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Alexander Wijnants
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Identity of Neurology: Social Media and the Politicization versus Medicalization of Trans People

Alexander Wijnants
Student
University of British Columbia
British Columbia, Canada

Whereas the transgender community is often presented as a cohesive whole, united in terms of its goals, this article argues that there is a major divide within the trans- community between those who view being trans- as a medical issue and those who view it as an often-politicized identity. Within the social media discourse, principally tumblr and YouTube websites, this article analyzes the two groups now in the debate and how they relate to themselves and to one another, highlighting how various aspects of the debate intersect with the social construction of collective identities and representations. This research utilizes Critical Discourse Analysis, specifically the work of van Dijk and Fairclough, in exploring online debate and conversation. It is also argued that the root of the animosity between the two camps comes down to access to resources, specifically transgender healthcare, and this is increasingly relevant across geographic borders.

medicalization | transgender | social media | Tumblr
transgender healthcare | transgender rights

Introduction

Within the transsexual/transgender ('trans' hereafter) community, the greatest point of contention is no doubt the nature and roots of being trans, with a great debate occurring between those who view being trans as a medical condition, and those who view it as an identity. The group viewing transsexualism as an identity often politicizes this identity, using it to speak out against what is seen as an oppressive gender binary within society. In addition to adopting a trans identity, gender non-conformity is also encouraged by this group as a form of activism and protest against a binary-gendered society with strictly-policed gender roles.

The supporters of politicization also seek to expand the definition of 'trans' to include gender non-conforming individuals and those with non-binary identities, as well as allowing these individuals to access trans medical care (i.e. hormones and surgery). In contrast, those who view transsexualism as a medical condition want it to be treated as any other medical issue, and not used as a political statement. This group is also against expanding the definition of 'trans' and believes there should be stricter criteria for accessing trans medical care.

As the majority of those embroiled in this debate are not academics, a great number of the discourses associated with it occur on social media sites, such as tumblr.com.¹

With the issue of trans rights rising to prominence in recent years, the great divide within the trans community is now more important than ever before. Each side has different goals and is competing against the other for influence and prominence in the media and within the trans community

itself, giving the trans rights movement no clear direction. It is especially important to highlight this divide because the trans community is still seen by many as a cohesive whole, united in terms of its ultimate goals. This false sense of unity will result in neither side being happy with the results, as lawmakers and activists are presented with conflicting accounts of what is needed in terms of trans rights. Resolving this debate is integral to giving the trans community and its supporters a clear way forward with regard to the trans rights movement and improving the lives of trans people everywhere.

Theoretical and Methodological Framework

This debate, having come to the attention of the author in March 2012, has been closely followed from then to the current time. Over this period, it has been possible to carefully observe the dynamics between the two major sides as well as the dynamics within each side. A few of the most active and outspoken blogs from each side were chosen and read in their entirety. Several less prominent blogs were also read, albeit not as comprehensively. As outlined in Lilleker and Malagón's article, both content analysis and discourse analysis were applied to the blog posts (Lilleker and Malagón, 2010: 30). Content analysis was applied on an ongoing basis to determine the primary topics of debate and other areas of interest. Discourse analysis, along with other methods, was applied at a later date to analyze the elements of the debate, which had been determined through the use of content analysis.

The key lenses with which this debate is best examined are discourse analysis and conflict theory, with emphasis on Gramsci's concept of hegemony.

Discourse analysis, a facet of symbolic interactionism, is defined as "focusing on the role of discourse in the (re)production and challenge of dominance" (van Dijk, 1993: 249 original emphasis), and is very important in this debate, as true cultural dominance is so contested, as is the shifting socially constructed meaning of 'trans'. Proponents of both positions believe that their view is a minority view, and their use of language reflects this perception, as do their approaches to interaction within and outside of the trans community. In addition, much of the current debate derives from differing definitions of the term 'trans', especially considering the implication that application of this term has an influence on access to medical care.

Discourse analysis is valuable in understanding the perceived and actual power structures at play, as well as the various constructions of identity that exist within the debate. In addition to constructing their own collective identity through the use of language and discourses, each side is also interpreting the actions and views of the other side and using these interpretations to create a representation of their opposition (Fairclough, 2001: 234), often one which is exaggerated and easier to cast as a villain. In this way, the

collective identities of each side, as well as their representations of the opposition, foster in-group cohesion and animosity between the two groups.

In light of this inter-group animosity, conflict theory is also relevant, with both sides feeling their access to resources, especially medical care, is under threat. Public acceptance and visibility are also areas of contention, as they are key in determining the model of transsexualism which will become the norm among the medical community, and thus how access to therapy and medical care will be dealt with. This struggle is central to the hostile ways in which the two sides interact, as well as the way they view each other.

Cultural hegemony occurs when “the minds of the dominated [are] influenced in such a way that they accept dominance, and act in the interest of the powerful out of their own free will” (van Dijk, 1993: 255), and is especially useful in analyzing this debate as each side views the other as being influenced by some form of cultural hegemony. It is also of note that neither side is supported by the true cultural hegemony regarding trans people, although the medical side is often believed to be. The perceived hegemonic dynamics within the debate are key to understanding the continued hostility between the two groups, as are the ways in which the actual cultural hegemony exerts pressure on each side.

Arguments and Evidence for Each Side

The evidence to support the medicalization viewpoint is primarily neurological in nature, ranging from physical brain differences to a potential path of development for transsexualism. The most cited piece of evidence is undoubtedly the fact that the brain and body are sexually differentiated at different times in the womb (Swaab, 2007: 431). This would of course allow for them to, on occasion, differentiate in opposite directions, resulting in an individual with the body of one sex but the brain of the opposite one. In other words, an individual with transsexualism. This model is further supported by a study by Arianne Dessens and others of individuals prenatally exposed to altered hormone levels as a result of their mothers taking anti-convulsants, research showed that within the exposed group three out of 147 were transsexual and had undergone some form of sex-reassignment surgery. This rate of transsexualism was declared to be “a remarkably high rate given the rarity of transsexualism” (Dessens et al., 1999: 31). Out of a non-exposed group of equal number, matched for sex, age, and age of mother, no individuals were transsexual. This study is seen as presenting convincing evidence that hormone levels in the womb are related to the development of transsexualism.

Further evidence supporting the view of transsexualism as a medical condition comes in the form of brain structures observed in trans individuals. These structures show degrees of masculinization or feminization discordant with the birth sex of the individual, with certain structures resembling those

of the opposite sex or being somewhere between male and female norms (Garcia-Falgueras and Swaab 2008: 3132; Kruijver et al., 2000: 2034; Rametti et al., 2011: 949; Swaab, 2007: 437). The possibility that hormone treatments are the cause of any of the sexual differentiation of these structures has been eliminated (Chung et al., 2002: 1027). This phenomenon is especially apparent in the BSTc, which in trans individuals is identical to the BSTc of the opposite sex (i.e. the BSTc of a trans woman is identical to the BSTc of a cisgender female) (Swaab, 2007: 437).

Arguments and evidence used by this group to state why transsexualism should be considered a medical condition include that this designation would presumably lead to trans medical care, such as hormone replacement therapy and sexual reassignment surgery, being covered under the majority of insurance plans, thus making care more accessible. The potential increase in accessibility is thought to be beneficial not only for financial reasons, but also because the phenomenally high suicide rate of trans individuals (Grant et al., 2011: 2) drops substantially after sexual reassignment surgery and hormone replacement therapy (De Cuypere et al., 2006: 128). Social and psychological function are also reported to improve after treatment (ibid).

Evidence used to support the politicization viewpoint of being trans as an identity and/or political viewpoint is taken mainly from queer theory and other deconstructionist views. This viewpoint states that gender identity, and the gendered behaviour accompanying it, is not present at birth. Rather, they believe, it is learned and performed at the behest of a strictly-gendered society quick to point out and punish any instances of gender non-conformance (Butler, 1999: 173-176). Also noted is the fact that many trans people do not identify within the gender binary, and thus do not choose to fully transition (i.e. changing one’s body from one sex to the closest approximation of the other). It is claimed by those for medicalization that given the current neurological evidence, it is close to impossible that a non-binary brain structure would occur.^{2 3}

Evidence used by this group to argue that being trans should be considered an identity includes the negative effects of living in a binary gendered society and the negative effects of the pathologization of trans people (Wiseman and Davidson, 2011: 528).

Importance of Evidence Type in Constructing Collective Identity

The evidence used by each side is integral to the construction of their collective identity. Each side has chosen evidence and forms of evidence that support their own view of transsexualism while rejecting the model of transsexualism posited by the opposition. In order to legitimize the evidence that supports their claim, each side must build a worldview off the values and ideologies associated with this evidence. This

further strengthens the collective identity of each group, while also serving to widen the gap between the two groups, as their differences grow from a disagreement over the nature of transsexualism to completely opposing worldviews.

Medical Recognition or Smash the Cistem?: Goals

Given that this debate has serious implications for the trans rights movement, it is natural that each side would have goals regarding the future of the movement. However, these goals have deeper meaning, as they also serve to construct the collective identity of each side, with debates over goals contributing to the interpretations and representations of each side as a whole.

The end goals of the medical camp are simple: firstly, they desire to have transsexualism viewed as a medical condition and treated as such by governments and insurance companies, i.e. medical treatments for transsexualism, such as surgeries and hormones, would be recognized as medically necessary and covered under insurance.⁴ The second goal is equal rights and protections for trans people, including the ability to change the sex on one's birth certificate⁵, and the ability to serve in the military,⁶ among others. This group also desires to keep the definition of 'trans'⁷ and access to trans medical care⁸ limited to transsexuals.

These goals, which are seen by the medicalization supporters as doing little to upset the course of society, help these supporters construct and reaffirm their identities as normal men and women who want to undergo medical treatment and continue with their lives. Although there are members of this community who engage in activism, when they are engaging with the community they generally downplay the activism aspect of their lives.

Fitting with the politicized view of their trans status, the goals of the political group are very political and radical in nature. They wish to break down the 'oppressive gender binary' that invades so much of society,⁹ a view that is often accompanied by animosity towards cisgender (abbreviated as 'cis') individuals. This animosity comes from the belief that cis people are to blame for the existence of a binary-gendered society as well as all of the difficulties that trans people face, and is often shown through slogans such as 'smash the cistem'¹⁰ and 'die cis scum'.¹¹ It is of note that end goals is one of the few areas where some agreement can be found between the medical and political camps. Those for politicization also desire for trans medical care to be covered under insurance, but they do not want this accompanied by the label of 'medical condition'¹². Equal rights are also a goal of this movement, but their main focus seems to be on redefining what 'gender' means in modern Western society.

By putting emphasis on their most radical goal the political side is able to construct a collective identity of a political movement fighting against oppressors to change the course of society. Although many members of this community do not

activism work outside of the internet, internet activism is seen as an important form of activism in this debate, a perception which allows community members to maintain their activist identity.

Perceptions and Representations of Goals

Although end goals is one of the few areas of the debate where some agreement is found between the two sides, each group still views the other's goals as having potentially disastrous consequences.

The medical side views the goals of the political side as unrealistic and unattainable. They argue that with the percentage of trans people in the general population being so small, and the vast majority of them being men or women rather than non-binary, it would be ridiculous for society to change completely to cater to such a small group (i.e. non-binary trans people). This group also believes that animosity towards cis people is unwarranted and harmful.^{13 14} They believe that cis people as a group are not to blame for the challenges that trans people face, and cis allies are needed by the trans community. The notion of having medical care covered without transsexualism being considered a medical issue is dismissed as ridiculous and is seen as a view that prevents trans people from being taken seriously when they claim they need medical care.

The political side takes major issue with the medical side's desire to have transsexualism seen as a medical condition. They see this as pathologizing an identity and buying into the cissexist view that gender-nonconformity and being trans are abnormal and need to be 'fixed'. Many also take issue with the self-concept most medical supporters have of being men and women with a medical issue, this is seen as being cis wannabes,¹⁵ and thus having all the oppressive qualities of a cis person. Their desire to have transsexualism considered a medical condition is seen as blocking non-binary and non-traditional trans people from access to medical care and other resources such as document changes, which would presumably also require a diagnosis of transsexualism.¹⁶

The goals of each movement are especially important to identity, to the point where goals and identity become fused and to attack and disregard one is to attack and disregard the other.

Medical Evidence vs. Acceptance: Ideologies

Each side has a common outlook that unifies their members and plays a part in defining all other aspects of their collective identity. This uniting view is not necessarily a defined and labelled political ideology or theory, rather a frame of mind and common idea that unities and defines a movement. These ideologies form the basis upon which the groups came together and influence many aspects of group dynamics, both between the two groups and within the groups themselves.

The explicitly stated ideology of the medical supporters is that they consider transsexualism to be a medical condition, and that one should not transition without sex-based dysphoria.¹⁷ A viewpoint that is not explicitly stated, although ubiquitous within the community, is the belief in the superiority of empirical evidence. This view is clear from the ways in which the medical side talks amongst themselves and in which they conduct their debates. The only evidence accepted by this side as valid with regard to transsexualism and trans issues is empirical and often medical in nature.

This insistence on empirical evidence and the simple criteria upon which their viewpoint is based also play a part in constructing the collective identity of this side, supporting their self-concept of being the more rational and logical side of the debate. This ideology is also critical in the way in which the medical supporters conduct their discourses, having established an identity as the 'intellectually superior' and more evidence-based viewpoint, the tone of their discourses will represent this. The more common tones are frustration, disbelief, and condescension, reproducing a dynamic in which the medical supporter sees him/herself as an educator, which allows the medical supporter to maintain a position of superiority and infantilize those who disagree.

In contrast to the supporters of medicalization, those for politicization tend to be very explicit with their ideologies. The vast majority of the supporters of politicization are very liberal, identify themselves as supporters of social justice, and advocate working to end oppression in many areas. In terms of the debate over trans issues, the most important and widely-held components of their unifying ideology are respect for identity and the belief that personal experience is a valid form of evidence.¹⁸ It is interesting to note that these beliefs are set up in opposition to the beliefs of the medical side, contrasting a strict definition of transsexualism with respect for identity, and the value of personal experience with unwavering support of empirical evidence. Having the main values of each group directly opposing each other allows each group to vilify the other, while ignoring the areas in which the two groups agree, an arrangement which further contributes to the animosity between the two groups.

The ideologies of the political side contribute to the construction of their collective identity as an anti-oppressive movement for social change. These ideologies also allow the supporters of politicization to structure discourses (and their perceptions of said discourses) in such a way that they place themselves in the role of 'defender of the oppressed', correcting and fighting against oppressive and binary thinking while sticking up for a disadvantaged minority.

Power and Ideologies

Each side views the ideologies of the other as delusional and buying into some form of cultural hegemony. The medical side sees the politicization supporters as falling prey to a culture overly concerned with being offensive of

politically incorrect, to the point of ignoring rational evidence in favour of feelings. In contrast, the political side sees the supporters of medicalization as holding on to old-fashioned, conservative views that dismiss the personal experiences of individuals.

The concept of societal power begins to come more into play in the realm of ideologies, especially with regard to privilege. The medical side is seen by the political side as having more power and privilege within the societal arena because their evidence, medical research, is seen as the more widely accepted and 'legitimate' form of evidence. However, whether the medical side has more societal acceptance of their evidence is irrelevant when it comes to the actual power dynamics of the debate itself, as the political side places a high value on lived experience and the identities of others, even believing that it trumps scientific evidence.¹⁹ Likewise, the medical side refuses to accept the evidence of the political side,²⁰ leaving both camps locked in a sort of stalemate with each side refusing to accept the evidence of the other as valid.

The Oppression Olympics: Perceived and Actual Power Dynamics

Issues of power appear in many areas of this debate, in fact, one of the most implicitly contested topics is which side truly has the most power and influence, whether inside or outside the community. Each side believes themselves to be the true minority fighting against an ignorant majority. This perception allows each group to fit their experience into the traditional narrative of a small group rising up against an oppressive regime, contributing to the collective identity of the group and their representation of the opposition.

Perceived Power Dynamics: Medicalization Viewpoint

The supporters of medicalization see themselves as fighting a battle on two fronts. On one side, they are fighting against a group of people, both trans and cis, who have been sucked into the overly-politically correct hive mind. On the other, they are fighting against a society which refuses to recognize transsexualism as a medical condition like any other.

The supporters of medicalization view the dynamic between them and the supporters of politicization as a small group of rational individuals attempting to reason with a large group, which has fallen prey to a sort of blindly accepting cultural hegemony. They believe that the supporters of politicization are so concerned with offending or invalidating someone that they refuse to think critically about trans issues and what exactly it means to be trans. The type of evidence most used to support the view that those for politicization are the dominant group are accounts of doctors and other professionals supporting the view that one can be trans

without sex-based dysphoria²¹ and official sources such as textbooks using a more expanded definition of 'trans'.²²

As a result of what is viewed as dominance of the political group, those for medicalization fear that trans people will become discredited in the public eye as more individuals who transitioned without sex-based dysphoria de-transition upon realizing their mistake, and then proceed to sue gender clinics and doctors for allowing them access to medical treatment they did not need, a phenomenon which has occurred before.²³ Tied up in these worries is the ever-present fear of losing access to medical treatment or having the wrong individuals accessing these resources. Another precious resource, public favour, is also seen as being at risk, as they believe supporters of politicization make a mockery of the struggles of trans people.²⁴

The medical group also sees themselves as fighting against mainstream society to get transsexualism recognized as a medical condition. Part of the problem, they believe, is that gender dysphoria (the diagnosis a trans person is given) is listed in the DSM, a psychological manual. They believe that this marks gender dysphoria as a mental issue and gives many the impression that the physical treatments (i.e. hormones and surgeries) are not necessary for trans individuals, and that they can be treated instead with therapy. It is believed that this contributes greatly to the stigmatization of trans people in society and their continued difficulties in accessing affordable and timely medical intervention.

Perceived Power Dynamics: Politicization Viewpoint

The supporters of politicization also see themselves as fighting a two-pronged battle, but in a slightly different way. They also view their opponents as falling prey to cultural hegemony, seeing them as trans people who are acting against their own best interests, and in the interests of the cis majority, by erasing and pathologizing trans people. They are especially threatened by the medicalization goal of having stricter criteria in place for a diagnosis of transsexualism, as such a change would prevent many politicization supporters from receiving a diagnosis and therefore treatment. Their view of the medicalization supporters as a majority with substantial backing makes this threat very real and urgent in the eyes of the politicization supporters.

In terms of their issues with society outside of the trans community, this group sees the binary-gendered structure of society as proof that their views make up a minority, as the supporters of politicization are quite ardent about their support of non-binary trans people.

Actual Power Dynamics

With each group considering themselves to be a minority, obviously both cannot be correct. Through the author's observations, although exact numbers are difficult to determine, mainly owing to the sheer size of tumblr, it seems

as if the supporters of medicalization are the numerical minority as well as the minority in terms of voice and influence outside of the trans community, meaning that the majority of individuals engaged in this debate support the politicization viewpoint, and that currently societal changes are more in line with the views of the politicization supporters.

It is important to mention that not all individuals involved in the debate are trans, which may contribute somewhat to the majority viewpoint. As the politicization viewpoint is presented as the more open-minded and accepting one, many cis people faced with the two opposing viewpoints may choose the one they believe will offend the fewest number of people, or the one with the least amount of stigma. The consideration of transsexualism as a medical condition by the supporters of medicalization may bring to mind the previous labelling of homosexuality as a mental disorder, and therefore have a great deal of stigma attached to it. Another possible contributing factor to the politicization viewpoint being held by the majority is the more open definition of 'trans' that it advertises.²⁵

Many individuals who are not considered legitimately trans by the medicalization supporters, yet who are attached to their trans identity will obviously support the viewpoint that allows them to hold their identity without sensing any discomforting cognitive dissonance. Another contributing factor could be the fact that the political supporters have become established as a majority and they are not as isolated as the medicalization supporters, whose blogs tend to exclusively deal with trans issues, individuals just examining or entering the trans community would likely be exposed to the politicization viewpoint first. The widespread nature of their views also makes it likely that the politicization viewpoint will continue to be a majority view as more individuals are exposed to it.

There are a few reasons that the supporters of politicization may consider themselves to be a minority. Firstly, the community of medicalization supporters appears to be more tightly-knit, giving them the image of a cohesive whole, and leading the supporters of politicization to feel somewhat isolated. Secondly, the respective approaches to interaction of each side contribute to the supporters of politicization being seen as a minority. The medicalization supporters will often call out an individual who has posted something they disagree with or believe to be incorrect. With the supporters of medicalization being a somewhat close-knit community, other supporters will often comment on the post. This gives the individual a feeling of being attacked and overwhelmed by the medicalization supporters. In contrast, the politicization supporters will seldom call out an individual, and instead seem to prefer making general posts targeted at the medicalization supporters as a whole. Additionally, the medicalization supporters' tactic of continually citing scientific articles²⁶ makes it seem as if their viewpoint is backed by societal sources.

In terms of societal backing, neither viewpoint is completely supported. It seems as if research is being conducted which supports the medicalization viewpoint of transsexualism as a neurological condition (Dessens et al., 1999: 31; Garcia-Falgueras and Swaab 2008: 3132; Kruijver et al., 2000: 2034; Rametti et al., 2011: 949; Swaab, 2007: 437), but this research is apparently not sufficient to have transsexualism classified as such a condition. However, societal changes are occurring more in line with the politicization viewpoint, especially with regard to more inclusion of non-binary individuals and looser diagnostic criteria required for a diagnosis of Gender Dysphoria, both as evidenced in the DSM-V (American Psychiatric Association, 2013: 452). It is also true that in most cases trans medical care is not covered under insurance, and when it is, a very lengthy process is required before coverage is granted, this is another area where both sides are disadvantaged and fall into the minority view, as both believe trans medical care should be completely covered under insurance as necessary treatment.

It is of note that it is within the best interests of the corporate and governmental elite to keep the trans community fighting amongst itself, as it keeps the trans rights movement from moving forwards. Considering one of the only agreed-upon goals of the trans community is to have trans healthcare completely paid for by insurance, it is likely that will be one outcome of the trans rights movement regardless of which side is the eventual victor. Thus, the entire trans community is falling prey to a form of cultural hegemony, where they are in fact undermining their own interests while serving the interests of the elite by concentrating their energies within the community rather than outwards to enact societal change.

In the end, although both are societally disadvantaged, the political supporters seem to be making the most headway with their goals and ideas, as well as making up an apparent majority within the trans community itself. However, it remains integral to the collective identity of each side that they believe themselves to be a minority. This is especially important to the supporters of politicization, as they subscribe to a culture in which a minority group is considered automatically more correct and insightful than the majority group. Allowing themselves to admit their majority status would force a change in the way their discourses are conducted, especially with regard to tone, and would make it far more difficult to cast their opposition as villainous agents of a transphobic society.

The collective identity of the medicalization supporters could face an equally disastrous collapse in the face of changes to the DSM. The revisions from the DSM III to the DSM V show a steady shift away from the stricter criteria upheld by the medicalization supporters and towards the accepting, looser definition given by the supporters of politicization (American Psychiatric Association, 2013: 452). These changes show that the medicalization supporters do

not in fact receive the medical backing they believed they did, which throws into doubt the basis of their collective identity: empirical evidence and medical backing.

Truscum vs. Transtrenders: Use of Language

As stated in discourse analysis, the use of language is especially important in a debate since it not only reflects and reaffirms believed and actual power structures, but also is essential to the construction of the representation of the opposition existing within each side (van Dijk, 1993: 249; Fairclough, 2001: 234). These representations are summed up within the complex histories and meanings of two terms 'truscum' and 'transtrender'.

Truscum

The term 'truscum', meant to be an epithet directed at the medicalization supporters, came into usage through an often-referenced post by tumblr user transstingray, a supporter of politicization (see Appendix A). In sum, a truscum individual believes that all trans people should identify as transsexual, identify within the binary, use only male or female pronouns (or perhaps 'they'), and "appease the cis majority."²⁷ Appeasing the cis majority was seen by transstingray to be exemplified through avoiding the phrase 'die cis scum', which is quite popular among the supporters of politicization.

The term is derived from 'true transsexual' and 'scum', implying that those who support the criteria given by transstingray as the true definition of a transsexual are scum and are denying the trans-ness of any self-identified trans person not fitting that criteria.

Although truscum was originally meant to be a derogatory term, it has since been reclaimed and redefined to mean an individual who believes that one needs to experience sex-based dysphoria in order to be trans, and that transsexualism is a medical condition²⁸. It has now transcended its original purpose and has become a term with which the supporters of medicalization identify themselves.

Transtrender

Unlike 'truscum', 'transtrender' does not appear to have one definitive post through which to observe its origins and original purpose. However, a prominent medicalization supporter, theotheropinon, defines a transtrender (often abbreviated as 'trender') as someone who wants to alter their body not due to sex-based dysphoria, but rather due to societal pressures and a dissatisfaction with the gender roles associated with their assigned gender²⁹. The typical transtrender is seen to be a female who desires to become male, but it has been noted that male trenders do exist³⁰.

This term has connotations of an individual who believes in the identity model of transsexualism, and one who will not accept any existing medical evidence as proof that transsexualism is a medical condition. In other words, an individual who holds many of the same attitudes as the typical politicization supporter.

Unlike 'truscum', 'transtrender' has not been widely reclaimed, and is still seen as a slur within the trans community. It has also largely retained its original meaning, despite attempts to make it a more positive term to reclaim.

Language as a Reflection and Reproduction of Power Structures

In addition to providing designations for each side, the terms 'truscum' and 'transtrender' help to reaffirm many of the perceived power dynamics within the debate. The term 'truscum' being reclaimed and used as a positive label by the medicalization supporters³¹ helps contribute to the belief of the politicization supporters that they are the minority within the debate. Having an internally agreed-upon label for the medicalization supporters enhances their image of a cohesive group, making the politicization supporters who engage with one of the truscum feel as if they are opposing a large group rather than an individual. The same principle can be turned around onto the politicization supporters, as they lack an agreed-upon label. This can contribute to a perception of the supporters of politicization as a network of scattered individuals with similar beliefs, rather than a cohesive, solid community. The term 'transtrender' retaining a derogatory connotation also influences the formation of this perception.

The medicalization supporters are able to label an individual opposing their views as a transtrender, and thus easily dismiss their views and identity all at once. In contrast, there has been no such label the politicization supporters can use likewise against a medicalization supporter opposing them. This gives the supporters of medicalization an illusion of invulnerability, leading the politicization supporters to feel further disadvantaged. The terms also contribute to the animosity between the two sides, providing a derogatory and dismissive term to be used by each side to use against the other (although 'truscum' has lost a great deal of its derogatory connotation, it and variations are still used in a derogatory way against the supporters of medicalization)³².

The terms 'truscum' and 'transtrender' are not the only forms through which language reflects perceived power dynamics. The most common tones prevalent in posts made by each side are 'frustration' and 'justified anger'. These tones reflect how each side sees themselves as a minority and a group not in a position of power. The self-concept of each side as a small group attempting to educate others breeds frustration, as each group feels they are not being listened to, despite repeatedly presenting evidence to support their particular viewpoint.

This tone most commonly occurs in two situations: an individual recounting a personal experience that angered them and ran contrary to their beliefs,³³ and when an individual is attempting to educate someone who they perceive as being willfully ignorant or who has 'gotten wrong' a particular fact or concept perceived basic to the self-defined educator.³⁴ The use of justified anger when recounting a personal experience is a somewhat obvious connection, as of course the experience angered the person in some way, and most likely made them feel powerless as well. In the second scenario, the tone also begins when the individual is angered, but the feeling of justification comes from their perception of the other being either willfully ignorant or oppressive. In both of the aforementioned cases the angry individual feels powerless, in the case of willful ignorance because they are unable to persuade the other of their viewpoint, and in the case of oppression because they are being marginalized and their opinions remain unheard.

Their use of mocking and a humorous tone also directly leads to the medicalization supporters being perceived as holding a position of power. The supporters of medicalization often mock the identities and terminology of the politicization supporters.^{35 36} This mocking shows the politicization supporters that they are not taken seriously, thereby minimizing their experiences and putting the medicalization supporters in a position of power. Mocking and other forms of joking around also serve to tighten the bonds between supporters of medicalization, further contributing to their image as a cohesive group. In addition, the joking attitude contributes to a self-concept of being more light-hearted and 'able to take a joke', in contrast to the supporters of politicization who are often seen as over-reacting and unable to recognize a joke. Of course, anything that boosts the cohesiveness of the medicalization supporters tends to do the opposite to the politicization supporters. Being mocked tends to make the supporters of politicization feel isolated and as if they have less power.

The language and tones used within this debate have played a part in further distinguishing the two sides and have contributed to the ill will between them. Language and tone also reflect and reaffirm many of the perceived power dynamics within the debate, as well as either heightening or fragmenting group cohesion.

Activism and Tumblr Social Justice: Approaches to Interaction

The approaches to interaction used by each side are essential to perceptions of power dynamics within the community and to the actual power dynamics between the two sides and the general population.

Stealth or Out? Activism

The medicalization supporters are far more likely than the supporters of politicization to be 'stealth' (i.e. to live as normal men and women without disclosing their trans status).^{37 38} This hampers their attempts to achieve their goals for the trans rights movement, as they are unlikely to be able to fight and campaign for their goals while stealth. The political supporters, in contrast, are very likely to be out (i.e. open about their trans status) and 'trans and proud'. This, combined with their majority status in the trans community, makes it easier for their message and goals to be heard by the general population, as well as the medical industry and lawmakers.

However, it should be noted that some of the more extreme supporters of politicization, especially those with a great deal of animosity towards cis people, may be hurting their cause more than helping it. Their viewpoint may be on its way to being the most well-known and widely-accepted, but a slogan of 'die cis scum' is unlikely to appeal to the overwhelmingly cisgender population and may result in ill will towards trans people in general. If the medicalization supporters were more likely to be out, their viewpoint of transsexualism as a medical condition that causes a great deal of suffering may be more effective at generating sympathy for trans people and help normalize them in the eyes of society.

However, despite the occasional politicization supporter with an extreme hatred of cis people, the politicization viewpoint seems to be somewhat accepted amongst the medical community, with the DSM V being inclusive of non-binary identities and individuals who do not suffer from sex-based dysphoria.

Tag Wars: Tumblr Social Justice

In terms of approaches to interaction within the online trans community, the main way that a supporter of politicization or medicalization gets their opinion seen on tumblr.com is through tagging a post. Tags function as a way to categorize a post as a certain topic and one can find these tagged posts by searching through the tag. There are two main methods of interaction within the online trans community, both relating to tags. The first method is for a group member to tag a post directed at the other group with tags both sides are known to frequent, such as 'ftm' (an abbreviation for 'female to male'; most of the debate revolves around trans people born female, although those born male do contribute),³⁹ 'trans', 'transtrender', or 'truscum'. This allows the individual to have their opinion viewed by a theoretically large number of people without any direct interaction with the opposition. The other method is to search through a tag and respond to a post that one disagrees with/wants to comment on. This method assures direct engagement with the individual who made the original post, and is substantially more confrontational than the other method.

Although there are a few notable exceptions, the supporters of politicization tend to use the first method, while supporters of medicalization tend to prefer the second method. As mentioned in the section on power dynamics, these trends in approaches to interaction influence the perceived power of the two groups. The political supporters' preferred method gives them the perception of lashing out at a large group, whereas the preferred method of the medicalization supporters feels to them as if they are chipping away at one individual in a vast sea of idiocy. This technique of the medicalization supporters in turn makes the politicization supporters they call out feel as if they are being attacked by a large group.

One Umbrella, Two Umbrella, Red Umbrella, Blue Umbrella: A Possible Way Forward

Presently, the trans community is too divided and contentious to lead the trans rights movement in a clear direction. If any significant advancement is to be made in the trans rights movement, this divide must be resolved somehow. Although the two sides are able to agree on certain end goals, there are too many fundamental differences between them to easily allow for cooperation or compromise. The simplest and likely most effective solution is to formally split the community into two. The fundamental basis of the debate is what exactly it means to be trans, and so the community should be split accordingly.

One group would fall under the definition of 'transsexual', i.e. they would be considered trans according to the criteria of the medicalization supporters, having sex based dysphoria. This group would include non-binary individuals with sex-based dysphoria, as many medicalization supporters believe that it is possible to have non-binary trans people, although they would be rare.⁴⁰ The other group would fall under a 'non-dysphoric trans umbrella' of sorts. This would be much like the proposed trans umbrella, but with transsexuals removed (See Appendix B).

Some medicalization supporters have already taken this step, respecting the identity of non-dysphorics while still differentiating them from individuals with sex-based dysphoria in what seems to be a sort of compromise.⁴¹

With the trans community neatly split down the line dividing its two oppositional segments, many issues would be simplified, such as what trans people actually want in terms of goals for the trans rights movement. Instead of conflicting messages coming from what was perceived as a single group, there would be messages (albeit still conflicting ones) coming from two defined groups. However, instead of both groups attempting to work towards trans rights, the movement could split into transsexual rights and non-dysphoric trans rights, with each movement having clear goals and one clear collective ideology. It would also allow for different diagnoses by medical professionals for the purposes of allocating trans medical care to individuals. Most

importantly to the groups involved, it allows each one to retain their collective ideology without having it threatened by the other group to the same degree. The groups would no longer feel as much as if they are competing against each other for access to resources (another chief area of debate), as each group would have its own prescribed paths to treatment.

This potential solution does have some failings, however. First of all it is unlikely to eliminate the animosity between the two groups, although it may reduce it. The hatred between the two groups is at a point where although it may simmer down following a clean split, it is likely that everything achieved by one group, whether it be legislation or a tumblr post explaining an opinion, will be looked down upon by the other. Another potential downfall of this solution is that it may make it more difficult for those not under the transsexual designation to receive trans medical care, as it is possible that it will not be deemed necessary treatment without an individual having sex-based dysphoria. However, considering the DSM-V criteria (American Psychiatric Association, 2013: 452), they may still have access.

Despite the possible failings outlined above, this solution may be the most appropriate for giving the trans rights movement a clear direction and for at least beginning to resolve the tensions between the supporters of medicalization and the supporters of politicization.

The Great Divide: Conclusion

Analysis of the debate between those for medicalization of trans people and those for their politicization shows how every aspect of the debate serves to construct the identities and realities of those embroiled in it.

The transcum, or medical supporters, use basic, non-radical goals and a reliance on empirical evidence to develop and support a self-concept of being the more rational and realistic group within the debate. They stick to a strictly-defined medical definition of transsexualism, and believe that the meaning of 'trans' and the criteria for access to medical care should reflect this definition. They view the political supporters as deluded radicals who are poisoning the already poor view of trans people in the public eye, and see many of their number as misinformed cis people believing that they're trans and desiring to transition for all the wrong reasons (aka 'transtrenders'). The medicalization supporters believe themselves to currently be the minority in terms of voice and influence within the trans community, but believe that eventually they will win out as the transtrenders dissipate after the supposed trans fad is over.

The political supporters construct their collective identity as the more radical and open-minded group through evidence from deconstructionist theories and goals that involve sweeping societal changes. They are very supportive of expanding the definition of trans and allowing individuals to identify with any and all genders as they see fit, also

believing that access to trans medical care should not be policed or regulated to the same degree that the medicalization supporters advocate for. Their primary view of the medicalization supporters is that of misguided agents of a transphobic society, who will hopefully realize the errors of their ways and be more accepting to all trans identities. The politicization supporters also believe themselves to be a minority viewpoint, despite evidence to the contrary, and believe that with hard work and activism their hoped-for societal changes will come to pass.

The primary source of animosity between the two groups seems to be their ideas regarding access to resources, as each group feels threatened by the other's plans. The medicalization supporters feel threatened by the plans of the politicization supporters, as they believe that many individuals supported in transition by those with a politicization viewpoint will end up detransitioning and potentially getting gender clinics shut down,⁴² thereby preventing others from accessing trans medical care. The politicization supporters are threatened by the plans of the medicalization supporters because under their definition, many of the supporters of politicization would not be considered trans and thus would not be permitted access to trans medical care. Given that each side believes they need certain medical treatments,⁴³ such as surgeries and/or hormones, the possibility of being cut off from these treatments is alarming and devastating to all involved.

The power structures within this debate are complex, with each group believing themselves to be a minority, and believing that the other group has fallen victim to a form of cultural hegemony. In reality, although the politicization supporters appear to make up the majority viewpoint within the trans community, neither group reflects the true majority viewpoint of the general population. In fact, both groups are in a way falling prey to a form of cultural hegemony, as they continue to fight amongst themselves instead of compromising and working towards the two goals they can agree on: equal rights for trans people and trans medical care being covered under insurance plans. By continuing to fight within the community instead of temporarily banding together, the two sides are both serving the interests of the elite, as it would be in their best interests to avoid expending the time and funds to meet the goals of the trans community.

Although the true power dynamics are seldom realized by the two groups, there are several ways in which their discourses reflect the perceived power dynamics. In particular, the common tones at use within the discourses reflect the fact that each group considers themselves a minority. In addition, there are several aspects of discourse, which contribute to the view the politicization supporters have of the medicalization viewpoint being the most common. First of all, the cohesion within the group of medicalization supporters makes them seem to be a large, unified group. In addition, their common approach of calling out individuals and citing a myriad of scientific articles makes them appear

to be more of a majority, and makes it seem as if they are backed by societal forces.

Language also plays a critical role in determining access to resources, with the highly-contested changes to the meaning of the term 'trans' implying changing regulations for access to trans medical care. In this way, the socially constructed meaning of 'trans' within each group reflects and influences their opinions on the legitimacy of others' identities, and their proposed regulations regarding which individuals should be permitted access to trans healthcare.

There are many issues involved in the debate between the medicalization supporters and the politicization supporters that contribute to the divide between them and their unwillingness to come to a compromise. For these reasons, it appears that the best course of action to somewhat mitigate the animosity between them and clarify the direction of the trans rights movement is to split the community in two.

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Endnotes

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S

C

A

C

Appendix A

Trans Rights: You're doing it wrong

If you think someone's identity is valid and/or they count as experiencing cissexism/transmisogyny only if they

- Identify as "transsexual" - a word with not so great history/connotations
- Identify within the binary
- Use only male or female pronouns - or maybe "they" although that's stretching it
- Appease the cis majority (by avoiding, for example, expressions like "dis cis scum")

You are not fighting trans oppression. You're fighting for True Transsexual superiority over other trans* people. You are TruScum, and I do not want your internalized cissexism in my life.

Seriously, trans* folks already have to fight cis people to be given the very bare minimum of respect for our identities. We should not have to fight these assholes as well. >_>

Not to mention invalidating people's opinions by calling them Internet activists or something. That's ableist as fuck and given the amount of disability in the trans* community, definitely something we do not need.

Transstringray (2012) Trans rights: You're doing it wrong. In: Silly social justice.

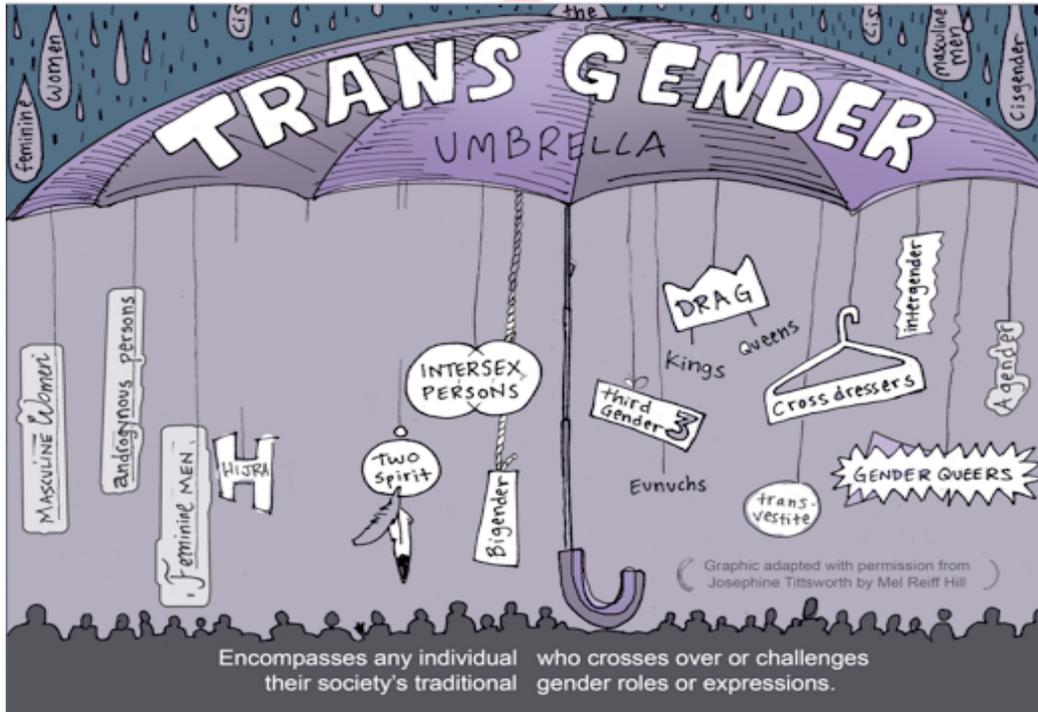
Available at: <http://sillysocialjustice.tumblr.com/post/28486518542/trans-rights-youre-doing-it-wrong> (accessed 11 March 2013).

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C

Appendix B

Edited by Alexander Wijnants to remove 'transsexuals' from the graphic.



Adapted from:

Boastian Boston, Hill Mel R and Mays Jason (2011) The gender booklet. Available at: <http://www.thegenderbook.com/#/view-ebook/4553378502> (accessed 24 March 2013).