'regret' indicate the ways in which the process of de/retransition has been constructed in the public imaginary. While the articles offering alternative perspectives detail some more nuanced reasons why an individual may want to de/retransition, the majority of the articles perpetuating the rumour frame the issue as one of a matter of mistaken identity and transition. The framing of de/retransition in this way

works to invalidate trans subjectivity in general and justify tighter regulations on access to medical treatment for trans people, in an attempt to prevent those who are not ‘truly’ trans from transitioning. The problem with this interpretation is that the complexity of decisions to de/retransition are overlooked. Individuals who de/retransition are deemed to be not trans and victims of an overly lax medical system. The blame is placed on misdiagnosis, thereby justifying increased regulation and gatekeeping of trans-related health care. Indeed, Samantha Allen suggests in a *Daily Beast* article that news outlets were so quick to reproduce the rumour of Jenner’s de/retransition because “‘detransition’ stories appeal to a particular and disappointingly large audience of people who want to believe that gender transition doesn’t work, that it’s not a proven form of therapy, and that no one can be happy once they have crossed the gender divide.”

Interestingly, a number of articles pondered what it would mean for the trans community were the story of Jenner’s de/retransition true. In an article with an interview with Laverne Cox, the unnamed author questions: “If the rumour were true though, would that harm the trans community” (“Laverne Cox”)? Similarly, McCall Mishler queries: “Now looking to the future, because Jenner has been so influential in raising awareness for the transgender community, what will happen to them? If she does decide to de-transition, will the community take a couple steps back from the progress they’ve made?” Additionally, Allah Pundit writes,

Big culture-war news if true, but it probably isn’t. Imagine the uproar if it’s true though. . . . If he [sic] decides now ‘What I truly am is a guy and becoming that again will make me happier than this,’ the trans community will lose its biggest name and the rest of the public will deduce that maybe being trans is less about

finding your real identity than about going through some sort of phase psychologically.

The framing of Jenner as “influential” for the trans community or the trans community’s “biggest name” works to position her (alleged) de/retransition as having the potential to devastate that community. Indeed, the characterizations of Jenner in both Mishler’s and Pundit’s articles is hyperbolic. Mishler begins his article with the following description: “when Caitlyn Jenner first came forward on the cover of *Vanity Fair* after her transition, it was a monumental step for not only her, but the entire transgender community. She has been called ‘the most famous transgender woman in the world.’” Similarly, Pundit describes Jenner as “the national face of trans acceptance.” This focus on Jenner’s importance for the trans community and trans rights (while not as overtly connected to the demise of the trans movement as those aforementioned) is a common theme found throughout the articles. For instance, Cindy Boren writes that “Jenner, 66, has been a high-profile advocate for transgender issues since announcing her new identity last June. She chronicled her transition of the reality TV show *I Am Cait* and was presented with the Arthur Ashe Courage Award at the ESPY’s last summer.” Likewise, Bossip Staff claim that “Jenner quickly became the poster woman for transgender issues just days after announcing her transition from male to female. In the year since she went public with her story, she’s been showered with awards, accolades, magazine covers, and speaking engagements to shine a light on the struggles of people born inside of bodies in which they feel they don’t belong.” Eli similarly details Jenner’s notoriety, writing:

Jenner came out as a woman in a widely watched *20/20* interview with Diane Sawyer in April of last year. He [sic] cemented the transition with a now famous cover of *Vanity Fair* magazine . . . Jenner quickly parlayed his [sic] renewed fame into the E! reality docuseries *I Am Cait* and into lucrative deals with some brands, including MAC cosmetics. Jenner was also the recipient of the ESPN's Arthur Ashe Courage Award at the ESPY's, and was named *Glamour* magazine's 'Woman of the Year' in October.

The Entertainment Desk at *The Express Tribune* also mentions Jenner's position as a trans advocate and recipient of the Arthur Ashe Courage Award. Kate Irby follows suit, writing that "Caitlyn Jenner has been named woman of the year and has been considered a pioneer for transgender rights," while Ghaist Lee claims that Jenner "became *the* voice of the transgender community" (emphasis mine). These articles imply that Jenner de/retransitioning would severely impact the trans community through the very positioning of Jenner as a significant figure for the trans movement.¹⁵

The reasons listed for Jenner's alleged de/retransition are also interesting. These reasons fell into five easily identifiable categories: 1. Her self-confessed panic attack following her transition; 2. That her transition has been much harder than expected; 3. Her sexual interest in women; which relates to 4. Her Christian beliefs that same-sex relationships are sinful; and, finally, 5. Her unwillingness to give up 'Bruce.'¹⁶

¹⁵ My point here is not that Jenner is not significant, but that her significance is greatly overestimated. She is positioned as being able to single-handedly undermine the 'trans movement' and this positioning works to increase this supposed significance.

¹⁶ The article points to Jenner's use of 'Bruce' to sometimes refer to herself, which is why I use it (cautiously) here.

The original article by *The Wrap*'s Tim Kenneally cites the first three categories as reasons for Jenner's de/retransition. These reasons were then repeated by the other news sources perpetuating the rumour. Indeed, according to *Fox News*, "the idea that Jenner has had apprehensions over the life change is nothing new. Back when Jenner graced the cover of *Vanity Fair*, the former Olympian described a panic attack following the transition." *Stuff* also describes Jenner having a panic attack, quoting her as thinking after surgery, "What did I just do? What did I just do to myself" ("Caitlyn Jenner Hits")? Mishler mentions Jenner's *Vanity Fair* confession of apprehension after facial feminization surgery, as well. It is interesting that many of these articles point to a momentary feeling of panic following a major life change, as if even the most fleeting feeling of being unsure is obvious evidence for future regret over one's transition. Of course, as Morgan Baila of *Refinery29* posits, "that brief moment of second-guessing does not equate the claims that she wishes to transition again."

Many of the news articles perpetuating the rumour also suggested that Jenner had expressed that her transition had been 'difficult' or 'much harder than expected.' Bossip Staff write, "Well, it definitely isn't easy being a woman! Caitlyn should have thought twice if that struggle wasn't really what she wanted." What these news articles do not address is why Jenner's transition would be 'difficult' or 'much harder than expected.' This sentiment in particular fails to consider the specific difficulties of living as a *trans* woman. The articles offering alternative perspectives, however, primarily pointed to discrimination as playing a large role in decisions to de/retransition.¹⁷ In an interview

¹⁷ This is not to claim that this is the only reason one might de/retransition, but rather to point out the disavowal of the impacts of social discrimination on these decisions.

with *SiriusXM*, Laverne Cox admits that she knows people who have de/retransitioned, but insists that they do so because “it’s really hard to be a transgender person in America. We don’t have laws to protect us. We’re murdered simply for being who we are. People make fun of us. We’re denied healthcare, housing, jobs” (“Laverne Cox”). Samantha Allen also posits that ‘the truth’ about people de/retransitioning is “more complex than the tabloids would have you believe.” She notes Zinnia Jones’s cataloguing of de/retransition stories, who found that many individuals who de/retransitioned did so because of the discrimination they faced post-transition. Similarly, Danielle DeCoursey writes, “there are a percentage of people who de-transition, but it may be that their reasons have more to do with society’s treatment of them than true regret.”¹⁸ Itay Hod also points to discrimination as a factor in decisions to de/retransition when he quotes Dr. Marci Bowers. Bowers suggests that “detransitioning usually happens for two reasons: One, the person can’t find a job and thus can’t make a living. The other is usually because the person is lonely and can’t seem to find love and decides to go back.” Likewise, Nico Lang argues that media coverage of de/retransition stories fail to consider that the ways in which trans people are discriminated against in society contributes to decisions to de/retransition. He writes, “we need to recognize that detransitioning is the symptom, not the cause.”

The idea that Jenner is interested in dating women and does not want to do so as a woman also dominated the articles as a reason for her decision to de/retransition. *Cooking*

¹⁸ The use of ‘true regret’ here is interesting. While I agree with DeCoursey’s overall sentiment, the use of this phrase suggests that there is a form of regret that can somehow be free from social or cultural influence.

Panda suggests that news articles have reported that “Caitlyn Jenner might be considering becoming Bruce Jenner again because of the Bible and her sexual attraction to women.” The original article by *The Wrap* reads, “according to Halperin, multiple sources close to the Kardashian family told him that Jenner might revert back because she retains her interest in females. ‘She’s still into women and wants to meet the right one,’ Halperin recalled one friend saying.” Similarly, in a particularly inflammatory article about Jenner’s apparent de/retransition, Andrea Peyser of the *New York Post* reports that Jenner’s “Christian values and deep-seated homophobia . . . are at odds with her dalliance with a crew whose members pee sitting down.” Bradford Richardson of *The Washington Post* also quotes Halperin’s claim that Jenner is still attracted to woman and wants to meet the right one. A number of the articles offering alternative perspectives note the conflation of sexuality and gender identity in these articles. The idea that Jenner would de/retransition in order to avoid being a lesbian is not only blatantly homophobic and transphobic, but is also heavily informed by historical medical ideals that one is only ‘truly’ and ‘successfully’ trans if they are heterosexual.

While the first four reasons cited in the articles are more obvious repetitions of the treatment of trans folks with a long history, I find the last reason cited particularly compelling. The idea that Jenner would choose to de/retransition because she just cannot seem to give up her past as Bruce reveals the pressure that society puts on trans people to erase their pasts and appear normatively gendered. For instance, Minyvonne Burke quotes an article by the *Daily Mail* that reported that “at an event in March Jenner admitted it was ‘tough’ for her to erase Bruce from her life.” Ghasht Lee writes in a post-

script to their article, “I knew something was up when Caitlyn announced she was going to pose naked wearing Bruce Jenner’s medals, after telling the world she wanted to leave Bruce in the past. It all makes sense now.” In an article entitled “Caitlyn Jenner on transitioning: ‘It was hard giving old Bruce up. He still lives inside of me,’” published in *The Guardian* about a year after the Jenner de/retransitioning rumour was spread, Emma Brockes points to the aggravation that Jenner’s references to Bruce causes people in the trans community. Brockes suggests that Jenner’s unwillingness to stop referring to herself as Bruce, or ‘dead-naming’ herself, “is a source of particular angst to many in the trans community, for whom use of their old names is associated with efforts to shame them.” Burke questions whether Jenner “does more harm than good” for the trans community in refusing to let Bruce go.

In sum, the articles perpetuating rumours of Jenner’s de/retransition do so in order to question the reality of trans identities and subjectivities, while also questioning the appropriateness of gender transition for trans people. By focusing on Jenner’s significance for the trans community and trans rights, journalists imply that Jenner’s de/retransition would provide proof that trans identities are either fictitious or fleeting, and thus gender transition is inappropriate. Additionally, the reasons listed in the articles for Jenner’s decision to de/retransition are formulated through a normative, and medicalized, understanding of what trans subjectivity should look like. These articles promulgate simplistic ideas about trans subjectivity, including the ideas that one must want to undergo hormone replacement therapy and all transition-related surgeries without doubt, one’s success in living in their chosen gender is independent of social factors, and one is

more successfully trans if they are heterosexual and forget or erase their past life living in another gender. All these ideas are historical remnants of the medicalization of trans subjectivity, which was used to gate keep access to transgender medical care. The mention of these ideas as factors for Jenner's de/retransition implies that these factors are useful for determining whether one is 'truly' is, or will successfully be, trans, which, by extension, supports the usefulness of gatekeeping.

2. Freedom of Speech, Political Correctness: Why Can't I Talk About 'Sex Change Regret'?

Perhaps one of the most obvious examples of the narrative of free speech being infringed upon by political correctness are a group of articles focused on the rejection by Bath Spa University's ethics board of James Caspian's research proposal to investigate de/retransition. This analysis is based on 16 news articles from 2017 and 2018 that specifically focus on James Caspian's story found using the search terms: "detransition"; "detransitioning"; "de-transition"; "de-transitioning"; and, "sex change regret," followed by a search for "James Caspian." Major news outlets in the United Kingdom published the story under headlines such as "How a Psychotherapist who has Backed Transgender Rights for Years was Plunged into a Kafkaesque Nightmare after Asking if Young People Changing Sex Might Later Regret It" (Hardy, *The Daily Mail*), "Bath Spa University 'Blocks Transgender Research'" (*BBC News*), "Academics Say Research is Being Hindered by Universities' Fear of Online Backlash" (Yorke, *The Telegraph*), "University 'Turned Down Politically Incorrect Transgender Research'" (Weale, *The Guardian*), "Academic Blocked from Researching People Who Reversed Their Gender Assignment Surgery Speaks Out" (Revesz, *Independent*), and "University Blocks 'Politically

Incorrect' Study into Gender Reassignment Reversals" (Wheaton, *Metro*). *RT News* also published the story, under the title "No Regrets? UK University Blocks 'Politically Incorrect' Research into Sex Change Reversal," while *The Times* opted for: "Even Asking Questions is Now 'Transphobic'" (Turner). Three other articles published the story with slightly more subtle titles, including *Intellectual Takeout's*, "Surgeon: More People Requesting Sex Change Reversals (But No One's Talking About It)" (Liccione), "More Transgenders [sic] Are Regretting Surgery, But No One Wants To Talk About It" (Berrien) by *The Daily Wire*, and *The National Post's*, "The New Taboo: More People Regret Sex Change and Want to 'Detransition', Surgeon Says" (Schute).

Caspian is a psychotherapist who works with trans people and as a master's student proposed a thesis on the topic of detransition. According to these articles, Caspian first encountered the topic when talking with Dr. Miroslav Djordjevic, a surgeon who specializes in gender affirming surgeries. Djordjevic shared with Caspian that he was encountering more and more patients who wanted their gender reassignment surgeries reversed (Hardy; Turner). At the same time, Caspian had noticed that his own patient population had shifted from adult assigned males to younger assigned females and wondered whether this shift was connected to increased rates of regret. After his research proposal was initially accepted by the university, Caspian did some preliminary research for the thesis, finding that increased numbers of young women¹⁹ were regretting transitioning (Schute; Weale). Caspian was then directed to submit a proposal to the research ethics board at the university, which was ultimately rejected. The way that this story is framed is that Bath Spa University turned down Caspian's research because it

¹⁹ I use 'young women' here rather than 'assigned females' to acknowledge that many of these individuals re-identify as women upon de/retransitioning.

was deemed ‘politically incorrect’ and would not reflect well on the university (*BBC News*; Berrien; Hardy; Liccione; Revesz; *RT News*; Schute; Turner; Weale; Wheaton; Yorke).

The authors of these articles go on to suggest reasons why Caspian’s research into de/retransitioning would be deemed risky for the university to allow. Michael Liccione writes that ‘transgender ideologists’ do not want people to talk about de/retransition because “it suggests that, in at least some cases, gender dysphoria consists *not* in being a member of one sex ‘trapped in the body’ of the opposite sex, but rather consists in the *belief* that one is a member of one sex trapped in the body of the other sex” (original emphasis). Thus, according to him, “to legitimize detransitioning, for the reasons given by detransitioners, would thus be to allow evidence that gender dysphoria could be what most people used to think it is. That could undermine the entire basis of the transgender movement . . . which, of course, cannot be allowed to happen” (Liccione). Janice Turner surmises that “detransition is a ‘politically incorrect’ subject” because “it suggests that some ‘gatekeeping’ is required: that it is misguided to allow *ever younger* people to take sterility-inducing hormones and have life-altering surgery without professional constraints” (emphasis mine). Similarly, Rebecca Hardy reports that “James is keen to point out that he cares deeply about transgender people, but says he also worries about *impressionable youngsters* who could be rushing into decisions and regretting them later” (emphasis mine). Berrien claims that “there are a number of people who have undergone so-called ‘gender reassignment’ surgery who regret it deeply, and they are largely being ignored in the rush to pronounce such surgery a beneficent act.” Another article uses comments by Heyer, who suggests that “there are a vast number of people who are

detransitioning because they regret having changed their gender. They [Bath Spa University] are fearful of the truth coming out and this is their way of preventing research from being done . . . they are afraid of the GLBT which are so powerful that they will probably overwhelm the university” (qtd. in *RT News*). Likewise, Turner suggests that “trans activists label all academic inquiry as transphobic.” Similarly, Joe Schute reports that “these are profoundly life-changing matters around which he [Djordjevic]—like many in his industry—feels far better debate is required to promote new understanding. But at the moment, it seems, that debate is simply being shut down.” In a similar vein, Janet Albrechtsen’s article on gender ‘reversal’ uses the rejection of Caspian’s research to critique transgender activism more broadly. She claims that the rejection of Caspian’s research is a common story “about the convergence of political correctness, the disproportionate power of a minority political movement and a fainthearted university” (Albrechtsen).

There are some easily identifiable issues with the framing of this story. First, very little information is given on Caspian’s approach to the topic and we certainly are not privy to any information regarding research design, including methodological approach. The information provided is intentionally vague in order to support charges of free speech being infringed upon. In fact, the most recent article, published by *RT News*, includes a statement by Bath Spa University claiming that “Mr. Caspian’s research proposal was not refused on the grounds of the topic, but on the methodological approach . . . The University was not convinced the approach would guarantee the anonymity of his participants and the confidentiality of data.” Rather than acknowledging the validity of the rejection of Caspian’s research by the ethics board, this article goes on to counter

using Heyer, who “believes that Caspian’s research would only help people find themselves and save them from unnecessary surgery and a feeling of regret” (*RT News*). Second, these articles suggest that transgender and/or LGBT groups are so powerful that they can silence any dissenters. This is a common strategy used by the far right. Minority groups are charged with oppressing the majority through accusations of ‘political correctness’ and the shutting down of free speech. While the topic of de/retransition is controversial, the controversy is primarily a result of the ways in which it is taken up by the mainstream media and the far right. Consider Liccione’s statement that de/retransition could “undermine the entire basis of the transgender movement” or Turner’s argument that the fact that people de/retransition indicates a need for increased gatekeeping. Trans activists are wary of engaging in the discussion (lest engagement be read as validating) because of interpretations such as these that either invalidate trans subjectivities altogether or advocate for increased regulations on access to transition-related medical care. In this sense, these articles do not only work to ‘expose’ a contentious issue, but also *produce* the issue as contentious.

This leads to the third issue detected in these articles: they promote the idea that people are de/retransitioning in large numbers. Trans people are hesitant to address de/retransitioning because of the fear that addressing the topic may lend credence to the idea that it is happening quite frequently. Indeed, articles such as “Gender Reversal Surgery is More In-Demand than Ever Before” use Djordjevic’s claims of having more and more patients request ‘reversal’ surgery as evidence for the rise in the phenomenon of de/retransitioning (Petter). Similarly, Lizette Borreli of *Newsweek* reports that “gender-confirmation surgeries . . . increased by 20 percent from 2015 to 2016 in the U.S., with

more than 3000 such operations performed last year. Rates are also increasing worldwide. Now, at least one surgeon [Djordjevic] is reporting a trend of regret.” Similarly, Albrechtson argues that, “trans politics has become a textbook case of trying to silence dissent, with bogus claims that violence is justified. And the *most innocent victims include children* who are encouraged to go down a path of gender reassignment with puberty blockers, chemicals and, when they are older, gender reassignment surgery. Doctors who work in the field report a spike in the number of these children in the past three years” (emphasis mine).

Recent²⁰ follow-up studies on trans adults show that the prevalence of regret is quite low (Wiepjes et al.; van de Grift et al.; Dhejne et al. “An Analysis”; Ruppin and Pfäfflin). Indeed, van de Grift et al. conducted a study with 136 former trans patients, none of whom reported any major regret with their decisions to transition (defined by the researchers as the wish to detransition), a finding that the researchers claim mirrors previous studies on the topic. Dhejne et al.’s study included 681 individuals who had accessed gender affirmation medical care in Sweden between 1960 and 2010 (“An Analysis”). Of these 681 former patients, only 15 “applied for reversal to the original sex”, which “corresponds to a regret rate of 2.2%” (Dhejne et al., “An Analysis” 1540). This study reveals a relatively low rate of regret in adults and is one of the most cited statistics on the topic. Ruppin and Pfäfflin’s study showed a similar trend, with none of the 71 participants expressing a wish to reverse their gender transition procedures and also reporting “high degrees of well-being” (1326). Thus, the suggestion that runs through many of these articles that more and more individuals are de/retransitioning and

²⁰ I looked at studies from 2011 and later.

that nobody is willing to talk about for fear of reprisal is not substantiated by scientific studies that have addressed the prevalence of regret.²¹

3. Won't Somebody Please Think of the (White, cisgender) Children?

As I have begun to highlight in the previous section, while the articles collected address the phenomenon of de/retransitioning in general they tend to use children to emphasize the 'disastrous' consequences of more 'progressive' approaches to transition-related medical care. Along with the articles already mentioned, I also collected 27 news articles that address de/retransition more generally. These reports mirror this tendency.

For the purpose of this analysis, I will focus on Katie Herzog's "The Detransitioners: They Were Transgender, Until They Weren't" (*The Stranger*), Thain Parnell's "Transition is No Casual Matter, and We Need to Talk About Those Who Regret It" (*Feminist*

²¹ While the regret rate of 2.2% is the one most often used in these conversations, it is important to note that the rate of de/retransition is not really known. For instance, D'Angelo et al. argue that the 2.2% statistic may not include all cases of de/retransition both because of "overly stringent definitions of regret" and "very high participant loss to follow-up" and "post-transition suicide" (13). I both acknowledge that this is a possibility and am critical of the ways in which the mainstream media has exaggerated the frequency of de/retransition without evidence to support such claims.

Current), Jesse Singal's "When Children Say They're Trans" (*The Atlantic*)²², and Lisa Marchiano's "Misunderstanding a New Kind of Gender Dysphoria" (*Quillette*), in order to demonstrate this trend. Parnell relates their own experience of transitioning, beginning when they were 28 and the experiences of a friend, who began the process at 24. Despite only referencing experiences of adults, Parnell's article drifts to a discussion of the repercussions of de/retransition for children at multiple points. For instance, they write in response to the increased visibility of trans individuals in the media: "this new enthusiasm for all things trans should come with a caveat, especially when young, impressionable kids are making serious, potentially irreversible changes to their bodies they may one day regret." Herzog's article does this as well. Herzog's adult interviewee Jackie (25), who de/retransitioned, points to changes in healthcare standards from the old 'gatekeeping' model to the newer gender affirmative model as "part of the problem."

²² Jesse Singal has been called out by trans activists and academics for continuing to write about trans issues from a 'trans-suspicious position'. See Serano, Julia. "Detransition, Desistance, and Disinformation: A Guide for Understanding Transgender Children Debates." *Medium*, 2 August 2016, www.medium.com/@juliaserano/dettransition-desistance-and-disinformation-a-guide-for-understanding-transgender-children-993b7342946e.

See also Barasch, Alex. "Sacred Bodies." *Slate*, 20 June 2018, www.slate.com/human-interest/2018/06/desistance-and-detransitioning-stories-value-cis-anxiety-over-trans-lives.; Brabow, Kasandra. "How Many Kids *Actually* Change Their Mind About Being Trans?" *Refinery29*, 19 June 2018, www.refinery29.com/transgender-kids-gender-dysphoria-mistake.; Daniari, Serena. "Detransitioning is a Controversial Topic that Requires Nuance at Every Point in the Conversation." *Mic*, 6 September 2018, www.mic.com/articles/191147/mic-dispatch-detransitioning-episode-walt-heyer-robyn-kanner#.I8DqMhDo0.; Kerri, Amanda. "Why the Trans Community Hates *The Atlantic's* Cover Story." *Advocate*, 25 June 2018, www.advocate.com/commentary/2018/6/25/why-trans-community-hates-atlantics-cover-story.; Meadow, Tey. "The Loaded Language Shaping the Trans Conversation." *The Atlantic*, 10 July 2018, www.theatlantic.com/family/archive/2018/07/desistance/564560/.; Verman, Alex. "Why Reporters Need to be More Responsible in Their Coverage of Trans Communities." *This*, 13 September 2018, www.this.org/2018/09/13/why-reporters-need-to-be-more-responsible-in-their-coverage-of-trans-communities/.; and, Walker, Harron. "What's Jesse Singal's Fucking Deal?" *Jezebel*, 19 June 2018, www.jezebel.com/whats-jesse-singals-fucking-deal-1826930495.

Singal has also controversially been cited as an authority on the topic of trans children by attorney generals in a number of U.S. states. See James, Andrea. *Twitter*, 8 May 2019, www.twitter.com/jokestress/status/1126191828963713024.

Another interviewee, Cass (31), also “faults them [health-care providers] for enabling her transition” (Herzog). While Herzog’s informants are adults, she glosses over the previously cited Dhejne et al. (“An Analysis”) study, which suggests a 2.2% regret rate for adults, to promptly discuss an 80% desistance rate for children found in “almost a dozen studies.” Most articles that discuss children cite this 80% desistance rate, a rate that suggests that 80% of children brought to gender clinics by their parents because of gender nonconforming behaviour or because they explicitly identify themselves as trans end up reidentifying with their birth-assigned sex in the future. This rate of desistance has also been quoted extensively in the academic literature despite recent critical evaluations of its accuracy (Ehrensaft et al.; Newhook et al.; Olson).²³ Although Herzog’s article is relatively balanced in terms of looking at various aspects of the debate on de/retransitioning, suggestions of increased gatekeeping are brought up; and, despite only interviewing de/retransitioned adults, the discussion inevitable turns to the possibility that children may be harmed by a health-care system that is too lax. Singal’s piece which

²³ Ehrensaft et al. suggest that empirical research on desistance in children has overestimated the rate of desistance because of methods that: assumed some children were desisters when they actually persisted in a trans identity; included all patients who had ever come through the clinic, assuming that those who did not return had desisted; and conflated gender dysphoria and trans identity, where children were assumed to be desisters if their gender dysphoria did not persist even if their trans gender identity did.

Newhook et al.’s article also debunks the 80% desistance rate. They argue that this prevalence of desistance in children was based on relatively “small groups of gender-non-conforming children in two clinics” and was also based on “shifting diagnostic categories and inclusion criteria over time” (Newhook et al. 215). Accordingly, many of the children who would have been diagnosed as transgender would not meet the diagnostic criteria for gender dysphoria in the *DSM-5*. This is to say that gender nonconformity was often conflated with transgender identity, resulting in an inflation of diagnosis and consequently an inflation in the rates of desistance.

Olson similarly argues that desistance studies have included a majority of non-trans children, which has led to prevalence rates being reported inaccurately.

focuses specifically on children,²⁴ also references “a small group of studies” that have “been interpreted as showing that the majority of children who experience gender dysphoria eventually stop experiencing it and come to identify as cisgender adults.” While Singal acknowledges that these studies have been “attacked on methodological grounds,” he maintains that desistance occurs and is not to be disregarded. These mainstream news articles create a moral panic around the prospect of children having unfettered access to gender transition (even if this is just a social transition) through the use of a methodologically flawed statistic that 'shows' that most of these children will desist by the time they reach adulthood.

This turn to children is certainly a political one. While it may be argued that the authors of these articles are concerned about actual children, it is more likely that children are being used symbolically in order to justify increased gatekeeping of trans-related healthcare. This use of children for political purposes has been theorized by Lee Edelman in *No Future: Queer Theory and the Death Drive*.²⁵ Edelman points to a “focus on the protection of children” as the logic undergirding all politics, a logic that he refers to as ‘reproductive futurism’ (1). According to Edelman, reproductive futurism names the way in which, at its very core, politics is unimaginable without the “fantasy of a future” and the “figure of the Child” is imperative for the imagining of a future (11). He argues that the social order is “held in perpetual trust” for the Child and that the image of the Child “serves to regulate public discourse” (11). The Child remains a figurative child,

²⁴ Interestingly, despite this focus, he includes a discussion of the high-profile de/retransitioner Carey Callahan (36) as evidence of the ubiquity of the phenomenon of de/retransition.

²⁵ Lauren Berlant has similarly argued, “a nation made for adult citizens has been replaced by one imagined for fetuses and children” (1).

“not to be confused with the lived experiences of any historical children,” (11) one for whom we must consistently fight. This ideological discourse works to deny citizens of their rights in the here and now, instead holding out for this future Child: “For the social order exists to preserve for this universalized subject, this fantasmatic Child, a notional freedom more highly valued than the actuality of freedom itself, which might, after all, put at risk the Child to whom such a freedom falls due” (Edelman 11). This political logic can be detected in the moral panic around children transitioning. On the one hand, mainstream discussions about de/retransition show heightened concern for children; yet, as Edelman argues, rarely is politics worried about actual children. In the case of these discourses, children become political pawns in debates about regulating access to medical transition. This point becomes clearer if we consider how easily the authors flit back and forth between referencing children and adults. Children are used to emphasize the potential severity of the consequences of supposed misdiagnosis — we must protect the children — while at the same time, in the absence of evidence²⁶ of *actual* children de/retransitioning due to a healthcare system that has allegedly become too progressive, the experiences of de/retransitioned adults provide proof that this *could possibly happen*. The right of access to appropriate and gender affirming medical care is called into question through an appeal to the risk this may pose to hypothetical children in the future.

Given the political logic undergirding these discussions, it is also no surprise, then, that this panic is intensified by raising the stakes through recourse to infertility. Judith Butler notes that arguments opposing gay marriage rights “often focus on fears about reproductive relations . . . and what happens to the child, the child, the poor child,

²⁶ My claim is not that children have never de/retransitioned, but that the fear that they might is heightened through the use of adults’ de/retransition experiences.

martyred figure of an ostensibly selfish or dogged social progressivism” (21)?

Mainstream interpretations of de/retransition mirror this fear about reproduction and the child. In fact, these articles betray a fixation on the prospect of children making irreversible decisions regarding their future fertility. Parnell ends their article by highlighting the potential of infertility: “Children and teenagers are making serious decisions to surgically and hormonally alter their bodies—decisions that will compromise their future ability to have children—often before they’ve even gone through puberty.” Singal also raises the spectre of infertility when he writes, “some of these interventions are irreversible. . . . Kids who go on puberty blockers and then on cross-sex hormones may not be able to have biological children.” Similarly, Marchiano relates her own encounters with “parents of teens who announced ‘out of the blue’ that they were transgender,” teens who “are often asking for medical interventions—hormones and surgery—that may render them sterile” (“Misunderstanding”). In an academic article, Marchiano again expresses this concern, writing that “hormone blockers followed by cross-sex hormones result in permanent, lifelong sterility 100% of the time” (“Outbreak” 352). For Edelman, reproduction is a central part of the political logic of reproductive futurism. Procreation is seen to be integral to the futurity of the social order: “If there is a baby, there is a future, there is redemption” (Walter Wangerin Jr. qtd. in Edelman 12). The possibility of the foreclosure of a future through sterility further supports the push to increase gatekeeping of medical transition for current trans children and adults.

Importantly, Edelman’s thesis has been critiqued for its implicit whiteness and classism. According to Kara Keeling, queer youth of colour have always been figured as having no future, and “present institutions and logics dissemble a fear of a black

future” (578). Similarly, José Esteban Muñoz argues: “Although Edelman does indicate that the future of the child as futurity is different from the future of actual children, his framing nonetheless accepts and reproduces this monolithic figure of the child that is indeed always already white” (95). In fact, the articles analyzed for this project fail to mention the targeting of trans women of colour for violence and premature death, often women who are also socioeconomically disadvantaged. Trans individuals of colour and particularly those who do not have disposable income do not have free access to medical transition and may be forced into precarious work environments in order to fund transition-related medical costs. Moreover, the lack of access to medical care often leaves trans individuals more vulnerable to violent attacks based on perceived gender deviancy. Additionally, little attention is given to the fact that some trans individuals may be forced to de/retransition simply because they cannot afford to pay for hormones and surgery, rather than misdiagnosis. It is in this way that mainstream concerns purporting to be about all children are actually concerns about White, middle- and upper-class cisgender children being misdiagnosed. The lack of concern for less privileged youth is unsurprising when we recognize that historically poor people and people of colour have not been figured as ‘fit’ for reproducing the nation-state, and further, have posed a threat to the social order.²⁷ In fact, Singal admits that the experiences he cites are are “stories involving relatively privileged white kids with caring, involved families, none of which is necessarily the case for all TGNC [trans and gender nonconforming] young people in the United States.” Yet, there is little concern detected over the fact that access to transition-

²⁷ See Carter, Julian. *Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940*. Duke University Press, 2007, and Cohen, Cathy J. “Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?” *GLQ: A Journal of Lesbian and Gay Studies*, vol. 3, 1997, pp. 437-465 for an extended analysis.

related healthcare is not equitable; rather, the concern centres around a privileged minority that purportedly has unlimited access, but may come to regret the decision to transition later in life.

4. Can I Catch Trans? Or, Rapid Onset Gender Dysphoria

Another way in which the mainstream media has justified their concern for White, cisgender youth is by appealing to the notion of ‘rapid onset gender dysphoria’ — a subset of gender dysphoria that seemingly occurs “for the first time during puberty or even after its completion” and “in the context of belonging to a peer group where one, multiple, or even all of the friends have become gender dysphoric and transgender-identified during the same time frame” (Littman 1). ROGD is theorized by Littman to explain adolescents who have ‘suddenly’ come out as experiencing gender dysphoria despite a lack of history (according to parental reports) of cross-gendered behaviour/feelings. In addition, ROGD has been hypothesized by a number of academics as explanatory of the recent increase of adolescent ‘girls’ presenting to gender identity clinics (Littman; Marchiano “Outbreak”).²⁸ According to Littman, parents report “cluster outbreaks of transgender identification occurring in friendship groups” and “that their children exhibited an increase in social media/internet use prior to disclosure of a transgender identity” (1), which suggests that this particular form of gender dysphoria is a result of a social contagion.

Mainstream media journalists have latched onto the idea of ROGD. For example, while Herzog acknowledges that ‘detransitioners’ stories have been coopted by the far

²⁸ For an alternative perspective on the increase in assigned girls presenting to gender clinics see Ashley, Florence. “Shifts in Assigned Sex Ratios at Gender Identity Clinics Likely Reflect Changes in Referral Patterns.” *Journal of Sexual Medicine*, vol. 16, no. 6, 2019, pp. 948-949.

right in order to invalidate trans identities and limit, or erode, legal rights for trans individuals, she also raises the spectre of ROGD as potentially explaining the current increase in the trans population. Similarly, Parnell claims that “it doesn’t make you a right wing fundamentalist or ‘anti-trans’ to be concerned that the decision to transition might be fuelled by social contagion or society’s misogynistic attitudes.” Singal also forwards this idea by reporting that “many of these so-called detransitioners argue that ... they were nudged toward physical interventions of hormones or surgery by *peer pressure* or by clinicians who overlooked other potential explanations for their distress” (emphasis mine). Singal also looks at parental interpretations of children’s wishes to transition, claiming that many “mention ‘social contagion’” and “are worried that their kids are influenced by the gender-identity exploration they’re seeing online and perhaps at school or in other social settings, rather than experiencing gender dysphoria.” Similarly, in an article addressed to the mainstream Marchiano describes ROGD as “a kind of social contagion in which young people — often teen girls — come to believe that they are transgender” (“Misunderstanding”). She goes on to suggest that “there is reason to suspect that those with rapid onset gender dysphoria are unlikely to benefit from medical transition, and may even be harmed by it” and that “the growing community of detransitioners — mostly young women in their 20s — suggests that loosening the standards for accessing medical transition hasn’t served everyone well” (Marchiano

“Misunderstanding”).²⁹ ROGD as a concept posits that some cases of gender dysphoria are a result of a social contagion, one that is passed from peer to peer or via the internet, and thus, not ‘real’. The introduction of ROGD as a proposed diagnostic category is premised on the belief that it is important (and possible) to determine who is ‘truly’ trans and withhold treatment from those who are deemed not to be.

Littman’s research, and the concept of ROGD, has been critiqued formally on methodological grounds (Costa; Restar) and informally by trans academics and activists for its similarity to previous discourses that likened queerness to social contagion. Angelo Brandelli Costa and Arjee Javellana Restar question Littman’s use of parental reports, as well as her recruitment method of using websites to find participants. Costa argues that parental evaluations of children are often vastly different than children’s self-evaluations. Restar also points to the fact that “parents are less capable of conceptualizing and

²⁹ If it seems like the discussion of ROGD is gendered, that’s because it is. This is likely partially a result of the historical lack of recognition that AFAB individuals can present with ‘late-onset’ gender dysphoria (this category has almost exclusively been used to describe the onset of gender dysphoria in adolescence or adulthood for assigned male at birth individuals).

The question is, then, *why* is this new category (ROGD) being proposed to explain the rise in AFAB teens presenting with gender dysphoria when such presentations could be explained by this already-established category of late-onset gender dysphoria? Of course, as I argue, one answer is that it supports claims for greater regulations on access to transition-related medical care. See also Ashley, Florence. “A Critical Commentary on ‘Rapid-Onset Gender Dysphoria.’” *The Sociological Review Monographs*, vol. 68, no. 4, 2020, pp. 779-799 for an in-depth critique of this connection.

Beyond this explanation, it is possible that the proposal of ROGD as a new form of gender dysphoria specific to adolescent AFAB people is part of a longer history in psychiatry of positioning ‘women’ and especially teen ‘girls’ as more psychologically susceptible to the social transfer of mental disorders.

This is also likely connected to larger issues around women’s reproductive rights. Considering the hysteria around the potential sterilizing effects of hormones, it is unsurprising that this newly hypothesized diagnosis targets assigned girls given the long history of denying women reproductive rights. A diagnosis of ROGD would serve as justification for limiting AFAB individuals’ reproductive rights — in this case the right to decide not to have children. And this concern is specifically about (White) *women’s* reproduction. If this is so concerning, why not advocate for access to reproductive technologies for trans people?

interpreting their children's emotional and physical experiences in a manner that is conducive to an observational report, such as an online survey." Moreover, the websites that Littman used for recruitment "might attract parents who are more likely to question their child's gender self-identifications and the current best healthcare approaches" (Costa 1). Restar echoes this sentiment, also pointing to potential response bias as a result of the self-selection recruitment methods used. She argues that because Littman framed her study in terms of ROGD as a social and peer contagion, her participants were more likely to agree with this premise from the outset (Restar). Beyond these methodological flaws, however, the language of 'contagion' suggests that transness is infecting our children and, following Edelman, that its spread is a destructive force. Edelman posits,

Whatever refuses this mandate by which our political institutions compel the collective reproduction of the Child must appear as a threat not only to the organization of a given social order but also, and far more ominously, to social order as such, insofar as it threatens the logic of futurism on which meaning always depends. (11)

Unlike queerness, however, the perceived threat of transness can be curtailed through gatekeeping measures. Interestingly, Arjee Javellana Restar notes that the majority of parental respondents who participated in Littman's study were White, middle- to upper-class mothers who had suspicions about their children's trans identifications prior to the start of the study. The fact that Littman does not cite this as a limitation of the study supports Keeling's and Muñoz's points that political concerns about protecting children are specifically about White (and in this case, cisgender) children.

Concerns about transness as social contagion and the misdiagnoses of White, cisgender children have also been stimulated by a dramatized connection between autism

spectrum disorder (ASD) and trans identities. For instance, Marchiano claims that most of the parents that reach out to her for help regarding their trans children have teenage daughters who “are on the autism spectrum” (“Misunderstanding”). Similarly, Kirsty Johnston reports on Zahra Cooper, a 21 year- old detransitioned individual, making a point to mention that she has also been diagnosed with Asperger’s syndrome. Albrechtsen also links transness to autism, claiming that “doctors tell us that patients of gender clinics are six times likelier to be on the autistic spectrum.” She further connects autism to ROGD by suggesting that individuals on the autism spectrum are “more vulnerable to being drawn into a social movement where trans is considered a place where they can belong.” Academic studies have shown that traits of ASD occur at higher rates in the transgender population (Heylens; VanderLaan et al., “Autism Spectrum”; VanderLaan et al., “Do Children”; van der Miesen et al., "Prevalence"; van der Miesen et al., “Autistic Symptoms”), and that individuals with ASD show more symptoms of gender dysphoria (GD) (van der Miesen et al., “Prevalence”). According to Øien et al., research on ASD and GD has increased “within the past two decades” and the “past few years show a considerable rise in studies published in scientific journals” (4033). These studies have found that “there is an overrepresentation of autistic traits and ASD” in people with GD “compared to the general population” (Heylens). More specifically, Heylens reports a “sixfold prevalence of ASD in GD” (2221), but admits that this high rate of comorbidity could be partially due to social issues that trans individuals are presented with as a result of transphobia. In another study, VanderLaan et al. found that children with GD have more intense and obsessional interests than the general population, but that these interests tend to be focused on “gender-related objects or activities” (“Do Children” 218).

Some of these studies also connect GD in youth with ASD to detransitioning or desistance later in life. For instance, VanderLaan et al. suggest that in terms of treatment, one may wish to explore whether traits of ASD such as intense/obsessional interests or social communication deficits contribute to a child's gender schema and, ultimately, his or her cross-gender behavior and identity. If so, it would be useful to evaluate the likelihood that such ASD traits will continue to do so, especially in light of case studies reporting the desistance of GD among ASD youth. ("Autism Spectrum" 1748)

Similarly, van der Miesen et al. also cite reported case studies by Parkinson (2014) that "described two men with ASD and initial strong symptoms of GD who, after several years had elapsed, reported that their feelings of GD had abated along with their wish for both hormonal and surgical treatment" thus, "Parkinson cautioned that the irreversible treatments should therefore only be started if it is clear that there is true GD and not a transient obsession" ("Gender Dysphoria" 77). They conclude by suggesting that the "real life experience"—a period of time where a trans person is expected to live in their chosen gender before gaining access to medical transition—is therefore important for determining whether medical treatment should be pursued (van der Miesen et al., "Gender Dysphoria" 77).

However, Turban and van Schalkwyk argue that some studies that have found connections between ASD and GD through the use of looser definitions than *DSM* diagnostic criteria for assessing both GD and ASD. For instance, GD in individuals with ASD is often assessed based on item 110 from the Child Behavior Checklist, which "asks whether a child 'wishes to be of the opposite sex'" (Turban and van Schalkwyk 8). Turban and van Schalkwyk point out that such a measure fails to determine whether

individuals with ASD have GD or are trans, are gender variant, or answer the question with 'often' or 'sometimes' because they are more rigid in their understandings of gender. Further, studies that attempt to identify ASD traits in individuals presenting to gender clinics with GD do not actually determine that those individuals have ASD. It is more likely that individuals with GD show ASD traits in relation to social and behavioural issues that stem from being trans in a transphobic world (Turban and van Schalkwyk 8). Thus, Turban and van Schalkwyk conclude that academic research that suggests a link between ASD and GD is inconclusive.

Ehrensaft, responding to Turban and van Schalkwyk, argues that while they rightly point out the flaws in some of the research on ASD and GD, there is a connection between "children who have autistic-like features and children who are gender non-conforming in their gender identities and/or gender expressions. These research findings are corroborated by clinical observations of gender specialists both nationally and internationally" ("Double Helix" 4079). Rather than challenging this cooccurrence, however, Ehrensaft challenges the previous researchers' interpretations of this connection. For Ehrensaft, the cooccurrence of ASD and GD suggests that individuals on the autism spectrum fail to take up gendered social norms, and thus these individuals actually may experience more freedom in their gender journeys. Moreover, while there is concern that gender obsessions in individuals with ASD are part of an 'obsessional phase', Ehrensaft argues that if this were the case, "the phase should dissipate over time, like other obsessional interests; *yet it does not*" ("Double Helix" 4080, emphasis mine).

Mainstream media articles on de/retransitioning tend to interpret the co-occurrence of ASD and GD as one of risk. They erroneously (and paternalistically) link

this ‘comorbidity’ to an increased likelihood of regret in AFAB individuals. In doing so, they make the logical jump that a higher prevalence of ASD in those with GD or vice versa is evidence that access to hormonal and medical transition should be more regulated. This logic is especially clear in the suggestion that those with ASD may be simply going through an obsessional phase regarding a transgender identity. As van der Miesen et al. (“Gender Dysphoria”) suggest, this possibility would support the ‘real life experience’ phase of treatment. However, this requirement for accessing medical treatment has been critiqued by trans academics and activists for expecting trans individuals to be able to function in a transphobic society without the necessary treatment that would allow for them to not only feel more comfortable in their own skin, but also change others’ perceptions of their gender. The use of the connection between ASD and GD to justify stricter regulations on access to trans-related medical care suggests that many trans individuals should have to suffer because some individuals with ASD may regret medical transition, while also undermining the autonomy of trans individuals with ASD, treating them as needing protection. In fact, Strang et al. conducted interviews with autistic trans people who reported encountering this paternalistic attitude from healthcare professionals, where their gender identities and gender needs were questioned or doubted simply because of their ASD diagnosis (4051).

5. Implications for Gatekeeping & Alternative Interpretations

It is likely, as I have argued throughout, that these discourses have emerged as a response to the shift in standards of care for trans people from an older ‘gatekeeping’ model to a

newer ‘gender affirming’ or ‘informed consent’ position.³⁰ I maintain that this backlash, while seemingly about the welfare of children, actually aims to deny *all* trans people the right to gender affirming care. This becomes clearer when we consider that the World Professional Association for Transgender Health (WPATH) guidelines for treating gender dysphoria in children already advise parents to adopt a cautious approach to social and medical transition (Ehrensaft et al.). For instance, WPATH guidelines

included a cautionary note on prepubertal social transition on two counts: (1) the persistence/desistance studies indicated a relatively low rate of persistence of gender dysphoria in children studies; and (2) transitioning back to one’s original gender role can be stressful for a child, based on evidence of one qualitative report of two youths who experienced distress when desiring to do so. (Ehrensaft et al. 253)

The guidelines favour a ‘watchful waiting’ approach to transition, rather than the more ‘progressive’ gender affirmative approach (Ehrensaft et al.). The only difference between a gender affirmative approach and a watchful waiting approach is simply that the gender affirmative approach does not advocate for waiting until a child reaches puberty to affirm that child’s gender. The gender affirmative approach supports a child’s social transition if and when this is deemed an appropriate step (Ehrensaft et al.). Indeed, the gender affirmative approach does not direct a child in one way or another, but rather supports them in gender exploration and affirming their current gender with the understanding that this may change over time (Newhook et al.). However, skeptics of the gender affirmative

³⁰ Julia Serano has written about this in relation to de/retransition and children informally in Serano, Julia. “Detransition, Desistance, and Disinformation: A Guide for Understanding Transgender Children Debates.” *Medium*, 2 August 2016, www.medium.com/@juliaserano/detransition-desistance-and-disinformation-a-guide-for-understanding-transgender-children-993b7342946e.

approach “fear that a social transition may send potentially cisgender children into a trajectory that will either cause distress if they detransition (or desist) or create too much social pressure to be able to stop the transition, thereby ending up in a medical transition they will later regret” (Ehrensaft et al. 262).

Marchiano takes this stance, cautioning against the gender affirmative approach for children because, according to her logic, the process of disidentifying or detransitioning can be psychologically difficult even if no physical interventions have been made. To support this cautious position she writes, “although it is true that if the [puberty] blockers are stopped, normal puberty resumes, in nearly 100% of the cases reported in the literature, children on puberty blockers have gone on to take cross-sex hormones” (Marchiano, “Outbreak” 352). While it would be logical to assume that children who go on to take cross-sex hormones do so because they *are* trans, Marchiano’s concern seems to be less about best practices for trans children and more about preventing a trans outcome.³¹ Similarly, Singal posits that “the affirming approach is far more humane than older ones, but it conflicts, at least a little, with what we know about gender-identity fluidity in young people” and further claims that “clinicians are still wrestling with how to define affirming care, and how to balance affirmation and caution when treating adolescents.” Singal’s assertion that the gender affirmative approach conflicts with gender fluidity is one that he can only make by misunderstanding this approach. The term ‘desistance’ implies that gender should be stable over time; thus, using desistance statistics to claim concern for children being misdiagnosed, while at the

³¹ In her 1991 article "How to Bring Your Kids up Gay" Eve Kosofsky Sedgwick argues that underlying 'therapeutic interventions' targeted at gay boys is "the therapists' disavowed desire for a non-gay outcome" (24). Similarly, researchers' and clinicians' concerns with the misdiagnosis of gender dysphoria betray their unstated wish for a non-trans outcome.

same time acknowledging that gender identity may be fluid and changeable is contradictory. Further, the idea that using a gender affirmative approach may be harmful insofar as individuals may have problems disidentifying is premised on the idea that being trans is pathological and thus an undesirable outcome. It may be true that disidentification could be difficult, but this only matters if one conflates a trans identity with the experience of gender dysphoria. If, instead, we refuse to conflate gender dysphoria with trans subjectivity, then we can think of gender dysphoria as being harmful, not a trans identity in and of itself. Taken to its logical conclusion, the goal should be to reduce gender dysphoria, which may or may not include a persistence in a trans subject position, especially if we take into consideration the shifting nature of identity. Indeed, Florence Ashley argues that the goal of preventing regret through the gatekeeping of hormones is not only dehumanizing, but also only makes sense “within a framework that sees trans people as mentally ill” (“Gatekeeping” 481).

Perspectives theorizing the process of de/retransition as more nuanced and productive than it has traditionally been interpreted have begun to emerge in the alternative media and some academic psychology literature. For instance, Turban et al. present a case of de/retransition they encountered in their practice where the adolescent chose to discontinue hormone use and settle into a nonbinary gender identity (903). In this case, the patient was not cisgender and their use of hormones was not a mistake; rather, the use of hormone therapy allowed for them to explore their gender and find an identity that they were ultimately more comfortable with. Turban et al. report observations that “some gender-questioning adolescents benefit from a period of exploration that includes hormonal intervention in order to consolidate their gender

identity” (904). Accordingly, they predict that “as the medical field’s appreciation of non-binary and/or gender fluid identities expands, we will see more adolescents who elect to discontinue gender-affirming hormones after receiving just enough treatment to relieve and make sense of their dysphoria” (904). In another article, Turban and Keuroghlian again point out that the decision that some youth make to de/retransition need not be interpreted as a negative outcome. For many of these youth, the experiences associated with social and hormonal transition facilitated greater understanding of their gender identities, and they do not regret undergoing these transitions (452). Ashley also advocates for allowing youth to explore their genders through social and medical transition, rather than withholding treatment based on ideals of persistence. She writes, “an ethics of exploration can be put in contrast to an ethics of prediction, which centres the question of how the child will evolve. Prediction, like exploration, is subject to multiple elucidations: it could mean centring the prediction of future gender identity, but also of whether a choice will be found to be regrettable in the future” (“Thinking” 224). For her, an ethics of exploration would mean understanding “gender as tentative: it is always provisional and improvisational. If that is so, then transitioning, both socially and medically, is an integral part of exploring ourselves as autonomous gendered beings. Delaying transition to facilitate exploration, then, would make little sense” (“Thinking” 224). I tend to agree with Ashley; de/retransitioning does not have to be interpreted as ‘sex change regret’ or as a mistake if we consider the exploration of gender to be a positive process. As I will address in the following chapters, there are many reasons beyond regret for why an individual may decide to de/retransition and sometimes these transitions do not result in a clear cut cisgender identity.

In sum, the recent increase in the visibility of trans people in the media has been accompanied by backlash in the form of a growing deployment of narratives of ‘sex change regret’ or ‘de/retransition.’ The mainstream news articles examined all question the regulations surrounding access to trans-related medical care, arguing, for the most part, that the pendulum has swung too far with the gender affirmative approach, allegedly in favour of unrestricted access. In order to justify increased gatekeeping of trans healthcare, these mainstream news articles make claims that large numbers of people are de/retransitioning, but that they are prevented from speaking about it because they will be labelled transphobic. Additionally, these articles, even ones that do not specifically focus on children, tend to slide into discussions of children and the possibility that they may be negatively impacted (especially through the use of hormones that would sterilize them) by a healthcare system that too readily allows them access to social and medical transition. This fear is further promulgated by the recent focus on ROGD. This focus on children is a political one—the goal is to question (and likely reduce) the rights of trans individuals in the here and now, in favour of future (White, cisgender) children who could possibly be misdiagnosed and undergo ‘unnecessary’ procedures and de/retransition; or, according to the previously discussed logic, even persist in a trans identity when they could have potentially been cis. Ultimately, the undergirding logic in contemporary discussions of de/retransition is that White, cisgender people must be protected from making mistakes regarding gender transition at the expense of the right to medical care for all trans individuals.

Chapter Two:

Disrupting the Temporalities of Gender Transition: A Timely Rereading of *Stone Butch**Blues*

Bodies as sites of mutation, loss and longing have been my overriding and obsessional concerns for the past ten years. Sublime Mutations are the transformations that are produced by age, accident, illness, or design. The motto is: Mutate and survive or stagnate and perish. I've possessed and been possessed by a multitude of names, bodies and identities in my forty odd years. Change, mutation and migration are as natural to me as staying the same might be to you . . . Mutations come in many forms . . . I believe in crossing the line, not just once, but as many times as it takes to weave a web we can all walk on.

—Del LaGrace Volcano (qtd. in Noble, Bobby. *Sons of the Movement: FtMs Risking Incoherence on a Post-Queer Cultural Landscape*. Toronto: Women's Press, 2006.)

My neighbour, Ruth, asked me recently if I had my life to live all over again would I make the same decisions? 'Yes,' I answered unequivocally, 'yes.'

—Jess Goldberg (Feinberg, Leslie. *Stone Butch Blues*. Firebrand Books, 1993.)

In the inaugural issue of *TSQ: Transgender Studies Quarterly* in an entry on “Temporality,” Kadji Amin suggests that “a modernist progress narrative is being institutionalized along with the category of transgender” and, thus, proposes that “an attentiveness to nonchronological, nonprogressivist temporalities of gender variance across the registers of experience, history, and geography could prove critical to

contesting normative organization of temporality and identity that blocks transformative justice politics and *distorts the experiences of many gender-variant people*” (221, emphasis mine). The enforced linearity and progression of gender transition could be characterized as one of those ‘modernist progress narratives’ associated with ‘the category of transgender’. While trans scholars have troubled the conceptualization of gender transition as linear and progressive, scant attention has been paid to processes of de/retransition in relation to trans temporalities. In this chapter, I analyze Leslie Feinberg’s *Stone Butch Blues*, reading for the temporal aspects of gender (de/re)transition.

Stone Butch Blues was published in 1993, at a time when transgender theorizing had begun to emerge in the academy. According to Feinberg’s website, “*Stone Butch Blues* . . . is widely considered in and outside the U.S. to be a groundbreaking work about the complexities of gender” winning the “1994 American Library Association Stonewall Book Award and a 1994 Lambda Literary Award” (*Stone Butch Blues*). Along with the widespread public reception, the novel also garnered attention from the academic community. Indeed, soon after publication, much academic scholarship materialized focusing on the novel, including reading the novel for its pairing of stone butchness or transness with trauma and suffering. Madelyn Detloff notes this association when she asks: “Why is it that many of the often-cited narratives about butch, FTM, and/or transgender masculinity happen to be fictions that highlight suffering as a de facto rite of passage for the butch, FTM, or transgendered protagonist?” (87). Detloff argues that because lesbian feminism’s goal is to represent politically “lesbians and women” (91) butch and transmasculine subjects are rejected from the community by others due to

resistance to their “interpellation as women” (Detloff 91). Accordingly, Detloff posits that narratives of painful and traumatic butch and FTM embodiment and subjectivity are more often cited because these narratives validate and affirm trans subjectivities and present them as “deserving of recognition” (93). For Detloff, the problem is that such narratives tie female and trans masculinity to suffering as a matter of ontology, or being, rather than to the social and cultural factors that may impact the quality of life of trans masculine individuals (100).

In fact, Jay Prosser asserts this ontological connection between shame (or suffering) and transness, arguing that the difference between queer gender and trans gender is a difference of “pride versus shame” (“No Place” 492). For him,

Shame is crucial in structuring all degrees of gender identity disorder; it is a shame felt specifically over the body. Its presence reveals the discrepancy between the unreconciled desire to belong in the sexed body and the consciousness of not belonging in it. The shame of gender identity disorder is not, as is more implied by guilt, a result of something one has done but is instead a result of simply what one is; *it lies at the very formative root of the identity.* (Prosser, “No Place” 492, emphasis mine)

Prosser further argues that although this shame is reinforced and reinscribed socially, the social is not the origin of the shame or the shameful difference (“No Place” 493).³² Of course, the idea that suffering is intrinsic to transness is part of a long history of the

³² Although Prosser does acknowledge here that the ontological nature of this shame “only make[s] sense in a world that places a high value on gendered belonging” (“No Place” 493), he does not seem interested in questioning this valuation. If shame is “non-productive”, “impairs the subject’s sexual and social functioning”, and is “foundational to gender identity disorder” (“No Place” 511) does it follow that shame and suffering is foundational to the identity itself? Does this shame fully disappear once the supposed source of the shame — the incongruity between self and body — is ‘resolved’? Who has access to this ‘resolution’?

medicalization of trans genders. According to Cressida J. Heyes and J. R. Latham, such connections, while providing justification for medical interventions, also reinforce gender transition as a curative, especially when that transition results in the embodiment of normative gender (180).³³

For Prosser, *Stone Butch Blues* reveals its investment in trans gender (as opposed to queer gender) insofar as it “is driven by the attempt to realize the fantasy of belonging in the sexed body and in the world” (“No Place” 489). Prosser argues that *Stone Butch Blues* clearly conveys a sense of longing for home, like many transsexual narratives, both in the literal sense of Jess making a home for himself³⁴ in the places ze settles and in the metaphorical sense of trying to make hir body a comfortable home. For instance, he writes,

The narrative origins of *Stone Butch Blues* lies in Jess’s not feeling at home in her body. . . . The unfamiliarity with the sexed body, this feeling of not belonging in the body sexed in this way, is a crucial element in the narrative’s overlap with transsexual autobiography and Jess’s investment in transsexual identity. Even though Jess disidentifies with transsexuality . . . her fictional autobiography shares with transsexual autobiography a narrative trajectory that centers on the sexed body, driven by the subject’s sense of not being at home in his/her body,

³³ Heyes and Latham’s issue with this conceptualization of trans subjectivity is that it risks fixing suffering, or in Prosser’s terms, shame, as central to this identity thereby individualizing suffering and drawing attention away from its social and institutional sources.

See also Irving, Dan. “Elusive Subjects: Notes on the Relationship between Critical Political Economy and Trans Studies.” *Transfeminist Perspectives in and Beyond Transgender and Gender Studies*, edited by A. Finn Enke, Temple University Press, 2012, pp. 153-169. for how this kind of logic gets taken up in neoliberal societies to the detriment of larger societal change.

³⁴ I use the pronouns hir/ze to refer to Jess Goldberg throughout this chapter, following Feinberg’s own preference for these pronouns.

promising to reach closure once the body is hormonally and surgically reconstructed. ("No Place" 491)

Prosser further suggests that while *Stone Butch Blues* implies that Jess transitions because ze finds hirself without community—a result of both lesbian feminist critiques of butch/femme genders and jobs lost to Vietnam War veterans—ze actually chooses to transition not simply because of these events but because a desire that has been there all along, a “transsexual desire: that feeling of displacement from the sexed body and the yearning to resolve it, the desire for home” (“No Place” 494-495).³⁵ Aren Z. Aizura objects to Prosser’s reading for a number of reasons, including the fact that Prosser fails to interrogate how ideas of home are imbued with notions of proper citizenship (295). Aizura critiques this ‘politics of home’ because it views transgender subjectivities as being untenable, while transsexual subjectivities are able to exist and thrive based on the fact that they make a home within the gender binary. Such a politics fails to consider, according to Aizura, that not all subjects are able to make a home within the binary “for all kinds of reasons—such as not having white skin, not speaking the nationally mandated language, or performing a form of gender variance that is not culturally *recognisable*” (296, emphasis original). Similarly, Halberstam argues that “such rhetoric also assumes that the proper solution to ‘painful wrong embodiment’ (Prosser) is moving to the right body, where ‘rightness’ may as easily depend on whiteness or class privilege as it does on being regendered” (*Female Masculinity* 172).

³⁵ Prosser’s argument is that when Jess can no longer find a “gendered home” in social communities, this desire is ‘literalized’ “through the body” (495). He is rejecting the notion that Jess’s decision to transition is simply “historical rather than a psychic necessity” (494). I agree that Jess’s decision is not ‘merely’ historical, but contend that this ‘psychic necessity’ cannot be easily distinguished from the historical and social context in which that necessity arises.

Along with ignoring the ways in which only certain bodies may have access to the ‘restorative’ or ‘curative’ dimensions of gender transition, Prosser’s endorsement of the ‘wrong-body’ narrative and conceptualization of gender transition as the solution to this embodiment also creates a split between transsexual and transgender subjectivity; this categorization, Aizura argues, is only possible because Prosser employs the normative and medicalized conceptualization of transition as a ‘home-coming’, or restorative (295). Harlan Weaver similarly objects to the split between transsexual and transgender subjectivity that Prosser forwards, as this split “mirrors the divide of nature/culture, such that transgender reads as cultural and transsexual as natural, erasing how the sexing of bodies is profoundly cultural, not to mention the plentiful materialities of gender” (“Friction” 86). Prosser’s ideas of home also rely on the formulation of gender transition as a linear process, “with a clear beginning, middle and end” (Aizura 295). In this sense, transsexuals are individuals who transition from one sex to another in a linear fashion, versus transgender individuals who fail to do so. The distinction between transsexual and transgender that Prosser forwards, and which many academics reject, is often referred to as ‘border wars’, or, in this context, butch/FTM border wars.³⁶ These border wars warrant further discussion.

³⁶ Prosser’s main aim in this article is to align transgender with transsexual rather than queer. He argues that “Feinberg’s transgender overlaps more with transsexuality than with queerness; hence *Stone Butch Blues* demands to be read in the context of transsexual rather than queer texts: stories above all of sex and gender, not sexuality, of the complex struggle for sexual embodiment, for gendered becoming, not for their playful denaturalization” (490). I do not disagree with Prosser’s desire to articulate an understanding of trans subjectivity as different than a “generic” queer subjectivity (although his argument is based on a particular (peculiar?) conceptualization of queer gender). I do, however, question the impulse to articulate gender as wholly independent of sexuality and the impetus to ground gender differences solely in the body/psyche.

1. Border Wars

As has already been alluded to, much scholarship on *Stone Butch Blues* has concerned itself with how to interpret the main character of the novel, Jess Goldberg. On the one hand, Jess is a stone butch, as the novel's title implies, for a significant portion of the book. On the other hand, Jess's categorization as a stone butch is disrupted when ze decides to take testosterone and undergo a double mastectomy (top surgery). Like Feinberg's novel, Halberstam points to middle-class white 1970s lesbian feminism as creating an environment where butch/femme configurations were characterized as immature imitations of heterosexual male/female relationships. According to Halberstam, "foreclosing on functional forms of lesbian masculinity prevents some butches from identifying as lesbians and creates a displacement that can be partly resolved by the category of transgendered" (*Female Masculinity* 139). In "Transgender Butch: Butch/FtM Border Wars and the Masculine Continuum," Halberstam furthers this discussion to suggest a permeability between the categories of butch and trans, placing the stone butch "somewhere on the boundary between female masculinity and transgender subjectivity" (*Female Masculinity* 124).

Noble suggests that the "new" sex wars³⁷ centre on debates around trans identities, specifically focusing on the butch/FtM border wars. Some lesbians are concerned about what they call 'butch flight' — the idea that more and more females who

³⁷ Interestingly, Riki Wilchins refers to de/retransitioning as "a new front in the 'Trannie' Wars."

once identified as butch are choosing to transition to male.³⁸ Some butches are concerned that their identities are being delegitimized when they are read as ‘pre-trans’ identities, or as ‘beginner FtMs.’ Meanwhile, some transmen insist that gender non-conforming or genderqueer people (such as butches) have no right to claim a trans identity because they do not transition, and thus do not have the same experiences as trans men (Bergman, *Butch* 54). According to Noble, these debates have necessitated a shift in terminology from ‘butch’ to ‘female masculinity’ (*Masculinities* xxi). Female masculinity references multiple engenderings of masculinity within what are considered to be ‘female’ bodies (Noble, *Masculinities* xxxvi).

Queer theorists such as Halberstam and Gayle Rubin have argued that butch and trans experiences have significant points of overlap. Halberstam argues that both transgender and cisgender individuals experience gender dysphoria and that those individuals who identify as trans may not necessarily experience greater degrees of gender dysphoria than those who do not identify as trans (*Female Masculinity* 151).

Similarly, Rubin argues:

Although important discontinuities separate lesbian butch experience and female-to-male transsexual experience, there are also significant points of connection. Some butches are psychologically indistinguishable from female-to-male transsexuals, except for the identities they choose and the extent to which they are willing or able to alter their bodies . . . The boundaries between the categories of butch and transsexual are permeable. (248)

³⁸ The fear that more and more ‘females’, who would potentially grow up to be lesbians, are transitioning can be seen in contemporary debates about de/retransition, as discussed in Chapter Three.

If we understand trans as referring to a multitude of different possibilities for sexed and gendered bodies, butches (and other gender deviant individuals) can indeed be understood as trans. Of course it is important to respect individuals' personal identities, but the point is that it is impossible to definitively determine a stable definition of what constitutes 'transness.' Indeed, Halberstam posits: "the labels 'butch' and 'transsexual' mark yet another gender fiction, the fiction of clear distinctions" (*Female Masculinity* 153). Halberstam's point is not that trans experiences are coterminous with butch experiences, but rather that the insistence on a division between these two categories works to reify binary models of gender insofar as they either "assign gender deviance only to transsexual bodies and gender normativity to all other bodies" or "see transsexuality as the solution to gender deviance and homosexuality as a pathological perversion" (*Female Masculinity* 153-154). Additionally, Prosser's insistence on distinguishing between categories fails to recognize that there are many reasons why a butch may choose not to medically transition, or that trans men may choose not to undergo all available transition-related medical procedures, or even that some transsexuals will never be read unambiguously as men or women regardless of whether they have undergone hormone therapy and/or surgery (Halberstam, *Female Masculinity* 163-164). The assumption that Prosser makes is that transsexual individuals 'fully' transition from one sex to another because of an innate gender identity that is incongruent with the material body, while queer individuals merely 'play' with gender. For Halberstam, "the places between genders . . . do not represent giddy zones of mobility and freedom but represent lives reconciled to gender queerness and bodies committed to making do with the essential discomforts of embodiment" (*Female Masculinity* 170).

Contemporary manifestations of these border wars tend to revolve around the categories of cis and trans, rather than transsexual and transgender. The category of ‘trans’ has been used as an umbrella term that recognizes differences within the category. At the same time, the term ‘cis’ has been invoked more readily to label those who are not trans. These shifts in terminology, however, have not managed to solve category confusion or eliminate borders and policing of those borders. Narratives of de/retransition raise some important questions pertaining to these border wars. How do we categorize individuals who undergo the process of de/retransition? What is the usefulness of distinguishing between trans and cis identities when we attend to narratives of de/retransition? How do these narratives problematize this distinction?

Cisgender (or cis) is a term that refers to a person whose gender identity aligns with their assigned sex. Cisgender is a useful term insofar as it works to unmask the privilege of normatively gendered beings as well as denaturalizes the categories of ‘man’ and ‘woman.’ However, rather than naming static identity positions, A. Finn Enke suggests that "cis and trans describe locations and effects. This is a critical point. Trans studies scholars have noted the extent to which trans invokes a person’s (or body’s) orientation in space and time. Cis theoretically must also be effected through time and space, despite the presumption of stasis” (239). Sara Ahmed’s conceptualization of a queer phenomenology is useful for this discussion. Ahmed suggests that phenomenology provides a productive framework for including issues of embodiment and lived experience within queer theory if, when it considers the background of an object, it conceptualizes this background as “the conditions of emergence for something” (*Queer Phenomenology* 549). Ahmed argues that the ways in which we are orientated depend on

the objects that are near to us (*Queer Phenomenology* 552) and these objects are not coincidental but, rather, are “available to us because of lines that we have already taken: our life courses follow a certain sequence, which is also a matter of following a direction or of being directed in a certain way (birth, childhood, adolescence, marriage, reproduction, death)” (*Queer Phenomenology* 554). These milestones, according to Ahmed, resemble a straight line, a line which is then followed by those who are considered normative. More specifically, Ahmed suggests:

Lines are both created by being followed and are followed by being created. The lines that direct us, as lines of thought as well as lines of motion, are in this way performative: they depend on the repetition of norms and conventions, of routes and paths taken, but they are also created as an effect of this repetition. To say that lines are performative is to say that we find our way, we know which direction we face, only as an effect of work, which is often hidden from view. (*Queer Phenomenology* 555)

In this sense, to be oriented in the same direction as others, to follow this straight line, is to become straight, or normative. If we consider cis and trans to be orientations similar to those that Ahmed refers to, we can see how a normative orientation would be one that follows a straight line from girl or boy child to woman or man. Trans names an orientation that does not follow this straight line (e.g., from girl child to man).

However, in the case of gender, it is unlikely that many people manage to stay ‘in line.’ The problem with assuming that trans people are the only individuals who appear ‘wonky’ is that it erases the gender nonconformity of a plethora of people. It assigns gender normativity to all those individuals who do not transition or who do not identify as trans. Female masculinity, and butch-identified women, problematize this distinction. These individuals most certainly appear out of line in a patriarchal society that expects

women to be appropriately feminine. Moreover, this ‘wonky’ appearance can be extended to all those gender non-conforming and genderqueer people, as well as people who do not embody their gender appropriately because of other reasons, such as disability, race, class, and even fat. Appropriate expressions of gender, especially for women, are extremely rigid. Women, whether they identify as feminine or masculine, rarely achieve what is, in Western culture, considered an ‘ideal’ expression of femininity. Moreover, many women navigate gender requirements, resisting those trappings of femininity that are particularly restrictive. For instance, femmes could be labeled as cisgender, but this label sometimes simplistically assumes that they are comfortable with all aspects of what the term ‘woman’ entails. Most often this is not the case. Femmes pick and choose feminine qualities that they identify with and express in their feminine gender. Thus, the binary terms of trans and cis work to effectively erase all those individuals who may not identify as trans, but nonetheless do not identify completely with their assigned gender.

Additionally, the opposition of trans and cis works to sediment normative notions of gender insofar as it assumes that we can draw a distinct line between what is ‘male’ and what is ‘female.’ These binary categories also reinforce the notion that for one to be trans they must transition. It becomes problematic to distinguish between cis and trans when we reject the notion that a trans identity entails transition (Enke 243). In fact, Enke posits:

As cis circulates, it renders ‘woman’ and ‘man’ more stable, normative, and ubiquitous than they ever were . . . Whatever else it may accomplish, cisgender forces transgender to ‘come out’ over and over through an ever-narrower set of narrative and visual signifiers. This erases gender variance and diversity among

everyone while dangerously extending the practical reach and power of normativity. (243)

The erasure of gender variance through the term cis is apparent when we attend to narratives of de/retransition. While some individuals who de/retransition continue to identify as trans, others may not. For individuals who de/retransition, the label of cis just does not hold up. It works to erase their experiences of gender dysphoria, as well as the time that they spent in the processes of transition/de/retransition. This is clear in the case of Jess, who certainly, by the ‘end’ of his transition journey, not only does not read as properly gendered, but also settles back into the identity of a ‘he-she’.

In light of how *Stone Butch Blues* has been read and accounting for time in processes of gender de/retransition, I propose a rereading of the novel for how it disrupts a medicalized history of gender transition, or more specifically, how it disrupts the temporality of medicalized constructions of transition. As previously discussed, Feinberg’s novel counters the medicalized and pathologized history of trans subjectivity, disrupting what we consider trans to be. More than blurring easy categorization, however, *Stone Butch Blues* provides an alternative narrative of the temporality of transition. In fact, I suggest that the narrative of Jess’s transition is strikingly similar to contemporary narratives of de/retransition, narratives that provide important insights for contemporary conceptualizations of temporalities of transition. I provide evidence from the novel justifying a reading of the novel as a de/retransition narrative followed by a discussion of current conceptualizations of the temporalities of gender transition. I conclude the chapter with a consideration of the ways in which narratives of de/retransition, such as *Stone*

Butch Blues, disrupt normative temporalities of gender transition, positing the productive potential of these narratives for reconceptualizing trans temporalities.

2. Reading *Stone Butch Blues* as a De/Retransition Narrative

Jess Goldberg's gender transition trajectory in *Stone Butch Blues* is similar to contemporary de/retransition narratives. Weaver explains, "Rather than depicting the transition from one sex to another, the focus of many transsexual memoirs, the book narrates the indeterminate bodily path of its protagonist, Jess Goldberg, from living as a 'he-she,' to taking testosterone and 'passing' (being read in social settings as a man), to deciding to live as neither female nor male" ("Friction" 85). The novel more or less journals Jess's life in a chronological manner, from the 1950s onward. Much of the novel centres around Jess's difference from 'normal' girls and women. Beginning in childhood, Jess recalls,

I didn't want to be different. I longed to be everything grownups wanted, so they would love me. I followed all their rules, tried my best to please. But there was something about me that made them knit their eyebrows and frown. That's what made me afraid it was really bad. I only came to recognize its melody through this constant refrain: 'Is that a boy or a girl?' (Feinberg, *Stone Butch* 13).

Jess's childhood gender nonconformity is so evident that it worries her parents who commit her to a psychiatric hospital for three weeks for gender conversion therapy. Ze narrates: "A nurse explained the rules of my stay: ... I must wear a dress, sit with my knees crossed, be polite and smile when I was spoken to" (Feinberg, *Stone Butch* 21).

After this short stint in the hospital Jess continues to see a psychiatrist for a number of

years until his psychiatrist suggests charm school as a means to instil proper gendered behaviour.

The policing of Jess's gender unsurprisingly intensifies around the time that Jess is going through puberty, a time when others have argued that the general acceptance of tomboy behaviour diminishes (Halberstam, *Female Masculinity* 6). Ze relates:

Just when it seemed like it couldn't get worse I noticed my breasts were growing. Menstruation didn't bother me. Unless I bled all over myself it was a private thing between me and my body. But breasts! Boys hung out of car windows and yelled vulgar things at me. Mr. Singer at the pharmacy stared at my breasts as he rang up my candy purchases. I quit the volleyball and track teams because I hated how my breasts hurt when I jumped or ran. I liked how my body was before puberty. Somehow I thought it would never change, not like this! (Feinberg, *Stone Butch* 23)

This excerpt reveals that not only do others express concern over his gendered presentation, Jess's relationship to his own body is complicated as well. Ze seems to be okay with menstruation but his uncomfortableness with his breasts and public reception of them is maintained throughout the novel.

When Jess is older, after ze has been in the butch/femme community for a while, ze begins referring to himself often as a 'he-she' (Feinberg, *Stone Butch* 75). Jess seems to recognize this gender difference in himself and other assigned female people, illustrated by his distinction between he-shes—those assigned females who are gender variant or gender nonconforming—and butches—those assigned females who are both gender nonconforming and attracted to women. This distinction is made in a conversation Jess

has with hir union organizer, Duffy. Duffy asks Jess if hir coworkers Ethel and Laverne are lovers. The conversation unfolds as follows:

‘Naw, they’re both married. You know that.’

Duffy fumbled for words. ‘Yeah, but aren’t they butches?’

I understood what he was driving at. ‘Well, they’re he-shes, but they’re not butches.’ Duffy laughed and shook his head. ‘I don’t get it.’

I shrugged. ‘There’s not much to get, really. I mean they look like Spencer Tracy and Montgomery Cliff, but they really seem to love the guys they married.’

Duffy shook his head. ‘But they’re inseparable. Don’t you think maybe they’re lovers and they’re afraid to let people know?’

I thought about it for a moment. ‘Jeez Duffy, it’s not like they’re getting off much easier by being married—they’re still he-shes. They’ve gotta deal with the same shit butches do. Imagine Laverne going into the ladies room at the movies. Or Ethel at a bridal shower. I don’t think people who give them a rough time give a fuck who they sleep with. It’s probably harder for them, too,’ I added. ‘They don’t have a place to go like we do—I mean like the bars. All they got is their husbands and each other.’

Duffy smiled and shook his head. ‘The way Ethel and Laverne are with each other, I was sure they were lovers.’

‘Oh, they love each other alright. You can see that. But it doesn’t necessarily mean they’re hot and bothered for each other. They really understand each other. Maybe each of them just likes looking in the other’s mirror and seeing a reflection that smiles back.’ (Feinberg, *Stone Butch* 86-87)

It is clear that Jess is making a point of distinguishing between sexuality and gender here, while at the same time acknowledging that these categories overlap. This is apparent in

hir assertion that not all he-shes are butches, while at the same time implying that many are.³⁹

Jess's own relationship to hir gender identity and body changes when the lesbian community begins to change. With the emergence of lesbian feminism, and its attendant ideals of androgyny, butches and femmes are ridiculed for enacting so-called 'patriarchal' roles. Jess recalls,

One day I came home from work and found Theresa stewing in anger at the kitchen table. Some of the lesbians from a newly formed group on campus had mocked her for being a femme. They told her she was brainwashed. 'I'm so mad,' Theresa thumped the table. 'They told me that butches were male chauvinist pigs.' I knew what male chauvinist meant, but I couldn't figure out what it had to do with us. 'Don't they know we don't deal the shit, we get shit on?' 'They don't care, honey. They're not going to let us in.' 'Should Jan and Grant and Edwin and I go to one of these meetings and try to explain?' Theresa put her hand on my arm. 'It won't help, honey. They're very angry at butches.' 'Why?' She thought about the question. 'I think it's because they draw a line—women on one side and men on the other. So women they think look like men are the enemy. And women who look like me are sleeping with the enemy. We're too feminine for their taste.' 'Wait a minute,' I stopped her. 'We're too masculine and you're too feminine? Whatdya have to do, put your index fingers in a meter and test in the middle?'

³⁹ That gender and sexuality are *different but connected* is a theme that arises throughout this project.

Theresa patted my arm. ‘Things are changing,’ she said. (Feinberg, *Stone Butch* 135-36)

Along with a changing lesbian environment, one that would prefer an eradication of butch/femme configurations, was a changing economic environment. As men returned from the Vietnam War, he-shes increasingly became the targets of their anger over a lack of jobs and had a difficult time finding jobs themselves. For instance, Jess starts going to temp agencies to find work. On one occasion ze walks past a number of men also waiting for work, one of whom throws a bottle at hir and shouts “you fucking he-shes. You stole our jobs” (Feinberg, *Stone Butch* 142).

This incident is followed by the recollection of a dream that Jess had the same night. Upon waking, Jess tells Theresa about the dream:

‘I just had this really amazing dream.’ Theresa rubbed her eyes. ‘I was in a place that felt very old, out in the woods. I was with Peaches and Justine and Georgetta. And Rocco was sitting next to me.’ I didn’t know how to describe the feeling of the dream to Theresa. ‘I felt like I belonged with them, you know?’

I could feel Theresa’s hand sweep once gently across the back of my T-shirt, then she began to drift back to sleep. ‘Theresa,’ I shook her, insistently. She moaned. ‘I forgot to tell you this part. In the dream I had a beard and my chest was flat. It made me so happy. It was like a part of me that I can’t explain, you know?’

Theresa shook her head. ‘What’s it mean, honey?’

I crushed out my cigarette. ‘It was about something old in me. It was about growing up different. All my life I didn’t want to feel different. But in the dream I liked it and I was with other people who were different like me.’

Theresa nodded. ‘But you told me that’s how you felt when you found the bars.’ I thought about it for a moment. ‘That’s true. It was like that. But in the dream it wasn’t about being gay. It was about being a man or a woman. Do you know what

I mean? I always feel like I have to prove I'm like other women, but in the dream I didn't feel that way. I'm not even sure I felt like a woman.'

The moonlight illuminated Theresa's frown. 'Did you feel like a man?'

I shook my head. 'No. That's the strange part. I didn't feel like a woman or a man, and I liked how I was different.' (Feinberg, *Stone Butch* 143)

This is not the first time Jess recognizes that ze is different, but it is the first time ze expresses that ze may not be a woman. Additionally, this dream/recollection foreshadows what is to come. Shortly after this dream, Jess and hir friends discuss the lack of jobs and what they can do about it. Grant suggests dressing feminine until they can find work at a factory again. Jess turns the discussion toward potentially transitioning instead. Jess's friend Ed has already started hormones at this point, but is still new to the process. Jess wishes that they had someone else who has gone through it to ask questions about it. Ze wonders:

'What happens? Does it just last for a little while? I mean can you go back to being a butch later, when it's safe to come out?'

Grant smiled sadly. 'I saw this movie once. It was about this guy with a disease there was no cure for. So these scientists froze him. Later in the future they found a cure for the disease so these other doctors brought him back and cured him. The only thing was, he was from the past. He didn't fit anymore.' (Feinberg, *Stone Butch* 145)

Interestingly, Jess is already foreshadowing hir de/retransition here. It seems that the social and economic climate influences hir decision to transition, although, as will become clear later, this hostile climate does not determine hir choices.

Following this conversation Jess tells Theresa that ze might "try to pass as a guy" (Feinberg, *Stone Butch* 146). Theresa insists that Jess is a woman, but Jess rejects

this label, stating that ze is a he-she. Here Jess again points to something different in hirself and hir gender identity when ze distinguishes between ‘Saturday-night butches’ and ‘he-shes’ while also disidentifying from the term lesbian (Feinberg, *Stone Butch* 148). In a later conversation with Theresa, Jess tells her how ze feels trapped and needs to take hormones. Theresa objects to being with a man, but Jess insists that ze would “still be a butch . . . Even on hormones” (Feinberg, *Stone Butch* 151). When Jess finally decides that ze is ready to take hormones ze has a conversation with Grant. Jess tells him that ze would like to take hormones and undergo top surgery. This prompts Grant to ask, “How do you know you’re not a transsexual? Maybe you should go to the program and find out” (Feinberg, *Stone Butch* 158). Jess replies, “I don’t feel like a man trapped in a woman’s body. I just feel trapped” (Feinberg 158-159). Jess expresses that ze does not identify with the dominant narrative of feeling as if ze was born in the wrong body. For Jess, hir sense of gender identity is more complicated than this normative narrative of transsexuality.

During Jess’s gender transition ze relates hir feelings about the process a number of times. In the first instance ze expresses hesitation at the prospect of injecting testosterone. Once ze gets over this hesitance ze recounts: “I felt a wave of excitement—the possibility that something was going to change, that an enormous weight might be lifted from me. Maybe now I could finally be myself and just live. . . . After a while I stood up and put my chinos back on. I looked at my reflection in the bathroom mirror. *Still me, looking back at me*” (Feinberg, *Stone Butch* 164, emphasis mine). A while later in hir transition Jess recalls:

As I brushed my teeth, I glanced in the mirror and had to look a second time. Beard stubble roughed my cheeks. My face looked slimmer and more angular. I stripped off my T-shirt and BVD's. My body was lean and hard. My hips had melted away. I could actually see muscles in my thighs and arms I never knew I had. Were the hormones stimulating muscles or just revealing them?

This was almost the body I'd expected before puberty confounded me. Almost. I remembered the girls in high school who moaned because their breasts were small. I envied them for being flat-chested. That was within my reach now. I had saved sixteen hundred dollars over the winter toward breast reduction surgery.

I took a hot, soapy shower, enjoying the feel of my hand on my skin. *It had been so long since I'd been at home in my body.* Soon that was going to change.

(Feinberg, *Stone Butch* 171, emphasis mine)

As evidenced, Jess expresses happiness with hir transition at first. Ze feels more comfortable in hir body but, after a while, passing as a man makes hir feel invisible and trapped again. Ze expresses anger at being read and accepted as a man when ze was never accepted as a he-she. Jess begins to question hir gender identity once more. In a conversation with hir lover, Edna, ze expresses: "There's never been many other women in the world I could identify with. But I sure as hell don't feel like a guy, either. I don't know what I am. It makes me feel crazy" (Feinberg, *Stone Butch* 217-218).

Shortly after this conversation Jess decides ze will stop hormone injections. Jess expresses:

And so it never occurred to me my life might change again dramatically that day. It was quite simple, really. I drew one cc of hormones into a syringe, lifted it above my naked thigh—and then paused. My arm felt restrained by an unseen hand. No matter how I tried I could not sink that needle into my quadriceps as I'd done hundreds of times before.

I stood up and looked in the bathroom mirror. The depth of sadness in my eyes frightened me. I lathered my morning beard stubble, scraped it clean with a razor, and splashed cold water on my face. The stubble felt rough. As much as I loved my beard as part of my body, I felt trapped behind it. What I saw reflected in the mirror was not a man, but I couldn't recognize the he-she. My face no longer revealed the contrasts of my gender. I could see my passing self, but even I could no longer see the more complicated me beneath my surface.

.....

Who was I now — woman or man? That question could never be answered as long as those were the only choices; it could never be answered if it had to be asked. I thought about the long road I'd traveled. I had never stopped looking out at the world through my own eyes. I'd never stopped feeling like me on the inside. What *if* the real me could emerge, changed by the journey. Who would I be? Suddenly, I needed to know. What would my life be worth if I stopped short of finding out? Fingers of excitement and fear tightened around my throat. Where was I going now? Who was I becoming? I couldn't answer those questions, but even asking them was a sign to me that tumultuous change had been boiling just below the surface of my consciousness. (Feinberg, *Stone Butch* 221-222, emphasis in original)

Jess begins to feel trapped by hir transition and being read as unambiguously male. At this point she decides to cease hormone therapy in an attempt to reembody a gender that expresses her felt sense of being neither a man nor woman. Interestingly, Jess signals here that hir coming de/retransition will not facilitate a simple return to hir previous self but, rather, that this new embodiment will be informed by the initial transition ze has already undergone—a point I will address in more depth later in the chapter. While Jess begins to feel trapped and misrecognized as a result of the bodily changes brought on by hir transition, ze maintains, “I didn't regret the decision to take hormones . . . And the

surgery was a gift to myself, a coming home to my body. But I wanted more than to just barely exist, a stranger always trying not to get involved. I wanted to find out who I was, to define myself” (Feinberg, *Stone Butch* 224).

Jess’s narrative is similar to narratives of de/retransition. Ze transitions to, and passes as, a man and then decides to cease or reverse hir gender transition. After stopping hormones Jess is read once again as different, but now because of hir lowered voice and flat chest ze is really uncategorizable to others. Prosser asks:

If Jess achieves such happiness finally being at home in her body, why does she leave it? Why does she stop taking hormones, giving up the protection provided her by passing as a man, the security of having a definitive, culturally acceptable place (a place to get her hair cut), for the dangerous nowhere of the gender ambivalent, the in-between? As soon as the effects of testosterone begin to wear off, Jess’s beard grows wispy, her hips widen, her face softens, and the cycle of violence against her commences once more. If, in beginning testosterone treatment, Jess states: ‘the hormones are like the looking glass for me. If I pass through it, my world could open up,’ in ending her hormone treatment, Jess goes back through the looking glass to a gendered borderlands. Why this return, this doubling back on the narrative? This is a crucial turning point, for the story splits off from the linear plot of transsexual autobiography that is not one, and, concomitantly, Jess herself as a sex that, in the most literal sense, is not one. (“No Place” 496)

Prosser is right, this is not a transsexual narrative, if we assume that such a narrative is a recounting of a linear gender transition from one sex to the other, from an alien body to a homely one. Jess’s narrative aligns more with a narrative of de/retransition insofar as it details a double transition from one sex/body to another and ‘back’ (or somewhere else)

again. Prosser's questions point to the importance of temporality in the narrative: "Why this return, this doubling back on the narrative?" The rest of this chapter will attempt to answer this question and suggest that Jess's narrative and other narratives of de/retransition disrupt the normative temporality of gender transition in a productive way. Jess clearly states that ze does not regret hir transition and seemingly has reversed or stopped this transition for a number of reasons, including invisibility, loss of community and hir past, and hir feeling that 'man' just did not fit. Jess's narrative is similar to contemporary narratives of de/retransition where initial transitions may provide a sense of relief from an alien body, but the extent to which transition resolves that alienation is variable.⁴⁰

3. Temporalities of Transition

The dominant narrative of trans experience as a feeling of being in the 'wrong' body works to reinforce the idea that individuals who experience gender dysphoria and/or identify as trans must desire to undergo all gender transition procedures and transition fully to the 'opposite' gender. Many scholars have objected to this conceptualization, arguing, as Lucas Crawford does, that certainly not all trans folks relate to the wrong body narrative ("Transgender" 132). Scholars have addressed different decisions made by different trans individuals regarding medical and surgical transition where the linearity of the temporality of transition is disrupted in these accounts replaced by varying temporalities, where procedures may or may not be undertaken, may occur at varying points in time, perhaps years apart, or 'steps' of transition may be rearranged to suit the

⁴⁰ While this could be understood as a matter of personal or individual identity, I want to emphasize the contextual and relational nature of this feeling of alienation. It may be more a matter of social-corporeal fit, rather than a matter of authenticity.

individual's desires (Israeli-Nevo; Spade). Additionally, trans scholars have argued that the overarching normative temporality of transition, referred to as a 'medicolegal timeline' by Chiara Pellegrini, require that trans subjects follow a linear transformation from a past filled with suffering to a happy and productive future (Amin "Temporality"; Fisher et al.; Pellegrini). Although critiques of this timeline exist, some theorizing on trans temporalities has maintained that gender transition is decidedly future-orientated and forward-moving. In the context of this research, I am interested in exploring how narratives of de/retransition disrupt this temporality of transition.

In her article, "Temporalities of Transition: Trans-temporal Femininity in a Human Musical Automaton," Jenny Sundén suggests that trans temporality is "infused with futurity" (204), countering antisocial queer theories of time that reject the future, such as Lee Edelman's polemic *No Future: Queer Theory and the Death Drive*. Sundén aligns her theorizing instead with José Esteban Muñoz's *Cruising Utopia: The Then and There of Queer Futurity*, noting the utopian, future-oriented nature of his work. Muñoz's queer temporality refuses a wholesale rejection of the future for queers, contra Edelman, suggesting instead that while queer time disrupts the linearity of straight time, it also rejects antiutopian, pragmatic LGBT rights discourse. Muñoz is interested in conceptualizing a "queer futurity that is attentive to the past for the purposes of critiquing a present" (18). Sundén transposes this concept of queer temporality onto gender transition to suggest a trans temporality that "is powerfully oriented toward the future while using the past as a potential opening of the 'not yet'" (206). The temporality of transition, in Sundén's view, is characterized by a 'doubleness' where the trans subject exists in the present, but simultaneously has not yet arrived (202). In this formulation,

trans temporality is forward moving, in contrast to queer temporality which feels a backwards pull. Julian Carter similarly notes a difference between trans temporality and queer temporality, suggesting that “sex change does involve purposive movement toward an embodied future, even as that future is summoned into being in and through a body that does not yet exist, and while the body that does exist in the present is the medium for the future body’s becoming-form” (142).⁴¹ If trans temporality is future-oriented and the temporality of transition forward-moving, how do processes of de/retransition factor into temporal conceptualizations of trans without rendering these processes as evidence of one not being ‘truly’ trans? How does de/retransition complicate the temporality of transition or provide alternative trans temporalities?

Importantly, the future-oriented nature of trans temporality is not immune from discursive production. In fact, the discursive production of ‘transsexualism’ and its attendant model of treatment is bound up with the moral panic that trans individuals will decide to reverse their gender transition or de/retransition. As aforementioned, medical professionals and psychologists were determined to distinguish ‘true’ transsexuals from other forms of transgenderism in order to make decisions on who should have access to medical treatment. The impetus behind distinguishing ‘true’ transsexuals from other individuals, such as transvestites, was a concern with the possibility that individuals who undergo medical transition would experience regret. Medical gatekeeping was enacted, to some extent, to minimize cases of what they interpreted as ‘sex change regret’.

⁴¹ These conceptualizations of trans temporalities are not simplistically linear, but do still insist on forward movement. While they do address the influence of the past on the future forms of embodiment, I want to address both the normative pressures of forward trajectories and the drag of past embodiments on new ones.

This moral panic over the permanence of gender transition can also be detected in the debates in New York City centring on birth certificate sex designations for trans people. Paisley Currah and Lisa Jean Moore trace these debates spanning from 1965 to 2006 over appropriate sex designations for trans individuals on official documentation in their article, “‘We Won’t Know Who You Are’: Contesting Sex Designations in New York City Birth Certificates.” Currah and Moore suggest that in the 1965 debates the consensus was that trans individuals should not be able to change the sex on their identification documents at all, as this would be misleading to the general public insofar as it would hide their ‘true’ sex. In other words, the prevailing assumption was that one could never really change the sex they were ‘born’ as — what we now consider to be sex assigned at birth. In the debates spanning from 2002-2006, however, these discussions had morphed into concerns over distinguishing between “those who were temporarily living in the other gender from those whose transition was ‘permanent and irreversible’” (122). This resulted in determining what medical and surgical procedures would be guaranteed indicators that the gender transition would be permanent. In fact, despite evidence provided by medical professionals to suggest that this guarantee of permanence would always remain phantasmatic, the public officials maintained that sex classifications must reflect a sexed embodiment (Currah and Moore 126). Put another way, the majority of medical professionals involved in the negotiations argued that gender transition procedures could always be reversed, rendering any criteria indicating the ‘permanence’ of this transition obsolete. Yet, the intense insistence on permanence was reiterated, as were the medical arguments, time and again, until the “repetition of arguments about the unreliability of genital surgery as a guarantor of permanence

convinced the officials on the committee to change the criteria for sex definition” (Currah and Moore 127). Ultimately, the officials decided that one medical doctor and one mental health professional would be required to vouch for the patient’s “intended permanence of the transition” (128), rather than requiring genital surgery as this indicator of permanence.

The removal of genital surgery as criteria for a change in sex designation did not remain the final decision due to backlash from the media and general public, but what is more relevant to this discussion than the final decision is the hyper-focus on permanence and how this links to the notion of trans temporality as future- oriented. For instance, Currah and Moore characterize the shift in thinking from the 1965 negotiations to the 2002-2006 negotiations in the following way: “the ‘always has been’ requisite (pointing to the past) drops out of the bureaucratic mandate for sex classification, but the ‘always will be’ (guaranteeing the future) remains” (122). Thus, trans temporality as forward-moving is necessarily bound up with the moral panic around the permanence of gender transition.⁴² This is not to suggest that trans temporality cannot be future-oriented, but rather to indicate the pressures motivating this trajectory.

Yet, both Sundén and Carter leave open the possibility that trans temporalities could be expansive enough to encompass queer temporalities. Carter suggests that the temporality of transition, while “involv[ing] a purposive movement toward an embodied future” (142) also “exemplifies a certain heuristic spaciousness . . . a spaciousness wide enough to enclose the notion of queer time in a trans- embrace” (142). Similarly, Sundén writes:

⁴² See Draz, Marie. “Born This Way? Time and Coloniality of Gender.” *The Journal of Speculative Philosophy*, vol. 31, no. 3, 2017, pp. 372-384 for an alternative reading of this shift.

Something that I have not touched upon yet is the seeming forward motion of trans- temporality. If theories of queer temporality hold more obvious backward movements and retakes in line with shifting sexual practices and orientations, trans- temporality appears in comparison more forward-moving, if yet with co-existing or overlapping tenses and timelines. There are of course exceptions, and my point is not to disregard trans- experiences which, indeed, incorporate a movement back and forth between genders through time. Rather, it is an attempt to point at a potential difference between different ways of thinking temporality. In the case of Bunny/ Rabbit, there is backward movement merely of the kind that seeks evidence or traces in the past of future transformations. (213)

Sundén acknowledges here that some experiences of trans corporeality may indeed incorporate a backwards movement beyond the Muñozian backwards-looking, forward-moving formulation. Nonetheless, Sundén maintains that, at least for Bunny/ Rabbit, the ‘human musical automaton’ (197) in the band Steam Powered Giraffe, there will be no embodied backward motion, just a looking to the past to facilitate a forward-moving gender transition. Indeed, Sundén concludes this point with the following claim:

“Transitional shifts, in this sense, do not easily capacitate a backward move that undoes what has happened, or is about to happen” (213). But what if trans temporalities are capacious enough to envelop queer temporalities? How can we theorize backwards movements alongside forward trajectories?

4. Integrating Narratives of De/Retransition Into Trans Temporalities

As Feinberg’s novel and other narratives of de/retransition suggest, gender transition need not be permanent, and forward movement may come at some costs and entail certain losses. Transnormative narratives of gender transition work to disavow these negative affects. For instance, Hil Malatino argues that these narratives

move quickly to affirm an affective experience of embodiment characterized by comfort, joy, recognition, and pleasure, and they tarry with negative affect only insofar as they work to reassure subjects who might be dwelling in an existential space saturated with such affect that it will one day improve, especially if they heed the hegemonic pedagogy of transition offered. (643)

My goal is to take the negative affects found on the 'other side' of gender transition seriously.

Jeanne Vaccaro suggests in “Felt Matters” that the assumption that one will transition ‘fully’ results in a split of the trans subject between pre- and post- transition (Vaccaro 95). The effect of this split is that it assumes that once one has undergone all the appropriate gender affirmation procedures, they should no longer need the identificatory label of ‘trans’, which works to erase the past of the trans subject. Trans people are expected to undergo treatment to align their bodies with their gender identities and once this expectation is met, they are no longer *trans* men or *trans* women, but rather, simply men or women. For some trans people, being perceived in this way is what they want, but for others, the erasure of past experiences is not desirable, and can compel a turn backward. *Stone Butch Blues* gestures toward a sense of loss bound up with having to denounce past experiences living in an assigned gender. Being read as cis and the concomitant erasure of hir past is too great a loss for Jess. Ze recalls:

At first, everything was fun. The world stopped feeling like a gauntlet I had to run through. But very quickly I discovered that passing didn’t just mean slipping below the surface, it meant being buried alive. I was still me on the inside, trapped in there with all my wounds and fears. But I was no longer me on the outside.

.....

Two things didn't change: I still had to work for a living, and I still lived in fear, only now it was the constant terror of discovery. (Feinberg, *Stone Butch* 173)

This excerpt reveals Jess's sense that ze has lost hir past. This loss is so visceral for Jess that ze again feels 'trapped' and 'buried alive'. While passing had allowed Jess to get along in the world with much less friction, this is only accomplished through the tenuous and ongoing denial of hir past. In fact, Jess's past comes to haunt hir when hir friend Frankie comes to work at Jess's place of employment. Jess recounts:

Friday at lunchtime we were headed to the Italian restaurant on the corner when Bolt stopped me. 'You know somebody named Frankie?'
 I felt the blood rush up into my face. 'What's he look like?'
 Bolt shook his head. 'It's not a he. It's a bulldagger. She used to work with you at a bindery—said you two were on strike together. She told me you did a lot of work with the union.'
 Frankie told Bolt about me. She must have. I wondered if I should quit now. Just walk out on the dock, hop down onto the driveway, and keep on walking to my bike. 'Where did you meet Frankie?' I asked Bolt.
 'She was on second shift. Starting Monday she's moving onto day side. She's an operator. She said you're a good guy.'
 I blinked in disbelief. 'She said that?'
 Bolt nodded. 'She said you're a good union man.'
 I laughed in relief. 'How did she know I worked here?'
 'She saw you leaving the parking lot. She a friend of yours?' Bolt asked me.
 'Naw,' I distanced myself. 'Just somebody I used to work with.' My own disloyalty sickened me. (Feinberg, *Stone Butch* 200)

Jess immediately worries that Frankie has outed hir to hir coworkers, but upon finding out that she did not, ze still feels a need to distance hirself from Frankie, lest someone make the association or discover hir past. Jess complains to hir lover Edna, "I feel like a

ghost, Edna. Like I've been buried alive. As far as the world's concerned, I was born the day I began to pass. I have no past, no loved ones, no memories, no me. No one really sees me or speaks to me or touches me” (Feinberg, *Stone Butch* 213). For Jess, this loss of hir past, hir memories, and the resulting inability to connect with new friends or lovers is too much. As discussed in the previous chapter in relation to the Caitlyn Jenner de/retransition rumours, a number of journalists were concerned with Jenner's alleged unwillingness to give 'Bruce' up. I argued that this focus on Jenner's reluctance to erase her past reveals the normative medical imperative that trans individuals should forget their pasts in favour of appearing normatively gendered. This normative prescription seemingly arises within the trans community as well, as some trans individuals were upset that Jenner would sometimes refer to herself as 'Bruce'. Feinberg's novel recognizes the loss that may accompany gender transition, including not only the loss of one's past, but of lovers, friends, and family as well.

The loss of one's personal history through transition may also result in the loss of visibility of one's trans or queer identity. Many trans men are aware that when they are perceived as men, specifically white men, they are afforded male privilege. Individuals who de/retransition may do so because they decide that they are not comfortable with the loss of visibility of their more complicated gender identity. This is not to say that all trans people who do transition will always be rendered invisible through passing. Being perceived as men, and, as a result, being afforded male privilege is disturbing for many trans men. In fact, many trans men are open about their pasts and histories in order to counter this invisibility. However, for some people it is what is not in their control that is particularly unsettling. While one can try to mediate the way one is perceived, through

openly identifying as trans, often the opportunity to speak to people about one's gender is simply not possible, or safe. There may be many situations where a trans individual is read as threatening or heteronormative, which is out of their control. The decision to de/retransition may be a decision that allows for a return to queer visibility and queer belonging. This sentiment can be seen in *Stone Butch Blues* when Jess is read as a man by a woman who is walking down the street in the dark. Jess recalls: "I remember the morning I left work at the macaroni plant just before dawn. I was walking up Elmwood toward my bike. A woman on the sidewalk ahead of me looked over her shoulder nervously. . . . She was afraid of me. That's when I began to understand that passing changed almost everything" (Feinberg, *Stone Butch* 173). Jess expresses the toll of this loss of queer visibility ushered in with passing shortly before deciding to cease hormone treatment. Indeed, Prosser suggests that passing, for Jess, results in another instance of "a painful split between inner and social identity" ("No Place" 497). Thus, individuals who de/retransition may do so because they decide that they are not comfortable with this loss of visibility. When Jess's cessation of hormone treatment begins to take effect, ze fails to pass as a man and hir gender confuses people. Ze is once again met with hostility from the general public, although the hostility is no longer a result of hir perceived inappropriate masculinity, but rather hir uncategorizability. Ze is referred to as an 'it' by strangers. Despite this, Jess feels excited about the changes and for hir future in this new embodiment. The decision to de/retransition, for Jess, is a decision that allows for a return to queer visibility and queer belonging, as well as a return to queer community, albeit a different queer community.

Prosser suggests that passing creates a disconnect between psyche and soma for Jess, a disconnect that results in “a point of stasis, necessitating the end of her transsexual trajectory” (“No Place” 500). But the idea of stasis in this context is somewhat of a misnomer insofar as Jess’s decision to discontinue the use of hormones does not result in stasis. In fact, hir body moves back toward hir assigned gender as a result of ceasing hormone therapy, ze restarts menstruation, and hir beard thins out.⁴³ Moreover, Jess also undertakes active steps to demasculinize hir appearance, undergoing electrolysis to remove hir facial hair. Ze makes decisions to reverse gender transition and to return to hir (gender ambiguous) embodiment prior to taking testosterone. Yet, as Sundén suggests, “transitional shifts . . . do not easily capacitate a backward move that undoes what has happened, or is about to happen” (213). Jess cannot fully return to a pre-transition corporeal form and this is also not hir wish. For instance, ze does not wish to reverse hir double mastectomy, as ze is more comfortable without breasts. As Prosser suggests, Jess “refuses the places at either end of this trajectory” (“No Place” 500). Indeed, individuals who de/retransition do not simply revert back to who they were before they began transitioning. They may become ‘female’ again, or be more feminized, but this embodiment surely looks and feels different than their pre-transition gender.

In fact, prior to de/retransitioning, Jess believed ze would be returning to hir past life, that they would be with their love, Theresa. But upon seeing Theresa with her current girlfriend at a grocery store, Jess recalls, “I heard Theresa laugh, warm and relaxed. Her face crinkled with love. And then I knew I wasn’t going home, I wasn’t

⁴³ Prosser acknowledges this movement, but ignores the active steps Jess takes — this is important because it does not simply signal an ‘end’ to transition, but a continued process.

traveling backward. I was hurtling forward toward a destination I couldn't see" (Feinberg, *Stone Butch* 223). Even if one can reverse all gender transition procedures undergone, they still cannot return to a pre-transition self. Certainly the time lived in a different gender leaves impressions on an individual, thus foreclosing this possibility.

While detransition encompasses the backward movement associated with reversing or ceasing gender transition, retransition can account for Sundén's claim that transition cannot be entirely 'undone'. Indeed, retransition indicates the different future that will always accompany this reversal. Retransition's temporal form seems to align more closely with the trans temporalities conceptualized by both Sundén and Carter. This temporality is one that looks to the past to inform future embodiments. It is future-oriented while still attentive to the past. Indeed, this form of temporality is captured in the final pages of *Stone Butch Blues*, when Jess describes a dream in which ze is in a field amongst numerous other gender nonconforming and trans people. One of the oldest people there held up a ring. Jess recalls,

She pointed to the circle the ring cast on the ground. I nodded, acknowledging that the shadow was as real as the ring. She smiled and waved her hand in the space between the ring and its shadow. Isn't this distance also real? . . .

She called me to the present. My mind slipped back to the past, forward to the future. Aren't these connected, she asked wordlessly? (Feinberg, *Stone Butch* 300-301)

The ring and its shadow could be interpreted as gender categories and acknowledging that the space between them is real signifies the realness of gender lived in between the binary. Or the ring in the shadow could be interpreted as the past and future, where the

the future (the shadow) is dependent on the past (the ring) for its existence. This is a temporality that employs the past in the service of the future.

Yet, this temporal form neglects the more backward orientation that detransition is understood to signify. It may, then, be more useful to think trans temporality in terms of Kathryn Bond Stockton's concept of growing sideways. Stockton suggests that growing sideways refers to a temporal movement that is not linear or progressive. Sideways growth spreads horizontally, rather than being propelled forward and up (Stockton 4). Sideways growth indicates movement and change, but this movement incorporates backward turns with sideways expansion. De/retransition could be understood as sideways growth insofar as this process, while incorporating a backward movement, also does not return an individual to a previous self/embodiment, indicating a trajectory that is more accurately lateral. In other words, the process of de/retransition is a reversal with a difference, it entails a return to a previous embodiment but is not an identical replication of this embodiment; rather, this 'new' corporeality remains to the side of past bodily forms, an extension of these forms, but not necessarily a progressive extension. Jess expresses that ze "felt [hir] whole life coming full circle. Growing up so different, coming out as butch, passing as a man, and then back to the same question that had shaped [hir] life: woman or man" (Feinberg, *Stone Butch* 301). While Jess has returned to the same question, hir return to gender ambiguity, to a he-she is neither a replication of the past nor an entirely different future. This return is informed by hir time passing as male. It is a *re-embodiment* of ambiguous gender, and an extension of what this ambiguity looks like and means. Moreover, hir embodied expansion is mirrored by an expansion into new queer spaces, as indicated by hir return to queer community via

participation in a queer rally at the close of the novel. Importantly, this queer community is not Jess's past community in Buffalo, but rather a new (to hir) community in New York City (Feinberg, *Stone Butch* 296-297). Similar to hir bodily return, hir return to queer community is not a return to the same, indicating change and sideways growth of body, self, and community.

Throughout this chapter, I have reread *Stone Butch Blues* as a narrative of de/retransition attending to the ways in which Jess's story disrupts normative temporalities of transition. I have addressed contemporary understandings of the temporality of transition in order to theorize the place of processes of de/transition in these temporal formulations. While medicalized trans histories conceived of this process as a linear, progressive one, more contemporary and trans affirmative scholarship on trans temporalities posit trans trajectories that incorporate the past in the present and the bearing that the past has on future trans gendered corporeality. Yet, as I have outlined, some of this scholarship tends to maintain trans temporality as future-oriented, which, while closely aligning with retransition fails to wholly account for the process of detransition. I suggest that narratives of detransition disrupt forward-moving temporalities of transition, instead gesturing toward different notions of futurity. If we agree that de/retransition does not necessarily indicate a gender identity that is not trans, or is cis, then complicating transnormative linear, forward-moving expectations of gender transition is important for issues of gatekeeping medical access. Indeed, Eckstein suggests that "a key concern embedded in the systems determining access to medical transition and systems determining governmental document changes is the fear that trans people will 'change back.' The language of 'changing back' is already bound up in

assumptions of linearity” (45). What I hope this chapter has shown is that even if we conceive of the temporality of transition as non-linear, the preoccupation with reversal is not resolved, due to the insistence of transition as forward-moving or future-oriented. This is evident in current medical practice that allows for autonomy in decision making for transition-related medical treatment, but does not drop the medical imperative that the practitioner assess the patient to be ‘truly’ trans, or, more precisely, predict that they will not ‘regret’ the transition and ‘turn back’.

Chapter Three:

Narratives of De/Retransition: Negotiating the Affective Aspects of Gender Transition

I like retransitioned because it's sort of a continuance of a journey, it's a continuance of a narrative ...

—Brian Belovitch (“JAMES ST JAMES EXCLUSIVE: Brian Belovitch, ‘Trans Figured’ Author.” *Youtube*, uploaded by WOWPresents, 8 February 2019, www.youtube.com/watch?v=BOuJNlgCtNc)

When asked if he regrets the time he live as Tish, Brian is quick to correct:

No! No. No, are you kidding? Oh my god, I had some of the most fun. No. I regret what was painful about it, but not what was joyful and celebratory and exciting and accepting about it. Of course not. I mean, my life is different now, but it was quite something back then. It was quite the life.

—Brian Belovitch (Tobia, Jacob. “Inside One Person’s Journey From Man to Woman and Back Again.” *Paper*, 3 April 2018, www.papermag.com/perpetual-transition-brian-belovitch-2555638364.html?rebelltitem=1#rebelltitem1.)

My transition to female, I realized, had been a great source of strength for me. Miss Tish had kept me alive all these years and it was almost as if I had needed to become her just to survive. What would it be like to say goodbye to such an old friend?

—Brian Belovitch (Belovitch, Brian. *Trans Figured: My Journey From Boy to Girl to Woman to Man*. Skyhorse Publishing, 2018.)

In his 2018 memoir, *Trans Figured: My Journey From Boy to Girl to Woman to Man*, Brian Belovitch recounts his experiences with transitioning and retransitioning.⁴⁴ Belovitch details his life from his childhood in the 1950s and '60s through to his transition in the early 1970s and his subsequent retransition in the late '80s. Like Feinberg's character, Belovitch's feelings about his initial transition and later retransition are more complex than a simple narrative of regret. A number of themes found in Belovitch's memoir have also been identified by contemporary researchers with the goal of preventing de/retransition as contributing to the (alleged) increase in cases of 'regret'. These include experiences of trauma and homophobia, which will be addressed following a synopsis of Belovitch's memoir. In order to attend to the complexity of the narrative, I also address the role that transphobia may play in initiating de/retransition, as well as attend to the problem of 'passing' as a normative goal of transitioning, a point of personal tension that Belovitch raises numerous times throughout his memoir. And, finally, the chapter will conclude with a discussion of the importance of the historical and cultural context in which Belovitch made his decisions to transition and retransition, arguing for an interpretation that takes into consideration Muñoz's formulation of "queer utopianism" as a "rejection of the here and now and an insistence on potentiality or concrete possibility for another world" (1).

Belovitch paints a picture of his childhood, detailing the ways in which he felt his gender was different from a young age. For instance, he writes: "Third born out of seven kids, I was assigned male at birth. ... As best I can recall, and God forbid that risk cliché, I always felt different, separate from everyone. By the age of five I remember feeling

⁴⁴ I use the term 'retransition' when referring to Belovitch's transition process following his preference.

that, hey, it was a good thing. Until I discovered that my feeling different would soon be distorted and turned against me” (13). Belovitch recalls being gender-fluid in childhood and that the feeling of being nonnormatively gendered was bound up with his awareness of his gay sexuality (18). He recalls enduring physical and emotional abuse from his family and peers because of his gender expression and assumed homosexuality. His mother punished him for ‘behaving like a girl’, his brother taunted and ridiculed him for his effeminacy, and his peers (and even a teacher) would tease him and call him a ‘faggot’.

Brian marks junior high school as the time when he began to question his gender more seriously. He recalls:

I fantasized about many of my male teachers. All kids must go through this, I thought. However, if I was having thoughts like this perhaps there must have been some mistake about my gender. Maybe I wasn’t a boy at all? Maybe what everyone had been saying all along was true. In junior high, I began to question my attraction to men in an entirely different way: *If I’m attracted to men, then perhaps I really am supposed to be the opposite gender?* Christine Jorgensen had recently been in the news—she was the first American male-to-female sex change—so I knew changing my gender was possible. Secretly, I checked her autobiography out from the library. (Belovitch 39, emphasis original)

While still in junior high, Belovitch came across a diner that was often frequented by “a small group of queens and trans women” (41). His brother pointed them out to him, joking that Brian may become one of ‘them’ one day (Belovitch 41). Brian recalls feeling a sense of clarity around his gender as a teenager. By late adolescence, Belovitch had become close to the queens and trans women that frequented the Peter Pan Diner, some of who would eventually “become mentors and lifelong friends” (Belovitch 42).

Belovitch's high school years did not differ much from his earlier years. Although he found a true friend in another gay, effeminate boy, Stephen Perry, the homophobic taunting continued throughout high school. Belovitch describes his life at this time as "a living hell" (45). He muses, "I was in a different city, at a new school, but the same thing was happening all over again" (Belovitch 45). During high school Brian met two other friends who introduced him to cruising and sex work and more queers. Specifically, through his friend Paulie, Brian met Rusty. He recalls:

I overheard Rusty say that she lived in the Lola Apartments. I recognized the name because the apartment building was right across the street from my high school and Roger and I would sometimes sit on a bench and watch the drag queens running in and out of the beauty salon on the building's ground floor. Hearing Rusty speak of the Lola, I now put two and two together and 'spooked' or 'clocked' her as trans, to utilize language we used back then to determine whether someone was passing as a female or not. The high-pitched nasal tone to Rusty's voice confirmed to me that she was assigned male at birth. Passing was the holy grail for most trans people back in the day, because it meant that you could move through life a little more easily. (Belovitch 57-58)

Brian identifies the Lola as being significant to his gender journey. He recalls, "It was the perfect place for me to educate myself on the ways of a new possible life for me as I began considering the idea of changing my gender identity" (Belovitch 59). Soon after, Belovitch engages in sex work for the first time in drag, and later goes out in full drag to the opening of a nightclub in Providence (59). Brian remembers "feeling free and beautiful for the first time in my very young life, I was overwhelmed by all the attention and compliments. I loved it and was instantly hooked on all the adoration" (Belovitch 60).

At eighteen, Brian moved to the Hotel Albert in Greenwich Village, New York City with Paulie. Belovitch remembers Paulie finding a good job and lover soon after moving to NYC, whereas he was “still grappling with [his] gender identity and sexuality” and thus “wasn’t having any success in finding a lover” (69). Although Brian and Paulie agreed with each other to live as gay men, he “wasn’t convinced doing so would work for [him]” (Belovitch 70). In 1974, he recalls:

Still dressed as a boy, I secretly longed to be part of the transgender milieu. It was quite a scene; the Grape was a hodgepodge of every possible gender and sexual identity. While it was predominately transgender women, there was also a heady mix of gay men, lesbian women, bisexual folks, and tranny-chasing tricks. There was also a small group of transvestite men like those portrayed in the book, *Casa Susanna*, who liked to dress as women but were married with wives and families. Coming from such a small city like Providence, I was exposed to the lives of drag queens and trans women; I felt mostly comfortable there. ... The shows were incredible and some of the trans women were absolutely stunning. ... I was stunned at the size and variety of the community of trans women who were here in New York. (Belovitch 71)

Brian’s gender dysphoria persisted, and at age 19 he frequented the Gilded Grape dressed as a woman. He remembers, “the idea of actually transitioning was now ever present in my consciousness, and finally having some resources of my own allowed me to take small steps” (Belovitch 73). With the help of his trans woman friend, Easha, Brian began taking hormones at this time. He describes his feelings after his first hormone shot: “I immediately felt a sense of relief that I’d finally rallied the courage to go ahead and begin this part of my journey, though I was unsure as to where it would lead” (Belovitch 74).

After living in New York City for a while, Brian, now living as a woman full-time, decided to move back to Rhode Island. He writes:

Tired of the constant rat race of New York and unsure about where my life was heading, I decided to return to Rhode Island. Going back to beauty school to finish where I had left off seemed like the best plan. Feeling more confident with my physical changes, it was time for my past to meet my future. Since I had already completed half the requirements for beauty school before I left for New York, it would be easy to do. Returning to my hometown on my terms and with my new female identity confidently in place, I could be my authentic self, or so I thought. (Belovitch 79)

Belovitch felt relieved, and thought that being home would be an easier life. Yet, he found that his family was still unsupportive. Nonetheless, Brian persisted and legally changed his name to Natalia 'Tish' Joan Belo and his sex designation to female. Belovitch recalls: "Living every day as female gave me a newfound confidence. My electrolysis treatments were working and my hair was longer. The hormones were doing wonders for my skin and my breasts were a full cup size bigger" (Belovitch 87). Despite these feelings, Brian attempted to commit suicide, a decision influenced by his boyfriend's infidelity and his family's rejection. He was taken to the hospital and not permitted to leave before receiving intensive therapy and psychiatric evaluation. Although Belovitch was living full-time and legally as a woman, the results of this evaluation determined that Belovitch was not "a candidate for gender reassignment surgery" (90). It is possible that this 'diagnosis' was accurate, but, as I will discuss later, it is also possible that this assessment was based on other factors, such as Brian's nonnormative attachment to his penis. Despite this assessment, Belovitch continued his transition.

Around age 21, in 1977, Brian made the decision to move back to New York City.

He remembers:

The only thing I was passionate about was continuing my transition. Above all else, I was intent on being consistent with estrogen injections once a week. I also kept my regular electrolysis appointments to get rid of any unwanted facial hair. My sole objective became to achieve an awesome sense of ‘realness,’ or what the transgender community today calls ‘the passing privilege,’ meaning that you can get further in life if no one really knows you’re trans, but assumes you are the gender you’re presenting. During this time, I worked extra hard on the street making some extra cash to have my nose fixed at a swanky Park Avenue surgeon. It completely transformed my face by smoothing out the bump where my father had hit me in the nose when I was a kid, and it softened my facial appearance even more. If people did ‘spook’ you, that is, figure out that you’re not the gender you’re presenting yourself as, then your challenges were greater. Being trans was still considered far outside of the normal spectrum of gender and it could be very dangerous if you weren’t careful. (Belovitch 91-92)

Despite his transition going well, Belovitch’s drug use began to escalate. He was “deeply enmeshed in the New York nightclub culture” and had started a relationship with a heroin addict (Belovitch 108). The use of alcohol and drugs was ubiquitous in the club scene, and Brian began doing heroin with his boyfriend, Sonny (Belovitch 108). Belovitch found that “living as a trans woman” it was “harder and harder to face the daily struggles of [his] life” (Belovitch 109).

Having lost his job and gained a full-blown heroin addiction, Brian moved back to Rhode Island, once again. By this time, Belovitch’s mother had accepted him as a trans woman, and allowed him and Sonny to move in with her for a while. Nonetheless, this move did nothing to diminish his drug use (Belovitch 111). Once again, Brian felt suicidal:

It was dusk and the thought of moving from this special, solemn place to try to suck some dick to make a few bucks made me feel even lower. And the incredible

dysfunction of my relationship and where I was at age twenty-two was overwhelming. The seriousness of my addiction and my inability to find peace within my gender identity and a place in the world was finally taking its toll. I wanted to die. (Belovitch 111)

At age 23, Brian decided to go to college for acting. He applied for social assistance to support himself at this time, hoping to not have to rely on sex work as he had had to do in the past (Belovitch 118). He got his GED and began college. He recalls:

During this time, I was far along in my transition and was enjoying my passing privilege. Most of the time I wasn't being recognized as a trans woman because I'd become so convincing in my female identity. I wore very little makeup and was so proud that my complexion was soft and creamy. The extensive electrolysis and hormones had done wonders for my transformation. In fact, no one in college suspected I was trans—or if they did, I wasn't aware of it. Today it wouldn't be that big a deal to see a trans person in college, but in 1979 it was a very rare occurrence. (Belovitch 119)

Around this time, Belovitch also underwent breast augmentation surgery and married an army man named Denny. He dropped out of college to become an army wife. He writes:

I felt that I had reached a pinnacle in my young life. My transition was nearly finished; not only did I have passing privilege, but my legal female identity was complete. And soon I would have the means and support of my husband should I want to start planning for the final phase of transition, gender reassignment surgery. (Belovitch 131)

While stationed in Germany with Denny, having no job and living as a housewife, Brian had a lot of time to think about bottom surgery. He remembers feeling increasing pressure to decide whether to undergo vaginoplasty, but being uncertain about whether he really wanted to pursue that step (Belovitch 142). He felt that he needed to make a decision soon because he was getting older, living in between genders was proving to be difficult,

he was constantly afraid of being found out, and was worried that his husband would leave him if he did not complete the surgery (Belovitch 141-142; 146; 150).

Brian notes the start of his discontent with transitioning in 1983, although he expresses that at the time, he "was unable to process the regretful and remorseful feelings that were surfacing" (151). Brian once again moved back to New York City and by 1984 he and Denny had split and his friend Paulie had died from an aneurism. Brian moved to Thomaston, Connecticut for the summer to recover from his losses and act and direct plays and musicals. Upon returning to NYC, Brian performed a music revue, which "became the catalyst that introduced [him] to New York nightlife at a much bigger and higher professional level than ever before" (Belovitch 161). Through one of his backup singers he met Michael Musto who would invite him to the popular clubs and entertainment venues in NYC. At a party hosted by Nelson Sullivan, Belovitch met Gabriel Rotello, a nightlife promoter. Rotello included Brian in his show "Downtown Dukes and Divas" (Belovitch 163). Brian recalls, "Just like that, I was plucked from relative obscurity and thrust onto the New York club scene in a very big way" (Belovitch). Although he had gained success in the club scene, Brian still felt he "was under the curse of a trans woman" (Belovitch 164). He also escalated his drinking and drug use again, beginning to smoke cocaine, which would soon be replaced by crack.

By 1986, now in his late twenties, Belovitch's addiction to crack cocaine had become so unmanageable that he called his friend Eva for help. He moved into Eva's apartment and began attending an outpatient program. Brian resumed theatre acting, but was still unsettled in his gender identity. At the theatre he was not open about being a trans woman and felt like he "was caught in a crazy conundrum of trying to be [his]

authentic self, but feeling too ashamed to be open about something at [his] very core” (Belovitch 179). While Brian felt alienated by his ability to pass effectively and his inability to name himself as trans, he, at the same time, narrates his situation as "living between two genders" and expresses that this was also "taking a toll on [him]" (Belovitch 188). By 1987, Belovitch had gotten sober and began to reflect on his life as a trans woman. His feeling of living between genders seemed to stem primarily from instances of being perceived as trans by others and the fear of being found out to be trans, especially in relation to his genitalia. He recalls:

Although my passing privilege was great, there still were occasions when people would stare or whisper in a way that was disapproving and embarrassing to me. It happened on the bus and sometimes at the various work sites I temped at. There were many days when I could be found on any Manhattan street corner not looking for a trick but clinging onto a phone booth in tears calling my sponsor for support. It was an awful and consistent feeling that was becoming increasingly difficult to bear sober. (Belovitch 188)

Having been referred by a friend, Brian began individual therapy sessions. During these sessions he began to explore his gender in more depth with his therapist. Belovitch writes:

Would I give in to external pressure to undergo gender confirmation surgery in spite of some of the negative outcomes I’d witnessed? Many of my friends from the early days had had surgery but were unhappy with the results, which often led them to suicide. On the other hand, could I accept the duality of my gender and be free and open with my body the way it was?

.....

Finally, I began to wonder about another option. Would it be possible to reverse what I had done and re-transition back to my assigned gender at birth? Or was

Brian, who had been replaced by a much larger and more colorful personality, already too far gone? (Belovitch 192)

With his therapist, Belovitch considered his options. He felt that continuing to live as a trans woman would be fraught: it was difficult to find work as an actor, social discrimination and scrutiny abounded, and navigating romantic relationships with men was draining. Additionally, he felt that the discrimination and violence he had endured as a trans woman would only become heightened upon his AIDS diagnosis: “Having experienced discrimination firsthand from both the gay and straight community, I could only imagine the horrors I might encounter as a trans woman facing an AIDS diagnosis, and this terrified me more than anything—even more so than the thought of losing Tish” (Belovitch 202).

Thus, at age 31, in 1988, Brian went to his therapy session having made up his mind to retransition. Although he experienced discrimination and pushback from friends, family, and the medical community, Brian persisted and underwent surgery to remove his breast implants. However, he would also need a second surgery—a double mastectomy—to remove the breast tissue that had developed from hormone replacement therapy. After receiving top surgery he remembers:

While I was finally at peace physically, I found myself at the beginning of a long road to reclaim and recreate my male identity. Being Brian was something I had abandoned many years ago, so in many ways it was like getting reacquainted with an old friend who had been away for too long.

It was difficult for my friends and family to adjust as well. They were being asked to accept the changes I was now making in the same way I had so desperately sought their acceptance of my female identity earlier. But I was now living my

life one day at a time and had to treat each relationship the same way. (Belovitch 210)

Belovitch expresses that over time he became more comfortable with his transition to his "new old identity" (212).

1. Trauma

As I pointed to in the synopsis of Belovitch's memoir, he experienced sexual and physical abuse and trauma both as a child and adult. Recent de/retransition narratives have pointed to trauma as a potential underlying factor in some people's initial decisions to transition.

There are three discrete, yet connected, theories on trauma that have been posited primarily by de/retransitioners, although some researchers have also picked up these theories. First, childhood trauma is posited as contributing to many assigned female at birth (AFAB) people's gender dysphoria and resulting wish to transition gender.⁴⁵ The long-term effects of childhood trauma, including physical abuse and neglect, but especially childhood sexual abuse (CSA), have been suggested as playing a role in decisions to transition. Connected to this hypothesis, ideas circulate about the contributions of unwanted sexual attention from men (usually most evident in adolescence) to gender dysphoria. Additionally, it has been posited that homophobia, both internalized and external, may contribute to some peoples' gender dysphoria and subsequent decisions to transition.⁴⁶

⁴⁵ The relationship between trauma and trans subjectivity will be discussed in relation to both AMAB and AFAB trans individuals. I specify AFAB here because the current discourse is hyperfocused on assigned girls, as mentioned in Chapter One of this dissertation. The related theory of transitioning to avoid unwanted sexual attention from men is specific to AFAB people, but the conclusions drawn can be more generally applied to any trans individual who may have experienced trauma.

⁴⁶ It is important to note that these links have also been posited by proponents of rapid-onset gender dysphoria.

Belovitch's memoir details quite a bit of his early life which was rife with abuse. Belovitch recalls a number of instances where he was mistaken for a girl as a young child, and his mother's angry and aggressive responses to these events. For instance, Belovitch recounts a shopping trip with his mother when he started dancing in a department store. A group of women in the store stopped to watch him with one lady commenting to his mother, "Excuse me, ma'am. What beautiful eyelashes she has" (Belovitch 12). This comment angered Belovitch's mother who admonished Brian for his behaviour: "What did I tell you? I told you to stay close by me and there you were shaking your ass like a little girl. Wait till I get home and tell your father!" (Belovitch 12). Brian remembers crying over the incident and his mother's lack of compassion. He writes,

I couldn't help feeling upset for not understanding what it was that I had done wrong. I loved music, it made me happy, and I loved dancing. What could possibly be wrong with that? It was too much for my little five-year-old brain to comprehend, but one thing that was easy to understand was that once again I had been mistaken for a girl. My mother's hysterical reaction proved it couldn't be a good thing! (Belovitch 12-13).

He also recalls receiving this treatment from peers as well: "As a gender-fluid child, my personality drew constant scrutiny. Everything about me was fair game, especially where other children were concerned" (Belovitch 18).

Belovitch would endure instances of sexual abuse, as well. In fourth grade, Brian was sexually involved with a boy a year older than him, a relationship he characterizes as "a rather abusive friendship" (29). This boy would ask Belovitch to give him blowjobs, while also bullying him at school and stealing his money (Belovitch 29). Around this age,

Brian was also raped by two men in a movie theatre bathroom (Belovitch 31). These traumas led Belovitch to act out in school. After one particularly bad outburst at a teacher he ran away to find his dad, who, instead of listening and comforting Brian, physically assaulted him for his outburst (Belovitch 32-37). As a teen, Belovitch began engaging in sex work to earn a living. His time in this line of work was also rife with abuse. For instance, he remembers:

The first time I turned a trick in drag some guy picked me up on the corner of the Lola. He was handsome, dark, and a bit of a bruiser. I tried to get him to pull in the back of the building where it was more convenient but he resisted and instead drove me over to the Silver Lake section of the city, where there was a wooded area where kids would drink or get stoned. He had agreed to pay me a whopping ten dollars initially. When he turned off the car and started to pull his pants down, I asked, as any good whore would, 'Can you pay me first?' He said, 'Sure,' as he reached down under his seat and whipped out a gun. He made me suck him off for free while holding the gun to my head. It was one of the most terrifying blowjobs I ever gave. (Belovitch 59)

Importantly, less than a year before his decision to retransition, Belovitch also received an AIDS diagnosis and lost his mother.

Both AMAB and AFAB de/retransitioners who are vocal on *Youtube* have reported similar stories of abuse and neglect. In "I Want My Sex Back: Transgender people who regretted changing sex," Billy Burleigh talks about growing up with an alcoholic absent father and mentally ill mother. Burleigh also experienced sexual abuse. Similarly, Walt Heyer reports being sexually abused, as well. Another well-known de/retransitioner, Carey Callahan, talks of her sexual assault in college having contributed to her wish to transition in "Reversing a Gender Transition." She now believes that she

wanted to alter her body not because she was trans, but because she had unresolved trauma. Similarly, in “Jeffrey’s Story: Ex-Transgender with Regret,” Jeffrey shares his early experiences of being raped by an employee of his father at a young age and later being gang raped by four men when he was seventeen. Like these individuals, in “Detransitioning: Reversing a Gender Transition - BBC Newsnight,” Debbie reports “transitioning as a way of dealing with the sexual abuse she endured as a child.” Another de/retransitioner, Crash, believes the trauma of their mother’s suicide played a role in their wish to transition, as well.

The link between trauma and transness has been studied academically to some extent. In an 2012 article, Diane Ehrensaft claims that in her own practice most of the children that she sees do not have experiences of trauma (“From Gender” 345). Nonetheless, she does allow that gender dysphoria could be a symptom of other disorders or a response to trauma. Specifically, she writes, “In other situations, rather than a consistent pattern over time, there is a sudden interest in gender bending or gender transformation, perhaps following a major psychological event in life and, perhaps, as a magical solution to life’s challenges” (Ehrensaft, “From Gender” 345). In their 1993 research study, Clare E. Cosentino et al. looked at cross-gender behaviour in AFAB people who had experienced sexual abuse. Previous research had suggested that childhood sexual abuse (CSA) had “gender-related effects” (Cosentino et al. 940). The authors compared “20 sexually abused girls from a child abuse treatment program (sexually abused), 20 nonabused girls from a child psychiatry outpatient department (psychiatric controls), and 20 nonabused girls from a general pediatric clinic (nonpsychiatric controls)” ranging in age from 6 to 12 years (Cosentino et al. 941). They

found that assigned girls with a history of CSA had “significantly more masculine or less feminine behavior relative to both the psychiatric and nonpsychiatric control groups” (Cosentino et al. 944). However, Cosentino et al. caution that these findings do not predict the future gender expressions of these children because gender nonnormativity often lessens when children begin puberty (946). Additionally, the authors admit that they cannot conclude that this is a causal relationship, where CSA causes gender nonnormativity, but they nevertheless speculate that it is possible that assigned girls who have experienced sexual abuse may reject femininity because femininity is understood as weak and contributing to one's vulnerability to abuse (Cosentino et al. 946-947).

Similarly, in a paper published in 2005, Darlynn Gehring and Gail Knudson looked at the prevalence of childhood trauma in patients presenting with gender dysphoria to the Gender Dysphoria Clinic at the British Columbia Centre for Sexual Medicine. Their descriptive study included 32 assigned male at birth people and 8 assigned female at birth people ranging in age from 24-57 (Gehring and Knudson 26). While they found that 55% of participants had “reported experiencing an unwanted sexual event or events before the age of 18,” the majority of the subjects who experienced CSA did not report it being forceful or violent (Gehring and Knudson 26). Gehring and Knudson believe that the 'level' of abuse is important in this context because it disrupts a causal interpretation of the relationship between CSA and gender dysphoria. For instance, they explain that these "unwanted sexual events" consisted of requests from slightly older males (5 years or less) to "expose themselves" and these experiences were not perceived by participants as being coercive (Gehring and Knudson 28). Additionally,

these events were reported by participants to have occurred around the time that they had reached puberty (Gehring and Knudson 28). The authors reason that this exposure could have been solicited because the subjects' sexual and/or gender identities elicited curiosity in the requester. Additionally, they found that the most prevalent and intense form of abuse experienced by their participants was verbal and psychological abuse, including yelling, threats, insults, and shaming (Gehring and Knudson 27). Again, the authors reason that these experiences were likely the result of parents not accepting their children's gender identities. Thus, they conclude that their study does not support the idea that childhood trauma is related to the development of a trans identity because it is more likely that these individuals experienced abuse as a result of their trans identity or gender nonnormativity (Gehring and Knudson 29).

In a similar vein, Marco Colizzi et al.'s 2015 study looked at the prevalence of dissociative symptoms in a sample of trans individuals. Previous studies on the topic had mixed results. Some studies had shown higher rates of psychiatric comorbidity in trans populations than the general public, while others revealed little to no psychiatric comorbidity (Colizzi, Costa, and Todarello 173-174). For their study, Colizzi et al. looked at "(1) dissociative disorders/symptoms; (2) other dissociative disorder related conditions, including childhood trauma history (abuse and neglect) and body image related distress; (3) dissociative symptoms in follow-up assessments after the beginning of the cross-sex hormone treatment and after sex reassignment surgery" (174). The authors hypothesized that childhood trauma and related dissociative disorders, symptoms, and conditions would be higher in their sample than the general population, but that dissociative symptomatology would likely decrease in this population upon medical and surgical

treatment (Colizzi et al. 174). They found higher rates of dissociative disorder not otherwise specified (DDNOS) in their sample; however, the questions used to make this diagnosis likely overlapped significantly with the criteria for a gender dysphoria diagnosis. The authors did not find that the majority of the sample showed severe enough dissociative symptoms to warrant a dissociative identity disorder (DID) diagnosis (Colizzi et al. 178). Further, when the questions about dissociation in relation to gender and the sexed body were taken out, trans people did not differ significantly in dissociative symptoms from the general population. The authors reason that “because the unease with the biological sex and the aversion to the corresponding sex-specific body forms belong by definition to the GD diagnosis, the question arising is whether the dissociation is to be seen in this case not as an expression of a pathological dissociative experience but rather as a genuine feature of the GD” (Colizzi et al. 178). However, Colizzi et al. did find that their trans sample had high rates of childhood trauma and suggest that, given previous research on the link between dissociative disorders and childhood trauma, childhood abuse could be a factor in gender identity development and that this link warrants further research (179).

In a paper published in 2018, Guido Giavanardi et al. take up this question of trauma’s role in the development of gender dysphoria. They argue against a causal thesis, explaining:

The relationship between relational trauma and GD has often been described as univocal. Many authors have speculated about the influence of trauma, abuse, dysfunctional parental conduct (such as a mother’s extreme closeness with her child), parental dynamics or pathology (such as maternal depression or the absence of a father) and parents’ atypical psychosexual development (such as their

confusion about their own feelings of masculinity and femininity) on children. It has been thought that such environmental patterns might limit children's opportunities to identify with the same-sex parent and to experience cross-gender reinforcement patterns. Transsexualism has often been interpreted as an extreme dissociative defense against trauma experienced in early relationships. However, to date, *no solid empirical support has been produced by studies testing these hypotheses*. The co-occurrence with dissociation, for instance, suggested by many theoretical and clinical studies, was recently effectively disputed. (2, emphasis mine)

Rather than positing a causal hypothesis — e.g., transness is caused by childhood trauma — the authors seek to determine how these experiences of trauma affect trans people in adulthood (Giavanardi et al. 3). In another article by a number of the same authors, Vittorio Lingiardi et al. argue, like Gehring and Knudson, that the fact that trans individuals have histories of abuse does not mean that these abuses have caused their gender dysphoria as this data could just as logically be interpreted inversely where these abuses are actually a result of gender nonconformity in childhood (1317). Parents and peers may recognize this nonnormativity in the child and react negatively to it. This certainly seems to have been the case in at least some of Belovitch's experiences with abuse, especially ones where his family and peers teased and punished him for being effeminate. Additionally, focusing on personality and attachment in trans individuals, Lingiardi et al. found that their subjects had widely varied attachment histories and were heterogenous in their personalities, as well. They conclude that their data “reinforce the difficulty of reducing transsexualism to a single and unique phenomenon and suggest that it should instead be considered a multifactorial and multifaceted construct” (Lingiardi et al. 1320).

In *The Gender Creative Child: Pathways for Nurturing and Supporting Children Who Live Outside Gender Boxes*, Ehrensaft again raises the question of differential diagnosis regarding trauma and other mental health issues for children presenting with gender dysphoria. She writes: “so, now add the other conundrum: *How do we know that gender is really at the root of it?* The question comes from critics of our gender affirmative model, from professionals who are asked to make assessments of a child’s gender status, and from parents who just want to get to the root of things but can see only a tangle of tendrils” (82, emphasis mine). And further:

What if they change their mind later and want to go back to their old gender?

These are the questions that come up again and again. We could even say these questions are persistent, insistent, and consistent—again, from people who doubt our sanity in promoting children’s messing around with their gender, from professionals who in good conscience do not want to make errors with negative repercussions for mental or medical health, from parents desperately trying to get their child in focus when that child shows up as a gender upstart. (Ehrensaft, *Gender Creative* 83, emphasis mine)

Ehrensaft maintains that potential comorbidities can be dealt with in conjunction with gender affirming treatment and that multiple diagnoses should not prevent access to gender affirming medical treatment (*Gender Creative* 85). However, again, she does allow for the possibility that some individuals who present with gender dysphoria will do so “as a solution to an imposing social ill” (Ehrensaft, *Gender Creative* 87). For instance, she provides the example of an assigned girl who responds to sexual abuse by embodying a strong male gender identity as a means of protecting herself from further unwanted

sexual attention and abuse⁴⁷ (Ehrensaft, *Gender Creative* 87). Ehrensaft suggests that for “these children, their gender presentations will actually be a false gender self—a gender shell that protects their more vulnerable underlying true gender from harm or from hurt” (*Gender Creative* 87). Yet, although this gender could be understood as ‘false’ initially,⁴⁸ Ehrensaft argues that, in some of these cases, over time the individual's trans identity will become as 'authentic' as other trans identities through "the social experience living in the chosen self-protective gender" (*Gender Creative* 87-88). While it must be emphasized that there is no clear causal link between trauma and the development of a trans identity, Ehrensaft allows for the possibility that this could be the case for some individuals. However, rather than pathologizing this particular etiology of gender, she questions whether this expression can be deemed to be less authentic than the expression of someone with a more normative narrative of transness, a sentiment shared by Ashley ("Thinking" 226). Poignantly, Ehrensaft asks, “If a child composes a unique gender web in a way that also serves as a salve for past injuries, why would we want to take that away from that child?” (Ehrensaft, *Gender Creative* 88).

This is an interesting question in relation to narratives of de/retransition. Recall Belovitch’s assertion: “My transition to female, I realized, had been a great source of strength for me. Miss Tish had kept me alive all these years and it was almost as if I had

⁴⁷ Florence Ashley suggests that the proposal that a large number of youth are transitioning to avoid unwanted sexual attention is simply false. According to her analysis of Littman’s aforementioned (2018) study, the percentage of children and adolescents in the study who stopped identifying as trans was 5.5 and merely 1.2% re/detransitioned after having made an initial social transition. See Ashley, Florence. "A Critical Commentary on 'Rapid-Onset Gender Dysphoria.'" *The Sociological Review Monographs*, vol. 68, no. 4, pp. 779-799.

⁴⁸ I use the terms ‘false’ and ‘authentic’ critically here — the possibility that experiences of trauma *may factor into* the development of trans identity (in some cases) does not necessarily render these instances of trans identity as less ‘real’ or ‘authentic’ than other pathways of development.

needed to become her just to survive” (203). Belovitch maintains that his initial transition, although eventually not right for him, was necessary for his survival. With this in mind, it would perhaps be misguided to have prevented him from transitioning due to his extensive trauma history. Ultimately, no conclusive evidence exists that trauma is etiologically linked to the development of trans identity. However, even if it is the case that trauma may be a contributing factor, this need not be a justification for the prevention of transition. There are other anecdotal accounts on this topic. For instance, Crash⁴⁹ believed that their own wish to transition was “a reaction to trauma,” but acknowledged that transitioning also allowed them to work through that trauma (“Trauma and Transitioning”). Crash asserts:

So I kinda, and I do think it was a weird, I didn’t know I was trying to work out my trauma at the time but I kinda was. That’s what I was sorta doing. I was, that was the best or seemingly the best option I had at the time. And that’s one reason I don’t, like, don’t really regret transitioning or regret isn’t the right word to describe how I feel about it. *I know a lot of other detransitioned women who don’t regret their transition because we feel like it was the best thing we had, that we knew of at the time. And we don’t regret doing something that helped us stay alive and function.* And we don’t regret doing something that eventually put us us on a path where we did find find out what our real problems were and figure out how to deal with them. We just wish we had had more information and options when we were younger so we could’ve made different choices. (“Trauma and Transitioning”, emphasis mine)

Crash also reaches out to their audience, saying:

⁴⁹ Crash blogged under the name ‘CrashChaosCats’ or ‘Crash’. Crash was interviewed by Katie Herzog for her article (addressed in Chapter One). In “Detransition as Conversion Therapy: A Survivor Speaks Out” Crash (or Ky Schevers) expresses that their detransition did not ‘work’ — they report that their “transmasculinity and genderqueerness came back with a vengeance.”

So, if you discover that your trans identity or your transition is a coping mechanism or is a reaction to living through traumatic events, you have nothing to be ashamed of. That doesn't mean that you're weak or broken or fucked up or crazy. It means something really bad happened to you, probably one or more people hurt you, and you found a way to survive that and cope with that. That means you're resilient. You have a strong will to live and overcome hardship. *And transitioning, doing whatever you need to do to stay alive, that's a whole lot better than dying or committing suicide.* So good for you for making it. ("Trauma and Transitioning", emphasis mine)

This is not to say that Crash's feelings around their transition are not ambivalent. They just take a more nuanced approach than the idea that trauma led to a false belief that they were trans and thus they regret their initial transition. Having a history of trauma does not necessarily mean that a patient presenting to a clinic with gender dysphoria should be denied access to treatment. It also does not invalidate that person's identity at the time of presentation, regardless of whether it may change in the future. However, as Crash asserts, there is no harm in offering more information and greater mental health supports for individuals presenting with gender dysphoria. I think these suggestions are reasonable, particularly if these supports are offered in conjunction with medical transition, rather than as replacements for it.

Tey Meadow asks: "is there a way to take seriously the question of gender as a adaptation without understanding it as pathology?" (*Trans Kids* 91). I do think it is possible to interpret the role of trauma in the development of a trans gender identity outside of a negativistic lens. In writing about lesbianism and trauma, Ann Cvetkovich suggests that the link between trauma and lesbianism could "just as easily be based on the assumption that there's something right, rather than something wrong, with being lesbian

or gay” (“Sexual Trauma” 357). Cvetkovich rejects a causal model of lesbianism, as in, trauma causes lesbianism, but maintains that there may be value in exploring how lesbians fashion themselves and their communities in relation to experiences of trauma. In a similar vein, we may be better off starting from the premise that trans forms of gender are positive expressions of gender variance and ask how trauma may enable certain forms of gender nonconformity and contribute to the building of communities of gender ‘outlaws’. We need not dismiss a link between trauma and trans, but rather interpret this link beyond a simple causal framework. Cvetkovich argues: “The current flood of discourse about sexual abuse is not necessarily a turn for the better, given its deployment as a focal point for a variety of moral panics” (“Sexual Trauma” 367). Similarly, I want to caution against creating a moral panic that people are transitioning due to sexual or other abuse and neglect, and turn the focus toward the ways in which experiences of trauma may foster certain trans and queer possibilities and communities. Indeed, Lisa Blackman suggests that we “need to explore forms of experimentation and invention that afford or enable new attachments and configurations, particularly in relation to the question of queer negativity or psychopathology” (191). This is not to suggest that trauma cannot have negative effects and engender negative affects, but rather it is to further explore what these negative affects offer in terms of trans and queer potentials. In fact, Clementine Morrigan theorizes their own trauma in relation to queer temporalities. Rather than interpreting “the queer temporalities of [their] traumatized mind” as “a problem, a tragedy, or an unfortunate condition requiring a cure” they view them as an alternative “way of being in the world, a creative, flexible, and nonlinear way of relating to time” (56). From their experiences of trauma, Morrigan has found

“possibilities for different ways of being in the world” (56). Thus, it may be apt to consider how trauma may enable or foster trans and queer possibilities, while at the same time imagining futures free of trauma and violence.

2. Homophobia

Another factor that has been proposed as contributing to an increase in people transitioning and de/retransitioning is homophobia. Belovitch remembers being confronted with internalized homophobia from an early age. He writes, “The anxiety I felt as a child and in adolescence about how I would function sexually was always present. It was drilled into me that if you weren’t hetero-identified and didn’t desire to sleep with women, then something must be seriously wrong with you” (Belovitch 14). And further, “Embedded in my psyche was the idea that using my penis for sex with anyone other than a female was wrong. Although I did just that, I couldn’t escape the shame and disgust that was projected onto me from my family and society” (Belovitch 14). Belovitch also experienced overt homophobic bullying and abuse perpetrated by his peers and his family. In one event, Brian had taken his friend Paulie home to meet his family, where his mother, determining that Paulie was gay realized this 'truth' about Brian. He describes his mother’s reaction to this news:

Del charged up the stairs, infuriated about the truth I had just let fly from my lips. She held her wooden broomstick fiercely and chased me down the hallway. I tried slamming my door but she burst into my room and broke that broomstick across my back. But that didn’t stop her from continuing to beat the shit out of me the same way my father had done after collecting me at the police station when I was ten. (Belovitch 52-53)

People who have de/retransitioned more recently believe that homophobia was a factor in their wishes to transition. For instance, Charlie “fears young lesbian girls are being misdiagnosed with gender dysphoria and placed on a medical pathway when they’re actually gay” (“Detransitioning: Reversing”). Similarly, *Youtube* personality, Ariella Scarcella, claims that a “whistleblower” working at a gender clinic “says they saw many female born patients with underlying issues such as experiences of homophobia” (“Thousands”). Another vocal de/retransitioner, Cari Stella believes that she transitioned because of the trauma she experienced as a result of being a gender nonconforming lesbian (“Why I Detransitioned and What”). Crash also makes this link, positing that many de/retransitioned AFAB people were “attacked for being lesbians, for being butch, for otherwise not conforming to feminine stereotypes,” including them (“Trauma and Transitioning”).

In an article published in *Quillette*, Debra Soh makes a greater claim, suggesting that children who would otherwise develop into a gay identity are “undergoing a new form of conversion therapy” when they are given gender affirming care. Soh argues that it is more acceptable to be trans than gay, both in society and in parents’ minds. She claims that society is more concerned with combatting transphobia than homophobia, and that in some cases, parents may be more comfortable with a heterosexual trans child than one who may grow up to be queer. She further argues that it is possible that “a child may internalize their families’ anti-gay sentiments, which adds to their desire to transition” (Soh). Similarly, the two leading academics in the push for the addition of the diagnosis of ROGD, Marchiano and Littman, point to homophobia as being a factor in those presenting with this hypothesized form of GD. For instance, Marchiano claims,

“There is evidence that some parents may feel more comfortable having a ‘straight’ transgender child than a gay or lesbian child and therefore are supporting their child to transition” (“Outbreak” 350-351). This line of thought also seems to be endorsed by ‘gender critical’ (also sometimes referred to as TERFs) feminists, such as Janice Raymond and Sheila Jeffreys. For instance, Jeffreys claims that “*all* transpeople are evading homosexuality” (Shelley 121) and that trans men in particular are “victims of internalised homophobia” (qtd. in Shelley 121). Jeffreys also connects transness to child sexual abuse and the hatred of women (Shelley 122).

Ashley has responded to claims that the gender affirmative approach is akin to conversion therapy. According to Ashley, “the empirical evidence suggests that parents and broader society see being cisgender and gay as preferable to being transgender and straight” (“Homophobia” 3). Given that the research shows lesser degrees of homophobia than transphobia in society, Ashley reasons that internalized homophobia is also likely to be less prevalent than internalized transphobia. Moreover, she makes the point that sexuality is often a less visible marker of difference than gender is, and when one’s sexuality makes them a target for bullying or harassment it is “typically mediated by others’ perception of gender non-conformity” (Ashley, “Homophobia” 4). In fact, a study conducted by Henry Bos et al. found that a main factor in LGB folks being targeted for abuse and bullying was perceived gender nonconformity (498). Similarly, Keren Lehavot et al. also found an association between childhood abuse and nonnormative gender expression (280-281). In this way, homophobia and transphobia are difficult to tease apart and thus it would be erroneous to make the claim that experiences of homophobia, without considering its imbrication with transphobia, are encouraging young people to

transition. Indeed, this was the case for Brian whose experiences of homophobia and transphobia were intertwined. In particular, his brother would expose himself while taunting Brian for being interested in men *and* for his effeminacy (Belovitch 24).

Additionally, Ashley furthers this argument by drawing attention to the fact that the majority of trans people are not heterosexual anyway. The claim that internalized homophobia is a causal factor in young people's decisions to transition does not account for the reality that "many trans youth are LGBTQ in their affirmed identities" (Ashley, "Homophobia" 6).

3. Transphobia and Passing

If we allow that trauma could play a role in the development of a trans identity, it is logical to also consider the possibility that trauma and discrimination experienced due to transphobia could play a role in decisions to de/retransition. For instance, Brian was subject to transphobic abuse from his family after he transitioned, as well. Having moved back home, Belovitch went to confront his mother in person about his identity as a trans woman. Upon seeing his breasts, she "flew into a rage" asking "What are you doing? Why are you coming here, bringing this shit into my house? I don't want anything to do with this, you hear me? ... Get the hell out of here before your brother gets home from school. You're making me sick with this fucking shit, Brian!" (Belovitch 84-85).

Belovitch writes of his feelings after the encounter:

It was during this encounter that I realized that my life would never be the same again. The encounter with Del not only added to my confusion, but also made the burden even heavier to bear, piling on the guilt early in my transition and *firmly rooting in place the doubt* that would nearly cost me my life to erase. I left hoping

that perhaps someday perhaps she might come around, but for now, I had to do what I needed to do since my life depended on it. (Belovitch 86, emphasis mine)

Belovitch specifically recalls transphobic encounters with his family as instilling doubt in him early on in his transition. It is difficult to dismiss the possibility that transphobia could have played some role in his future retransition.

Related to transphobia is the topic of passing. 'Passing' refers to one's ability to be read as the gender that they identify as. One's 'ability' to pass also impacts the extent to which they will be a target of transphobia and violence. Belovitch raises the topic of passing throughout his memoir. He asserts, "Passing was the holy grail for most trans people back in the day, because it meant that you could move through life a little more easily" (Belovitch 58). Brian points to the privileges afforded to those who are able to pass effectively and, conversely, the dangers of not being able to pass or of being identified as trans by others. Personally, Brian recalls being afraid of being the victim of violence and having a difficult time finding legal work as a result of his trans identity (Belovitch 77, 87). For much of his life as a trans woman he engaged in sex work as a means of survival, which, of course, further increased his risk of being victimized (Belovitch 87).

Many of Brian's concerns around his trans identity and the potential for being a target of violence focused on the fact that he still had a penis. For instance, he expresses feeling external and internalized pressure to undergo bottom surgery in order to match his genitalia with his gender during much of his transition. Brian also recalls his friend Paulie being concerned that he "would meet the wrong person or meet some horrible fate because of [his] identity" (Belovitch 114). Belovitch further explains:

When you are living as a trans woman with passing privilege, it's very easy to get men really pissed off at you. If you don't tell them right off the bat that you are trans, it can—and often does—turn out badly. Murder isn't an uncommon response from these guys. Their masculinity is so threatened. It's extremely confusing why they would be turned on or sexually attracted to a woman who wasn't assigned female at birth. (114-115)

In addition to the fear of violence, Brian also experienced shame when engaging in sexual encounters with men. While he “knew of other trans women friends who were quite proud of using their penis in sexual situations,” for him “it felt wrong” (Belovitch 113). He divulges: “The truth is it felt shameful using my penis in any way. It was something with which I was never comfortable. Even if a trick paid me, revealing my penis always created a moment of terror. It would take years of therapy before I could be at peace with my body as a complete and functioning entity” (Belovitch 113).

In fact, years into his transition, despite having passing privilege, Belovitch recalls still feeling pressure to decide whether to undergo bottom surgery or not. He writes:

My increasingly uncomfortable feelings about my gender reassignment dilemma added to my stress. *Existing in between genders was taxing*. My body didn't match my outward presentation and while I never really would truly know what a woman felt like, I resented other women and men for being complete in their physical bodies. The physical act of tucking my penis between my legs had become a regular routine. But, every day it was a constant reminder that physically I was different from everyone else. The true and often painful realization of where my life was at that moment and the physical and emotional turmoil I felt became increasingly more difficult to accept. It was now manifesting itself into high anxiety, and was highlighted by the fear of discovery that I was not

assigned female at birth and the constant pressure of having to make some decision soon.

Denny would have been happier if I had undergone gender reassignment surgery, but I wasn't convinced that was the solution. Having been witness to so many of my trans friends who did have surgery ending up either crazily addicted to drugs or dead from suicide left me with a healthy dose of skepticism to go that route. I was searching for a solution, not more strife. While trans women present as women, sometimes men's attraction to us was more about what we'd been born with between our legs. I've always believed men loved us for that difference. On some level I wasn't prepared to accept that reality; however I wasn't really clear of what my own desire for happiness was at that point because so much of what I felt was really dependent on the reaction of others. I didn't really have a very strong sense of identity and my low self-esteem was deeply masked by drugs, alcohol, and unrealistic expectations of myself. Perhaps on some deep unconscious level, I knew enough not to make any irreversible decisions.

(Belovitch 142, emphasis mine)

For Brian, this sense of pressure seemed to propel his decision to retransition to some extent. On the one hand, he expresses not feeling comfortable living as a woman with a penis; on the other hand, he was worried about the poor results of bottom surgery as recounted by friends and the potential of having to deal with that added trauma. It is, of course, interesting that Belovitch was concerned about drug use and death by suicide given that he was engaging in problematic drug and alcohol use and had been experiencing depression and suicidal ideation for years. Nonetheless, it is clear in this passage that Belovitch's feelings regarding undergoing bottom surgery were complex. The surgery would alleviate the fear of being discovered to be trans, but it would also entail some losses. Additionally, this decision was further complicated for Brian as he acknowledges, "I didn't despise my penis in the way some trans women described. Even

though the conflicting feelings of shame and self-loathing I constantly felt when being objectified by men as a woman with a penis wasn't enough to convince me otherwise" (202).

Brian's experiences of transphobia and fears around being 'spooked' are similar to other de/retransitioners' experiences. For instance, Rene Jax expresses,

When you start dating people and if you pass well enough the whole purpose is are you a transsexual or are you a woman and my, in my mind I was always a woman. I'm wanting to date and I'm not telling the men that I'm dating that I have a penis. And, so, when they find out they become violent, they, there were a couple instances where I was beaten very badly" ("I Want My Sex Back").

Jax further comments on her position in society as a trans woman, acknowledging that being regarded as "a freak in society" can lead to isolation and "drive you to despair" and suicide ("I Want My Sex Back"). Similarly, in the same video, Burleigh remembers feeling as if his life should have improved after transitioning. However, he found that he "actually had more problems at that point" ("I Want My Sex Back"). Some of Burleigh's issues also stemmed from the normative expectation of passing. He recalls, "Another problem is just trying to pass and trying to do my hair just right, trying to do my makeup just right, trying to look just right to where people would not be uncomfortable, because you can see when people identify you as being transgendered" ("I Want My Sex Back"). Jeffrey had similar experiences while living as a trans woman. He admits that at the same time that he began hormone replacement therapy, he also started drinking, doing drugs, and engaging in sex work ("Jeffrey's Story"). Around age twenty, Jeffrey was living full-time as a woman and had a difficult time finding employment. He ended up meeting a

trans woman in a nightclub who got him a job at a strip club, where he worked for approximately twenty years (“Jeffrey’s Story”).

In “Detransitioning — Stories Behind Reversing a Gender Transition” Serena Daniari interviews “two individuals who detransitioned for very different reasons,” Walt Heyer and Robyn Kanner. Kanner detransitioned after having been assaulted while living as a woman. She expresses, “ I detransitioned because there were cis people in life that sort of forced me to detransition. Like I couldn’t live like I wanted to live, right. So I took some time away and then I went back to it and I feel really good that I did” (“Detransitioning — Stories”). Kanner ended up transitioning again when she felt more confident and self-assured after having recovered from her assault. Although this video presents Heyer’s and Kanner’s stories as dissimilar, even Heyer has expressed that transphobia played a role in his decision to de/retransition. For instance, in *Gender Hurts: A Feminist Analysis of the Politics of Transgenderism*, Sheila Jeffreys focuses on de/retransition in her third chapter, entitled “Doing Transgender: Really Hurting,” cowritten with Lorene Gottschalk. Jeffreys and Gottschalk explore what they term ‘transgender regret’ defined as “the feelings of survivors of the treatment who consider that they have been wrongly diagnosed and may wish to have reconstructive surgery so that they can repair surgical harms” (58). In order to support their opposition to transition-related medical care, Jeffreys and Gottschalk cite multiple cases of individuals who have experienced regret after transitioning, leading to decisions to reverse their gender transitions. One of their interviewees is Heyer. Jeffreys and Gottschalk report that Heyer “de-transitioned because he regretted not so much the surgery, but its consequences, including alienation of his children, loss of employment, homelessness” (74). Jeffreys

and Gottschalk fail to analyze this statement, and instead quickly go on to report that Heyer believes that it is impossible to change gender. But if we look closely at Heyer's former statement it does not necessarily support Jeffrey's and Gottschalk's, or even his own, claims. Heyer initially reported his decision to de/retransition as a result of the social consequences of his transition. This does not necessarily mean that Heyer was not trans, but rather that the social consequences of living as a trans person in a transphobic society were too great. Jeffrey's and Gottschalk problematically interpret all cases of de/retransition as evidence of misdiagnosis, rather than acknowledging that societal factors may play a role in decisions to de/retransition. In fact, a few pages prior, Jeffrey's and Gottschalk state, "persons who regret [transition] . . . are also likely to have experienced social harms such as isolation from family and from relationships, factors commonly given as reasons for wanting to de-transition. The phenomenon of regret . . . is radically destabilising to the transgender project" (72). Jeffrey's and Gottschalk again fail to recognize that the citation of social harms for wishing to de/retransition need not be interpreted as evidence of an individual's cisness or the harmfulness of embracing a trans identity. In fact, these factors more accurately reflect that trans people's lives are not fostered in our society and thus living as trans may be impossible, undesirable, or unsustainable for some.

Amy L. Stone makes this same point in her review of the book. She claims that many of the harms that Jeffrey's attributes to the practice of 'transgenderism' are actually "a consequence of high levels of discrimination against transgender people," but unlike the majority of sociologists who would turn their attention toward systems of oppression to explain these harms, Jeffrey's uses the rates of distress amongst trans folks to support

her position that trans identities are, in and of themselves, harmful (202). Similarly, in *Undoing Gender*, Judith Butler also critiques the tendency to overlook social factors as impacting the functioning of trans people post-transition, when she writes:

A therapist is asked to worry about whether you will be able, psychologically, to integrate into an established social world characterized by large-scale conformity to accepted gender norms, but the therapist is not asked to say whether you are brave enough or have enough community support to live a transgendered life when the threat of violence and discrimination against you will be heightened. . . . The therapist is asked to predict whether your choice will lead to postoperative regret, and here your desire is examined for persistence and tenacity, but little attention is given to what happens to one's persistent and tenacious desires when the social world, and the diagnosis itself, demeans them as psychic disorders. (83-84)

The fact that individuals de/retransition does not necessarily mean that these individuals were misdiagnosed, and thus are not trans, but rather their decisions may indicate that they cannot live as trans in a world that does not support them. My point here is not that all individuals who de/retransition do so *solely*, or even *primarily*, because of the transphobic violence they experience; however, I am suggesting that we cannot overlook the possibility that transphobic experiences could factor into these decisions.

The pressure to pass and undergo all transition-related surgeries, whether due to normative expectations or attempts to avoid violence, can be overwhelming for some people. For Belovitch, this pressure coupled with the risk of poor surgical outcomes and the fact that he did not dislike his penis became too much to deal with. Rather than continue living as a trans woman with a penis, a space that he refers to as 'in-between' genders, he decided to retransition to male. However, the context in which Belovitch was

living may have also factored into his decision to retransition to a genderqueer or gender nonconforming male, a point to which I now turn.

4. New York City in the '70s and '80s: Fuck(ing) Gender

Belovitch transitioned to female in the early 1970s and decided to retransition in 1988.

Although he moved around during this time span, much of his life was spent in New York City. His decisions to transition and then retransition must be understood within the social context in which they were made. In this section I address the gender politics at play in the post-Stonewall NYC gay male community that likely contributed, to some degree, to Belovitch's gender dysphoria and decision to transition to female. Additionally, I argue that the emergence of the club scene in NYC with its gender fucking aesthetic provided Belovitch with a glimpse of the sense that living as genderqueer person may be a viable option. This club scene, I argue, following Muñoz, included "performance of queer citizenship contain[ing] ... an anticipatory illumination of a queer world, a sign of an actually existing queer reality, a kernel of political possibility" (49).

Martin P. Levine chronicles the New York City gay male scene post-Stonewall (1969) and pre-AIDs (early 1980s) (2) in *Gay Macho: The Life and Death of the Homosexual Clone*. M. Levine explains that two different gay camps emerged post-Stonewall. The first were the gay activists "who eschewed traditional manliness, conventional aspirations, and established institutions. . . . [who] wore 'genderfuck' attire that mixed masculine and feminine (beards and dresses)" (28). The other camp were the gay reformists, or gay 'clones', who "adopted manly attire and demeanor as a means of expressing their new sense of self. They also adopted this look to enhance their physical attractiveness and express improved self-esteem. Since American culture devalued male

effeminacy, they adopted manly demeanor and attire as a means of expressing a more valued identity” (M. Levine 28). Gay clones consciously embodied hypermasculine traits as a response and challenge to the historical and stereotypical association of gay men with effeminacy (M. Levine 4-5). Gay clones were also "most often white" and middle to upper class (M. Levine 10-11). According to M. Levine, the gay activist camp had less members than the gay reformist camp because "most gay men found gender fuck too radical” (28). Thus, while other types of gay men existed in major cities during this time period, M. Levine maintains that the gay clone was the preferred and predominant type (7). Additionally, M. Levine reports that many of the institutions in New York City that catered to gay men also reinforced this preference by “support[ing] this hypermasculine sexual code” (5).

Not only was hypermasculinity favoured by New York City gay men, it was also reinforced as desirable through the denigration of effeminacy. For instance, M. Levine provides the following anecdote:

One afternoon, I was talking to some men at Ty’s, a popular circuit bar. A group of suburban homosexuals walked in. These men wore designer jeans, Lacoste shirts with collars flipped up, and reeked of cologne. They were obviously *not* clones. As they passed by, the man I was chatting to nudged me and said, ‘Look at those trolls! They must be Tunnel and Bridge. What are they doing here? Who let them in?’ To the clones, these gay men were anachronisms, throwbacks to another era of male homosexuality, of blowdried bouffant hairdos, gold pinky rings, and fey demeanor. As my confidant implied, they impaired the ‘hotness’ of a place. ‘They’re visual pollutants,’ he said, ‘disrupting the erotic beauty of a room full of hot men.’” (50-51, emphasis original)

This excerpt reveals a newly emerging gay identity, one based on the valuation of hypermasculinity and devaluation of femininity or effeminacy.⁵⁰ In fact, in her research on New York City club culture and queerness Fiona Buckland's informants report having "felt marginalized by pervasive images of buffness, whiteness, and wealth in the gay media and advertising. Barrel [an informant] talked about how, as a dominant image, the young buff body marginalized other gay bodies, making them less desirable and less desired" (139).

This is the context in which Belovitch first came into the gay scene. It seems that for Belovitch, the context of the gay scene as being hypermasculine factored into his understanding of his own gender. He recalls,

As a somewhat effeminate gay boy, my prospects for love were practically non-existent. Gay men of the 1970s were looking to meet other men on the more masculine end of the spectrum. Some guys might have found me attractive as a boy, but it seemed I got way more attention when I dressed in drag. It became a way for me to hide the loneliness I felt as an awkward slightly chubby young man. Sure, I found a way to have sex with other guys, but for the most part it felt that no one was ever going to want to be with me the way I was. (Belovitch 61)

For Belovitch, the gay scene was unfulfilling and alienating. He expresses that he "never felt comfortable in the gay scene of the seventies" (Belovitch 75). In this context, Brian found more support and community amongst trans women and decided to live his life as a woman.

⁵⁰ M. Levine also believed that the gay clone transcended racial and class prejudices: "Since gay clones were mostly middle-class white men, the air of authenticity hung around working-class men and men of color, so that these men were often more highly prized for tricks" (82). To me, this reads less as a decentering of whiteness, and more as the fetishizing of those who are not white and/or middle-class.

By the late 1970s and early 1980s, New York City was also a city filled with culture and creativity. The economic context of NYC in this period allowed for young creatives to afford to live in the city as rent was cheap (Currid 30). Elizabeth Currid suggests that although NYC was plagued by economic and social issues during the 70s and 80s, this time period “was also one of New York City’s greatest creative moments” (30). Currid attributes this creativity to the shift from modernism to postmodernism. In particular, “Strict adherence to art forms and the definitions of culture and cultural production were now being reconstructed completely—it was not that just anything was art, but anything had the *potential* to be an art form” (Currid 30, emphasis original). Nightlife was one area that was central to the creativity of New York City. Nightlife not only allowed creatives to co-mingle but also featured performance and visual art (Currid 31). Buckland explains that New York City clubs both included art "installations" and the club "was an installation itself in which people fashioned themselves through costume and movement into pieces of temporary site-specific performance art" (63). According to Currid, “nightlife operated in two significant ways—as a support structure for the creative community and also as an institution by which cultural forms were performed and evaluated” (34).

Brian Belovitch was a part of this nightlife scene, attending parties and being filmed by legendary Nelson Sullivan⁵¹. Through Sullivan, Belovitch was introduced to Gabriel Rotello⁵², a party promoter who would raise Belovitch’s “entertainment

⁵¹ Nelson Sullivan was a queer videographer who documented much of New York City nightlife and many queer and trans nightlife personalities in the 1980s (Terrell).

⁵² Interestingly, Rotello is named by Muñoz as having eventually become a ‘gay pragmatist’ with the likes of outspoken gays such as Andrew Sullivan (64).

profile” (Belovitch 163). In this scene, Belovitch also rubbed shoulders with drag stars Ru Paul and Lady Bunny and became close with Michael Musto, who wrote for *The Village Voice*, documenting much of the scene. Belovitch attended New York City clubs such as the Limelight, Area, Pyramid and Danceteria with a core group of club goers, including “Dianne Brill, James St. James, Lisa Edelstein, Anita Sarko” (Belovitch 171). This group was referred to as the “Celebutants” by Musto, “a coined phrase for someone who is famous for nothing” (Belovitch 171). Belovitch also performed at a number of these clubs, including Limelight, Palladium, and Danceteria. According to Tim Lawrence, these clubs fostered subcultures and resisted the conservatism of the time. For instance, Lawrence argues:

Opposing Reagan, the Mudd Club staged an ironic inaugural party, Danceteria mocked the bland conservatism of the government’s domestic vision, and venues such as the Loft and the Paradise Garage positioned themselves as safe havens for dancers who lived at the hard-end of economic, sexual, and ethnic discrimination. These and other spots were profoundly aware of the way their practices existed in relation to wider economic and political developments. (295)

During the mid-‘80s, door people and party promoters would welcome queer people into their clubs where people like Belovitch, “self-fashioned downtown superstars,” mixed with “media celebrities” and “kicked against dominant gay spaces and their worship of idealized maleness and whiteness” (Buckland 129). Indeed, M. Levine notes that hypermasculinity began to lose its dominance as the preferred gender expression for gay men by the mid '80s (76). At clubs such as Area and Danceteria, gender and sexuality were queered.

One prime example of this queering can be seen in the fashion of the Club Kids of the late '80s and early '90s. The 'Celebutantes' were a precursor to the emergence of the Club Kids (Musto "100 Years"), some of who transitioned from Celebutante to Club Kid, such as James St. James. The Club Kids were officially named in 1988 when they were featured on the cover of *New York* magazine (Waltpaper 13); however, the scene began prior to their naming. Former Club Kid Waltpaper recalls discussing "the familial experience, the inspiration, the creativity, the sociological and cultural impacts of the scene" with the media, but notes that they ignored these aspects of the scene, tending toward only reporting the more sensational aspects instead (17). Buckland suggests that the media often perpetuates the idea that club cultures are of "little cultural or social value" and even more damnatory are "sites of self- and social-destruction" (92). However, club cultures can be alternatively viewed as sites of queer world-making, a potentiality that is especially evident when, according to Lauren Berlant and Michael Warner, they are geared toward "not just a safe zone for queer sex but the changed possibilities of identity, intelligibility, publics, culture, and sex that appear that appear when the heterosexual couple is no longer the referent or the privileged example of sexual culture" (qtd. in Buckland 110).

The New York City club scene at the time, influenced by the AIDS pandemic, existed in a different temporal register. St. James recalls that "there was a prevailing sense that you and your friends might not be *around* this time next week—so enjoy the now! Don't think about tomorrow" (qtd. in Wei 22, emphasis original). Although the club scene would see its demise in the mid-90s due to a confluence of factors, including popular Club Kid Michael Alig being charged with murder, and Rudy Giuliani's 'Quality

of Life' campaign to create a safer more sanitized city (Wei 48, 53; Waltpaper 13-14), for a period of time the scene offered trans and queer potentialities. Waltpaper remembers "gender exploration" as being central to New York City nightlife at the time (176). He points to the importance of nightlife for trans individuals in particular. Nightlife not only exposed individuals to other trans people and the possibilities of living life as trans, but also provided these individuals with a "safe space ... to test out different approaches" (Waltpaper 176). In addition to offering possibilities for identifying and living as trans, The Club Kid aesthetic in and of itself was one of gender bending and ambiguity. The Club Kids "embraced abstractness and fluidity" (Waltpaper 179) and created

an underground movement of outrageously dressed misfits . . . The club scene encouraged androgyny, drag, and other societally unacceptable manners and behaviors while maintaining a tolerant party environment. Through the destruction of certain appearance-based gender binary, Club Kids were able to explore the fluidity of identity and authentic self-expression. (Wei 15)

In "Party Out of Bounds," Scott Anderson also describes the Club Kids as having "stretched the boundaries of gender and sexuality."

Belovitch's decision to retransition must be understood within this social and cultural context. Consider the following excerpt:

I'm not sure exactly when it happened, but there was *a definite moment when I realized that I clearly embodied both male and female characteristics and there was nothing wrong with that*. It's also important to note that I now understood that gender was fluid and that it flowed more easily when I allowed it to. The realization that gender identity was not as fixed or binary as I'd been led to believe my entire life was one of the most profound moments of my therapy sessions with Erin. I felt that a gigantic burden had been lifted and that I was

suddenly free and clear to be the decider in my own choices moving forward. I no longer felt dictated by societal norms that had been proven to be a lie. Leaving my therapist's office with this new understanding of gender fluidity, I felt relieved, giddy, and downright gleeful. I pondered the possibilities on my stroll home. (200, emphasis mine)

I want to suggest that the specific context of New York City nightlife in the mid-1980s introduced an understanding and greater acceptance of gender as exceeding the binary and allowing for fluidity. The creative space of the clubs that allowed for experimentation with gender and sexuality likely influenced Belovitch's recognition of the complexity of his own gender and played a part in his ability to envision a liveable life as a gender fluid man. For instance, he recalls,

In the seventies, there hadn't been a broad category for gender expression. It was a simpler time when if you identified as gay or lesbian, you were butch or femme. It was the same for both sexes. All you had to do was pick a lane. Or if you were what we labeled 'trans,' it meant you were a drag queen or had had a sex change. If you fell into a feminine gay spectrum, like I did, it wasn't unusual for you to think of switching gender. Why live your life as a lonely, effeminate gay queer when you could have more options for love in your life being trans? I truly believe that if the AIDS epidemic hadn't wiped out an entire generation of men my age, my story would be as common as salt. (203)

Belovitch also remembers around the time of his decision to retransition "becoming more aware of the many types of gay men in [his] community. There were so many shapes and sizes and levels of masculine and feminine presentation" (Belovitch 202). Indeed, in his interview with Jacob Tobia, Brian expresses that when he initially transitioned, there was a lack of language and knowledge about gender fluidity and nonbinary genders. He

believes that were he growing up in today, he “would probably fall in the middle somewhere as genderqueer or gender nonconforming” (Tobia).

In writing about queer utopias, Muñoz suggests that “queerness is essentially about the rejection of a here and now and an insistence on potentiality or concrete possibility for another world” (1). I suggest that at the time Belovitch was deciding to retransition, the New York City club scene gestured toward different and more expansive ways of embodying gender. The aesthetics of the Club Kids and the performance of genderfuck both by the Kids and drag and other queer performers offered a glimpse of future trans and queer possibilities. Muñoz argues that queer gesture, found especially on the dance floor, “transmit[s] ephemeral knowledge of lost queer histories and possibilities within a phobic majoritarian public culture” (67). Like Belovitch, Muñoz recalls being ridiculed for his effeminate gestures. As a result of these attacks, Muñoz made a concerted effort to “butch it up” (69). Muñoz shares this anecdote to convey the importance of nightlife performer Kevin Aviance’s⁵³ queer gestures to his audience. Muñoz reads Aviance’s gestures and aesthetic as incorporating both masculine and feminine traits. He situates Aviance’s performances within the dominant cultural style of the gay clone, where “those who break the gay-clone edict to act like a man are de-eroticized and demoted to second-class citizenship” (77). This surely was true for Belovitch, who muses throughout his memoir about the devaluation of his own effeminate gender expression. Muñoz further suggests that the dominance of the gay male

⁵³ Waltpaper attended the “King and Queen contest at the Style Summit Pageant” in 1992 with Kevin Aviance. Waltpaper describes Aviance as “black and athletic with a look that was part drag queen and part Club Kid. He often utilized androgyny in his looks, pairing a clean-shaven head with ornate eye makeup and beads and stones affixed to his face” (111). According to Waltpaper, Aviance also “presided over” the last party at Palladium (317).

clone is a result of stories like his, where gay men were conditioned as children to straighten out in order to avoid ridicule and, especially in response to the AIDS epidemic, may have built up their bodies as a means of rejecting the association of gayness with sickness (78-79). Yet, he suggests that this ‘butching up’ takes a toll. He writes:

Imagine the relief these gym queens feel as Aviance lets himself be both masculine and feminine, as his fabulous and strange gestures connote the worlds of queer suffering that these huddled men attempt to block out but cannot escape, and the pleasures of being swish and queeny that they cannot admit to in their quotidian lives. Furthermore, imagine that his performance is something that is instructive, that recodifies signs of abjection in mainstream queer spaces—blackness, femininity/effeminacy—and makes them not only desirable but something to be desired. Imagine how some of those men on the dance floor might come around to accepting and embracing the queer gesture through Aviance’s exemplary performance. *More important, imagine what his performance means to those on the margins of the crowd, those who have not devoted their lives to daily gym visits and this hypermasculine ideal, those whose race or appearance does not conform to rigid schematics of what might be hot.* (Muñoz 79, emphasis mine)

It is not a stretch of the imagination to allow that Belovitch's involvement in the gender-bending club culture of the '80s may have provided him with not only the possibility of living life as an effeminate gay man, but with the confidence that such a life could be a good life.

Lawrence Grossberg similarly argues that “if particular cultural formations and historical events come to an end, then some old political possibilities may no longer be available. We may lament such closures, but we would be better advised to ask what new political possibilities have become imaginable” (*Dancing* 22). While the death of the gay

clone, according to M. Levine, was due in part to the AIDS pandemic, this shift also opened up new possibilities for gender expression. Club performers such as the Club Kids and Kevin Aviance signalled new possible ways of being, and more specifically, new modes of gender expression. Currently, the ways in which individuals can name and identify their own genders have proliferated. I argue that this political possibility was glimpsed in the nightlife of the late '80s and early '90s. These queer gestures and aesthetics performed in the clubs offered club goers a vision of a future where gender could be expressed in less binary ways. Ultimately, this context is important when accounting for Belovitch's decision to retransition. The genderfuck of the time signalled toward potentialities for enacting what Florence Ashley terms 'creative transfiguration' ("Thinking" 225). In contrast to gender dysphoria and gender euphoria, which Ashley suggests views "gender-as given," creative transfiguration posits "gender-as-dynamic" ("Thinking" 225). Creative transfiguration is a mode of enacting gender where "there is no sense of unearthing a pre-constituted image of the self, but a sense of actively creating ourselves" (Ashley "Thinking" 225). The nightlife of 1980s New York City offered participants this possibility for self-creation.

Throughout this chapter I have discussed a number of factors that have been proposed as contributing to 'misguided' gender transitions. While I do not deny that it is possible that trauma may play a role in initial decisions to transition, I maintain that not only does this not make these transitions or gender identities less valid, but there are also other social and cultural factors that may be at play when individuals decide to transition. For instance, while homophobia has been posited as factoring into people's decisions to transition gender, it is reasonable to suggest that transphobia may play a role in decisions

to de/retransition. Furthermore, beyond the role of trauma, expectations to be normatively gendered and 'pass' as cis may create conflict for individuals who feel more comfortable with expressing an 'in-between' gender or who do not have the wish to undergo all available transition-related surgeries. Additionally, for Belovitch, the social and cultural context in which he was living when he transitioned and subsequently retransitioned likely influenced the ways in which he was not only able to express his gender, but also how he was able to conceptualize it. Indeed, the gender fluid and androgynous aesthetics of the Club Kids and New York City nightlife may have exposed Belovitch to a more expansive conceptualization of gender and signalled possibilities for actually embodying gender in a less binary fashion than was previously permitted, or perhaps was entirely foreclosed, when he made the decision to live as a trans woman in the 1970s.

CHAPTER FOUR:

Narrative Inquiry, Narrative Interviews: A Composite Case Study

I'm not saying other people are wrong to do it, but for me it was just, it just wasn't right.

-Anonymous respondent

For me it's a fine line of like, 'cause I know a lot of detransitioners will become entirely, for a lack of a better word, transphobic. For me it was more of a personal thing where I just realized transitioning was not worth it.

-Anonymous respondent

The goal of this dissertation has been to critically interrogate taken-for-granted assumptions regarding the process of de/retransition. The project naturally progresses from less to more personal narratives, chapter by chapter. In the first chapter, I analyzed mainstream media framings of de/retransition. The second chapter reread Leslie Feinberg's fictional novel *Stone Butch Blues* for elements of the contemporaneously termed de/retransition. Following this chapter, I looked at Brian Belovitch's memoir, again reading for what narratives of de/retransition can add to current trans and queer scholarship. In this chapter, I turn to individual interviews conducted with three participants who identify as having de/retransitioned or who were in the process of doing so.

1. Research Sample

This chapter draws on data collected from in-depth, unstructured initial interviews and semi-structured follow-up interviews conducted with 3 participants⁵⁴. Inclusion criteria

⁵⁴ Both interviews were completed by 2 participants; one participant only completed the initial interview.

for participation in the study were that participants self-identify as having de/retransitioned or as being in the process de/retransitioning. The de/retransition process could be social, medical, or both, but must not have been undertaken based on medical contraindication. Participants were recruited via social media. All three participants were assigned female at birth (AFAB), identified as male or ftm (female to male transgender) during their initial transitions, and all three identify as female upon de/retransitioning. Two participants were young adults and one was middle-aged. Participants resided in Canada and the United States. All three participants had undergone both social and medical transition, to varying degrees.

2. Research Methods

This research was guided by a narrative inquiry approach, which asserts that experience is meaningful and, when taken seriously, can produce new knowledges on a given topic (Chase 273; Clandinin *Engaging* 18; Clandinin and Caine 542; Clandinin and Rosiek 37, 69; Riessman *Narrative Analysis* 8; Polkinghorne 1). However, I also maintain an orientation toward narrative and experience that recognizes that narration does not occur without social influence. That is to say, "the evidence of experience" (Scott) is ambiguous. Taking experience as evidence of the 'real' or 'true' nature of something disregards "questions about the constructed nature of experience ... about how one's vision is structured—about language (or discourse) and history" (Scott 777). Indeed, Wells argues that it is not enough to assume that "narratives of personal experience somehow 'speak for themselves'" (44). My analysis of participants' narratives is focused on the content of their stories. Content analysis in narrative inquiry may include many different approaches, but for the purpose of this chapter I am interested in making

connections between participants' stories, situating these stories within the larger discourses circulating about de/retransition, and identifying points of overlap between these personal narratives and the fictional and nonfictional ones discussed in chapters two and three.

In order to better maintain confidentiality, given that the community of people of who have de/retransitioned is likely a relatively small portion of the general population, I decided to approach dissemination of my participants' stories as a composite narrative. Rebecca Willis argues that such an approach provides a useful means of providing anonymity to participants while also retaining the "emotional truth" of the experiences ("Use" 472). According to Willis, this presentation of data is different from more traditional methods insofar as the "only modification is to present data from several interviews as if it were from a single individual" ("How" 482). Of course, in presenting the stories as a composite narrative, it is inevitable that some of the particularities of participants' experiences will be lost. Indeed, as Willis suggests, "there is a considerable burden on the researcher to develop composites that 'fit' the underlying data" (478). In order to craft a composite narrative to "tell a more generally representative account of the experience" (Willis, "Use" 472) of participants, I was required to leave out experiences that were specific to individual participants and that did not match the themes identified. However, I believe that the composite story still retains important aspects of participants' experiences of de/retransition and adds to the current knowledge on the topic. The composite narrative is derived directly from the interviews conducted and any quotations used are participants' own words. The composite narrative is presented throughout the following five thematically organized sections: Gender non-conformity and policing;

Trauma and other mental health issues; Social issues while trans; Fatness; and, Medical and social needs.

Before discussing the themes, I provide a brief summary of the participants' individual life stories in order to preface the composite narrative with an understanding of some of the central differences between participants' experiences with transitioning and de/retransitioning. One participant's initial transition included a double mastectomy and a change in pronouns from she/her to he/him. This participant never fully came out in all social contexts, mostly just to friends and family. She decided to de/retransition before undergoing hormone therapy. She indicated that she has reverted to she/her pronouns and has no plans of reversing her double mastectomy. Another participant had lived as a trans man for a few years before deciding to de/retransition. This participant had undergone a double mastectomy and had been on hormones. She indicated that she had de/retransitioned medically in terms of hormone cessation and somewhat socially in her personal life, but not in her professional life. She was not actively pursuing de/retransition medical care. The third participant also underwent a double mastectomy (which was preceded by a breast reduction), was on testosterone for years, and additionally had had a hysterectomy. She doubted her transition about a year into it, but did not officially decide to de/retransition for a number of years after these initial doubts. She indicated that she was okay with her hysterectomy, but would pursue getting small breast implants if she could afford it. She was also currently taking estrogen.

Participants' sentiments regarding their initial transitions ranged from understanding it as a mistake and being sure that they would not have gone through with transitioning at all had they known then what they know now: "No, it was just wrong.

Wrong for me"; "I wouldn't have done it. I would not have done it" to more ambivalent sentiments such as, "I don't know if there was any way I could have done it differently"; "I think overall it was necessary, it was still necessary for me to like learn things about myself"; "I think I had to go through this"; and, "Oh, I needed it to grow. Like I guess, but I don't know what else I can really tell myself." In terms of specific medical treatments and surgeries undergone, participants' expressed, "I would have reconsidered my chest procedure for sure. Probably would've still definitely gotten something done"; " I think eventually down the road even if I never IDed as trans, I would've at least gotten a reduction, a radical reduction or a mastectomy"; "I wouldn't have had the double mastectomy"; and, "I don't really regret it [double mastectomy] 'cause I think ultimately it was objectively better for my health."

Although, as I have demonstrated, each participant's de/retransition story was different, the narratives did converge on the aforementioned themes. First, all participants talked about gender nonconformity in childhood and expressed that they were targets of gender policing and bullying. Second, all participants reported histories of experiencing trauma and/or mental health issues. Third, the participants also discussed social issues that they experienced while they were living as trans. The fourth theme that emerged from the interviews was that of body size and fatness. And finally, the participants all expressed some discontent with their experiences with healthcare both in regards to their initial transitions and de/retransitions. The first three themes reflect topics I have already

addressed in the previous chapters, and thus my analyses of these themes are brief.⁵⁵

However, an unexpected theme that arose in the narratives was the role that fat played in participants' understandings of their genders, which I explore in greater depth than the previous themes. With the goal of supporting de/retransitioners, I conclude with some suggestions for improving transition-related medical care and social supports for this population. In what follows I re-present these stories in a single composite 'Alex'.

3. Gender Nonconformity and Policing

Alex narrated having been gender nonconforming since she was a child. This gender nonconformity, coupled with an attraction to women,⁵⁶ was experienced by Alex as isolating her from other girls her age and as contributing to her social rejection. She remembered that her interest in looking, dressing, and acting like a 'boy', or not femininely, was clearly unacceptable to other people. Alex recalled being "totally like socially rejected when [she] came to school with short hair" and being the target of gender policing and bullying. Although Alex had experienced an incongruence in her gender and society's expectations of what assigned female people should be in early childhood, she did not decide to transition until she was an adult: "When this whole trans thing came up as a possibility I'm like, well maybe this is what I should do." This decision to eventually transition, however, was prefaced by years of feeling uncomfortable in her

⁵⁵ I want to emphasize that that these themes arose in my participants' narratives is not proof of any definitive factor(s) that cause one to mistakenly transition and de/retransition. Individuals make sense of their experiences in conjunction with existing and available discourses, and these discourses are widely available online. For an insightful reflection on this topic see Schevers, Ky. "The Reality Behind the Story I Told: What My Life was Like When I was Interviewed for the Stranger." *Medium*, 25 March 2021, www.kyschevers.medium.com/the-reality-behind-the-story-i-told-what-my-life-was-like-when-i-was-interviewed-for-the-stranger-2508d595689d.

⁵⁶ To maintain the particularities of each participant's narrative, it is important to note that one participant did not mention being lesbian-identified.

gender nonconformity: "I [was] so uncomfortable with the idea of being a gender nonconforming woman." Given the negative feedback of others regarding her gender nonconformity, the logical solution seemed to be that she was trans. She suggested that had she had not received such negative feedback from others that she may not have been so confused about her own gender identity, confusion that seemingly led to the consideration that she could be trans.

Alex's narrative mirrors Jess Goldberg's and Brian Belovitch's stories. Both Jess and Brian experienced gender nonconformity beginning in childhood and were also subject to gender policing and gender-based bullying and abuse. Like Alex, Jess and Brian also experienced feelings of rejection and social isolation due to their perceived gender deviancy. The bullying experienced by Alex, Jess, and Brian seems to be a result of both transphobic and homophobic attitudes. As I argued in the previous chapter, it is difficult to tease apart instances of homophobia and transphobia, especially given the fact that homophobic bullying is often based on perceived gender deviancy, not sexuality. It is certainly possible, however, that social feedback influenced the participants' understandings of themselves and allowed for the recognition of the possibility of being trans. However, it is difficult to determine whether these instances of bullying and feelings of rejection *caused* them to identify as trans as it could just as likely *prevent* or *delay* a trans outcome. Furthermore, trans individuals commonly experience bullying and abuse *because they are trans*. Given these difficulties, how would we propose that clinicians delineate between those who are trans and experience bullying because of it

and those who are presenting as trans because they are bullied? This is a question that warrants consideration in future research.

4. Trauma and Other Mental Health Issues

Alex expressed having experienced trauma and other mental health issues in her life prior to transitioning. Alex connected her experiences of being the target of sexual misconduct, abuse, and "unwanted sexual attention from men" to her gender dysphoria. Alex also recalled not being in "a good mental state" during her initial transition and having "a lot of other issues in [her] life," but believed that transitioning would help alleviate her mental health issues. While at the time of the interview Alex did not feel like transitioning was right for her and that it did not solve her mental health issues longterm, she did express that before her initial transition she couldn't imagine "living out the rest of [her] life the way things currently [were]" and that her initial chest surgery "was a big relief."

The existence of histories of trauma and comorbidities in this population is consistent with recent research on the topic (Yoo; Vandebussche) and with the other narratives I have analyzed. Yoo's participants expressed having experienced trauma and abuse, as well as other mental health issues (185-186). Similarly, Elie Vandebussche's survey of the needs of detransitioners, with a sample size of 237 participants (over ninety percent of who were female), found a "high prevalence of comorbidities" with "over half of the participants (54%) report[ing] having had at least 3 diagnosed comorbid conditions" (5). Alex's experiences with trauma and comorbidities are aligned with this previous research. Alex did feel, however, that it was hard to determine pre-transition if her gender

dysphoria was causing her other mental health issues or if these mental health issues were causing the dysphoria. It is difficult in Alex's case to determine whether her gender dysphoria would have resolved with the management or treatment of her other mental health issues and without medical transition. It is also important to take seriously the experience of transition-related medical treatment as having provided relief in the moment. This is an experience that was also narrated by both Jess and Belovitch, and by Crash as well. I discuss approaches to addressing mental health issues for individuals presenting with gender dysphoria in more depth in the final section. It is important to note, for now, that the existence of comorbidities is a common theme found in my own, and others', research.

5. Interpersonal Issues while Trans

Alex referred to having experienced interpersonal issues while living as a trans man when telling her story. She discussed the pressures and discomfort associated with identifying as trans, including outside pressures to pursue all steps of medical treatment, or to "deal with [her] dysphoria" in the traditional way. Alex also felt discomfort being frequently identified by others as trans, or being treated differently because of this identification. She remembered feeling "ashamed to be transgender" and not wanting to "deal with being trans right now." Although Alex recalled having received enthusiastic support upon coming out from some people and had received "social benefits" upon transitioning, she recalled a total lack of support from other people. She also expressed feelings of loneliness and isolation: "And uh, I don't know if it's a trans guy experience or just throughout the trans community, but it's pretty lonely." Alex also expressed, "it just

felt so alienating to not be seen in so many ways. And, I felt really trapped by the lifestyle I created for myself."

Alex's feelings about the pressures of pursuing all steps of medical treatment are similar to Belovitch's internal struggles with undergoing vaginoplasty. The external or internalized pressures of being properly gendered seem to continue after the process of transition is initiated. These pressures may be strong enough to factor into decisions to de/retransition. Additionally, Alex's expressions of discomfort around being trans, being identified as trans, and being treated differently because of this identification are also common sentiments found not only in *Stone Butch Blues* and Belovitch's memoir, but also in Vandebussche's sample. In fact, Vandebussche found that 44% of their participants identified being "unhappy with the social changes" upon transitioning as contributing to their decisions to de/retransition (5). Although this was not the most frequent reason⁵⁷ why individuals de/retransitioned, it does seem to be a factor in many cases. Additionally, isolation and feelings of loneliness and loss, as discussed in chapter two, may be enough to drive a de/retransition.

Alex's narrative reveals internal and external social issues living as trans. While these social issues were not likely the only factor in her decision to de/retransition, it is probable that they did contribute to some extent. Her narrative demonstrates the idea that

⁵⁷ Vandebussche's full report reads: "The most common reported reason for detransitioning was realized that my gender dysphoria was related to other issues (70%). The second one was health concerns (62%), followed by transition did not help my dysphoria (50%), found alternatives to deal with my dysphoria (45%), unhappy with the social changes (44%), and change in political views (43%). At the very bottom of the list are: lack of support from social surroundings (13%), financial concerns (12%) and discrimination (10%)" (5).

transition is not a straight-forward, individualistic decision. She pointed to how her initial transition led to feelings of social discomfort and loneliness, feelings that are fundamentally relational in nature. It is apparent that individuals must make decisions within a social context where there is the potential for loss of family, friends, lovers, and community. Additionally, people are required to navigate social interactions while transitioning and this creates an added psychological and emotional burden on individuals living as trans. It seems salient to take seriously the fact that individuals weigh the pros and cons of living as trans in world that does not make doing so easy.

6. Fatness

An unexpected theme that arose in the interviews with participants was that of fatness. The goal of this section is to add to the scant literature on the intersection between fat and (trans) gender, literature that, according to Francis Ray White, often “compares how ... fatness is treated and ascribed meaning depending on whether [one is] perceived as male or female” (“Embodying” 110). While this work is important, White argues that it fails to “address the question of how fatness and gender work together in the production of bodies that are then legible as male, female, or both/neither” (“Embodying” 110).

Although Alex no longer identified as trans at the time of her interview, her narrative lends insight into how fatness impacts one’s perception of their own body, the legibility of their gender, may contribute to gender dysphoria, and factors into decisions made around social and medical transition. I have divided this section into five identifiable themes: 1. Disordered Eating and weight loss practices; 2. The impact of mothers’ body images on their assigned female children; 3. Fatness as a response to trauma and

unwanted sexual attention; 4. Gendered differences in perceptions of fatness; and, 5. How fat affects the legibility of gender.

6.1. Disordered Eating and Weight Loss Practices

Alex recalled having "body issues" since childhood and "general body dysphoria": "I definitely felt extreme discomfort with my body and I didn't really know what to do with it . . . I just generally had a really tough time with my own body." Alex had engaged in disordered eating and weight loss practices as a result of these "body issues."

A number of Yoo's participants who had de/retransitioned also expressed experiencing discomfort with their bodies in general and having eating disorders (186).

Studies have shown that trans and gender nonconforming people are at an increased risk of developing an eating disorder (ED) (Ålgars et al., "Conflicted"; Ålgars et al., "Disordered"; Dalzell and Protos; Diemer et al.; Donaldson et al.; Hepp and Milos; Pham; Testa et al.; Vocks et al.; Watson et al.; Witcomb et al.). Urs Hepp and Gabriella Milos present in their 2002 paper "Gender Identity and Eating Disorders" that trans people, according to their clinical experience, "might have an increased risk for eating disorders" (477). They hypothesized that the increased prevalence of EDs in trans clients may not be based on the wish to be thin per se, but rather based on the wish to suppress or enhance certain secondary sex characteristics. For instance, they suggest that trans women may engage in disordered eating in order to "suppress libido" and "correspond to a female ideal of attractiveness" while trans men may do so in order to cease menstruation and minimize the feminizing effects of fat (Hepp and Milos 477).

Vocks et al. followed up these case studies with a quantitative study including 356 participants, comparing trans participants to both a clinical group of cis women with eating disorders and a control group of cis folks with no eating disorders (365-366). Vocks et al. found that trans women had a higher rate of disordered eating and concerns about weight compared to both male and female cisgender controls (372). Trans men were found to differ significantly in terms of eating behaviour and weight concerns from the control group of cis men, but not the cis women control group (374). While the trans participants “in general had higher values than the [cis] male and [cis] female control on body image measures,” both trans women and trans men had “a significantly lower degree of body image and eating disorder pathology on each scale compared to the [cis] females with eating disorders” (Vocks et al., 374).

Witcomb et al. performed a study to verify Vocks et al.’s research with 600 participants: 200 trans participants, 200 controls, and 200 participants diagnosed with an eating disorder (290). Their results mirrored previous research that found that trans populations have increased disordered eating behaviours compared to the general population, but not as great as those diagnosed with eating disorders (Witcomb et al. 291). However, they also found that trans men had higher rates of body dissatisfaction than trans women, contradicting research in the field that has always found that women tend to be more dissatisfied than men. This finding was also supported by An Pham’s study with 108 participants. However Witcomb et al. found that in terms of drive for thinness trans men and trans women did not differ significantly (291). Thus, the authors suggest that “a female identity, by birth or by desire, may be a risk factor. Trans females may internalise the same ideals that natal females do with regard to the ideal female body

while trans males may still be influenced by such cultural aspects of being female, despite desiring to be male” (Witcomb et al. 291). Similarly, Pham posits that the increased body dissatisfaction scores for transmasculine youth may indicate “factors that are unique to their gender identity and/or sex assigned at birth” and thus more research is needed to determine whether treatment can or should be tailored to AFAB individuals.

In their 2012 paper, Ålgars et al. sought to investigate the “hypothesized explanations of the association between GID [gender identity disorder] and a heightened risk for disordered eating” empirically (“Disordered” 301). The study included 14 participants, 5 of whom “reported attempts to suppress the characteristics of their biological gender through weight loss” (Ålgars et al., “Disorder” 306). A further 3 participants “reported weight loss to accentuate the characteristics of their desired gender” (306). These two explanations received the most support (Ålgars et al., “Disordered” 309). The complexities of weight management in relation to gender nonconformity will be discussed in more detail in subsequent subsections. For now, it is important to recognize that trans folks are more likely to present with eating disorder symptoms than their cisgender peers and that the reasons for their engagement in disordered eating may be more complex than in cisgender populations with eating disorders.

More recent research has focused on care protocols for trans and gender nonconforming youth presenting with gender dysphoria and disordered eating. Testa et al. researched whether gender affirming medical treatments reduced or prevented the development of eating disorder symptomatology (927). Given that psychological comorbidities may be reason for the denial of medical interventions for trans folks, this is of

particular importance. While the WPATH states that “mental health conditions may be present, but they must be reasonably well managed” (Testa et al. 928), medical practitioners may still be hesitant to sign off on hormones or surgery for clients presenting with eating disorders (Testa et al. 928). Testa et al.’s survey data, garnered from 746 participants, found that gender-affirming medical interventions were “indirectly related to lower levels of EDS via a path of decreased nonaffirmation to increased body satisfaction” (933). Testa et al. suggest that these findings support medical interventions for trans folks with eating disorders, as these interventions may work to reduce ED symptomatology (934). In a similar vein, Watson et al. found that trans youth were less likely to engage in disordered eating if they were supported by friends and family and felt connected at school (520). They report, “younger transgender youth reporting high levels of enacted stigma and no protective factors had a 71% probability of reporting binge eating, compared to 40% of youth with high levels of enacted stigma and two protective factors (family and school connectedness)” (Watson et al. 520). Similarly, Donaldson et al. present five case studies of gender nonconforming adolescents with eating disorders with findings that support the previous literature (477). They report that barriers to care, including lack of parental support for gender identity and gender affirming care, along with the prevention or delay of referral to gender or eating disorder specialists “contributed to escalation of maladaptive behaviors, including ED” (Donaldson et al. 479). As discussed in the previous section, Alex reported experiencing stigma and bullying based on her perceived gender nonconformity beginning in childhood. This history of being bullied may have contributed to the development of issues around body size and disordered eating.

There have also been a number of papers published on the presentation of eating disorders in gender nonconforming folks more broadly, which may be of more relevance to the participants addressed in the chapter. For instance, in a paper published in 2010, Ålgars et al. performed a study similar to the ones aforementioned, but with participants that were more generally described as having a “conflicted gender identity” (118). They found “an association between gender identity conflict and body dissatisfaction as well as disordered eating” (123). Specifically, AFAB people with conflicted gender identities displayed more symptoms of eating disorders than controls (123). Given that this study was not limited to trans participants, the results “shed light on the relationship between gender identity, body image and eating disturbances more broadly” (120). In a similar vein, Diemer et al. looked into the prevalence of eating disorders in binary and nonbinary trans individuals. They found that AFAB gender nonconforming (GNC) participants self-reported EDs at a higher rate than assigned male at birth (AMAB) gender nonconforming participants and both binary trans men and trans women (21). They suggest that these results could be explained by the potentially increased stigma that AFAB GNC individuals may face based on their perceived gender nonconformity compared to binary trans folks (Diemer et al. 21). Another explanation the researchers offer, as has been suggested in the previous literature, is that “gender socialization may also contribute to the development of EDs” (Diemer et al. 21). Ultimately, the research suggests that while trans individuals are at a heightened risk of developing disordered eating behaviours in general, AFAB gender nonconforming folks seem to be at an even greater risk, although the exact reasons for this are not known and further research into factors and treatment protocols are needed.

6.2. Mothers

Alex was assigned female at birth and indicated that gender socialization was potentially a factor in her own issues with her body size and resultant disordered eating behaviours. In particular, Alex referenced her mother's concerns with body size and fatness in relation to her feelings about her own body. Alex explained that her mother had expressed a distaste for being fat herself. She believed that she may have "learned to fixate on it [body size]" because of her mother's fixation on her own body size. She also expressed that her body was sometimes the target of scrutiny and judgment by her mother.

In “Flaunting Fat: Sex with the Lights On,” Jenny Lee describes her own relationship with food and fat as being influenced by her mother’s issues with food. She writes, “I grew up watching her hide and eat food, and I did the same” (91). Karleen Pendleton Jiménez also connects her own relationship with her body to the ways in which her mother interacted with her. For instance, she relates how her mother’s refusal to shame and judge her daughter’s body allowed her to learn how to value her “butch woman’s body” (41). It seems that Alex's attitude toward her own body size and her engagement in weight loss practices may have been influenced by the value her mother placed on slimness. It is also likely that Alex's mother's concerns around her daughter's body size, or fatness, were also connected to concerns around Alex's gender nonconformity, especially if we consider Lucas Crawford's suggestion that "normative gender is slender" (as qtd. White, "Fat/Trans" 96). It is difficult to determine whether Alex's mother was solely concerned about fatness or if this concern was exacerbated in her case because

fatness was perceived as contributing to her gender nonnormativity. Regardless of the 'true' intentions behind these concerns, it is interesting that Alex connected her own disordered relationship with body size and eating to her mother's relationship with these things. Given that the research points to the possibility that gender socialization plays a role in the increased risk for the development of EDs in AFAB folks, it is possible that a large part of this socialization happens between mothers and daughters.

6.3. Trauma and Unwanted Sexual Attention

Alex connected her own weight gain to trauma and unwanted sexual attention.

She expressed that she had unconsciously gained weight to "keep men away" and to "not draw attention ... in that kind of way."

Research on eating disorders in trans and gender nonconforming folks has suggested that a history of trauma may be a factor in the development of EDs. Heidi Dalzell and Kayti Protos report that experiences of trauma are more common in LGBTQ populations and that, while trauma does not *make* one trans, it may factor into heightened levels of body dysphoria and thus play a role in the development of EDs (90). According to them, "Eating disorders can function as a coping response to trauma," whether these behaviours are used to gain a sense of control, to numb emotions, express traumatic pain through the body, or as a form of self-harm (Dalzell and Protos 98). Dalzell and Protos conclude that "stresses associated with being gender expansive and experiences of trauma increase vulnerability to eating disorders and body image difficulties" (121). In this sense, it is not that trauma unidirectionally causes transness or eating disorders, but rather that individuals who are gender nonconforming may be at a heightened risk of experiencing

trauma and this, coupled with the difficulties of being gender nonconforming, may play a role in the reported increased risk of trans and GNC folks developing disordered eating behaviours.

Vocks et al. also suggest that “it might be speculated that FtM may be overweight and reluctant to lose weight so as to avert sexual attraction from men for being a woman or to make their breast and hip size appear less prominent relative to their abdominal size” (365). In fact, Alex attributed weight gain as a means of preventing unwanted sexual attention from men. While I accept that issues with weight and fatness could be connected to traumatic pasts and attempts to ward off future sexual trauma, it is, at the same time, important to address the fact that the link between trauma and disordered eating, or fatness in general, is overdetermined in Western society. For instance, Crawford critiques the axiomatic nature in which fatness is posited to be “the belated effect of trauma” (“Slender Trouble” 453). He argues that within the “weight loss genre” there is a requirement for individuals to narrate their traumatic pasts, and thus “these very few permitted narratives of fatness also guide fat subjects to narrate themselves in excessively retrospective fashion” (Crawford, “Slender Trouble” 452-453). The point is not that trauma does not factor into eating behaviours or body size, but that fat bodies are discursively produced as being stuck in their traumatic pasts, while normative bodies are assumed to not be as encumbered by their (oftentimes also traumatic) histories (Crawford, “Slender Trouble” 453). Accordingly, Crawford asks: “When all bodies are archives that do not just remember their pasts but are built of these pasts, why are fat bodies given nearly mythical powers to signify traumatic experience?” (“Slender Trouble” 454). Crawford also challenges the idea that fat protects oneself from society or

unwanted attention for two reasons: first, it interprets the fat body as having used backwards and naive means to protect itself; and, second, this idea is premised on the dominant “age-old idea that ‘fat people are stupid’ and are therefore less responsive or, in other words, less capable of *feeling*” (“Slender Trouble” 459, emphasis original).

It is interesting that I did not perceive Alex as 'fat' and she also did not explicitly identify as fat, which may suggest that she was relegating her trauma to the past. That is to say, the way Alex narrated her experiences of trauma and fatness was not only in line with dominant narrations of the causes of weight gain, but these experiences also seemed to be placed determinedly in the past, perhaps suggesting that she currently viewed her self and identity as less encumbered and more enlightened than previous iterations.

6.4. Gendered Differences in Perceptions of Fatness

Alex expressed that she felt less judged about her weight when she was perceived by others as a man. She explained that she was complimented more on having a bigger body, or "muscle mass," when others were viewing her as male. She also noticed that other people "don't make comments" as much "to guys when they gain weight."

White argues that those who have “experienced being treated as both male and female at different times in their lives ... are able to provide powerful testimony to the ways in which fat is ascribed meaning in highly (binary) gendered terms and how it operates to reinscribe hierarchies of bodily value both within and between gender categories” (“Fat/Trans” 90). In fact, in a co-written article by James Burford and Sam Orchard, Orchard reveals these gendered differences of the meanings associated with fatness through

relating his experience as a fat trans guy versus when he was presenting as a girl. Orchard shares,

I was more likely to be policed around my body when I presented as a girl. It seems more socially acceptable to offer suggestions, or just plain make assumptions about food choices ... I have definitely noticed a shift in the portion sizes that I'm given in dining halls, or even at friend's places — I'll be offered more, and seconds, without hesitation these days. Whereas before, people seemed to be embarrassed (I was definitely also embarrassed) to offer me seconds, thirds, or fourths — because it is seen as 'breaking the rules' or shameful for girls to eat a lot. When I was younger, my brothers and I would have eating competitions at home. But, as I became a teenager, it became 'gross', 'unladylike' and embarrassing for everyone if I tried to partake in those sorts of competitions. (Burford and Orchard 69)

Alex's experiences are in line with these gendered differences in perceptions of fat and size on male versus female bodies. Alex expressed similar feelings of being less judged about her weight and general body size and feeling more freedom to be bigger when she was living as a trans man. Alex's experiences confirm other accounts of how fat or body mass is read differently on male versus female bodies.

However, it is not simply the case that men are allowed to be fat while women are not. For instance, Orchard argues that body size ideals differ depending on context (Burford and Orchard 69). Indeed, Alex expressed that body standards and pressures to have a normative body did not totally disappear after transition, but shifted instead. Rather than the focus being on weight, fatness, or achieving slenderness, it shifted to concerns around muscle mass and embodying proper masculinity.

6.5. Gender Legibility

Alex's concerns with her gender presentation were informed by her body size and, in turn, her body size informed the practices she engaged in. For instance, Alex expressed feeling like it was okay to want to lose weight when she identified as trans because her focus was not necessarily on achieving slimness, but more on achieving a less curvy, less feminine body. Additionally, Alex described concern around wearing baggier, more masculine clothing for fear of appearing bigger, or fat.

While I was interested in how participants' bodies were perceived by others, I also wanted to explore how fatness factored into their own perceptions of their bodies and potentially influenced decisions regarding transition and de/retransition. Concerns around body fat placement for trans individuals have been recorded in the literature on eating disorders, as previously mentioned, and by others working at the trans/fat intersection (White, "Embodying" 113). For instance, in their interviews with trans, nonbinary, and genderqueer participants White found that many of their participants were not so much concerned with being thin but rather with the "particular distribution of fat" on their bodies ("Embodying" 114). The desire to lose weight, in these instances, was less based on being thin than on achieving a normatively masculine or feminine body. It seems as if this was also the case for Alex while she was identifying as trans. It is also interesting that Alex suggested that baggier, masculine clothing makes one look fat unless they are extremely thin. White found that their participants cited androgynous or nonbinary models to be "very thin, white, and able-bodied" ("Embodying" 117). Here it seems that

Alex's perception of larger AFAB people wearing 'masculine' clothing is informed by the ideal androgyny, which is understood as being slender.

Alex's narrative also reveals the complex ways in which fatness may be read as androgyny, and affect gender legibility more generally. Alex felt that her body size was related to others' confusion about her gender. The presence of fat on her body worked to blur her gender. She explained that when she was fatter "it was always a question of what my gender was," but when she lost weight people stopped questioning her gender. She expressed: "Um, so I don't know why it was related, but it was." Alex further reasoned that it could be that to embody femininity properly, or to be perceived as a proper girl, one must be slim.

Recall White's assertion that there has been little attention paid to the ways in which "fatness contributes to producing a reading of bodies as legibly gendered in the first place" ("Fat/Trans" 90). In Alex's case, it seems that her fatness did affect the legibility of her gender or, perhaps, exacerbated the illegibility of it. Although she was always masculine, or presented as gender nonconforming, her experiences of being questioned less about whether she was a "boy or a girl" upon losing weight suggests that fatness may contribute to the 'readability' of gender in complex ways. While specific body fat placement can be feminizing, having a fatter body can also be masculinizing. And while androgyny is often thought of as being the property of the slim, it seems that the fat body may also be read as an androgynous body in some contexts.

7. Medical and Social Needs

Alex felt that her encounters with healthcare providers were perfunctory, her mental health issues were not fully considered prior to medical transition, and that she was not adequately informed of the health risks of treatment. She expressed that she "didn't feel like the doctors really cared." In terms of the health risks of transition-related medical treatment, Alex believed that if clinics are going to provide access to medical transition based on informed consent, they should ensure that clients are truly informed. She explained that the discussion of health risks "was quick" and only realized later that she "had no idea about this ... no idea about that." Alex also felt that her follow-up care was minimal and further suggested that these informed consent clinics should have protocols or strategies in place for caring for individuals who do end up facing health issues as a result of medical treatment.

Rather than focusing on how to prevent de/retransition, I am more interested in articulating possible ways of supporting de/retransitioners. Yoo describes "provider bias" as being "either too much medical intervention or too little" (185). Too much intervention can be paternalistic and often occurs when treatment is withheld or delayed for one reason or another. However, Yoo found that "medical providers were sometimes [also] guilty of insufficient medical intervention; for example, not ensuring patients understood procedures, physiological changes, and consequences of those changes" (185). This was one of Alex's main concerns with the treatment she received, a concern that was also shared by de/retransitioners who participated in Vandenbussche's survey of de/retransitioners needs. Vandenbussche found that "forty-five percent of the whole sample

reported not feeling properly informed about the health implications of the accessed treatments and interventions before undergoing them" (5). Alex's, and others', discontent with the lack of information provided her pre-transition should be taken seriously and steps should be taken to improve upon this issue.

Alex also believed that more attention should have been paid to her other mental health issues prior to allowing her access to treatment. Alex felt conflicted about this lack of care and consideration given to her particular situation. Not only were her other mental health issues not fully addressed, or "glossed over," she also felt like she could not openly discuss any doubts that she was having without fear of being denied access to medical treatment. Alex was also not able to access additional mental health services with ease. While Alex mused about stricter screening processes, she also recognized that other body modification procedures are performed without screening processes and that she was unsure as to whether this would have actually worked to prevent her from transitioning.

As I argued in Chapter One, and as Alex's narrative implies, increased gatekeeping does not seem to be the best solution for preventing 'regret' or de/retransition⁵⁸. It is unclear whether increased screening or withholding treatment would guarantee the elimination of de/retransition in all cases and the implications for access for trans people seeking medical transition would need to be considered. However, Alex's experiences do reveal a long-standing issue with the ways in which trans individuals have historically needed to

⁵⁸ As I will argue in the conclusion to this dissertation, I am not convinced that the prevention of regret should be a primary concern of clinicians at all.

adapt their narratives to gain access to transition-related medical care. Trans people have always passed information via informal networks on how to best access hormones and surgeries. The fear that discussing other mental health issues will jeopardize one's access to these gender affirming treatments is a holdover from previous gatekeeping approaches to care. Indeed, Ashley argues:

Trans people are often concerned that voicing their fears might lead to being denied surgery. Because of the gatekeeping dynamic between clinicians and patients, patients often downplay their doubts or concerns to avoid being denied care. Gatekeeping undermines the quality of informed consent, since asking questions freely and honestly is integral to the process. (“Surgical” 92-92)

This is one area that medical practitioners and gender therapists can, and absolutely should, be improving. It should be made clear to patients that expressing themselves freely will not impact their ability to access treatment.

Hildebrand-Chupp suggests that there are two general approaches to de/retransition research: research that seeks to prevent de/retransition and research that seeks to support de/retransitioners (808). According to Hildebrand-Chupp,

Research with the goal of preventing detrans involves studying what generalisable factors cause or predict detrans; research with the goal of supporting detrans involves studying the experience and process of detrans itself. As a result, there is an asymmetry between the two types: research on preventing detrans facilitates only interventions designed to reduce the detrans rate, while research on supporting detrans enables a wide range of interventions to help people during or after detrans in various ways. (808)

It has been my goal, throughout this dissertation, to do research that supports de/retransitioners. As such, the final section of this chapter addresses the need for better support for de/retransitioners.

Alex believed that there is a lack of medical and social support for de/retransitioners. She expressed that she did not feel confident that medical professionals, and especially her previous doctors, would know how to adequately address her medical needs. Additionally, she was unsure whether she could even access medical care to reverse her transition.

As Hildebrand-Chupp acknowledges, and Alex expresses, “there is no clinical protocol for detransition, and there is no explicit place for detransition within the present model of gender-affirming care” (812). Indeed, Vandebussche found that her participants identified information for de/retransitioning medically as being very important to them (6). This included “accurate information on stopping/changing hormonal treatment (49%), followed by receiving help for complications related to surgeries or hormonal treatment (24%) and receiving information and access to reversal surgeries/procedures (15%)” (Vandebussche 6). Alex's feelings around the confidence she had in her previous medical doctors being able to attend to her particular medical needs is also a sentiment reflected by Vandebussche's participants who had sought medical care for de/retransition. The majority of these participants (38% versus 29%) had decided to change doctors upon de/retransitioning (8). Alex's narrative points to an urgent need for education and healthcare protocols for supporting and caring for de/retransitioners.

Along with this lack of medical support, Alex also narrated a need for better social supports. According Vandebussche “around half of the respondents (51%) reported having the feeling of not having been supported enough throughout their detransition” (8). Vandebussche's participants also reported a drop in support from

LGBT or trans organizations during their de/retransitions compared to their initial transitions (7-8). Relatedly, participants qualitatively identified having had experienced the "loss of support from the LGBT community and friends" and "feeling[s] of rejection and loss of support in relation to their decisions to detransition, which lead them to step away from LGBT+ groups and communities" (10). Rather than viewing de/retransition as opposed to trans values and needs, it may be better to take an approach that includes this subpopulation. Trans support groups could work to be more inclusive to de/retransitioners and provide them much needed support in their similar, but differing, journeys. In fact, Catherine Butler and Anna Hutchinson suggest that peer support groups may "reduce feelings of isolation and encourage a sense of belonging" for de/retransitioners, particularly groups that have "mixed presentations of gender expression and sexual identity, and that all manifestations of this are accepted" (46). Groups founded on inclusiveness and expansive understandings of gender could provide a space for a spectrum of queer people including de/retransitioners who would then gain much needed support through their initial transition *and* de/retransition.

CONCLUSION:

On Authenticity, Regret, and Failure

Under certain circumstances failing, losing, forgetting, unmaking, undoing, unbecoming, not knowing may in fact offer more creative, more cooperative, more surprising ways of being in the world.

—Jack Halberstam. *The Queer Art of Failure*. Duke University Press, 2011.

Haunting the pages of this dissertation are the concepts of 'authenticity' and 'regret'. The conclusion seems an appropriate place to attend to these ghosts. I have argued for the understanding of de/retransition as a phenomenon that cannot be adequately characterized by the feeling of 'regret' and, relatedly, prevented by this or that measure of 'authenticity'.⁵⁹ Paddy McQueen argues that "the trope of 'authenticity' is a common means for making sense of, and relating to, one's identity" ("Authenticity" 557). For trans people in particular, authenticity has long been a central concept in developing one's identity and decisions to undergo transition-related medical treatment. In fact, Henry Rubin, in the course of his research focused on the experiences of trans men, found that "authenticity is the leading principle behind an FTM's life ... What FTMs realize is that their innermost selves are authentically male. Once they make this realization, they modify their bodies to express this authentic identity" (20). However, the expectation of authenticity also stems from the normative medicalized imperative for trans folks to be able to narrate (or prove) themselves to be 'truly' trans in order to access

⁵⁹ Authenticity has also been used in conversations regarding the transgressive or nontransgressive nature of binary trans subjectivity or transsexuality— this is not a debate that I see as worthwhile. I am specifically interested in the term's relation to the fantasy of determining whether one is 'truly' trans or not.

gender affirming medicine. Authenticity, as it relates to trans genders, is a contradictory concept. Many individuals narrate their experiences with transness and transition as allowing them to live 'authentically', or to be 'authentically' oneself, or to find their 'authentic self'. At the same time, there is immense pressure to narrate one's self as 'authentic' in order to access these treatments and thus the concept has been critiqued heavily in the existing literature (Aizura; Bettcher; Enke; Heyes; Latham; Stone; Wiggins). Indeed, in "Situating 'Fluidity': (Trans) Gender Identification and the Regulation of Gender Diversity," Erin Calhoun Davis argues:

While an authentic representation is typically presumed to reveal the objective 'truth' of the self, in practice authentication is a subjective determination of the credibility of self-presentations. Further, the credibility of one's gender identity is assessed based on the extent to which the individual appears to follow the 'rules' of gender. To receive social validation and to escape being misunderstood and thus mistreated, individuals must fashion authentic selves. In this fashioning, individuals are accountable to normative standards of gender. (106)

This point is particularly salient in discussing de/retransition. Authenticity is not, although it is often understood and used in this way, something that springs up in, and out of, the individual. Authenticity is a relational concept and any 'authentic' gender will necessarily be influenced by the available cultural discourses and norms of gender.

In fact, Florence Ashley, in addressing "the ethics of gender exploration" ("Thinking") and gatekeeping, argues that we may need to "bracket" the concept of authenticity when addressing trans subjectivity as it is a term wrought with incoherencies (226). Ashley posits that all gender identities, trans and non trans, are influenced by social and cultural discourses ("Thinking" 226). The concept of authenticity relies on an understanding of trans subjectivity as rooted in biology or the

idea of a preformed gender 'core', rather than an understanding of gender as developed through interactions with others and the world. Conceptualizations that hinge on notions of authenticity disavow the relational and changing, or changeable, nature of gender subjectivity. To believe that authenticity is an appropriate measure of readiness for gender transition is misguided. Indeed, the search for some failsafe indicator that one's gender is 'authentic' entirely misses how our identities are constituted in relation to others, the world, and social and cultural norms.

As mentioned in the introduction to this project, Pablo Expósito-Campos has recently suggested that healthcare providers and clinicians should distinguish between de/retransitions where the individual detransitions because they no longer understand themselves to be trans and ones where the individual continues to identify as trans, but detransitions due to other external factors, such as medical contraindication,⁶⁰ lack of support, and so on. Expósito-Campos labels these two types as "*core*—or primary—and *non-core*—or secondary—detransitions" (2). In delineating these two types, Expósito-Campos believes that researchers and clinicians will be better able to address the causes of the detransition, and thus be better able to provide care to those identified as being likely to detransition *before* they transition and also to those who do detransition during this process. While Expósito-Campos recognizes that "the reasons behind core or primary detransitions are multifarious" (3) and that "this typology does not suggest two clear-cut categories, for a secondary detransition can lead to a primary detransition—but not vice

⁶⁰ I excluded de/retransition due to medical contraindication in this project. This is because this seems to me to be a significantly more circumscribed situation than other cases. However, my point here is that I do not agree with the idea that we can understand 'primary' detransition without attending to the possibility that this type of detransition could be just as influenced by social context as 'secondary' detransition.

versa" (4), this typology generally, and more specifically the separating of external factors such as lack of social support from causes of "core detransitions," seems to reinforce this notion of authenticity. It is one thing to distinguish detransitioners that cease to identify as trans from those who maintain a trans identity. It is another thing altogether to posit a discrete set of factors to these two types and this is true even with Expósito-Campos's assertion that one type may lead to the other type. In fact, Tobias B. D. Wiggins argues that the current iteration of the *DSM* has tried to entrench the definition of gender dysphoria as "biologically based suffering" (66) and, by extension, gender as knowable. Further, the attendant curative model of gender transition disallows recognition of alternative sources of suffering and "leaves little room for variations of feeling" (Wiggins 67). As I have demonstrated throughout this dissertation, the reasons for detransitioning are complex and contextual. In order to better serve de/retransitioners, and transitioners more broadly, we must dispense with notions of authenticity that disavow the relational and social nature of all gender. This dispensation should include a hesitance to also conceptualize de/retransition in the ways in which Expósito-Campos suggests, as this delineation perpetuates notions of authenticity that initial diagnostic measures depend on.

While the purpose of this project has been to attend to narratives of de/retransition beyond the interpretation of these cases as 'mistakes', 'misdiagnosis', 'failure', and 'regret', I want to consider the ethics of regret and failure in the final pages of this project. As I hope I have made clear, interpretations of de/retransition as regret only make sense within this particular paradigm of diagnosis and treatment, where diagnosis requires authenticity and treatment is curative. McQueen argues:

Within this narrative, the experience of regret by an individual who has undergone SRS is linked to a failure to accurately diagnose their condition beforehand.

Consequently, the expectations and management of success, failure and regret are approached from a perspective that assumes the transsexual's self is (1) fully formed and recognised prior to transitioning, and (2) fixed and stable.

("Authenticity" 563)

In another article, McQueen addresses the ethics of regret in "medical decision-making" arguing that the possibility of regret is often seen as adequate justification for denying access to treatment and the experience of regret is taken as evidence that something went awry in the pre-treatment process ("Role" 1053-1054). McQueen argues that the possibility of future regret is not an adequate basis for denying medical treatment, and this is especially true if we prioritize respecting the autonomy of patients ("Role" 1057). McQueen applies an even stronger version of this ethic for cases in which medical treatment is "personally transformative" ("Role" 1059). This is because in these cases, the individual and identity is bound to be changed through the process. McQueen explains,

the assumption appears to be that regret indicates a failure and a mistake: a failure to secure the individual as a stable, recognisable gender; a mistake in that it turns out that the person was not really a transsexual (or, rather, an authentic/genuine case of transsexuality). However, perhaps the individual understood themselves to be transsexual prior to transitioning and in the process of transitioning came to feel that they actually are not, or that their new identity is not what they expect. This need not be interpreted as either a failure or a mistake, but rather indicative of the nature of identity: something that is a constant becoming, a continuous process, which can never be entirely controlled or accurately predicted.

("Authenticity" 563)

Indeed, it strikes me that clinical attempts to prevent regret not only mistakenly put faith in concepts of authenticity, but also engage in Eve Sedgwick's notion of "paranoid

temporality" (*Touching Feeling* 130). This is a temporality that is averse to the unknown, demanding that it knows in advance whether or not an outcome will be negative, and believes "no loss could be too far in the future to need to be preemptively discounted" (Sedgwick, *Touching Feeling* 131). Such a temporality fails to recognize that people may find their gender identities through transitioning and that "because there can be terrible surprises ... there can also be good ones" (Sedgwick 146). This is not to discount the negative affects that transitioning and de/retransitioning may engender, but rather to view de/retransitioning as a "mistake" or "failure" that could also provide "good rather than bad surprises" (Sedgwick 147). In fact, Halberstam suggests that failure "as a practice" may be productive insofar as it "recognizes that alternatives are embedded already in the dominant and that power is never total or consistent" (*Queer Art* 88).

Ashley suggests that, ethically, we may be better off starting from a place of fostering gender exploration rather than "attempting to assess the truth and authenticity of assertions of gender identity" ("Thinking" 231). The fact that transitioning may produce negative effects and affects should not be taken as sufficient justification for withholding treatment. Wiggins writes,

To have a body is a precarious ordeal. Its contents are unwieldy and unpredictable, its significance mediated by the social world, and moments of corporeal satisfaction are often found to be fleeting. As Sigmund Freud noted, our ego is (first and foremost) bodily. As infants, the development of subjectivity is bound to the wayward anatomy that we slowly make sense of and come to inhabit — a troublesome negotiation that never fully subsides. Given these quotidian difficulties, it perhaps need not be stated that the expectation that all transgender people follow a straight, simple affective track toward joyful surgical resolution is phantasmic.

To circle back to a point I brought up in the introduction to this project: Choices made regarding medical and social transition may be better thought of as a matter of degree of investment in identity, body, and body parts. That this degree of investment may change over time and/or through the accretion of experience should be axiomatic.

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Appendix A: Letter of Information and Consent

Letter of Information and Consent

Project Title: Narratives of De/Retransition: Disrupting the Boundaries of Gender and Time

Principal Investigator: Dr. Susan Knabe, PhD, Women's Studies and Feminist Research/ Faculty of Information and Media Studies, Western University

Additional Research Staff & Contact: Vanessa Slothouber, PhD Candidate, Researcher, Women's Studies and Feminist Research, Western University

1. Invitation to Participate

You are being invited to participate in this study about the process of de/retransition because it has been indicated that you have gone through this process. This study is being conducted by Vanessa Slothouber, Department of Women's Studies and Feminist Research under the supervision of Dr. Susan Knabe, Associate Professor jointly appointed to Department of Women's Studies and Feminist Research and the Faculty of Information and Media Studies at Western University.

2. Why is this study being done?

De/retransitioning has been, and often still is, simplistically interpreted as 'sex change regret' by the general public, mainstream media, researchers, and the medical establishment. While trans and queer scholars have objected to this interpretation of de/retransition, there has been no sustained focus on the narratives of individuals who have undergone this process. My research opens up space for interpreting processes of de/retransition as more complex and nuanced than they are commonly understood. The purpose of this study is to collect and analyze the narratives of individuals who have de/retransitioned, in order to explore what this process adds to contemporary debates within trans and queer scholarship.

3. How long will you be in this study?

For the purpose of this study, participants will be asked to take part in at least one individual interview, with the possibility of a follow-up interview. Each interview is expected to run approximately two hours. If participants wish to review their transcripts from the initial interview, this will also require some time. In total, participants can expect the maximum time investment to be 6 hours, if all interviews are conducted and transcripts reviewed.

4. What are the study procedures?

If you agree to participate, you will be asked to take part in an individual interview where you will be asked to share your experiences pertaining to de/retransitioning. Once the initial individual interview is transcribed, you will have the option of reviewing the

transcript and a follow-up interview will be scheduled where you will be able to revise and/or clarify your narrative and may be asked some clarification questions by the researcher. The interviews will either take place in person in a location of the participant's choosing or via an internet video chat forum, such as *Skype*. The interviews will be audio recorded, where the recording will only be used by the researcher to create transcripts.

5. What are the risks and harms of participating in this study?

Possible risks include emotional upset brought on by discussing your experiences regarding de/retransitioning. Potentially distressing topics may arise, which could be upsetting to participants.

6. What are the benefits of participating in this study?

The benefits of participation in this study include having the opportunity to share your experiences of de/retransitioning and narrate your own story. You will also have the opportunity to revise and clarify your narrative with the researcher, which is intended to maximize the accuracy of the presentation of your narrative. By participating in this research, you will assist in creating better interpretations of the process of de/retransition and help to counter simplistic and marginalizing understandings of this process.

7. Can participants choose to leave the study?

You have the right to withdraw from the study at any time. If you choose to cease participation, you also have the right to request that your information will not be used in the research project. If you would like your information removed from the study and permanently deleted please contact the researcher:

Vanessa Slothouber
Department of Women's Studies and Feminist Research
Western University

Once the researcher's thesis has been submitted the withdrawal of data will no longer be possible.

8. How will participants' information be kept confidential?

While research is ongoing, information will be stored in a way that it is protected and confidential. Hardcopies will be kept in a locked desk in the researcher's university office. Audio recordings will be stored on a password-protected computer on Western University's servers, behind institutional firewalls. The only individuals that will have access to this information are Vanessa Slothouber, PhD candidate and researcher, and Dr. Susan Knabe, principal investigator. However, the representatives of Western University's Non-Medical Research Ethics Board may also require access to study-related records to monitor the conduct of the research.

Names will be collected for consent forms; however, participants will only be referred to by pseudonyms in the disseminated project. The audio recordings will be used only by the researcher to create transcripts. All study records will be kept in a secure location for a minimum of 7 years, as required by Western University's Office of Research Ethics. A list linking your pseudonym with your name will be kept by the researcher in a secure place, separate from your study file.

While we do our best to protect your information there is no guarantee that we will be able to do so. Personal quotes will be used within the publication, which may contain references which could be used to identify participants. Where possible, specific references will be redacted to protect participants' identities.

9. Are participants compensated to be in this study?

You will not be compensated for your participation in this study.

10. What are the rights of participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the rights to not answer individual questions or to withdraw from the study at any time. The signing of this consent form does not waive legal rights. If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics. This office oversees the ethical conduct of research studies and is not part of the study team. Everything that you discuss will be kept confidential.

11. Whom should be contacted for questions?

For questions regarding this research study, please contact:

Dr. Susan Knabe, PhD, Principal Investigator
 Department of Women's Studies and Feminist Research and Faculty of
 Information and Media Studies
 Western University

or

Vanessa Slothouber, PhD Candidate, Researcher
 Department of Women's Studies and Feminist Research
 Western University

12. Consent

Please see the next page to sign the consent form.

This letter is yours to keep for future reference.

Project Title: Narratives of De/Retransition: Disrupting the Boundaries of Gender and Time

Principal Investigator: Dr. Susan Knabe, PhD, Women's Studies and Feminist Research/ Faculty of Information and Media Studies, Western University

Additional Research Staff & Contact: Vanessa Slothouber, PhD Candidate, Researcher, Women's Studies and Feminist Research, Western University

I have read the Letter of Information, have had the nature of the study explained to me and agree to participate. All questions have been answered to my satisfaction.

I agree to participate in this research study.

YES NO

I agree to the use of personal, identifiable quotes obtained during the study in the dissemination of this research.

YES NO

I agree to the use of unidentified quotes obtained during the study in the dissemination of this research.

YES NO

Print Name
YYYYY)

Signature

Date (DD/MM/

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person
Obtaining Consent

Signature

Date (DD/MM/YYYY)

Appendix B: Recruitment Poster**PARTICIPANTS NEEDED FOR
RESEARCH IN TRANS STUDIES**

We are looking for volunteers to take part in a study on the narratives of individuals who have chosen to de/retransition who meet the following criteria:

- Must identify as having undergone, or are currently undergoing, a process of de/retransition. This can be in relation to medical or social transition, but must not be based on medical contraindication.
- Must be 18 years of age or older.
- Must be living in Canada or the U.S.

If you are interested and agree to participate you would be asked to:

- Participate in a maximum of 2 individual interviews, conducted in person or via internet video chat software (such as *Skype*).
- Your participation would involve 2 sessions, each session will be about 120 minutes long.

For more information about this study, or to volunteer for this study, please contact:

Vanessa Slothouber, PhD Candidate, Researcher
Women's Studies and Feminist Research, Western University

Dr. Susan Knabe, PhD, Principal Investigator
Women's Studies and Feminist Research/ Faculty of Information and
Media Studies, Western University

Appendix C: Intake Form⁶¹**Intake Form**

1. Age:
2. Race:
3. What is your current gender identity?
4. How did you previously identify?
5. How do you feel about your initial transition?
 - Completely negative
 - Somewhat negative
 - Neutral
 - Somewhat positive
 - Mostly positive
 - Completely positive
6. What factors impacted your choice to de/retransition? (Check all that apply)
 - Physical health concerns
 - Mental health concerns
 - Financial concerns
 - Social concerns
 - Workplace or other institutional concerns
 - Political or ideological concerns
 - Other (please specify)
7. How do you feel about your de/retransition?
 - Completely negative
 - Somewhat negative
 - Neutral
 - Somewhat positive
 - Mostly positive
 - Completely positive
8. How do you feel about transition in general?
 - Completely negative
 - Somewhat negative
 - Neutral
 - Somewhat positive
 - Mostly positive
 - Completely positive

⁶¹ I referred to Cari Stella's informal internet survey to formulate these intake questions. See Stella, Cari. "Female Detransition and Reidentification: Survey Results and Interpretation." *Tumblr*, 3 September 2016, www.guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey.

Appendix D: Debriefing Form**DEBRIEFING FORM**

Project Title: Narratives of De/Retransition: Disrupting the Boundaries of Gender and Time

Principal Investigator: Dr. Susan Knabe, PhD, Women's Studies and Feminist Research/ Faculty of Information and Media Studies, Western University

Thank you for your participation in this study! Your participation is greatly appreciated.

Purpose of the Study

We previously informed you that the purpose of this study is to challenge this framing of de/retransition as regret by collecting and analyzing the narratives of individuals who have undergone this process and interpreting these narratives through a queer and trans theory lens. The goal of our research is to explore what narratives of de/retransition contribute to contemporary debates within trans and queer scholarship when this process is not interpreted through the dominant framing of 'sex change' regret.

We realize that some of the questions asked may have provoked strong emotional reactions. As researchers, we do not provide mental health services and we will not be following up with you after the study. However, we want to provide every participant in this study with a list of mental health resources that are available, should you decide you need assistance at any time. Please see information pertaining to useful resources at the end of this form.

Confidentiality

You may decide that you do not want your narratives used in this research. If you would like your narratives removed from the study and permanently deleted please contact the researcher:

Vanessa Slothouber
Department of Women's Studies and Feminist Research
Western University

Final Research

If you would like to receive a copy of the final research (or a summary) when it is completed, please feel free to contact us.

Useful Resources

If you have any questions or concerns regarding this study, its purposes or procedures, or have a research-related problem, please feel free to contact the researcher.

If you have any questions concerning your rights as a research subject, you may contact Western University's Ethics Office.

If you experience distress after completing the study you can contact:

IN CANADA

PFLAG Canada

24/7 support. Provides support, information and resources to gay, lesbian, bisexual, transgender or questioning people, as well as to their families and friends.

Contact Information:

[redacted]

Trans Lifeline

This line is primarily for transgender people experiencing a crisis. This includes people who may be struggling with their gender identity and are not sure that they are transgender. While our goal is to prevent self harm, we welcome the call of any transgender person in need. We will do our very best to connect them with services that can help them meet that need.

Contact Information:

[redacted]

IN USA

GLBT National Help Center

The GLBT National Help Center provides telephone, online chat, and email peer-support. They speak with callers of all ages about bullying, workplace issues, HIV/AIDS anxiety, coming out, relationships, safer sex, and more. They also have a massive resource database for social and support groups, gay-friendly religious organizations, sports, leagues, student groups, and more.

Contact Information:

[redacted]

Trans Lifeline

Contact Information:

[redacted]

Further Readings

If you would like to learn more about the topic of de/retransition as taken up by a variety of academics and non-academics please see the following references:

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Ehrensaft, Diane, et al. “Prepubertal social gender transitions: What we know; what we can learn—A view from a gender affirmative lens.” *International Journal of Transgenderism*, vol. 18, no. 2, 2018, pp. 251-268.

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Thank you,

Dr. Susan Knabe, PhD
Department of Women's Studies and Feminist Research/ Faculty of Information and Media Studies
Western University

Vanessa Slothouber, PhD Candidate, Researcher
Department of Women's Studies and Feminist Research
Western University

*****Please keep a copy of this form for your future reference. Once again, thank you for your participation in this study!*****

Appendix E: Initial Interview Guide

Prompts/Questions for Initial Interviews

Prompt:

This research is informed by narrative inquiry which is a research methodology that attends to the lived and embodied experiences of individuals. Narrative inquirers are interested in the full narratives, or stories, that their participants tell. I'd like you to share your story with me in whatever way feels comfortable for you.

Questions (to be used if participants need additional prompting):

1. Tell me about your experiences with de/retransitioning (primary question).
 - A. When did you first experience your gender as different from the one assigned at birth
 - B. What did these experiences feel like?
 - C. What sorts of transition-related changes have you engaged in?
 - D. What were your experiences with these changes?
 - E. When did you decide to de/retransition (to whatever extent that may be)?
 - F. Why did you decide to de/retransition?
 - G. Describe your experiences navigating the social contexts within which you have made your choice to de/retransition.
 - H. Describe your experiences navigating the medical contexts within which you have made your choice to de/retransition.

Appendix F: Follow-Up Interview Guide

Prompts for Follow-Up Interviews

Prompts:

1. Would you like to amend or clarify your narrative?
2. Is there anything else you would like to add to your narrative?
3. I noticed that in all the interviews I've done, people have referenced a history of having issues with weight or fatness. I was wondering if you could talk more about that.
 - 3.1. How fatness impacted your understanding of your body
 - 3.2. How it impacted your understanding of your gender
 - 3.3. How it factored into decisions you made regarding changes in gender presentation
 - 3.4. How it factored into other people's perception of your body and gender

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Article (the "Article") entitled: (De)Trans Visibility: moral panic in mainstream media reports on de/retransition

Article DOI: 10.1080/13825577.2020.1730052

Author(s): Van Slothouber

To publish in the Journal: European Journal of English Studies

Journal ISSN: 1744-4233

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