

THE TRAP OF TRANSMEDICALIZATION: HOLDING COMMUNITIES AND IDENTITIES HOSTAGE

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In recent years, there has been an insurgence of public discourses involving non-normative identities and experiences. The field of Transgender Studies focuses on and highlights the experiences of trans identified individuals, exploring trans subjectivities and what ‘transness’ really means. Much modern scholarship on trans identity frames gender as entirely socially constructed, which has received a variety of responses from both trans and cisgender individuals. These conflicts are ongoing, with the ‘truth’ of transness still hotly debated. One of the most prevalent and controversial ways of framing trans identity is transmedicalism.

Transmedicalism is a view of transgender identity that holds that experiencing dysphoria is required for ‘legitimate’ trans identity. This belief asserts that gender dysphoria, generally described as a feeling of distress originating from the incongruence between one’s assigned gender and gender identity, is a condition to be treated through medical intervention such as hormone therapy and gender affirming surgeries. Transmedicalism grounds transness in gender dysphoria, asserting that a lack of gender dysphoria is a lack of transness.

This paper will utilize author, scholar, and Professor Finn Enke’s definition of ‘transgender,’ describing the term as “an ever-expanding social category that incorporates the broadest possible range of gender nonconformity” as well as a “gender identity that differs from the sex assigned at birth” (Enke, 18). Outside of the realm of trans studies, the latter definition tends to be more familiar and widely circulated. Jumping off from this definition, this paper explores the way that transness is constructed and defined in the context of an increasingly medicalized world.

Transmedicalism did not come to be one of the dominant narratives about transgender identity by coincidence. Its modern prevalence speaks to way transmedicalism has cemented itself in the histories and modern realities of trans subjectivities. This paper contends that transmedicalism is a nuanced framework of pathologizing transgender identity that depends on and perpetuates systems of oppression, intracommunity conflict, and limited visibility of trans subjects.

Systemic Underpinnings of Transmedical Ideology

Participating in transmedicalism entails being an agent of a system that promotes hegemonic ideas about what constitutes a valid body. Operating under transmedical narratives, “only certain genres

of identity are deemed legibly trans, and only legible transness is permitted to access a wide variety of medical, legal, and social privileges, including intracommunity recognition and legitimacy” (Cavar, 35). Legible and legitimate transness is then afforded to trans bodies that most fit normative categories (‘normative’ being positioned as that which is white, wealthy, able-bodied, heterosexual, binary, and cis passing). Situating transmedicalism within its historical context reveals how these systems of hierarchy and exploitation ingrained themselves into transmedical ideologies—and their ultimate implementations.

Medical and psychiatric institutions have long been used as means to reinforce social norms, especially through the medical manipulation of subjugated identities. Even the gender binary, upon which transmedicalism relies, was established and implemented by processes of settler colonialism, which aims to eradicate Indigenous perspectives on sex and gender. Non-white bodies have been constructed as inherently deviant, including in realm of gender. Scholar Che Gossett articulates how “the grammar of ‘cisgender’ lacks the explanatory power to account for the colonial and anti-Black foundational violence of slavery and settler colonialism through which the gender and sex binary were forcibly rendered” (Gossett, 185). The racialized sex-gender binary regards whiteness as a requirement for ‘successful’ gender production and embodiment. Current politics on transmedicalism and the enforcement of medicalized trans identity, by nature of their own history, live in the ghost of the slave trade, settler colonialism, and cultural genocide.

Transmedicalism justifies and encourages the surveillance of trans bodies. Marking medical intervention as the only gateway to legitimacy is inherently exclusionary to countless social groups, especially given the racialized nature of exploitive capitalism. Dan Irving explores these subjectivities at length in his academic work, criticizing how medical experts have been granted excessive power and influence over the production of trans subjectivities. The results of this consolidation of power are exemplified through the living legacy left behind by American sexologist David O. Cauldwell, who famously ‘treated’ transgender patients in the early 20th century. Cauldwell and many other sexologists categorized transsexuality as a self-hating psychosis that severely infringed on one’s productive capacity (Irving). Doctors and medical professionals often denied certain patients medical care or transition on account of their race, class, and sexuality, refusing treatment to non-white, non-heterosexual, disabled, or otherwise

'unproductive' bodies. In doing so the medical profession was able to literally construct the next generation of visible and viable transgender subjects, formally constructing successful trans embodiment to be incompatible with other non-normative identities.

Intracommunity Conflicts

Systems of heteropatriarchy, white supremacy, and capitalism all profit from the illusion that identity policing is vital to the integrity and respectability of trans people. These systems work intentionally to integrate themselves with the collective consciousness of the trans community. The internalization of social norms is the most insidious and effective method of establishing social control and ensuring the perpetuation of oppressive systems of power (Villatoro et al.). Once the myth of medicalization is internalized within trans spaces, it actuates a witch hunt to find the trans 'impostor.'

"Truscum" (aka transmedicalists) and "tucute" (aka transtrenders, 'imposters') occupy opposing positions in the debate of transmedicalism and dysphoria as it unfolds in online spaces. Truscum are people, cisgender or transgender, that support and promote transmedicalism. By extension, truscum believe trans identified people who do not experience dysphoria or desire medical transition are appropriating transness. These appropriators are often referred to as tucutes or transtrenders, trans-identified individuals who are deemed illegitimate due to a lack of dysphoria. Transtrenders and tucutes are typically described as pretending to be trans for the sake of gaining pity or attention. These 'trenders' are often blamed for the rising number of openly trans-identified people. As trans people become more visible in mainstream media and discourses, these terms are becoming more ubiquitous.

This self-policing and gatekeeping of trans identity is a prime example of respectability politics. Respectability politics refers to a collection of practices and attitudes that reinforce dominant norms, especially as a method for producing a successful counter-narrative to the stereotypes imposed on marginalized groups (Pitcan et al.). The truscum vs. tucute debates are reflective of trans people internalizing and adopting hegemonic social norms in trans spaces. Oftentimes, truscum who are binary transgender people will justify the legitimacy of their own transness by contrasting their experiences with tucutes. One transfeminine truscum YouTube commenter wrote, "I have too much disdain for the transtrenders. They just want to feel special. I just want to feel comfortable in my own skin and function in society. I need estrogen to function, those twats just need attention" (Beibee). Another openly transmedicalist YouTube commentor wrote, "The transgender activist movement isn't even for real transgender people anymore" (Alpine Ink). This sentiment imposes a hierarchy within the transgender community, with 'real transgender people' (implied to be those that are dysphoric and seek medical transition) posed as

being oppressed in part due to 'fake' transgender people hijacking the movement. Respectability politics exchanges the empowerment and recognition of these people for the creation of 'successful' transgender subjects who can serve as agents of oppressive systems; it muffles the voices and perspectives of trans people of color and nonbinary people, dismissing them as fake or damaging to the community.

The success of transmedical discourses is based on the belief that transness is finite and incapable of existing outside of arbitrarily defined parameters of normalcy. When transness is viewed as a medical rather than a social phenomenon, it is all too easy to impose statistical and medical logics that do not apply to socially constructed identities. People are not statistics. Constructions of what constitutes normalcy are subjective and cannot be confined to statistical measures and logics. It is not as though a finite number of people can be 'gender outliers.' The allegedly rising proportion of transgender people poses a threat to cisnormativity by implying that cis-ness may not be a sound standard for normalcy. Transmedicalism is deployed as a countermeasure to this threat, with the ultimate aim of restoring cisnormativity and assuring cis subjects that the number of 'real' transgender people is small and nonthreatening to social norms. However, transness is not finite or limited. It is not a commodity that must be diligently divided among its recipients. Allowing access to shared identity categories does not rob anything from existing members of that identity. Intracommunity conflicts such as the truscum vs tucute debates reveal the damage that transmedical ideologies inflict upon communities and individuals.

You Are Not Trapped in the Wrong Body, You Are Oppressed

This all begs the question: if the transmedical narrative perpetuates oppressive norms and destabilizes the transgender community, then why is this politics still so commonly adopted by individual trans people? What does transmedicalism offer its adherents?

The relationship between trans people and the medical community has become intimately connected. Medical and psychiatric approval or diagnosis is typically required to move forward with legal processes like changing gender markers and names on legal documents. As such, those who are granted access to legitimate transness through medical narratives are also granted legal benefits. Those that can successfully embody transness (as defined by cisgender metrics) are granted access to resources that can make daily life easier. Medical discourses are also affirmed by the large number of transgender people who do seek medical transition such as hormones or affirmative surgeries. Many people find that medical intervention drastically decreases their dysphoria and grants them agency over their body

This sense of agency is crucial, especially for a community which is often deprived of choice or feelings of control. Ultimately, the degree of agency with which an individual adopts certain views of

themselves is the most important determinant of whether that framework is constructive or destructive. Transmedicalism is problematic in that it denies the validity of other constructions of transness and often monopolizes mainstream discourse about trans identity. This renders the pathologized trans individual as one of the only visible narratives, limiting the extent to which individuals can choose to identify with other frameworks while still being granted societal legitimacy in their identity. This is the trap of transmedicalism: it presents itself as the only valid way to embody transness, restricting the agency with which trans subjects can choose how to relate to themselves (Gossett et al.).

Even before transsexuality was recognized as a disorder in the 1980s, medical professionals categorized transgender people as being “depressed, schizoid, manipulative, and controlling” as a result of being ‘trapped in the wrong body’ which was (and continues to be) the dominant narrative of what it is like to embody trans identity (Stone, 229). This translates to the narrative that transgender people do, and should, hate their bodies. Transgender bodies are not portrayed as desirable or empowering, but rather as a source of shame and disgust. When the perceived legitimacy of one’s identity hinges on the extent to which that individual hates their body, it can actuate a self-fulfilling cycle of dysphoria. When transmedical views of self are internalized, the hegemonic systems of hierarchy constructed to oppress trans subjects are internalized as well.

Ultimately, transmedicalism restricts transness, reducing it to self-loathing and discontentment. Transness is not monolithic, nor does it need to be unpleasant to embody. Thinking outside of a transmedical framework allows for a transness that is expansive, joyful, and free. Transness can be medical, but it can also be magic, joy, and freedom.

Visibility and Demedicalizing Transness

The trap of visibility is explored at length by Gossett, Stanley, and Burton in the text “Trap Door: The Politics of Trans Visibility.” Medicalized trans bodies engage with trans visibility in very nuanced ways. Some trans subjects, especially those that most embody normative categories, are granted a unique and conditional form of visibility via the pathologizing and medical ‘treatment’ of their identity. Passing, the ability for trans individuals to be perceived as cisgender, is often especially attainable for these subjects who have undergone some extent of medical transition. This allows a sort of pseudo-trans-visibility, where the transgender subject is afforded visibility and legitimacy in mainstream discourses due to their ability to be un-transed. This begs the question: Are transgender people truly being accepted and granted visibility, or are they only being offered this sort of illusory visibility on the condition that they otherwise embody and uphold cisnormativity?

Data on violence and hate crimes propose that this form of

visibility is not working in favor of all transgender people. Transgender people, especially trans people of color, are victims of higher rates of crime and violence each year (Gossett et al.). The ludicrous idea that there are vast numbers of ‘fake’ transgender people is validated by transmedicalist rhetoric, cementing transphobic tropes like the misguided teen seeking attention, conniving hookup baiter, and sexual predator playing dress-up into mainstream narratives. While granting validity to some trans people, transmedicalism also perpetuates these stereotypes that have been used to justify anti-trans violence. It allows white cis-passing transgender people to essentially evade transness—or at least its societal consequences—while the consequences of transness are still being enforced on other members of the community. These impacts are ignored, as they point to the harsh reality that trans visibility and inclusion as we know it simply is not working.

Perhaps the source of discomfort associated with transness is not the trans body. Transmedicalism dismisses the difficulties associated with holding a transgender identity as being innate to the identity itself rather than a consequence of living in a transphobic society. The body is not the prison. The prison is living in a world that polices, controls, manages, and devalues certain bodies. The body is not the problem. The problem is the consequences non-medicalized trans bodies generate for their subjects in how they are regarded by mainstream society. Instead of trying to heal healthy bodies, we need to direct our attention to healing our sick society.

WORKS CITED

- Alpine Ink. Comment on “The Science of the Transgender Issue VS. the Pseudoscience Surrounding Gender and Biology!” YouTube, 13 January 2017, <https://youtu.be/os7bOBlre5E>.
- Beibee. Comment on “The Science of the Transgender Issue VS. the Pseudoscience Surrounding Gender and Biology!” YouTube, 13 January 2017, <https://youtu.be/os7bOBlre5E>.
- Cavar, Sarah. (2020). Enacting Transbutch: Queer Narratives Beyond Essentialism. [Master’s thesis, Mount Holyoke College]. Mount Holyoke College Institutional Digital Archive.
- Enke, Finn. “Note on Terms and Concepts.” *Transfeminist Perspectives in and Beyond Transgender and Gender Studies*, edited by Finn Enke, Temple University Press, 2012. ProQuest Ebook Central, <http://ebookcentral.proquest.com/>.
- Gossett, Che. “Blackness and the Trouble of Trans Visibility.” *Trap Door: Trans Cultural Production and the Politics of Visibility*, The MIT Press, 2017.
- Gossett, Reina, et al. “Known Unknowns: An Introduction to Trap Door.” *Trap Door: Trans Cultural Production and the Politics of Visibility*, The MIT Press, 2017.
- Irving, Dan. “Normalized Transgressions: Legitimizing the Transsexual Body as Productive.” *Radical History Review*, vol. 2008,

no. 100, 2008, pp. 38–59. Silverchair, doi:10.1215/01636545-2007-021.

- Pitcan, Mikaela, et al. Performing a Vanilla Self: Respectability Politics, Social Class, and the Digital World. 2018, p. 17.
- Stone, Sandy. “The Empire Strikes Back: A Posttranssexual Manifesto.” *Camera Obscura: Feminism, Culture, and Media Studies*, vol. 10, no. 2, 1998, 150–176, doi: https://doi.org/10.1215/02705346-10-2_29-150.
- Villatoro, Daniel, et al. “Self-Policing Through Norm Internalization: A Cognitive Solution to the Tragedy of the Digital Commons in Social Networks.” *Journal of Artificial Societies and Social Simulation*, vol. 18, no. 2, 2015, doi: 10.18564/jasss.2759.