

Trans-forming  
Terminology and  
Ideology in Media,  
Medicine and Mental  
Health



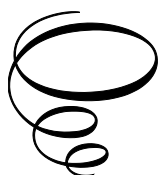
# Trans-forming Terminology and Ideology in Media, Medicine and Mental Health:

*Zebras among Us*

By

Steven S. Funk and Jaydi Funk

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Trans-forming Terminology and Ideology in Media, Medicine  
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By Steven S. Funk and Jaydi Funk

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## To Our Children,

Thank you for your patience at the dinner table, on hikes, during game nights and car rides as we discussed and wrote our book. We appreciate all of your input and your drive to contribute to social justice. As we write this, you are 11-, 10-, and 9-year-olds who are exceptionally bright, knowledgeable, and curious individuals. Our hope is that you will see gender equity within your lifetimes. You are growing up in a world that is unsafe, unjust, and has seen one of the worst pandemics in history. We hope you can learn from all of this and strive to create a better future. Remember that love endures all and that we love you endlessly. This is for you three.

*Our vocabularies give us the ability to define our realities.*

—MiriyaM Glazer

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## FOREWORD

*Zebras Among Us* is not just an expansive work of scholarship, but one which is timely and necessary. In an era when trans\*+ rights are a political hot topic and trans\*+ individuals, trans\*+ children and their caregivers in particular, are the targets of hateful legislation and the subjects of media derision, it is more important than ever that healthcare providers, educators, lawmakers, and trans\*+ people themselves have access to the facts necessary to combat ignorance and apathy. Drs. Funk cover, with thoroughness and clarity of purpose, a broad range of trans\*+-related topics from media representation and legal protections to medicine and healthcare access. Their book offers not just a wealth of interdisciplinary scholarship combined with original research, but serves as a clarion call for further research into the myriad medical, pharmacological, and cultural concerns trans\*+ people face and that have only just now begun to be given consideration after decades of neglect. *Zebras Among Us* is a critical addition to the repertoire of anyone involved in the life of a trans\*+ person more generally, and for those seeking to offer individualized, scientific, and respectful medical treatment for all patients.

—Sylvia Whelan, JD



## INTRODUCTION

*You are as constructed as me; the same anarchic womb has birthed us both. I call upon you to investigate your nature as I have been compelled to confront mine. I challenge you to risk abjection and flourish as well as have I. Heed my words, and you may well discover the seams and sutures in yourself.*

—Susan Stryker

We initially became interested in studying the disclosure perspectives of parents and caretakers of underage trans\*+ individuals after attending and presenting at the Gender Spectrum Conference for Professionals in Moraga, C.A., in 2016. As an educator who is a registered nurse and as a clinical pharmacist, we attended a workshop addressing communication with the parents of trans\*+ children. We were paired with a cisgender, heterosexual couple raising a 10-year-old trans\*+ boy. We were given a scenario to consider as a group. While discussing the task at hand, the mother of this boy shared a story that intrigued us. She described going to a restaurant near the conference hotel earlier that day. She had forgotten to remove her name badge, which included her pronouns and affiliation with Gender Spectrum. She enthusiastically told us that she kept looking around the room and wondering whether people there thought she were trans\*+. She was excited by the prospect of being ‘so different,’ as she phrased it. She was, in fact, giddy with excitement. Her partner, a cisgender man, seemed ambivalent about it, not sharing in her thrill; in fact, his askance glance at her revealed moderate disapproval. We later left and debriefed about that experience.

We had never before thought that some parents or caretakers of trans\*+ youth might exoticize these youth and fantasize about what it would be like to be perceived as trans\*+. We also began to wonder whether this effect might work in reverse. Could it be that some caretakers of trans\*+ children ‘out’ these youth in order to avoid being perceived as trans\*+ while they advocated for trans\*+ rights? We also wanted to know how they might defend disclosure and non-disclosure, to present to readers different angles of this very delicate conundrum.

From one perspective, visibility is a powerful tool. We cannot avoid what we know to be true if our reality consistently reflects it. For example, if, as

healthcare professionals, we know we treat at least one trans\*+ child per week, then we cannot ignore that they exist. From another perspective, there must be healthcare professionals who may not need to know if a child is trans\*+ under certain circumstances. For example, some healthcare professionals do not interact with children in such a manner that they should ever see their genitals or dose medication that affects or interacts, to our knowledge, with their gonads. Further, we feared that by consistently mentioning a child's trans\*+ status, their caretakers may inadvertently signal to the child that this aspect of their identity is most salient or important at all times, when in fact everyone is much more elaborate and complicated than their gender identity alone. After all, most parents of a daughter do not say 'my child is an 8-year-old cisgender girl' when presenting them to a pediatrician. Should they? How much do we need to know when treating patients, and to what extent should we go to protect trans\*+ children's rights?

Further, we wondered whether individuals working in healthcare, our colleagues, would see trans\*+ disclosure differently than would educators, also our colleagues. We hypothesized that the strongest opinions surrounding disclosure would come from trans\*+ people themselves, but our personal experiences and those of our loved ones and friends may not represent the general population of trans\*+ individuals. And in considering this, we had to recognize that even saying 'general population of trans\*+ individuals' is risky, as our previous publications have fought to dismantle the idea of an overarching trans\*+ narrative or trans\*+ community in the cisgender imagination.

With these considerations in mind, we set about the task of asking healthcare professionals, educators, and caretakers of trans\*+ children questions about when and how they disclose their own trans\*+ identities and the trans\*+ identities of their children, and how they justify the decision to do so.

We began to challenge the current healthcare system and to look at what it is we really need to know to treat an individual adequately. We asked colleagues a series of questions to begin to probe the matter.

What benefit are we gaining from medical intake forms and how could we change them to make them more useful for everyone? When an individual walks into a healthcare professional's office, what information should they share and whose responsibility is it to tell? Likewise, if an unresponsive individual is brought into an emergency room, does it matter if we categorize them as male or as female? If they couldn't tell us anything, what

would be most important to know to urgently treat someone? As a pharmacist, what would I need to know to dose medications correctly? As a nurse, do I need to know their gender to do my job? What relationship, if any, does age have on individuals' decisions to disclose their assigned sex at birth (ASB) or that of a child for whom they care? We explore these questions throughout the book. Likewise, we challenge commonly held assumptions that some might consider 'common sense,' but is it?

Much of medicine is standardized, including equipment such as respirators, catheter kits, bed pans, and assistive devices. Dosing is also standardized and is often weight-based with gold-standard guidelines. These guidelines are based on kidney function, liver function, age, height, and weight. Medications that are considered narrow-therapeutic have levels that are monitored with laboratory draws to guide dosing. Further, emergency situations that require life-saving interventions, such as CPR, are standardized, not individualized, and never sex or gender-based. In this book, we suggest that medical professionals may not be asking the most informative questions on their intake forms for cisgender or trans\*+ patients.

As people age, their bodies age, and their needs change with regard to metabolism of food and medicines, and all organ functions begin to decline. Hormones change in all bodies that are not supplemented with hormones. How would we treat a trans\*+ woman who has been on estrogen for 20 years and now should be going through menopause with her age-matched peers? We have studied puberty, when puberty starts, and when a body should be going through puberty. We know roughly when to start hormone blockers or hormones for a body that needs them. We do not know how to treat a body supplemented with hormones and when we should start to taper these. With our ageing trans\*+ population, we need to start looking at this now.

There is also a group of trans\*+ individuals that will take hormone blockers and then hormones for their desired secondary sex characteristics. Will they ever feel trans\*+ if they transitioned at 3-years-old? Will they feel any sense of being in the 'wrong body' if they never go through a puberty expected of their ASB? What if their parents raised them to understand that boys can have vaginas, girls can have penises, and children often have different combinations of external and internal gonads that may or may not function? What if their parents raised them to understand that there is no gender binary?

We argue that new terminology should evolve to describe this new group of trans\*+ individuals, and we propose the term ‘thisgender’ to describe a generation who transitioned before puberty and continued on to take ‘cross-sex’ hormones (CSHT) after blockers. ‘Thisgender’ individuals may not feel a sense of community with trans\*+ people as they have been affirmed as their true gender while maturing. They may feel a sense of community and pride, but they may not feel as though they experienced a social transition. They may not have any ‘dysphoria’ and may be able to grow into adulthood without feeling they are ‘wrong’ in any sense.

As we discussed this with a prominent, well-published physician treating trans\*+ youth, they said, “At the end of the day if you want to say your gender is purple, that’s fine. But you eventually have to choose male or female to get medical care, and that will cause dysphoria.” We disagree completely. We argue that in maintaining this status quo of the gender binary, many healthcare and mental healthcare providers are causing harm, precipitating dysphoria when none needs to be experienced, and we suspect that many healthcare and mental health professionals are not paying enough attention to the media and health literacy issues that complicate and pervade the world in which our patients live. We also challenge healthcare providers to avoid making assumptions about bodies, so that everyone can feel respected and safe in healthcare facilities.

Offering frameworks for educators and an alternative new patient intake form, this book should be useful for colleagues teaching Cultural Studies, Media Studies, Medicine, and Allied Health students. We have written it so that educators may create a sort of ‘choose your own adventure’ text. For example, a Pediatrics Nursing instructor may wish to assign Chapters 2, 6, 7, and 8 to their students. Likewise, someone teaching Cultural Studies may wish to explore Chapters 1, 4, 5, and 8 with their students. As the text approaches gender from an inter-disciplinary, research-based perspective while synthesizing contemporary theory throughout, it could fit nicely into various curricula of different disciplines.

We gathered data from over 300 individuals, more than 100 of whom were trans\*+, to try to answer our questions. We learned that people place a tremendous amount of trust in healthcare professionals, and that they want to develop therapeutic relationships with them. We also learned that healthcare professionals and educators see the issue of trans\*+ disclosure from significantly different perspectives. While we considered pulling the ‘T’ out of ‘LGBT,’ we discovered that the solidarity individuals gain from the LGBT umbrella is powerful. So instead, we added ‘T’ for ‘thisgender.’

Just as the ‘A’ in ‘LGBTQIA’ can stand for ‘ally’ and ‘asexual,’ so too can the ‘T’ become flexible enough to represent those who have experienced transitions that they deem to have been medical, social, both, or neither.

This book includes several illustrations that include color. For high resolution color copies of these, please visit our profiles on Academia.edu or look for our website at [thisgender.org](http://thisgender.org), which is forthcoming.

## **AN OVERVIEW OF CHAPTERS**

Chapter 1 offers a rich history of trans\*+ representation and omission in media from the 20<sup>th</sup> and 21<sup>st</sup> centuries. We challenge the notion that trans\*+ is new, and offer the Trans\*+ Media Literacy Framework to help readers consider thinking about media critically. This is not authored from a protectivist approach, demonizing media. Instead, it proposes media as a powerful tool for trans\*+ social justice advocacy. Appendix A is paired with Chapter 1 and offers educators a tool to see how the framework can be implemented in the classroom.

Chapter 2 challenges common assumptions made in healthcare. Appendix B is a series of case studies to model a trans\*+ positive approach to healthcare. Appendix C, a gender equitable new patient intake form, suggests a new comprehensive method of collecting data from new patients in a manner that demonstrates an environment affirming for those of all genders. Providing the Trans\*+ Healthcare Literacy Framework, it enables instructors to teach health concepts from a trans\*+ positive approach.

Chapter 3 investigates the history of the American Psychiatric Association (APA) as an agent of trans\*+ stigmatization and pathologization. It argues that the position of mental healthcare providers as gatekeepers to gender transitions is inappropriate and urges mental health professionals to reconsider their roles related to gender affirmation. The Trans\*+ Mental Health Literacy Framework proposes a trans\*+ affirming approach to mental health.

Chapter 4 describes the study’s methods and participants as well as limitations. After describing our research questions, it recounts how we went about using quantitative and qualitative (mixed) methods. Further, it describes our pilot study and power analysis that preceded our study, which was approved by an institutional review board (IRB) to demonstrate the findings’ transferability and reliability.

Chapter 5 offers our findings related to participants' views on gender identity and ASB disclosure among trans\*+ individuals. Our overarching goal with this section was to learn the views of participants, patient care professionals and those working in or attending higher education, regarding privacy for trans\*+ adults. Through this question, we interrogated our colleagues and the social circles through which we move. The findings surprised us and offer exciting directions for future research.

Chapter 6 explains our findings related to the views of caretakers (parents, guardians, older adult siblings, foster parents, grandparents, etc.) of trans\*+ youth regarding privacy and ASB disclosure for trans\*+ youth. Through this line of questioning, we returned to the workshop that initially prompted our investigation. That is, we wanted to know about how and when caretakers of trans\*+ youth navigate disclosure. The findings suggest that there is work to be done among medical practitioners.

Chapter 7 is an unapologetic, objective exploration of the research related to trans\*+ health. We tried to explore the topic from the perspective of advocates and naysayers alike. We debunk the desistance myth and investigate possible health risks associated with CSHT. The conclusions offer specific areas in need of future research and recommendations for practice.

Chapter 8 synthesizes the findings from our study with the literature overviewed in Chapters 1, 2, and 3 and explains why the 'T' in LGBT is important for solidarity and social justice issues. It connects academia with healthcare to reinforce the importance of preparing future educators, healthcare providers, and mental health professionals to approach gender-related issues from a trans\*+ affirming perspective. Next, it explores how COVID-19 underscored the importance of trans\*+ health needs and the ways in which new media helped to enhance trans\*+ solidarity during the pandemic. It concludes by offering the neologism 'thisgender' as an additional 'T' in LGBTQIA and an accompanying pride flag. We outline how our participants taught us the importance of solidarity and highlight our commitment to maintaining a sense of humor and positivity while fostering a sense of pride for a new generation of trans\*+ individuals.

The purpose of this book is to eliminate the ignorance that all too often excuses hate. Working among educators, healthcare, and mental healthcare providers, we often hear colleagues and students say something such as, 'I was never taught that,' or 'Well, really, how many transgender people are there? Is this something that needs to be in the curriculum or included in



staff trainings?’ These are excuses. We believe that saying ‘I was never taught that’ is the same as saying ‘I never sought to learn that.’ Moreover, if mere numbers alone dictated curricula, then the vast majority of educators, healthcare, and mental healthcare providers likely would not discuss dozens of rare learning styles, diseases, and conditions during their schooling. Being trans\*+ is as common as having red hair. Would anyone think it appropriate to say that people with red hair do not deserve to be studied and affirmed? We feel we have a duty to colleagues, students, and future generations to offer a book that critically examines commonly held assumptions to trans\*+form spaces of learning and care into inclusive spaces that acknowledge and honor the spectrum of human existence.

About a year ago, we submitted to an international nursing journal a brief literature review of procedures specific to trans\*+ women and nursing interventions that may support affirming patient care among this population. The rejection letter was one all too common to those of us working to promote trans\*+ social justice. The reviewers said that meeting these patients is ‘extremely rare’ and described this patient population as ‘men turning into women.’ Scholars working in this field can likely share similar instances in which the need for education is so glaringly obvious, and the reluctance to learn is even greater.

This book is intended to invite conversation and ignite research around these areas that are frequently taken for granted and accepted as the norm in society, mental health, and healthcare. Just because something has always been done does not mean it is correct. Healthcare and mental health professionals are often taught during our schooling that we should ‘look for horses, not zebras.’ This is intended to teach us to expect to look for what is most common to manifest among our patients; however, this ‘one size fits all’ approach to gender is clearly not working. Sometimes you do need to look for the zebra.

# CHAPTER 1

## A TRANS\*+ MEDIA LITERACY FRAMEWORK: RETHINKING EDUCATIONAL PRACTICES

*Change is possible: spaces and mindsets can become trans\*+ed. As elements shift, the trans\*+ gender creative body becomes validated, legible, and recognized by the spaces they inhabit.*

—sj Miller

Communicative technologies now enable us to engage with one another on a global level, to share our identities, and to promote social justice and make meaningful connections. Likewise, we are able to foster critical conversations with people across time zones, continents, and cultures. The COVID-19 pandemic, though devastating as it was, underscored our potential to utilize communicative technologies to strive for social justice. Along with the proliferation of social, digital, and communicative technologies, media representation of various identities has begun to challenge stereotypes of class, ability, age, and other identity markers, especially sex and gender. Arguably, among the most salient identity markers is gender identity. From the moment we enter an educational or healthcare system, our name, birthdate, and gender are indelibly inscribed upon our ‘permanent record,’ as though these characteristics are immutable, objective, permanent, and, of course, meaningful. Trans\*+ Media Literacy reminds future health and mental healthcare providers to remember that media in hospitals and clinics send clear messages about the ideologies of those serving patients there.

Never before have we had as much trans\*+ media representation and access to information concerning trans\*+ lives, healthcare, and mental well-being as we do now. In one respect, it is as though a light has been cast on a previously darkened recess of our culture. Conversely, the color and brightness of this metaphorical light does not necessarily cast those of us identifying as trans\*+ in an accurate, let alone, positive light. Media connectivity increases awareness and enables activists to fight trans\*+ discrimination. New communicative technologies also assist those who fuel

the fires of hate to do so much more rapidly than ever before. Thus, despite gaining this increased global connectivity, trans\*+ individuals are living through an era replete with trans\*+ discrimination. Now, in a media moment seemingly filled with diverse representations, is a vital time to examine media messages critically and use it to foster social justice.

Critical Media Literacy, as defined by Funk, Kellner, and Share<sup>1</sup>, “provides a theoretical framework and transformative pedagogy to empower students to question media, challenge hegemony, and participate in society as justice-oriented global citizens”. While the majority of this text addresses medical and mental healthcare providers, we begin by offering a trans\*+ positive framework for educators and media scholars. Before medical and mental healthcare providers embark upon their professional careers, they all engage with post-secondary educators and scholars along the way. As our education often contains embedded ideologies and varying forms of indoctrination to some extent, it is critical that we begin by discussing and challenging the state of trans\*+ representation (or the lack thereof) in higher education today.

While much of the European Union is sloughing off the gender binary as a vestige of the 20th century, many educators and students in the U.S. continue to reinforce it through explicit and implicit strategies that normalize the cisgender<sup>2</sup> condition while othering or exoticizing those who are trans\*+<sup>3</sup>. This chapter aims to explore the entrenchment of the gender

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<sup>1</sup> Funk, S.S., Kellner, D., & Share, J. (2016) “Critical media literacy as transformative pedagogy.” *Handbook of Research on Media Literacy in the Digital Age*. Eds. Yildiz, M.N. & Keengwe, J. Hershey, PA: IGI Global, 23.

<sup>2</sup> The term “cisgender” denotes the condition in which one’s gender identity is congruent, or synonymous with one’s natal birth marker. For more, see Brydum (2015). Brydum, S. “The true meaning of the word cisgender.” *The Advocate*. (2015). <http://www.advocate.com/transgender/2015/07/31/true-meaning-word-cisgender>

<sup>3</sup> Miller created the term “trans\*+” to be inclusive of non-binary and/or non-cisgender identities. According to Miller (2016): “While some activists draw on the use of trans (without the asterisk and/or the plus sign), which is most often applied to trans men/women, the asterisk with the plus sign more broadly references ever-evolving non-cisgender gender identities, which are identified as, but certainly not limited to, (a)gender, cross-dresser, bigender, genderfluid, genderf\*\*k, genderless, genderqueer, non-binary, non-gender, third gender, trans man, trans woman, transgender, transsexual, and two-spirit. How the term trans\*+ continues to take form will evolve as identities and theories morph in indeterminate ways”. Miller, s.j. (2016). “Trans\*+ing classrooms: The pedagogy of refusal as mediator for learning.” *Social Sciences* 5(3) (2016): 1-17, 2. DOI:10.3390/socsci5030034

binary in the American higher education system, to analyze the media frenzy currently addressing trans\*+ identities, and to offer a theoretical framework for Trans\*+ Media Literacy that could be utilized to analyze media messages about trans\*+ identities critically. In subsequent chapters, we will offer similar frameworks specifically honed for medical and mental healthcare professionals to consider how they can address the media within their fields and promote socially inclusive practices.

The 21st century has ushered in a trans\*+ media sensation unlike any other. Although headlines about the medical gender transitions of Christine Jorgenson and Roberta Cowell were lucrative for newspapers and radio programs throughout the U.S. and U.K. during the early 1950s, popular media then did not possess the technology or attentive audience they do today. While Jorgenson and Cowell appeared on guest spots for televised programs in the 1950s, at least 40% of U.S. and U.K. citizens did not own a television then<sup>4</sup>. Thus, much of the general public living outside of urban areas never learned of these stories. The conversation about the emerging distinction between biological sex and cultural gender was proliferating in the 1950s; yet, any typical Western individual who wished not to consider this topic was able to avoid it. Put simply, media were not ubiquitous and all-pervasive, so individuals who wished to live insular lives with no outside influences challenging their ideologies could easily do so.

Seventy years later, media are omnipresent and pervasive, particularly for traditional college students, 96% of whom use cell phones and 88% of whom own laptop computers<sup>5</sup>. Research indicates that 69% of these students read/watch/hear news daily from social media feeds, and 70% say that the news they receive regularly features viewpoints contrary to their own<sup>6</sup>. Today's young adults are saturated with media offering the potential for them to engage in global conversations about gender. Gone are the days when a young information seeker might struggle to hear a trans\*+ person speak over the crackling AM radio waves, or sheepishly tiptoe through a

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<sup>4</sup> UNESCO. (1963). *Statistics on radio and television: 1950 - 1960*. Paris: France, 81-82. <http://unesdoc.unesco.org/images/0003/000337/033739eo.pdf>

<sup>5</sup> Smith, A.; Rainee, L. & Zickuhr, K. (2011). *College students and technology*. Pew Research Center. Posted July 19 2011. <http://www.pewinternet.org/2011/07/19/college-students-and-technology/>

<sup>6</sup> American Press Institute. (2015). *How millennials get news: Inside the habits of America's first digital generation*. <https://www.americanpressinstitute.org/publications/reports/survey-research/millennials-news/single-page/>

library to find information about non-cisgender identities all the while being surveilled by other visitors.

Yet, research suggests that while media coverage of trans\*+ individuals has increased exponentially during the past 10 years, so too has the violence committed against trans\*+ people<sup>7</sup>. More information regarding medical and legal gender transitions has not translated into more tolerance, acceptance, appreciation, or safety. In order to understand why this may be, we must critically investigate trans\*+ characterizations among media and their narrative arcs. Examining stereotypes and tropes among media narratives is a non-threatening, non-invasive means to challenge students to question long-held beliefs and assumptions, all of which is an integral component of fostering critical thinkers contributing to a participatory democracy.

### **MEDIA'S TRADITIONAL TRANS\*+ NARRATIVE ARC**

While contemporary viewers may see the inclusion of trans\*+ characters in television and film as a sign of progress, we must remember to examine their roles and portrayals as educational moments and opportunities. As such, we often find that trans\*+ characters and actors can inadvertently reinforce stereotypes by participating in a dominant narrative arc. Although shows such as *Glee*, *Orange is the New Black*, *I am Cait*, and *Transparent* seem to indicate that we live in a new era of trans\*+ media inclusion, these proliferating trans\*+ media depictions may actually be counterproductive to trans\*+ social justice issues. For example, in *Transparent* and *Glee*, the role of the trans\*+ character is played by a cisgender actor. In *Glee* and *Orange is the New Black*, the trans\*+ characters are not fully developed, rounded characters who are essential to the shows' narratives. Rather, the singularity of their trans\*+ness predicates everything about their characters, as though there is nothing more to them than their gender transition or their inability to live a cisgender lifestyle. Further, their trans\*+ identities are only honored after they subscribe to the medical community's idea of conforming to the gender binary through the use of hormones and/or surgical procedures to affirm their genders<sup>8</sup>. Many trans\*+ narratives depicted among popular media today follow a predictable journey, or

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<sup>7</sup> Steinmetz, K. (2015). *Why transgender people are being murdered at a historic rate*. Time.com. <http://time.com/3999348/transgender-murders-2015/>

<sup>8</sup> Funk, J., Funk, S.S., & Whelan, S. (2019). "Trans\*+ and intersex representation and pathologization: An interdisciplinary argument for increased medical privacy." *Berkeley journal of gender, law, & justice*, 34(1). DOI: 10.15779/Z380C4SK4F

narrative arc, of the protagonist that should be scrutinized before this nascent phenomenon works to undo the very progress it seemingly reflects. What follows is a critique of some contemporary depictions of trans\*+ television and film characters that are often praised among media as being trans\*+ friendly.

Ironically, some of the most problematic trans\*+ media narratives are created and disseminated by trans\*+ individuals or by individuals who call themselves allies of ‘the LGBTQ community.’ For example, in *I am Cait*, Caitlyn Jenner confers with world-renowned trans\*+ surgeon Dr. Marci Bowers to learn how she performs a penectomy, orchiectomy, and vaginal construction. Jenner tells her viewers that she is pre-operative (having a penis and testes), thereby putting the narrative’s focus on her physical body, not on her gender identity<sup>9</sup>. This, according to Hilton-Morrrows and Battles, happens among mainstream media to satisfy the cisgender audience and all too often fails to challenge cultural norms<sup>10</sup>:

All of these questions [about trans\*+ genitalia] focus on areas of the body generally considered private, but associated with deep-seated cultural assumptions of what it means to be a man or a woman. By the mere adoption of the identity of trans[\*+], people find themselves under the powerful and disciplining cisgender gaze.

The cisgender gaze contextualizes the trans\*+ narrative, rather than allowing the trans\*+ narrative to disrupt the cisgender condition. Mainstream media frame genital surgery as the ‘final step’ a character must complete to be considered ‘transitioned,’ as if one’s identity can ever be fixed in space, and not in constant flux. Jenner herself has subscribed to this cisgender norm by assuming that these procedures are part and parcel of transitioning (for more on Jenner and trans\*+ issues, see Chapter 8). It is common for trans\*+ individuals to feel the need to achieve some level of cisgender ‘passing’ and conform to cisgender standards of being in the effort simply to survive, and media all too often reinforce this as ‘normal.’ We hope that in coming years, society will adopt a more fluid view of

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<sup>9</sup> Bonner, M. (2016). ‘*I Am Cait*’ recap: Caitlyn Jenner considers gender confirmation surgery, meets with surgeon.

<http://www.usmagazine.com/entertainment/news/i-am-cait-recap-caitlyn-jenner-considers-gender-confirmation-surgery-w203059>

<sup>10</sup> Hilton-Morrow, W. & Battles, K. (2015). *Sexual identities & the media: An introduction*. New York, NY: Routledge at 240.