

BODIES OF KNOWLEDGE:  
CRITICAL RHETORIC IN INTERDISCIPLINARY LONGITUDINAL HEALTH STUDIES

by

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## ABSTRACT

The larger study of “Transgender Stress and Resilience Across Sociopolitical Context” (the SPC study) was created in order to counter the persistent othering of transgender and gender diverse (TGD) people and center TGD people and experience within health research practices. Designed by trans scholars in fields of psychology and anthropology, the SPC was developed in order to create health research that speaks directly toward the lived experiences of TGD people and the physiological effects of stress and discrimination on TGD people’s health and well-being. Thus far, critical rhetorical research has largely remained uninvolved in this level of health research, and has yet to fully engage with the rhetorical discourses and systems of knowledge construction and resistance within large-scale, interdisciplinary health practices.

Through the theoretical application of autoethnography, rhetoric of the body, and narrative to the different elements of the SPC first wave data and data collection processes, this dissertation constructs three in-depth case studies of critical rhetoric within the larger SPC study: 1) Critical autoethnographic reflection of my work in TGD critical rhetorical studies, 2) Physiological and ideological bodies within biomarker data collection, and 3) Negotiation of personal gender identity within coming out narratives. Each of these case studies deals with the negotiation between the physiological body and lived experiences, and the ideological and social constructions of gender. Within the SPC study, critical rhetoric is situated within the systems of stress and resilience as they play out across the bodies of participants, researchers, and the ideological conceptualizations of gender identity and expression.

This dissertation focuses on the critical rhetorical aspects of material and ideological bodies and identity construction within resistive health research practices, looking at the ways in which critical rhetoric functions on the whole within health discourses of gender identity, expression, and performance with physiological consequences of sociopolitical context. Focusing on the development and initial implementation of the SPC study, this dissertation analyzes researcher reflexivity, the biomarker collection processes, and initial participant interviews in order to investigate critical rhetorical discourse in longitudinal, interdisciplinary, big-data health studies.

## DEDICATION

Dedicated to my endlessly patient, supportive, and loving husband, Henry Price-Bourn, and to my parents, Sally and Gene Price, who taught me from a young age to question the world around me and strive to make it a better place for all.

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## CHAPTER 1: INTRODUCTION

In 1994, the term “transsexualism” was removed from the *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM) and replaced with “gender identity disorder,” which was in turn replaced with “gender dysphoria” in 2013 (American Psychiatric Association, 2013). These changes in the DSM and the World Health Organization’s (WHO) removal of dysphoria from mental health disorders highlight how health research and standardization are working to move away from pathologizing, stigmatizing, cissexist definitions of transgender and gender diverse (TGD) people and toward developing gender affirming care. Gender affirming care refers to health care that address the needs of TGD people through medical practices that align with the patients’ gender identity and specific needs as a TGD person (Holt, Huit, et al., 2019; Hope, Mocarski, Bautista, & Holt, 2016; H. M. Meyer et al., 2019). This includes constructing an environment that seeks to validate and support TGD people throughout all levels of health and medical practices. As health research continues to develop, researchers and medical practitioners must focus their efforts on the health needs of TGD people and take steps toward developing gender affirming health care through an understanding of TGD identity that recognizes and supports the diverse needs of TGD people, and deconstructs the history of the pathologization of TGD identity as a medical abnormality by focusing on lessening the discrimination and stigmatization facing these communities, especially in clinical health settings.

As a result of the lack of access to gender affirming health care, TGD people are at higher

risk of mental health disorders, suicidal attempts, and HIV/AIDs (Bauer et al., 2009; Bockting & Cesaretti, 2001; Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Bockting, Robinson, & Rosser, 1998; Bockting & Rosser, 1999; Hughto, Reisner, & Pachankis, 2015; Link, 2017). These health disparities stem from a lack of resources available to both TGD communities and the medical practitioners working with them (Holt, Hope, Mocarski, Meyer, et al., 2019; Holt, Hope, Mocarski, & Woodruff, 2019; Holt, Huit, et al., 2019; Hope et al., 2016; H. M. Meyer et al., 2019). Today, the onus for finding and maintaining gender affirming care is largely on the shoulders of TGD patients, as they often find themselves in the role of educator to medical practitioners (Bockting & Cesaretti, 2001; Coleman et al., 2012; Holt, Hope, Mocarski, Meyer, et al., 2019; Holt, Hope, Mocarski, & Woodruff, 2019; Namaste, 2000). As the WHO and the DSM reconfigure the classification and definitions of transgender identity, TGD people fight to resist cissexist stigma and find health care providers who have “‘good brains,’ not just a ‘good heart’” (Holt, Hope, Mocarski, Meyer, et al., 2019, p. 3). In other words, TGD patients are often stuck with well-intentioned, but grossly uninformed medical practitioners who are ignorant of the particular dynamics of TGD health. TGD patients then are left with the responsibility of training their medical providers on the needs of TGD people, even as these TGD patients seek medical treatment themselves. This gap between medical conceptualization of TGD people and actual TGD experience calls for scholars to explore health practices that recognize and incorporate the lived realities facing TGD people, in order to broaden understanding and deconstruct the systemic stigmatization of TGD people throughout the U.S.

The study “Trans Resilience and Health across Sociopolitical Context” (referred to forthwith as the SPC study) works to resist and dismantle this history of marginalization and stigmatization of TGD people. Designed by trans scholars in fields of psychology and

anthropology, the SPC study was developed in order to create health research that speaks directly toward the lived experiences of TGD people and the physiological effects of stress and discrimination on TGD people's health and well-being. Incorporating scholars across the fields of psychology, anthropology, sociology, public health, environmental sciences, and communication, the SPC study is a multi-site, interdisciplinary, longitudinal study that seeks to demonstrate and analyze the "effects of sociopolitical context on health and resilience for transgender people" with the goal that the resulting data can be "used to advocate for greater protections and more inclusive politics for transgender individuals in the future, and add to our understandings about the impacts of oppression on health and resilience" (J. Puckett & Dubois, 2021). The SPC study takes place over the course of the year and incorporates methods of biomarker data collection and analysis, quantitative surveys, and qualitative interviews, as well as monthly surveys and event tracking technology in order to measure how sociopolitical context and political climate impacts the stress and resilience of TGD people on both an emotional and physiological level.

Thus far, critical rhetorical research has largely remained uninvolved in this level of large scale, health research. Falling behind other fields in the humanities and social sciences, critical health rhetoric research has yet to fully delve into the realm of health practice and embodied research to the extent of scholars in fields such as biocultural and medical anthropology (DuBois, 2012a). Although the analysis of critical discourse and systems of power within health research has been developing within health communication studies thanks to the efforts of scholars such as Drs. Deborah Lupton (1994), Mohan Dutta (2010; 2019), and Heather Zoller (2008), critical rhetorical scholarship has yet to fully engage with the rhetorical discourses and systems of knowledge construction and resistance within large-scale, interdisciplinary health research.

In analyzing the health and wellbeing of TGD communities, critical researchers seek to acknowledge and incorporate the lived and embodied experiences of TGD people as a means of constructing health practices that centralize the needs of TGD patients. Community-engaged health research paired with participatory critical rhetoric and rhetorical field methods (see (Billard, 2019a; Hess, 2011; Middleton, Senda-Cook, & Endres, 2011) opens an avenue for critical rhetorical scholars, as critical rhetoricians are in an unique position within communication research and practice to analyze systems of stigmatization and power within the researcher-participant dynamic and the ways in which this knowledge is constructed and employed toward social justice and systemic change. Rhetoric and communication research centers on the ways in which symbols and symbolic discourse construct lived realities (Brummett, 2017). Rhetoric consists of the symbols we use to socially construct lived experience and make sense of them through engagement with others (McGee, 1990). From this social constructionist epistemology, rhetoric is the means through which we as humans socially construct our understanding of our personal identities and self in relation to others, and how these identifications and social constructions become the lived realities through which we as individuals navigate and evolve (Farrell, 1976). Critical rhetoric then is an analysis of the constructed symbolic hierarchies of power and oppression, normal and abnormal, dominant and other, embedded throughout all aspects of society and human engagement (S. Butler & Bissell, 2015; Daniels & Phillips, 2020; McKerrow, 1989; McKerrow & Herbig, 2020). In order to serve as a means of dismantling these systemic structures that leverage certain identities over others, critical rhetorical scholarship and practice must recognize and fight against the material realities of enacted oppression inherent within the structuring of our social realities (D. L. Cloud, 1994, 1999, 2006, 2018, 2020). This epistemological foundation of critical rhetorical practice and

material consequence offers a means of engaging the physiological and conceptual realities of health research practices as they play out across the physical and ideological identities of TGD people. By engaging with interdisciplinary, longitudinal health studies, this research seeks to bring together the ideological nature of critical rhetorical scholarship with material effect, consequence, and resistance through an analysis of the material and conceptual forces at work within the SPC study.

My dissertation is a study of critical rhetorical ideological and material practices within community-engaged health studies through an analysis of the procedures and methods in conducting research and generating data that is specifically designed to connect marginalized cultures with ethical research practices that articulate culture and deconstruct systematic hegemonic practices. Specifically, this dissertation focuses on the rhetorical aspects of material and ideological bodies and identity construction within resistive research practices, looking at the ways in which critical rhetoric functions on the whole within these discourses of gender identity, expression, and performance with physiological consequences of sociopolitical context. In short, I seek to analyze how critical rhetoric operates and what critical rhetoric as a field can gain in interdisciplinary, longitudinal, health studies and practice. This dissertation analyzes critical rhetoric functioning in a multi-disciplinary, community-engaged research project (the SPC project) that advocates for a reconceptualization of the ways in which political and public discourse impact levels of stress and resilience of TGD communities throughout the United States.

Responding to the memo leaked from the Trump administration that sought to define sex as “biological traits identifiable by or before birth” (Green, Benner, & Pear, 2018, p. par. 5), the primary investigators and creators of the SPC study, Drs. Zachary DuBois and Jae Puckett,

conceptualized this study as “research as resistance” in order to demonstrate the effects of structural stigma on TGD communities within sociopolitical context. As stated in the overview on the SPC study’s website,

This study was conceptualized in October 2018 when the Trump administration leaked a memo about trying to rigidly define sex and gender in ways that would further oppress transgender individuals. There were many attacks on transgender rights under the Trump administration and as trans people, Drs. Zachary DuBois and Jae Puckett felt the need to respond to this. As such, we funneled our need for social change into a study about the effects of sociopolitical context on health and resilience for transgender people (J. Puckett & Dubois, 2021).

As members of the transgender community, DuBois and Puckett utilized their unique positionality within the fields of anthropology and psychology to develop the SPC study to directly counter the transphobic claims of the Trump administration and advocate for and with the broader TGD population throughout the United States. As explained by DuBois and Puckett, a recognition of the oppression of TGD people in medical research is inherent within the design of the study, as something that both scholars have experienced first-hand and previously engaged with academically (Dubois, 2012; DuBois, 2012b; DuBois, Gibb, Juster, & Powers, 2020; Dubois, Juster, Gibb, Walker, & Powers, 2019; DuBois, Powers, Everett, & Juster, 2017; Holt, Huit, et al., 2019; Price, Puckett, & Mocarski, 2020; J. Puckett, 2020; J. A. Puckett, Levitt, Horne, & Hayes-Skelton, 2015; J. A. Puckett, Zachary DuBois, McNeill, & Hanson, 2020). Therefore, the overriding goals of the SPC study center on constructing research and research practices that resist persistent hegemonic attempts to undermine and erase TGD identity.

Within the dominant health structures of the U.S. there are no gender norms outside of the cis-binary. The SPC study was created in order to counter this persistent othering of TGD people and build upon the concrete and immediate health needs of TGD communities. Thus, the SPC study is a means of advocating for the TGD community by exploring how place and sociopolitical events relate to health, wellbeing, and resilience for TGD people. My dissertation is an analysis of the ways in which critical rhetoric functions within these larger community-engaged health studies and to present different avenues of exploration available to critical rhetorical scholars within interdisciplinary, longitudinal health studies. In analyzing the SPC study and the construction of knowledge surrounding TGD stress and resilience, I explore the possibilities for critical rhetoric in resistive, community-engaged, health research.

### **Critical Ideology and Materialism**

In community-engaged health research, critical rhetorical inquiry has the potential to contribute to bridging the gap between health research and health-disparate communities by working to challenge the historic discourses of power surrounding health and sociopolitical stigmatization, but has thus far been largely absent from this form of interdisciplinary health research. As Cloud (2020) argues, “the project of counterhegemonic struggle requires timely rhetorical intervention in both immediate and ideological contexts” (p. 835), focusing the work of critical rhetoric away from the purely theoretical and into the realm of practice and materiality. Cloud’s (1994, 1999, 2006, 2018, 2020) work in critical rhetorical scholarship recognizes the divide between critical scholarship and lived, embodied experiences of disadvantaged communities. Through a Marxist and Gramscian perspective, Cloud stresses the need for material advocacy paired with the ideological work of rhetorical scholars. This dissertation is a means of melding ideological critical rhetorical scholarship to the material,

demonstrating potential pathways for critical rhetorical scholars to delve into health research and community engagement practices, and analyzing the critical rhetorical discourse inherent within these large-scale health studies. Critical rhetorical scholarship through community-centered health research has the potential to unite ideological scholarship with community experience and need, particularly as stigmatization of TGD people continues in political and social arenas.

In the current political climate, increased stigmatization of TGD people has made fighting systemic stigmatization increasingly difficult. Since the election of former President Donald Trump, there has been an increase in cissexist rhetoric and policies that have directly attacked TGD communities. Bathroom laws have barred people from using bathrooms that do not match the gender on their birth certificate, transgender people have been banned from military service, and states across the U.S. have implemented house bills designed to prevent minors from accessing gender affirming medical (Ciszek & Rodriguez, 2020; DuBois et al., 2020; Gonzalez, Ramirez, & Galupo, 2018; Jones, 2020). These policies and regulations on TGD people increase the vocalized and enacted stigmatization of TGD identity (Bockting et al., 2013; Gonzalez et al., 2018; Holt, Hope, Mocarski, Meyer, et al., 2019). Right-Wing, anti-trans political actions and cissexist rhetoric directly impact TGD people's mental health and resiliency as Trump's incendiary rhetoric and trigger-happy twitter fingers spewed propagandic anti-trans messages into the public sphere. This volatile cissexist rhetoric has emboldened and validated the stigmatization and oppression of TGD people that has been around for decades. The cissexist sentimentality is further reinforced by laws and regulations put in place that prevent TGD people from accessing the resources they need to successfully transition and live without fear of violence for their gender identity.

TGD identity has become a battleground of political and social regulations as healthcare systems and practices are based in the ideology of dominant political discourse (Brier, 2009; J. Butler, 2011; C. Condit, 2019; C. M. Condit, 2018, 2020; Fausto-Sterling, 2020; Foucault, 1990). Medicine and medical gatekeeping have long been instruments of regulating individual identity and justifying the subjugation and rejection of marginalized people (J. Butler, 1990; C. M. Condit, 2008, 2018; Fausto-Sterling, 2020; Holt, Hope, Mocarski, Meyer, et al., 2019; Ioannoni, 2020; Jordan, 2004; Manion, 2020; H. M. Meyer et al., 2019; Solomon, 1985). These dynamics of power and oppression infiltrate all layers of the United States healthcare system and contribute to marginalized stress and negative health disparities of TGD people, structuring the sociopolitical environment TGD communities must wade through (Bauer et al., 2009; I. Meyer, 2013; I. H. Meyer, 2003). Therefore, when approaching the study of TGD identity, critical rhetoric scholars must identify the web of power and oppression that influence political regulation and health practices toward marginalized communities, how these power matrixes impact the material experiences of TGD people, and how TGD communities are resisting these oppressive forces. The TGD body is stuck in the crossfire of political discourse and systemic oppression, as TGD people and allies fight for TGD rights, often gaining one step forward, only to have cissexist politicians on both the federal and state level force them two steps back. The means through which researchers and scholars approach the study of TGD identity and health is, generally speaking, grounded in these same discourses of power and identity (C. M. Condit, 2018; Link, 2017). The history of erasure and rejection of TGD people is inherent within the political, social, and medical systems in place throughout the United States, therefore research that seeks to serve the TGD community must grapple with these hegemonic structural forces that continue to assert TGD identity as outside of the normative (Joyrich, 2014; Mocarski et al., 2019;

Namaste, 2000; Wilkerson, 2012). The SPC study has taken large strides in battling these systems of erasure and oppression by centering TGD voices and experiences throughout all aspects of the SPC study, and demonstrates research methods and practices that deconstruct these hierarchies of power and oppression between TGD community, researchers, and health practitioners.

This dissertation explores TGD embodied identity and health research practices, as TGD identity is situated at a crossroads between the history of oppression and erasure of TGD people and the resilience and autonomy that TGD communities continue to demonstrate when faced with these oppressive forces. This dissertation analyzes the ways in which critical rhetoric functions within an interdisciplinary, community-engaged study. As a critical rhetorical scholar working within an interdisciplinary study on the resilience of TGD communities within sociopolitical context (the SPC study), this dissertation employs qualitative, rhetorical, and critical autoethnographic methodologies in order to demonstrate critical rhetorical systems within large-scale interdisciplinary qualitative and quantitative health-based research. In analyzing critical rhetoric within community-engaged health research, this dissertation serves as an exploration of the ways in which the SPC study engages the systems of power within health research, and has the potential to expand the field of critical rhetoric toward identifying and reinforcing affirming and resistive health research practices through material and ideological bodies of knowledge.

### **A Case for Case Studies: The SPC Study and Methods of Analysis**

The SPC study is a multi-site, interdisciplinary collaborative project examining the stress and resilience of TGD people in relation to contextual factors such as place, politics, and media and news events throughout the United States. Drawing on collection of biomarkers and the use

of the allostatic load model to reflect the physiological effects of stress (DuBois et al., 2020; Juster, McEwen, & Lupien, 2010), in congruence with qualitative interviews and monthly surveys, the SPC study utilizes a mixed-methodological approach to TGD health and resilience in the face of stigmatization and oppression by hegemonic political, medical, and social forces. Beginning in October 2019, the span of the study stretches a year with a projected end in March 2021 and includes the 2020 presidential and local elections, the ongoing COVID-19 pandemic, and other major political and social events throughout the United States such as the murder of George Floyd and subsequent Black Lives Matter protests, riots at the capitol, and the roll out of COVID-19 vaccinations in the midst of ever-rising infection rates. Data collection sites at the University of Nebraska, Michigan State University, the University of Oregon, and the University of Tennessee, are collecting qualitative data, quantitative data, and biomarkers in order to measure the impacts of sociopolitical events on the stress and resilience of TGD people. Each site has conducted first-wave qualitative interviews, measured primary biomarkers of saliva, blood, height, and weight, and will incorporate social scientific surveys of between 35-47 participants per site (158 participants total across all sites). Over the course of a year (beginning in October 2019 and with an expected completion date in March 2021), participants will be asked to fill out monthly online surveys pertaining to stress, coping mechanisms, resilience, and specific events and media that impact daily life as a TGD person. Participants will then be brought back in for final follow-up surveys, interviews, and biomarker data collection.

Designed and lead by TGD scholars in the fields of anthropology and psychology (Drs. Zachary DuBois and Jae Puckett), the SPC study was conceived in response to the historic abuse and erasure of TGD people within hegemonic power structures, and therefore the construction of this project was done with the goal of addressing the direct needs of TGD communities within a

supportive and gender affirming research process. Community engagement and voice is embedded throughout the construction and realization of this study through the TGD scholars on the research teams, as well as through direct discourse with the TGD community research advisory board located in Nebraska that regularly works with the team based at the University of Nebraska. This dissertation and my research within the SPC study demonstrates potential directions of critical rhetorical research and practice within multi-site, interdisciplinary community-engaged health studies, and an exploration of how researchers can work to bridge the gap between research and the community. Engaging and working within large-scale community-oriented health research opens new means of analyzing critical rhetorical discourse and engaging in critical rhetorical research that explores the junction of identity construction, conception, and performance in sociopolitical environ, with the physiological processes and material consequences of stigma and stress on the body. This dissertation presents an analysis of engaging large data sets through critical rhetorical discourse and inquiry in order to bring together the ideological and material nature of the construction of the body and the self in health research practices.

In order to allow for an in-depth analysis of how critical rhetoric operates within certain aspects of the SPC study, this dissertation focuses on the first wave, introductory data collected from the Nebraska site as I work as part of the Nebraska team through my connection to the Nebraska lead researchers, Drs. Richard MocarSKI and Deborah Hope. This data was collected between October 2019 and March 2020. Data collection for the first wave was largely completed before the initial shutdowns due to COVID-19. In the evaluation of certain methodological processes and rhetorical analysis of quantitative data, I draw upon the training manuals, constructed protocols, and personal discussions with the primary investigators in order to

examine the process of creating meaningful health data that is recognizable within dominant health systems while remaining committed to centering the TGD community. Through the personal reflection of my role within TGD studies, examination of the processes of biomarker collection, and an examination of the personal coming out narratives present within the first-round Nebraska site interviews, this dissertation explores the function of critical rhetoric and community engagement in interdisciplinary, mixed methodological studies, as well as the collected data and interviews. This dissertation focuses on the development and initial implementation of the SPC study, looking at the preliminary biomarker data and first round of interviews in order to investigate the critical rhetorical discourse and the role of critical rhetoric research in longitudinal, interdisciplinary, big-data health studies.

Through theoretical approaches of autoethnography, rhetoric of the body, and narrative, this dissertation serves to analyze critical rhetoric in resistive health research through discourses of hegemonic power and personal identity across the body of TGD people. My dissertation draws on my positionality as a social constructionist, critical rhetorical scholar, within a mixed methodological, interdisciplinary health study, analyzing the importance of community engagement and embodied experience in order to avoid silencing and further marginalizing the voices and lived experiences of TGD peoples.

I approach the national SPC study of stress and resilience through three case studies employing different methods of analysis and theoretical underpinnings in order to piece together the variety of ways in which critical rhetorical practices operate in these health studies. Each of these case studies brings to light a different fragment of the overall SPC study (first wave) pulling together the means through which critical rhetoric engages in community-centered health research through autoethnographic reflexivity, an examination of the processes of biomarker data

collection and rhetoricity of bodies, and gender disclosure narratives from participant interviews. Each of these case studies spotlights a different application of critical rhetorical inquiry within the study of TGD health and stigmatization. The three case studies represent different aspects of the SPC study data collection and the role of critical rhetoric within each stage of the SPC study. Each of these case studies presents an analysis of the myriad of hegemonic forces that influence the research surrounding TGD stigma and identity.

The first case study is a critical autoethnography on the process of researching marginalized groups of which I am not a member. Drawing on autoethnographic methodologies of personal narrative and critical self-reflexivity, this section offers a personal critique and analysis of my place as a cisgender, white, heterosexual critical rhetorical scholar, researching TGD identity, communication, and health. As someone outside of the TGD community, and in a position of relative power within the hegemonic ordering, I strive to represent the lived experience and authentic voices of TGD people. This section is a critical analysis of my own process of research engagement and interpretation as I come to terms with my privilege and shortcomings in my TGD research.

The second case study analyzes the process of collecting biomarker data and health research practices seeking to decenter cisgender bodies as the norm. This chapter looks specifically at the conceptualization of the study as research of resistance and the constructed procedures and methods put into place in order to center the physical and symbolic aspects of the TGD body within biomarker data collection and health data sense-making.

The third and final case study is an analysis of personal narratives of gender disclosure and coming out that developed in the Nebraska site participant interviews. This chapter looks specifically at the intersection of gender disclosure and coming out narratives with the physical

and representational transition process. The body is fluid and ever changing, especially as individuals seek out different aspects of gender transition, therefore authority over the sharing of gender identity is not always within the control of the individual.

By incorporating qualitative and quantitative data into critical rhetoric scholarship, this dissertation seeks to bring together social sciences, health sciences, and critical rhetorical studies to construct a more holistic picture of contemporary TGD community needs and health research practices. Moriarty (2019) argues that case studies are instrumental in the rhetoric of science research as they allow for specific in-depth analysis. Especially in regard to mixed-methods interdisciplinary studies, case studies allow the cross-analysis of quantitative data to be “qualitized” and qualitative data to be “quantitized,” in order to “extract meaning from the data sets that might otherwise be hidden” (Kitchenham, 2012, p. 562). Utilizing critical rhetorical analysis within case study evaluation shifts understanding of large-scaled research initiatives by contextualizing the meaning that is brought forth (Prelli, 2013, p. 6). Rhetorical theories are central to the analysis and evaluation of the “sociopolitical landscape” and are generally more widely accessible in the array of research contexts in which they can be applied (Moriarty et al., 2019, p. 312). For my dissertation, breaking down the myriad of data processes into case studies offers a means through which to incorporate and analyze critical rhetorical discourse and practice within mixed-methods, interdisciplinary health research from differing perspectives and theoretical groundings as each case study reveals a fragment of the larger whole.

In the following chapters, I first ground my dissertation research and epistemological lens within critical rhetorical scholarship through the centrality of the body and embodied self. I will then apply theories of autoethnography, rhetoric of the body, and narrative to the different elements of the SPC first wave data and processes, resulting in three in-depth case studies of

critical rhetoric within the larger SPC study: 1) Critical autoethnographic reflection of my work in TGD critical rhetorical studies, 2) Physiological and ideological bodies within biomarker data collection, and 3) Negotiation of personal gender identity within coming out narratives. Each of these chapters will expand upon prior research that has been done and the critical rhetoric inherent within these differing methods of scholarship. Throughout these case studies run themes of power, identity, and the body, demonstrating the inherent presence of critical rhetorical discourses in analyzing the voice and lived materiality of TGD communities represented within the construction of knowledge. The purpose of this dissertation is to situate critical rhetoric within interdisciplinary, large scale health research and evaluate potential processes for researchers in constructing and conducting ethically sound TGD affirming and supportive research.

## CHAPTER 2:

### GROUNDING CRITICAL RHETORIC AND COMMUNITY ENGAGEMENT

Each of the case studies in this dissertation serve to demonstrate the utilization of critical rhetoric and community-oriented techniques throughout divergent methodologies of data collection and implementation, in relation to health research of TGD people. Formatting this dissertation through three case studies allows for an analysis of the aspects of conjoining the material embodied self with the ideological workings of stress, resilience, and sociopolitical context, as researchers design and implement studies of the dynamic political, social, and medical regulations placed upon TGD people. The artifact for this dissertation, therefore, is both the process of data collection and analysis of the data collected in the SPC study. As an interdisciplinary research initiative, the SPC study demonstrates an incorporation of different epistemological and ontological approaches to the study of TGD health and resilience.

Health research within the United States and the West as a whole has a history of colonizing and othering those who do not fit within the hegemonic ideals of health (Dutta et al., 2019; Smith, 2013). Through medical assertions of biological sex as a gender binary (Fausto-Sterling, 2020; Manion, 2020), eugenicist studies on race and genetics (C. M. Condit, 2008), the medicalization of sexuality and bio-politics (Foucault, 1990), abusive studies such as the Tuskegee project (Solomon, 1985), among others, health research regularly serves as a means of reinforcing and justifying political and social definitions of normalcy (construed as white, largely male, heterosexual, cisgender, with a high socioeconomic status), and the subsequent oppression and stigmatization of those outside of this norm. Within these health studies, critical rhetoric

operates as a means of marrying the symbolic aspects of personal identification, gender performance and expression, and the abstract body with the material physiological effects of systems of power and oppression at work within our social, political, and health systems. Critical rhetoric has the potential to map the sociocultural and political vectors of power and oppression within these discourses both as they interact on the conceptual and physiological levels. Within these studies critical rhetoric contributes to the analysis of the connection between the symbolic discourses of power and identity, and the material lived experiences of oppression and health disparity.

As TGD people have been historically silenced and erased from health care research (Bauer et al., 2009), there is often little trust between TGD people and health researchers (Namaste, 2000). By centering the TGD community in the construction and development of research projects, the SPC researchers and scholars work to ensure that the study itself does not rest on false assumptions and cissexist norms of health and identity. Through the efforts of Drs. DuBois and Puckett, the SPC study in particular seeks to directly counter these cissexist health norms that assert the cis-gender body as the ideal health, othering and erasing the validity of those who identify outside of the cis-gender binary.

### **Critical Rhetoric: Ideological and Material Power**

Critical rhetoric is uniquely positioned as an epistemological grounding as the purpose of critical rhetoric is to “unmask and demystify discourses of power” (McKerrow, 1989, p. 91). Within his work on the “Critical Rhetoric: Theory and Practice,” McKerrow (1989) argues that the role of critical rhetoric is “to understand the integration of power/knowledge in society- what possibilities for change the integration invites or inhibits and what intervention strategies might be considered appropriate to effect social change” (p. 91). Drawing from Foucault’s (Foucault,

1978, 1980, 1982) analysis of discourses of power and repression, McKerrow (1989) develops a dual criticism of Power and Freedom, arguing that the goal of the critic should be the construction of a world in which no one “people” or “class” is privileged over the other through discursive power, and asserting critique as “transformative.” Employing Foucault’s utilization of power embedded within systemic relations, power is entrenched in social engagement and action through interweaving relations woven into the fabric of hegemonic discourse and social identity (Foucault, 1982, 1990). McKerrow (1989) then argues rhetoric and critical public discourse upend social hierarchies by creating new, more egalitarian social configurations and practices (p. 100). Critical rhetoric as a function seeks to resist the systemic forces of power and oppression and construct liberatory practices that disassemble these systems of subjugation.

This definition of critical rhetoric as a tool for social transformation has garnered criticism from other scholars within the field for its overemphasis on symbolic action. Biesecker (1992) and Cloud (1994) in particular have spoken out against McKerrow’s interpretation of Foucault’s systems of power and freedom. Both scholars critique McKerrow’s assertion that it is through critical rhetoric in and of itself that social change takes place. As Biesecker (1992) states,

I am somewhat confused by [McKerrow’s] claim that it is out of shared knowledge delivered to the audience by the rhetorician that the collective desire and power to contest forces of domination arises. It seems to me that much of Foucault’s work is geared toward uprooting the very notion that it is in knowledge and speech that our liberation hangs in the balance. (p. 353)

For Biesecker, critical rhetoric has been limited by the polarization of power and resistance, and this narrow conceptualization of Foucault’s work. Resistance and power are not at odds and do

not form two ends of a spectrum, but instead resistance is inherent within articulations of power, and vice-versa. Within this understanding of resistance, critical rhetoricians are not the creators of resistance, but instead make these forces of resistance visible and perpetuate them throughout constructed systems of power. Conceived and developed as a means of “research as resistance,” the SPC study opens up new possibilities of how critical rhetoric operates within these discourses of resistance and power, especially within health contexts. As the SPC study incorporates mixed methodologies of biomarker collection, quantitative surveys, and qualitative interviews, the SPC study seeks to bring together the sociocultural events with physiological effect. Through this interdisciplinary, mixed-methodological approach to stress and resilience, the sociocultural becomes material as it is mapped out across the physiological systems of TGD bodies. Critical rhetoric is inherent within this process of meaning making, as environmental sociopolitical forces are interpolated within both the symbolic nature of personal identity and expression as well as the physiological processes of the body and embodied experience. This process is intrinsically rhetorical as the body itself disseminates and responds to external forces of stress and resilience, stigma and support, and makes meaning out of them through physiological and conceptual response.

Throughout her work in critical rhetorical scholarship, Cloud (1994, 1999, 2006, 2018, 2020) argues for the incorporation of material, class-based disparities within the critiques of systems of power and oppression. Drawing from Marxist and Gramscian schools of thought, Cloud warns against the definition of critical rhetoric as a purely ideological critique as it is presented by McKerrow (1989, 2013, 2015), McGee (1990), and Ono and Sloop (1992). She asserts that while ideological criticism is important and necessary in identifying systems of power and oppression, scholars cannot “sacrifice the notions of practical truth, bodily reality, and

material oppression to the tendency to render all of experience discursive” and should instead “herald the activist turn [...] to retain notions of the real; of the material; and of the structured, stable, and dominating.” (D. L. Cloud, 1994, p. 153). Over the years, Cloud has consistently argued that critical rhetorical scholars in particular should not lose sight of the material lives of the oppressed, or overestimate the ability of symbolic intervention to rearticulate worldly power relations. Cloud’s conceptualization of the role of the critical rhetorician stresses the necessity of tying the material to the ideological toward lived advocacy when critiquing systems of power. For Cloud (2020), these hierarchies are based within the capitalist class structures that infiltrate all aspects of American culture and oppression. Only through an engagement with the real, material conditions can critical rhetoric serve as a tool in advocating for change.

Condit’s (2008, 2011, 2018, 2020) work moves critical rhetoric into the realm of science and health. In her health rhetoric scholarship, Condit (2008, 2011, 2018, 2020) demonstrates the role of rhetoric within the discourse surrounding DNA and the human genome. Within Condit’s work, critical rhetoric within science and health seeks to identify oppressive systems and, furthermore, propose a means of changing these oppressive cycles (C. M. Condit, 2018). For Condit (2020) critical rhetoric is a means of recognizing these systems of power, as well as the duality of power and oppression inherent within medical knowledge and assertions of scientific *truth*. Employing critical rhetorical analysis as epistemic allows for a recognition of the ways in which systemic discourses of power construct social realities, generating social knowledge and action (Scott, 1967). Therefore, critical rhetoric functions as an ideal lens through which to engage in the social sciences, quantitative, and qualitative research because it serves to identify the symbolic and material vectors of power as they impact the construction and interpretation of

data and health. Condit's (2001) work demonstrates the necessity of rhetorical scholarship analyzing the discourses of health and medicine.

Pairing Condit's health rhetoric with Cloud's critique of the critical rhetorician, critical rhetoric within medicine then becomes a joining together of the ideological analysis of disparate discourses surrounding the body and medicalized self with the material impacts of medical gatekeeping and oppression on marginalized communities. Through an argument for a phronetic approach to the COVID-19 crisis and knowledge consumption, Condit (2020) argues for the importance of a complimentary relationship that "integrates ideological, discursive, biobehavioral, and medical inputs" (p. 260). Condit's argument draws from Foucault's (1990) "machinery of power" which integrates and aggregates the ideological within the medical, asserting the ways in which health and medical research has historically served as a means of controlling and asserting power. Foucault's (1990) "machinery of power" offers "an analytical, visible, and permanent reality" that is "implanted in bodies, slipped in beneath modes of conduct, made into a principle of classification and intelligibility" in order to construct "a natural order of disorder" (p. 44). Through his construction of bio-politics, Foucault explains the ways in which political and dominant forces utilize the body as a means of regulation and control through the construction of scientific truth. By disciplining and regulating the body through definitions of health and reproduction as a means of social stratification, "the deployments of power are directly connected to the body" (Foucault, 1990, p. 151). Within health discourse, power operates through the construction of normalization and the systemic reification of this constructed norm (Foucault, 1990, p. 144). What Condit (2020), Cloud (2020), and Foucault (1990) all demonstrate is the need to bring together and incorporate ideological critique *with*

material practices and effects of the imbedded hierarchies of normativity and power throughout health and medical research and meaning making.

### **Community Engagement and the Body**

The SPC study seeks to employ gender affirming methods of data collection and analysis in order to center the focus of the study on changing social and political stigmatization of TGD people. To further centralize the needs of TGD communities within the SPC study, researchers at the Nebraska site employed a community-based participatory research (CBPR) approach throughout various stages of the project design and data collection process (Mocarski et al., 2020; N. Wallerstein & Duran, 2010; N. B. Wallerstein & Duran, 2006; Xia, Stone, Hoffman, & Klappa, 2016). Working with a local research advisory board made up of TGD people from throughout the Nebraska communities, the SPC Nebraska team worked through the initial plans for the SPC study in order to get feedback from their community partners. The goal of CBPR research is to combine knowledge with social action to improve health and lessen health disparities, especially within marginalized and “at risk” communities (Minkler & Wallerstein, 2011; Strand, Cutforth, Stoecker, Marullo, & Donohue, 2003; N. Wallerstein & Duran, 2010; Wilson, Kenny, & Dickson-Swift, 2018; Xia et al., 2016). This method is contingent upon equitable partnerships between researchers and community stakeholders, aiming to create research practices and analysis that privilege the lived experiences and voice of the community rather than researchers projecting their interpretation of the social realities of oppression onto the community. Although the Nebraska site is the only portion of the SPC study directly based in CBPR methodology, the overall study is centered upon community advocacy through the lived experiences of the primary investigators and their prior research with TGD communities

(Dubois, 2012; DuBois, 2012a; DuBois et al., 2020; Dubois et al., 2019; DuBois et al., 2017; Price et al., 2020; J. A. Puckett et al., 2015; J. A. Puckett et al., 2020).

In order to identify and incorporate otherwise hidden voices, the Nebraska research team works directly with the community to ensure that the research and practices of the scholars are not furthering hegemonic erasure and denial of those that are silenced by dominant societal structures. This outcome can only be attained through self-reflection and mutual dialogue toward challenging personal subject positions and identities, therefore it is necessary for the researcher/scholar to situate themselves and their identity within the research. As Fernández (2018) argues,

a researcher's embodied subjectivities, defined by the levied experiences, identities, and positionalities felt and expressed through the body of the researcher can shape the research process. Therefore, documenting how embodied subjectivities surface in relation to research communities and contexts can help guide the development of more holistic community [research] competencies. (p. 222)

Through the enactment of self-reflection and community engagement, the goal of community-engaged research and CBPR is to create research that is applied to social justice initiatives that directly benefit the affected communities. Viswanathan et al. (2004) explain CBPR as collaborative research designed to involve participation by communities affected by the issue being studied. The procedural models for CBPR are subjective and influx, as different scholars and researchers advocate for different means of equitable community engagement within the research process. However, what these different procedural approaches come down to is a recognition of the ways in which different communities and researchers must modify and interact differently based on the history of the community with prior researchers, the makeup of the

research teams in relation to the community, and other social, political, and environmental factors that will shift the interactions and ability to engage directly with the community throughout the process of knowledge creation.

Within broader discourse of critical rhetoric and the evolution of critical rhetorical practice, participatory critical rhetoric has taken strides to incorporate community voice and lived experiences into critical rhetorical analysis. Bringing together material and ideological elements of criticism, participatory critical rhetoric calls for the physical engagement with the communities that they are studying. Michael Middleton, Aaron Hess, Danielle Endres, and Samantha Senda-Cook developed a definition of participatory critical rhetoric, shifting the study of critical rhetoric away from a static individual study of a text and into the arena of participation and field engagement (Hess, 2011; Hess, Senda-Cook, Endres, & Middleton, 2020; Middleton et al., 2011). Drawing from McGee's (1990) definition of rhetoric as fragments to be collected and put together to form a more complete truth, participatory critical rhetoric asserts the need to incorporate embodied and lived experience within the research and analysis practices of rhetorical scholarship. As Hess (2011) explains, participatory critical research examines "the socially and locally situated judgements of vernacular or outlaw discourses as they contribute to their own material and discursive realities" (p. 128). Participatory critical rhetoric allows scholars to work with and within marginalized and systematically denied interactions in order to learn how these identities structure lived realities. In the SPC study, scholars from the Nebraska site have begun the process of tying critical rhetorical methodology with community-engaged health research in their prior work, bringing this congruence to the SPC study as a whole (Mocarski et al., 2020). The SPC study seeks to explore how stress and resilience are tied to the sociopolitical and geographic context in which participants live. Drawing from participatory

critical rhetoric and community-engaged processes, TGD identity is inherently tied to the physical and biological embodiment of gender performance, as dominant culture historically rejects and denies gender variance or diversity. In the SPC study, the primary tenants in conceptualizing and creating protocols, data collection practices, and developing research have centered on the access, comfort, and needs of the TGD people within their geographic and sociopolitical context (J. Puckett & Dubois, 2021). For each site in which data is being collected, there are different methods for employing community engagement into the research process.

Incorporating community-centered practices into the different levels of the SPC study necessitates a recognition of the processes of biomarker data collection and physiological measures of stress, and the history of systemic oppression and regulation that has worked to erase TGD people and communities within clinical settings. Collecting and measuring biomarkers situates symbolic and subjective meaning within physiological systems. Biomarker data and calculation of allostatic load involves centering the physiological processes of the body in relation to the external esoteric influences of stress and resilience within sociopolitical context. In essence, the measurement of biomarkers and calculation of allostatic load serves to quantify and measure mood and emotion within physiological systems. Researchers throughout the SPC study grapple with questions surrounding quantitative subjectivity of value and meaning-making within numerical health data and knowledge sharing.

The body, and by extension the self, is situated along numerical value systems in congruence with the biomarkers of others. This process is inherently rhetorical in nature as elements of the body are *textualized* into specific health identity markers (Lyne, 2001). The resulting markers then shift the construction of the person within the realm of the health and social consequence, connecting the individual body into the mapping of others with similar

readings. The physiological reading of the body structures the living breathing body and “textualizes” the readings and “coding” of the body, labeling and defining the body in relation to others (Lyne, 2001). The biomarker collection process and calculation of allostatic load aggregates the personal into the numerical, shifting identity of the body to the labels of physiological consequence. The body serves as a rhetorical artifact as the identity of the physiological body inherently changes the reading of the personal body as health data are prescribed with subjective cultural ideals and imbued with hegemonic assertions of the normative healthy body (J. Butler, 2011; S. Butler & Bissell, 2015; Chávez, 2018; Ioannoni, 2020; Jordan, 2004; Shoveller & Johnson, 2006; Teston, 2016). According to Keränen (2014), health discourses are “the result of complex sets of interacting rhetorical performances that bridge public, private, institutional, and technical concerns” (p. 104). Drawing from Edbauer’s (2005) elaboration of the affective ecologies of rhetorics, Keränen’s work demonstrates the importance of rhetorical analysis in health research, as these affective ecologies of rhetoric bring forth divergent and overlapping symbolic meaning within a study of the human physiological text.

Bodies move in social and political discourses, as they both exist in a physical space as barrier and argument, while they are also contextualized within the surrounding political and social systems of power (Achter, 2010; Bordo, 1993; J. Butler, 1990, 2011; Chávez, 2018; DeLuca, 1999). Bodies therefore represent a space of rhetorical action that resist and conform to hegemonic systems of power (Foucault, 1990). The body acts as both a material and ideological source of the duality of conforming to and resisting cissexist definitions of gender and identity (DeChaine, 1997), as these bodies manifest the battleground of social, medical, and political articulations of normalcy and being. TGD bodies are situated within hegemonic discourse both

as a physical embodiment of TGD identity and also as metaphorical and ideological assertions of gender and health. The strength of critical rhetorical discourse in the realm of health lies in its pulling together the disparate fragments of symbolic meaning (McGee, 1990) and situational ecologies of influence (Edbauer, 2005), into a comprehensive examination of the multifaceted artifact, in this case, the different methodological aspects of the SPC study. In the following chapters, I will analyze the critical rhetorical discourses at work throughout the SPC study, by building upon the history of critical rhetorical scholarship surrounding the rhetoric of the body and ideological criticism and material practice. The community-engaged methodology and resistive nature of the SPC study demonstrate the negotiations of abstract and actual consequences of stress and resilience throughout TGD identity and body.

## CHAPTER 3:

### “BUT, WHY TRANSGENDER RESEARCH?”: A CRITICAL AUTOETHNOGRAPHY OF A CIS-SCHOLAR IN TRANSGENDER RESEARCH

#### **Introduction**

With a somewhat incredulous eye, Dr. Orlando<sup>1</sup> eyed me over their plastic cup of wine and asked the weighted question: “What drew you to trans research?”

Facing Dr. Orlando in a crowded room at the Marriott conference center in Salt Lake City, Utah, this was not the first time I had been asked this question, and it certainly won't be the last. I have answered this question for TGD community leaders, health scholars and co-researchers of varying gender identities, and to friends and acquaintances that are more deeply involved in Trans and Queer activism. Over time I have felt more confident in my ability to answer this uncertainty, but the fear of disappointing the person always gives me pause and entices me to reflect upon my answer.

This question is both one that I love to answer and one that I dread being asked. It is a calling out of my cis-, hetero-, privilege, and requires a resolve within my sense of self as a scholar that is often difficult to grasp or reconcile. In his essay on queer reflexivity, McDonald (2013) explores many of the general questions of “identity matching” in research, especially pertaining to gender and sexual marginalized participant groups. Through the exploration of his

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<sup>1</sup> I shall refer to this person as Dr. Orlando with they/them pronouns. While this is a specific conversation that took place at the NCA 2018 conference, it is a conversation that I have had many times over the last few years with a variety of scholars and community members of different gender identities. Therefore, this conversation is representative of many conversations. Dr. Orlando presents the symbolic embodiment of a diverse array of people and genders.

process of coming to terms with his sexuality and the fluidity of personal identity, he argues that “by temporally situating our reflexivity as embodied researchers, we can better understand how the shifting nature of identities and experiences matter in the field” (McDonald, 2013, p. 128). The question of “Why do you do Transgender studies?” forces me as a researcher to continuously situate my social, gender identity within my research, and my shifting perception of TGD people and their needs as heterogenous, not monolithic.

This question offers a double reading: there is the first, “Why do transgender studies matter?”, and the second, which I explore more deeply in this autoethnography, “Why do *you* do transgender studies?”. For me these two questions often go hand in hand. Why do I do transgender studies? Well because they matter. And why do they matter? Because we are all constrained by the gender constructs within which we are forced to navigate. The strict delineation of gender as a binary determined by the dominantly visible sexual organs at birth places upon each of us strict expectations and roles within our social environs that begin at the point the gender is assigned in the womb or at birth (Fausto-Sterling, 2020). These gendered expectations surround all of us from the moment we come into the world, to the moment we come out of it.

As a cisgender woman growing up in the south, these gendered expectations have pressed upon me from a young age. I have always been blonde and tall, an awkward giraffe throughout most of my childhood, too tall to be recognized as my young age, and too awkward to be anything but. My blonde hair placed me in the un-warranted category of bombshell from the age of about five onwards. I was my grandmother’s favorite granddaughter because I was the only one with blonde hair. All this is not me trying to assert my physical superiority or beauty, on the contrary I have historically been cripplingly insecure and the external focus on my physical

appearance trained me from youth that physical beauty is something to be desired and to foster. Rather the labelling of my body as desirable, if not skinny enough, from those around me has made me hyper aware of both the hegemonic elements that label it desirable, as well as my inability to be the perfect embodiment of beauty that I see in my mind. Since I was little, being called pretty or beautiful was the compliment I craved and still seek, despite the rational part of my mind shouting that it shouldn't matter. As busty blonde woman, I constantly feel the need to prove my intelligence, to separate myself from the dominant blonde image of the bimbo that is "DTF" (Down to F\*\*k). It wasn't until I was in my early twenties that I finally began to believe that I am in fact smart. My gender identity and the label of girl reinforced the importance of beauty, desirability to men second, intelligence... somewhere far down the list.

In fourth grade, despite my all-A report card, my female math teacher told me and the other girls on her math team that we were not as naturally smart as the boys. "It's just science. You can't help it. You won't do as well in the competitions as the boys. Therefore, we will place Ernest and Scott in the speed rounds where they can win us the most points for the team." Well, I wasn't the best on our team, but I certainly did better than Ernest if not Scott. The first time I won an individual trophy for highest score on the math tournament exam, this teacher implied that there was probably a grading error and that I shouldn't get used to it. From fourth grade onward, I continued to believe that I was not really very good at math, despite all evidence to the contrary. I just didn't have that "natural" ability.

This is a very specific example, but these instances of teachers, mentors, parents, and peers reinforcing gender tropes and stereotypes, even seemingly innocuous and disproven, continue to create barriers to success. It may be scientifically accepted that certain brain functioning increases spatial awareness and by extension more natural skills in math or certain

sciences, but dictating that this means that “women” (in cis-centric terms) are just not good at math, is not only wrong, but cruel. Transgender studies is a means of both tangibly breaking down these constructs of cis-gender male vs. female, disproving the binary, and demonstrating the negative influences the gender binary and hegemonic gender tropes have on all of us (Currah, 2008; Amber L Johnson & LeMaster, 2020; Stryker, 2007). Furthermore, by improving health care and living conditions for TGD people, we are inherently improving health care and living conditions for everyone by creating a more inclusive world (Bauer et al., 2009).

As someone that likes to think of themselves as a developing critical and rhetorical scholar, I recognize that my sense of self and lived experiences impact my selection of the projects I work on, and influence my perceptions of how my knowledge and research is constructed. Fernández (2018) explains, “a researcher’s embodied subjectivities, defined by the lived experiences, identities, and positionalities felt and expressed through the body of the researcher can shape the research process” (p. 222). As a white cisgender researcher in a position of relative power in the hegemonic ordering, it is necessary to situate myself within the research and reflect upon the shifting dynamics of social and political power that are inherent in the researcher-participant-community relationship.

My conception of myself in my research and in relation to the TGD people that I work with has necessitated a continuous evaluation of my thoughts and actions as both a scholar and person. As a cis, hetero, white woman attempting to contribute to and engage with TGD communities and develop research that meets their needs and deficits in the field of communication, personal reflexivity of my social identity and self is vital in order to work against internalized assumptions or stereotypes that center a cisgender experience onto TGD people. As an academic field, communication scholars cannot place the onus of change on TGD

people to do this work alone especially when we know that oppression and stigmatization can have severe negative mental and physical health impacts on systematically marginalized individuals and communities (I. Meyer, 2013; I. H. Meyer, 2003). Thus, the process of writing and sharing my personal, storied experiences in doing TGD research will allow me and others to analyze the ways in which we are unknowingly complicit in the perpetuation of hegemonic norms that continue to other marginalized communities and center a cisgender identity and experience as the inherent norm.

Identifying and sharing my contributions to these hegemonic practices offers a means to break from this complicity and instead refocus both my research and positionality toward the breaking down of these hegemonic hierarchies of power. As an autoethnography of a critical rhetorical scholar, this personal narrative situates the functions of critical rhetoric in community-engaged health studies as a means of exploring the theoretical in the material practices of my research and self. By tying myself to the role of critical rhetorician, my personal narratives examine my material practices (or lack thereof as the case may sometimes be) in serving the TGD community throughout my academic journey from entering into communication as a field through to my involvement as a communication scholar in interdisciplinary, longitudinal health studies, such as the SPC study, a study of TGD resilience and stress in relation to sociopolitical events and context. Therefore, in this case study, I employ autoethnographic self-reflection to engage my personal experiences, and explore my situated self in TGD research.

My interest in TGD community-oriented research evolved from my prior work in community-based project development in a small village in Cameroon as a Peace Corps Volunteer. Although there are a number of flaws with the Peace Corps model and the white-savior mentality that comes with it, my time in the Peace Corps did instill in me an

understanding of the importance of community involvement with any research or project meant to serve that community. Peace Corps in and of itself fosters a white-savior or western-savior mentality in its volunteers, as it sends them into “underdeveloped” countries (including China) in order to “better” the community and living conditions for people there. While I greatly valued my time and experiences in the Peace Corps as they allowed me to travel and live somewhere that would have been inaccessible to me otherwise, the work itself stems from the Western notion that U.S. culture is the universal ideal model for all other countries to follow. However, it was my work in Cameroon with my girls club and girls health education programs that brought me to studies in gender equality and health. During the beginning semesters of my master’s degree, this focus in gender shifted away from studies about women’s empowerment and toward studies in transgender and gender diverse stigma and identity, as people cannot be truly *equal* until these false allocations of male vs. female are broken down.

**“But, why transgender studies?”**

“What do you research?” Dr. Orlando asked taking a sip of wine while expertly avoiding any sloshing from the squat plastic cup. I smiled, tucked a stray lock of my blonde hair behind my ear, and swiftly regurgitated my well-practiced answer to this question: “I study gender identity, representation, and health from a critical rhetorical lens, focusing on community-based participatory research in relation to transgender and gender diverse communities.”

As I trundled off my elevator-pitch research statement, I watched closely for their reaction, and the side-long glance that usually meant they were trying to ascertain from my physical appearance whether or not I was actually trans. From experience my research in TGD communication studies is met in one of three ways:

1. The vague “Oh! That’s nice”

2. The “Wow! You are doing such important work. You are such a strong and brave person.”

3. The “Why are you doing transgender studies?”

The first response is usually followed by a swift change in conversation as the speaker either has no idea what I’m talking about and doesn’t feel like delving further, or has no interest in opening this discussion. I don’t mind this. I love to talk about my research and work, but I am aware that it may not be of as great of interest for others, especially non-academics.

The second response is the “Wow! You are doing such important work!” and a slew of questions and praises of my courage and strength in doing research in such a controversial area for such a marginalized group who must really need more scholars like me. This response, usually from well-intentioned, genuinely interested cisgender people, makes me incredibly uncomfortable. It situates me in the position of crusader and savior of TGD people, placing me as the protagonist of my research, lifting up the poor and down-trodden others. While this is largely not the intention of this response, it mirrors too closely my history with white savior-ship from the Peace Corps and in academic research as whole (Smith, 2013). Therefore, while I appreciate that they are trying to commend me for working with an often ignored, erased, and abused community and subject matter, these responses slide across my skin as a slug of guilt and fraudulence trying to worm its way into my psyche and ego. I do not do this research to be commended or thought of as a “good person.” I do this research because, frankly, I enjoy it. I enjoy the people I meet, the opportunity to work with such a diverse and wide-spread group of people, the topics and projects that evolve from these people, and in the end, I am also, as are all of us, constrained by the gender scripts forced upon us since infancy. It’s difficult, but then really so is all research, and I relish the challenges this research presents. And while it is often

emotionally taxing and painful, I have the privilege to step away, step back and leave it on my desk and return to it another day. Others are not so lucky.

And then there's the third response, the critical and somewhat skeptical "But, why are you doing Transgender studies?" or "What lead you into transgender communication research?" Sounding seemingly innocuous, this third question is almost always a test of whether or not I am there for the right reasons. So many have pillaged and profited from this group over the years in the name of research, especially at the hands of white, cisgender researchers in a position of power, that it is only fair that I, someone who comes from so much privilege, should have to demonstrate whether or not this is a passing fad, something that will gain me rapid publication and notoriety, an easy group to target for personal gain, or if I am truly invested in and believe in the work I am doing. The hardest part here is that these two sides often go hand in hand. I do want to be published and become an established scholar within my field, however this is not a fad for me or in any way an easy area of study.

In answering Dr. Orlando's question of "What drew you to trans research?" I must begin with my gradual recognition of gender inequity and the coming to terms with my feminist and female gendered self. This conversation starts with my research in the Peace Corps. Prior to my time in the Peace Corps I had very little interest in the concept of *feminism* as I deemed it "unnecessarily controversial." I often feel the need to punch my younger self. As a Peace Corps education volunteer in Cameroon, I directed the majority of my time into creating and implementing gender equity and women's empowerment programs. For example, with the help of the other teachers at my school, I started a girls' club that met once a week and used fun activities and games to teach any interested girls about goal setting and achieving, nutrition, peer leadership, and sexual health.

While I stand by some of the work that I did and the relationships I built, the mentality of Peace Corps and my mentality entering into it has many problems, as a young white American coming into the small town of Bamena, Cameroon and asserting my Western notion of liberty and human rights in my community. I would like to say that I recognized this saviorism at the time for what it was, however while I often questioned the legitimacy and wisdom of 20-something year old, white, unexperienced, newly arrived me trying to tell the leaders of this town that they must stop corporal punishment in schools and empower the women of the community, I took very little time in questioning the “rightness” or “righteousness” of my beliefs or methods. In conducting Peace Corps developed programs such as “Men as Allies” that attempted to train men on how to empower women by trying to break down societal gender codes, we often further reinforced a gender binarism with the idea of “liberating” the women of Bamena and wider Cameroon through discussions that often began by writing out cultural and global stereotypes of “men” vs. “women.” Regularly, these discussions devolved into conversations about condom use and women’s sexuality, in my opinion further reinforcing the already frowned upon discourse in Cameroon that women are too sexual and must control their desires and emotions. This program did little to engage with the specific dynamics of the different regions, religions, languages, and diverse gender dynamics throughout Cameroon, and instead centered on female peace corps volunteers telling Cameroonian men from around the country that their women 1) had sexual desires of their own, and 2) should be allowed to have a job without their husband’s permission. As a program, “Men as Allies” and those of us who led this program, often failed to work within the community and delve into the specific threads that created these gender inequalities in each environment, and instead used a “catch all” band aid solution that was largely unproductive.

It was not until I returned to the United States that I had much of my work in gender equity and women's empowerment thrown back in my face. One week after I returned to the U.S., a man who bragged about grabbing women by the pussy was elected president, laying bare the hypocrisy of traveling across the world to fight misogyny and harmful gender scripts. This realization left me at a complete loss. While I do not regret the time I spent in Cameroon for the relationships I built there and the deep-rooted shifts in the understanding of myself in the world, I was forced to come to terms with the fact that gender inequity and harmful gender roles persist in the countries I thought of as models of gender equality and freedom. The 2016 election and a sudden recognition of the gender disparities and oppression throughout the United States exposed my white saviorism in a way that made it impossible to ignore. While in Cameroon, I was forced to reckon with my whiteness and the privilege inherent therein on a daily basis, but very little made me question my sense of righteousness in touting the "liberation" of the women of Cameroon from misogyny by my pearly white hands. TGD rights and all issues surrounding LGBTQ identity were completely absent from all of this work. Homosexuality is illegal in Cameroon, and those who are labelled as gay or lesbian are often tortured or put to death. One of the local officials I worked with used to tease me for the rampant "homosexuality" in the United States, likening it to allowing men to sleeping with their goats. Those who did not identify as cisgender were thought of similarly, if they were thought of at all.

Thinking through this time and the recognition of my ignorance still makes me sick to my stomach, disgusted and horrified by my naivete and unwillingness to truly see beyond myself and my experiences, buying into and perpetuating systems of hegemonic ordering that continuously place whiteness and western ideology as the center of modern power. This realization spurred a personal reckoning with the person I thought I was and who I wanted to be.

Suddenly, all of the pieces of my self-image began to crack and crumble, breaking apart from what had been a gilded statue of “woman power” in a narrowly conceived and exclusionary definition of “woman.” My perception of myself fell around me like a shattered mirror, leaving me unable to ignore my complicity in perpetuating these systems of white colonial feminism. I was at a loss of how to remedy my ignorance and move toward fighting against these systems of oppression. And it was in this state of uncertainty that I came to my TGD communication research. Through research projects about the #Metoo movement, consciousness-raising (Firth & Robinson, 2016), and feminist voice, I began to evaluate my limited understanding of “woman” and “feminism.” In exploring areas of sexual abuse and harassment, reading the accounts posted by many, mostly white, women, I was led to an article about the transgender women and women of color largely ignored by the initial influx of #metoo posts, the hate and backlash they received in tenfold for sharing their experiences and calling out their abusers. In furthering my research into this movement, I continuously found myself drawn to the accounts from TGD people, and the dearth of discourse in the larger movement surrounding the abuse faced by TGD people.

### **Gigi**

In her work in trans feminism, Stryker (2007) asserts that modern feminism must work to incorporate trans feminism in the fight for equal rights and equality in order to strengthen all. Gender acts as a form of social control and a means through which the dominant culture recognizes personhood, thereby declaring those outside of the normative dictations of gender as less than human (J. Butler, 1990, 2006, 2011). Stripping away and misattributing gender works as a practice of social domination that further stigmatizes transgender people (Namaste, 2000). An incorporation and privileging of transgender feminism therefore serves to deconstruct the power dynamics and social control that limits all. The strict gender binary and labeling of gender

as biological sex is a hegemonic construct that restricts everyone to narrow conceptualizations of being. In working to take apart the binary constructions of gender and the false medical and biological dictations of the sexed and gendered body, scholars and activists begin to deconstruct the web of hegemonic power and oppression that infiltrates our culture (J. Butler, 1990; Currah, 2008; Currah & Mulqueen, 2011; Fausto-Sterling, 2020; Stryker, 2007, 2008, 2013; Stryker, Currah, & Moore, 2008). I have not always been an ally to the TGD community or even other feminists, and even in my current position of scholarship, I know that I periodically fail in this role of ally, or, as Bettina Love calls for, “co-conspirator” (Love, 2019).

Recognizing that the current hegemonic status quo of gender and sex is a barrier for all (albeit in far lesser ways than for TGD people) offers a primary steppingstone toward the deconstruction of hegemonic assertions of gender performance. In identifying the harmful and deleterious gender roles reinforced throughout hegemonic systems in the United States, scholars and activists must work to break down preconceived notions of gender as a binary identity, dehumanizing those outside of this sex-based dictation. It was not that I had previously been unaware of TGD people, rather that I did not care to understand the depth of stigmatization and erasure these communities have faced for centuries, and instead allowed myself to believe that with the policies put into place by former President Obama, stigma and oppression of TGD people was on the way out. It wasn't within my sphere, therefore it was not my problem. Out of sight, out of consciousness.

As I began to make sense of the ways in which the #metoo movement continued to fail to include TGD people within its primary mission, I found myself increasingly frustrated with my separation from action. While I participated to a certain extent in the #metoo movement and women's march, I felt as though I was not truly engaging with the root of the problems facing

both cisgender women and transgender and gender diverse people. Voicing my frustrations to my advisor and mentor, he introduced me to participatory critical field rhetoric (Endres & Senda-Cook, 2011; Middleton et al., 2011) and community-based participatory research (Minkler & Wallerstein, 2003), and invited me to join him in developing a TGD community-based research advisory board in the Birmingham, AL in order to bring my research and work into direct conversation with the needs of the TGD people in the area.

Which is how I found myself dressed in my most professional attire, looking out across the marble-floored lobby of an office building in downtown Birmingham. After our conversation in which I expressed an interest in better understanding and supporting TGD people and communities my advisor, Dr. Sim Butler, brought me in on his work with Trans Collaborations and set me to work helping him create a community-based research advisory board of TGD people from the greater Birmingham area. From his past work, Sim had many ties to the Birmingham TGD community, so I was put in charge of finding a meeting space and coordinating our meeting time, parking, and directing traffic. Honestly, I had no idea what I was doing.

Standing in the lobby, I felt like I was five years old again, not only because of the incredibly high vaulted ceiling and sprawling elegance of the lobby that far outdid my somewhat shabby old “professional” dress, but I had been coming to this office building since I was a young child. My father’s law firm was situated on the 34<sup>th</sup> floor of this glassy marbled business center and he had kindly reserved one of the conference rooms for us as part of the firm’s community outreach initiative. One of the major concerns we faced in hosting the TGD community board here was navigating security at the ground level front desk. I had been assured that as long as I checked in, none of the board members would need to show ID or check in

themselves, however due to a miscommunication with the law firm receptionist and building security desk, security were requesting names and ID of all parties in our group upon entering the building. I was eventually able to smooth it over to avoid any members having to show ID that did not match their gender identity, but this did not feel like a good start to our first meeting.

Standing in the center of this grand lobby, sweat trickled down the back of my arm as the dark suited men and women who worked in the building everyday flowed around me, heading home after a full day of papers, conference calls, and spreadsheets. Anxiety for the coming research board meeting crawled its way into my mind, and forced down roots and tendrils like an infestation of poison ivy, spreading a raw, itchy infection. I had brought them here to downtown Birmingham, but I had no idea how they would be received by the people throughout this giant office building. As they came into the building, what did this space that I had chosen say about me and my assumed privilege? Was I unknowingly bringing them somewhere that they would be targeted or stigmatized for their TGD identity? I was terrified that I would accidentally misgender someone, call them the wrong name, say something offensive without realizing it, and overall alienate, hurt, and infuriate everyone on the board through my unthinking stupidity. I was terrified that I would confirm their worst expectations of cisgender researchers who are only out for themselves and not truly out for the community. In this columned, marbled lobby four times the size of my apartment, fear that my chosen meeting place for us would reject them mirrored the fear that they would reject me.

I looked down at my phone again to see if Sim had texted me or if any of the board members called needing directions.

Feeling a burst of wind with the rotation of the main door, I looked up to find the largest, warmest smile I had ever seen coming from a woman standing a foot or two in front of me.

“Sarah?” she asked in an old southern voice of honey and dandelion wine. “I’m Gigi”<sup>2</sup> she demurred holding out her hand. Her nail polish was the same luscious red as her lipstick.

“Hello! Yes, hi! Welcome! It’s nice to meet you in person.” I blurted my nerves gushing forth as over-exuberance and relief at finding one of our board members. “We are on the 34<sup>th</sup> floor. The elevators are through there- Make sure you take the one on the left as the one on the right stops at the 20<sup>th</sup> floor- I think- Sim is waiting on the 34<sup>th</sup> floor to show you where to go from there –Sorry, it’s a bit of a maze here- Here, I’ll walk you over and help- ”

“Thank you, Sarah. I think that’s Janet coming through the door so I’ll take her up with me too.” She said patting my arm and turning to greet another member of our board. Shaking slightly, I forced myself to take a deep breath in and out. Feeling a little calmer, I turned to find a third woman had arrived and was talking to Gigi and Janet, and behind them the last two members of our board trickled in through the revolving door. Gigi led them all over to me and I introduced myself again, shaking hands with each of them and worrying about the accumulation of sweat on my palm. As a group, we moved toward the elevators and up to the 34<sup>th</sup> floor.

Once settled into our conference room just waiting for the final researcher on our team, we all marveled at the view of the city from the floor to ceiling windows and sipped complimentary water and sodas. I pooled into a seat across the table from Gigi and surreptitiously wiped a bead of sweat off of the back of my neck. Gigi flashed her giant smile and dove right in as though we had been friends for years. “So, your dad works here? What a lovely building. I’ve been around since before they started re-vamping the downtown, but I always remember this building. It was the tallest in Birmingham for a long time, you know. I

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<sup>2</sup> As with the other members of the community board, her name, aspects of her personal description and private life have been altered to preserve her privacy and avoid publicly outing her and the other TGD community board members.

used to work at one of the banks on the other side of the park. My favorite part of that job was the view from my window. Many of the buildings in Birmingham weren't restored like they are now, but you could see past them all and out into the horizon. Isn't it just lovely. You still live in Birmingham?"

I smiled and looked back out the window at the view of the city. The sun was skimming the horizon and the buildings and hills in the distance created a startlingly clear silhouette of Birmingham and beyond.

"Yes, I grew up here. My dad has worked in this building since I was young and he used to bring me in when he had to work on the weekends. I would sit in the windowsill of his office and imagine everything below was made of small mechanical gears silently and continuously spinning around, while I flew above them." I replied, chuckling quietly.

"Oh, that's so sweet. I used to bring my children with me to work too. They loved coming downtown. But they didn't like to work with me as much. It's wonderful that you've come back to Birmingham. My children have all grown and left to their different locations. I used to visit them and see my grandchildren regularly, but well. That was before."

"Where are they all now?" I asked. "What happened?"

And for an instant, something appeared to crumble and the smile on her face fell by a degree. The next moment it was gone. She took a deep breath and secured her smile back in place.

"Well, you know some people aren't as accepting of us." She said as she gestured around the room. "Most of my family cut off ties with me when I began my transition. I tried to keep them close for a while, but eventually...Do you know how long it took me to learn how to put makeup on properly? For the first few months I looked like a clown. Or something worse." She chuckled and winked at me. And at that moment, Sim announced it was time to start the meeting.

My breath caught in my throat. I hadn't even thought twice about asking why she might not see her children or grandchildren anymore. It hadn't even occurred to me that they would have cut this kind, loving, and beautiful woman out of their lives because of who she is. I hadn't even made it to the start of the meeting without making assumptions about Gigi's life and barreling into one of her most painful memories. However, Gigi bounced right back as though nothing had happened, and we dove into the first community board meeting.

As the meeting wore on, I became more and more comfortable with my role in the group. I did not speak much, this wasn't after all my time to speak, and as it was our first meeting, I was only just beginning to understand some of the frustrations facing the group sitting around the table. Since our community board was developed and funded as part of our partnership with Trans Collaborations, one of the founding members of the organization joined our meeting briefly via video call. We turned the computer with his face on the screen to allow each of our community members to introduce themselves, and he gave a short speech on the purpose and goals of the board, and his role in Trans Collaborations as a Black trans man. After finishing the general introductions, he very pointedly looked in the direction of Sim and said, "Well this is a very white community board." Our group of community members froze. Sim let out a sigh, and nodded. "Yes. It is." He said to both the computer screen and the assembled committee members, "We asked several people of color to join us and we were turned down. There is a significant amount of mistrust, not unfounded, among some Black trans community leaders and researchers, especially white researchers. We are continuing to build inroads to the community, and recognize that more racial diversity would benefit us and is needed. We are working on rebuilding that trust to improve the diversity of the board, but that is going to take time." As Sim spoke, I noticed a couple of the more senior community members nodding agreement, while the

younger generation looked back at Sim thoughtfully. Sim turned to the community board, “If you know anyone that you think would be interested in joining our board, please let me know.” With that, we said our goodbyes to the founder of Trans Collaborations and began our discussion on the state of things in Birmingham, starting with who might be willing to join us amidst the long history of abuse and ongoing tensions between TGD people and cisgender researchers. The diversity of TGD identity as it intersects with race, age, gender, sexuality, and class was central in the construction of our Community board, as we attempted to ensure that we were not privileging a singular TGD experience over others. However, this is an issue we are still grappling with, namely the problem of racial diversity and trust. I don’t have an answer to this here in Birmingham, AL.

This dynamic between researcher and community is one of the driving forces of my research. Working to rebuild trust with community leaders and co-create research that centers TGD experience and need is central to the path that has led me through my degree and into my current research as a critical rhetorical scholar. Critical rhetorical scholars must work to construct research that is not only ideological in critiques of power and oppression, but further work toward materially engaging with and advocating for the communities we purportedly support (D. L. Cloud, 1994). While TGD-centered research is an integral part of my academic career, that cannot and should not be the ending point or the goal of the research itself. Recognition of the ways in which scholars and academics have historically and continue to use and abuse marginalized communities and people for personal gain must be at the forefront of community-engaged research, as without it, the research itself will always privilege the needs of the researcher/scholar over that of the community.

After the meeting finished, I let go a sigh of relief. Everything had gone smoothly. Introductions and initial discussions of day-to-day life and community needs offered up some interesting arenas of exploration for both community members and researchers. At the end of the meeting, Sim and I walked everyone across the street to the parking lot and saw each person safely to their car. We had planned this ahead of time, as the meeting ended after dark and we did not want to put any of our community members at risk of violence or attack in the area. We essentially tried to act as security guards for our community members, however, looking back, this was somewhat condescending and self-aggrandizing, especially since two of our number were combat veterans and much more experienced in defending themselves than I am.

After seeing everyone to their cars, I met my dad in his office. He had kindly offered to stay around until we finished at 7:30 just in case we needed something from the firm or building manager. As we were leaving, he commented, “They seemed like a really great group of people. They’re not at all what I was expecting.”

“Oh?” I replied looking over at him as we walked down the hall to the elevator, “What were you expecting?”

“Oh, I don’t know. I guess I had it in my mind that they would all be more... done up and flamboyant. I was worried that some of my more conservative law partners might give you or them a hard time.”

“Flamboyant?”

“In my mind I must have been thinking about drag queens. But thinking about it, that’s illogical. Why should I have thought any of them would look a certain way? And not all of them are even transgender women. I would never have thought anything of it had I passed them on the street.”

I paused and thought about what he had just said, unsure how to respond. And I realized that some part of me had expected the same thing. Like my father, I also had been slightly surprised by how “normal” everything felt. As though talking to someone who is transgender would be different than talking to someone who is cisgender. I thought back through my anxiety at the beginning of the meeting, my fear that I had upset or triggered Gigi, and how I had expected everyone to look. I started the research and entered into the community board meeting with an assumption that these community members would be utterly different from myself, that they would be “aggressively transgender,” and I had to walk on eggshells to avoid offending or hurting them, and expected them to respond aggressively to me. I wanted to work to make things easier for them and help develop a means of accessing health care and lessening stigma, but in essence I had internalized the same stigma that I was claiming to fight against. I had expected a difference, extremeness, not the diverse group of people I had just met.

On some subconscious level, there was something in my mind that had assumed that I would be talking to easily-offended, possibly volatile people who would snap as soon as someone made a mistake or spoke in a manner that displeased them. Despite the fact that I knew a number of trans and non-binary people before this meeting, I had never before recognized how I thought about TGD people outside of my circle as different. In watching some of my friends come out as nonbinary and demonstrate their transition online, I had assumed I already knew what “transgender” was and what “it” looked like. Not necessarily to be feared, but as an unpredictable and unknowable homogenous angry and abused mass, and I had entered into this meeting with those imbedded assumptions.

As my dad and I walked to his car parked in the lot beside his building, I admitted to him that I had had the same assumption. We talked some more about the people in the meeting,

research I had done about the history of tension between Drag culture and trans people, and the critiques from both sides, yet I had failed to apply this knowledge to my perception of TGD people. In my mind, I had made every TGD person outside of my immediate connection into someone less than a full person, less than a rational adult, someone pathologized and plagued by mental health issues, someone to tread lightly around, someone that played into a *Transparent* or *Kinky Boots* stereotype.

This realization, while so completely obvious in hindsight, was a revelation for me, not only in how I was AGAIN approaching my community research from a saviorism mindset as that of the well-balanced and privileged person that could “make a difference” and “help to save” the lives of TGD people, but furthermore how I had spent the meeting more concerned with their perception of me than actually listening to them as people during our conversations. I will always be concerned with how people perceive me to some extent, but I had been more preoccupied in the meeting with looking the part of researcher and ally that I had failed to be a supportive and engaged “co-conspirator” of knowledge (Love, 2019).

Thinking back to my conversation with Gigi, I realized that we had spent a good fifteen minutes talking about her children, where they are now, her grandchildren, how smart, beautiful, crazy, mischievous, difficult, and wonderful they all were before she had mentioned anything about not seeing them anymore. While this is painful for her, she is not defined by it, and she has rebuilt relationships with some of her children and their families, even if not all of them. She was not a broken trans woman painting on a smile to face the cruel and abusive world, but rather just a person who had been through a lot of difficult events in her life, but was happy to keep being herself and share what she had learned in her life with others. She’s truly a wonderful woman.

Even in trying to be better, I have been part of the problem. I have acted in ways that at the best of times were ignorant and at the worst of times were negligent to the communities I claim to support. Fox (2019) argues, “self-implicative reflexivity involves a radical form of turning inward, whereby autoethnographers resist the temptation to paint themselves as nothing more than enlightened heroes and victims of personal and systemic abuse” (p. 252). Utilizing Fox’s work on “Dirty” autoethnographic practices, I am attempting to lay bare some of my many faults and failures, identifying where I have fallen prey and reinforced the same systems that I am trying to deconstruct. In order for me to continue to grow as a scholar, especially within this line of research, I recognize that there have been and will be times when I miss the point entirely, misrepresent something based on my own experiences, or privilege a cissexist interpretation of TGD identity within my work. Writing these reflections is painful, but it is only through analyzing these failures of mine that I can hope to make up for them in the future.

After coming to terms with my thoroughly incorrect assumptions of our board members, I began to watch my reactions to the TGD board, noticing when I began to think of them as a homogenous group representative of all TGD people, and when I tiptoed around a subject or idea because I was afraid to face volatile backlash. This process allowed me to identify when my trepidation to speak out was based on internalized cissexism, and when I recognized that what I was trying to ask or say may have a triggering effect or be centering a cis-sexist misconception of an issue. I still get this wrong. Mindful of not overly focusing on how others perceived me, but rather how my actions and perceptions impacted others, I began to more fully engage in our meetings and focus on building actual relationships with the people we were working with. I still made mistakes, but I was able to address these instances, recognizing where I had gone wrong, correcting the error. apologizing, and moving forward.

## **Onwards and Upwards**

Moving forward from that very first meeting, I have been incredibly lucky to work with community leaders and trans scholars throughout the United States, learning from their example and gentle corrections of my ignorance and cis-centrist viewpoints. In particular, having the privilege to work and write with TGD scholar and activist Dr. Jae Puckett has allowed me to grow tremendously over the last few years as both a researcher and, I like to believe, a co-conspirator with the TGD community. Dr. Puckett's patience and breadth of work has opened new doors of thought and exploration that I could never have come to on my own. They continuously call me out on incidental cissexism in my research process and writing, helping me work to center TGD people and communities in my research. For each layer of cissexism and thoughtless centering of the cis-self that I peel back, there is another deeper layer to overcome.

Cisgender identity and the gender binary is central to social conceptions of individual identity. The body is labelled even before birth and this labeling becomes a means through which society structures itself around the individual (Fausto-Sterling, 2020). This autoethnography is a reflection and attempt at dismantling my practices within TGD research: the process that lead me to this research, the pitfalls and mistakes I make. Through the writing of these reflections and memories, I am attempting to “interrogate the politics that structure the personal” and “struggle within the language that represents dominant politics” (Spry, 2001, p. 722) in order to analyze my practices and engagement with the research. As a cisgender scholar doing TGD research, it seems obvious that self-reflection must infiltrate all levels of my work, from conceptualization of a study, to analysis and development of argument and thesis, to writing and publishing. Yet the labor of self-reflection is often the step I want most to skip, afraid of what it will expose in me or my work. Each layer of this reflection process contributes different elements to the structuring of

myself and relationship to the TGD community within a society and scholarly tradition that structures itself away from TGD people. There is no end point in which I will be a perfect ally, rid of my cis-privilege, a pure and un-biased co-conspirator of knowledge and research surrounding TGD people. That state of enlightenment does not exist.

This autoethnography presents a tension as it centers me in my work and research at the same time that I am trying to de-center my assumptions and personal identity in my work in order to move away from the assertion of cis, white ideology onto TGD people. This contradiction of dissecting my personal experiences in order to make me a better scholar and co-conspirator to the TGD people I work with teases out the overwhelming guilt I feel for my privilege, and the insignificance of that guilt if there is no action taken to correct the imbalance of privilege. As I sit in my cisgender body, free from the stigma and marginalization faced by TGD people, I am safe in the knowledge that my gender identity and feminine expression are easily in-line with what southern society expects of me. So, what could I possibly have to offer the TGD people, scholars, participants, and community members that I work with? I don't have an answer, other than to continue to try to use my privilege to deconstruct the systems that give me this surety in my body while denying it to others.

This autoethnography was originally going to be about my reflections on the community-engaged work in a TGD health study. However, in reflecting on my presence in the SPC study, I find myself looking backwards as well as forwards. In order to delve into my work in the SPC study, I cannot ignore my past, as it continuously informs my research in the future. My role in the SPC study is in fact fairly limited. I was not part of the conceptualization of the project, I joined the project meetings well into the progression of the study, only sporadically attended meetings about constructing protocols and measuring biomarkers, and did not truly engage until

after the first-round data collection was well underway. Working with the Nebraska team virtually, I have not been part of the interview or data collection processes. I didn't attend any of the trainings on creating a gender affirming environment as I was not part of the biomarker collection team. I have not met or interacted with any participants at all. Therefore, I cannot speak personally on my participant or community -engagement within this project. What this means is that in essence, while writing about a community-engaged project, I am separate from the participant community. Thus, this autoethnography could not center on a series of experiences I was not part of, and will not go to directly serve the community and participants that took place in the SPC study.

My contributions to this study are based purely from my engagement with the data. This lack of engagement with the very people that make up the foundation of this study makes self-reflexivity throughout vital to ensuring that I am working in keeping with the TGD community-centered and TGD activist ideology of this study. From the outset, this study was conceived by TGD scholars in order to advocate for and give to the TGD community. The lead investigators, Dr. Puckett and Dr. DuBois structured this study as a means of research as resistance to cissexist political policies and actions that seek to erase TGD identity completely. This study, therefore, relies heavily upon a mutual engagement of researchers with the community, building trust and giving back.

Entering into this project, I had never before heard the term "biomarker," and had only a vague idea that it had to do with the physical health readings taken to measure stress within the study participants. Up to my prospectus defense, I did not realize that biomarker and biomedical were separate terms and not in fact interchangeable – embarrassing and a HUGE oversight on my part. This stemmed from a deep mis-conceptualization of the SPC study as a traditional

medical study, and a rather black and white conviction that quantitative medical readings oversimplify the body and reduce them to medical numbers, that have historically been used to divide bodies into “normal” and “abnormal” through healthism. While I knew that the scholars involved in this study were aware of this history and actively fighting against it, I had little awareness of the work they put into developing this project and structuring it decisively away from clinical medical trials to center the health measurements and needs of TGD people. I offended and hurt Dr. Puckett, as I unwittingly asserted that they were contributing to the abusive history of medicalization TGD bodies for the purpose of medical gatekeeping with little care or consideration for Dr. Puckett’s identity and experiences. Quite rightly, Drs. Puckett and Dubois were somewhat hesitant to allow me to continue with my dissertation.

After my prospectus defense, I met with the Dr. Puckett and Dr. DuBois a number of times in order to talk through my assumptions and misconceptions about what the SPC study is and how the use of biomarkers was an intentional choice to move away from the historic medical systems that have been used by policy makers and cissexist figures to debase and erase TGD people. Unbeknownst to my unscientific mind, the biomarker research proposed by Dr. Puckett and Dr. DuBois serves to engage the body as something other than a group of numbers indicating “health” readings. Rather, their utilization and employment of allostatic load, developed from Dr. DuBois’s prior work in TGD community-based health research, serves as a method to incorporate all aspects of the body and health in understanding the different influences and flows of health and self, reimagining health reading as intricately tied to the experiences of the social and personal.

Therefore, this process does not serve to simply turn participants and TGD people into numbers to be plugged into a data set, but instead works to incorporate sociopolitical

engagement and cissexist rhetoric and policy-making into a conceptualization of TGD health. Throughout this conversation with Dr. Puckett and Dr. DuBois, I was again forced to check myself in recognizing that even in my research on TGD stigma and health, I am still wildly outside of the experiences of TGD people. No matter how much I listen to, reflect upon, and educate myself on these issues, I cannot speak from a place of true knowing. This is not a statement of defeat at the hands of an insurmountable mountain of privilege, rather, this statement demonstrates why it is crucial to incorporate self-reflexivity and autoethnographic reflection within this type of research. What I mean is, as a cis, white, incredibly privileged rhetorical scholar, I am not barred from doing research in marginalized communities simply because my social identities do not match theirs (McDonald, 2013). However, in order to truly commit to this research and these communities of people, I and other scholars like me, must continuously question and reflect upon not only our motives, but our actions. I am incredibly grateful that Dr. Puckett and Dr. DuBois were willing to talk me through my misconceptions and meet with me until I understood more deeply the intricacies of what they have been working to accomplish.

## **In Conclusion**

Self-reflexivity is an instrumental tool in identifying and remediating internalized cissexist ideologies throughout my research. The construction and identification of the self is embedded in a continuous stream of cultural encounters, engagements, and the subsequent interpretation of others and ourselves (Bochner, 2012; Amber L. Johnson, 2014). As Goodall (2000) wrote, “nothing we can know about culture or about ourselves is free from interpretation” (p. 87). Autoethnography and self-reflexivity offer a means through which to analyze the currents surrounding personal identity and engagement with others through the analysis of

personal experiences (Fernández, 2018; Goodall, 2000; Turner, 2013; Worth, 2008).

Autoethnography as a method of evaluation is a study of relationality between the self and others. As Turner (2013) explains, “We study ourselves within our culture(s). Our self-narratives stray into and cross over the paths of others, and our autoethnographic stories become part of other’s lives” (p. 216). A sense of self and identity is embedded within culture and surrounding context (political, social, biological, economical, etc.), personal narratives and storytelling help to order and analyze the lived experience of the self in relation to others (Jago, 2002; Worth, 2008).

My motives throughout my research have seemed good, but that is not enough. Good intentions do not make up for ignorant actions or inaction. I have misused my privilege as both a cisgender person and researcher. Critical rhetorical scholars, in particular, must regularly question how they are engaging with their research, what purpose does it serve, and how are they achieving this goal? What systems are they exposing and who is this critique benefitting? I am not going to claim that writing a paper about a marginalized group of people without engaging with people from that community is inherently wrong, however critical scholars must continuously ask themselves, what is left out of that narrative and work? Who does this research actually serve?

## CHAPTER 4:

### PHYSICAL/CONCEPTUAL BODIES: BIOMARKERS AND RHETORIC OF THE BODY

#### **Introduction**

Bodies serve as both a symbolic and material canvas for the sociopolitical dynamics of power surrounding and penetrating them. Environmental and sociopolitical contexts exert forces upon individuals that impact mental and physiological health, particularly in relation to stress and resilience (Dubois, 2012; DuBois et al., 2020; DuBois et al., 2017; Einstein, Legato, Barros, Juster, & McEwen, 2017; Juster, 2019; Juster et al., 2010; R. P. Juster et al., 2016; McDade, Williams, & Snodgrass, 2007). The collection and interpretation of biomarkers serve as a means for mapping the material effects of these power dynamics on the body (Califf, 2018; Juster et al., 2010; R.-P. Juster et al., 2016; R. P. Juster et al., 2016). Bringing together participant biomarker readings and placing them in conjunction with quantitative surveys, qualitative interviews, and participant demographics such as gender identity, race, socioeconomic background, etc., biomarkers have the potential to construct an image of the physiological effects of stress on the body.

The SPC study incorporates the collection of biomarker research in order to trace the effects of external stressors on the health and well-being of TGD people and communities through the calculation of Allostatic Load based on collected biomarkers. According to the Allostatic Load model (AL), bodies have physiological reactions to different stressors and as

these stressors are perpetuated, the body's response to them shifts and alters (T. Afifi et al., 2015; T. D. Afifi & Denes, 2012; Denes, Afifi, & Hesse, 2015; Gibb et al., 2020; R. P. Juster et al., 2016). By collecting an array of biomarkers that measure the “multiple nonlinear and interconnected biological systems” (Juster, 2019, p. 4), and analyzing them through the AL, researchers bring together the multi-dimensional systems of the body in order to construct a more holistic picture of the effects of stress on the body and the development of physiological resilience (DuBois, Powers, Everett, & Juster, 2017; Einstein, Legato, Barros, Juster, & McEwen, 2017; Gibb et al., 2020; Juster, 2019; Juster et al., 2019; Juster, McEwen, & Lupien, 2010; R.-P. Juster et al., 2016; R. P. Juster et al., 2016). In essence, the calculation of AL captures the physiological effects of stress on the body at a given moment in time.

One of the fundamental aims of the SPC study is to examine the physical health effects of stress and resilience on TGD people through an analysis of biomarkers and AL. According to a flyer sent to participants detailing baseline data and participant demographics, one of the main goals of the SPC study is to “document how shifts in sociopolitical contexts relate to shifts in: stigma, experience of stress, resilience, and both mental and physical health” of TGD people. Within the study of stress and resilience, biomarker measures are collected from participants, such as saliva samples, blood dots, blood pressure, height, weight, and shoulder to hip ratio, in order to outline the realized effects of stigma and stress upon TGD people. Researchers construct meaning from the biomarker measures that signifies the periodic strain of stigma on the TGD body, and how the body adapts to stigma and stress over time. Through this process of signification of the participant physiological readings, researcher and participant bodies construct meaning from physiological effect. As the body is measured within biomarker readings and AL, the numbers of the body create pathways of the tangible effects of social events and practices on

the individual and aggregate self. The traditional process of biomarker collection in clinical health settings is situated within a history of stigmatization and abuse of TGD people. One of the main goals of the primary investigators of the SPC study is to resist and deconstruct this history of stigma and abuse by situating the TGD body as the norm, centering the immediate and long-term needs of TGD people within both the production and sharing of this knowledge. The SPC study presents a process of biomarker collection that actively fights against the historic mistreatment of TGD people through the conceptualization of the study, the training of researchers, and knowledge construction and sharing.

Throughout the progression of the study, the participant body is consistently linked to the ideological self through the centering of participant experience and physiological functions in data collection. The biomarker measures are signifiers of both the individual physiology of each participant as well as the aggregate whole as they are placed in conjunction with each other to construct deeper meaning of the sociopolitical effects on the body. Biomarker readings are given meaning through application and interpretation by researcher and participant discourse. A person's blood pressure is not in and of itself significant without a recognition of what is considered "healthy" and "unhealthy" based on comparison to others. While participant individual health readings have significance based on prior precedence, the goals of the SPC study within biomarker research are to shift the aggregate whole away from the cis-centric interpretation of healthy and unhealthy and instead center the locus of comparison onto the aggregate TGD experience. Therefore, through the process of collecting biomarkers from participant bodies and placing them in conjunction with the readings of other participants and the collected quantitative surveys and qualitative interview data, the individual numerical readings gain meaning in conjunction with others and the wider conversation of health discourses and

resilience. By centering the experiences of the participant within the process, the quantification of biomarkers and physiological systems incorporates a direct recognition and response to the material, environmental elements of the participant and participant body, tying the ideological construction of self to the physiological body within the practices of health data collection.

This chapter serves as a critical rhetorical analysis of the SPC study's procedures in collecting and recording biomarkers as resistive practice in health studies. The study of biomarker and AL health practices is largely absent from critical rhetorical studies, and offers a means of engaging critical rhetoric within these larger health initiatives, opening new areas of exploration for the field of critical rhetoric as the physiological measures of health, stress, and resilience tie directly to critical rhetorical theories surrounding power, identity, and the body.

Drawing from training manuals and protocols disseminated to the multi-site research teams, these manuals and protocols will serve as my rhetorical artifacts in order to examine questions surrounding what biomarkers were collected, how the biomarkers are collected and situated within the production of health knowledge surrounding the TGD body and identity. This chapter will present an investigation of the process of biomarker collection in conjunction with how the biomarkers are conceptualized as a means of deconstructing hegemonic binary assertions of gender and health normality. First, I will discuss the rhetoric of the body in conjunction with biomarker and AL research, then I will outline the methods employed by the SPC study in collecting biomarker data and the employment of AL as resistive research, and finally I conduct a critical rhetorical analysis of the training manuals, protocols, and surrounding discourses in conjunction with the resulting data and health measures.

## **Body Rhetoric, Biomarkers, and Allostatic Load**

The critical rhetorical analysis of the processes of physiological and anthropomorphic data collection serve to explore the discourses of power, consent, and deployment of constructed knowledge as researchers work with marginalized and often health disparate communities (DuBois, 2012). According to Cali and Estrada (1999), employing a rhetorical framework allows scholars to analyze the collective functions of health discourse as the patient/participant shifts from that of the person to a “biological consequence” (p. 361). This process has the potential to deny the human dimension of a patient in favor of a physiological reading and function separating the patient from the numerical data. Within health discourses, bodies are hegemonically quantified and categorized as either healthy or unhealthy based upon societal norms. “Health” and “healthism” have historically been framed within personal responsibility and individualism, asserting that “it is the individuals’ responsibility to engage in healthy practices in order to achieve and maintain” good health (Ioannoni, 2020, p. 127). Bodies are situated as the ‘site’ of social and political enactment and discourse, reiterating a personal failure to conform to societal assertions of the normal or health body. Foucault asserts that the medical and health based labels placed upon the body of normal, abnormal, or pathological serve as a means of control over the bodies and social agency (Foucault, 1978). Within dominant health and medical research throughout the U.S., the TGD body is labelled as an abnormality or *other* from the cisgender body.

Health and truth are produced through political and societal discourses of the body. Bodies are consequently categorized along healthy/unhealthy, normal/abnormal binaries in health research, denying subjective and sociopolitical factors that influence health and health practices (Ioannoni, 2020; Jordan, 2004; Lyne, 2001; Shugart, 2011). With healthy as the ideal,

the binary of healthy and unhealthy historically functions within a system that bases heterosexual, cisgender, white identity as the norm, and therefore emblematic of ideal health (Alexander, 2005; Eckhert, 2016; Jordan, 2004), labelling the health of those outside of this identification as “abnormal”. The queer body in particular, and especially that of the TGD body, is thereby placed outside of the realm of idealized health and labeled as ‘other’ (Bauer et al., 2009; Eckhert, 2016). This has been repeatedly demonstrated through, for example, the response to the AIDS crisis in the 1980s (Brier, 2009; Noel Mack, 2013; Sharpe et al., 2012), continued restrictions on LGBTQ+ people giving blood (Bennett, 2015), and the gender policing and gatekeeping of medical transition (Holt, Hope, Mocarski, Meyer, et al., 2019; Hope et al., 2016; Kosenko, Rintamaki, & Maness, 2016; J. A. Puckett et al., 2020). In order to fight against this history of systemic erasure and othering of TGD people, the SPC study data collection procedures and biomarker application present a means of complicating the binary interpretations of the body, diversifying conceptualizations of healthy/unhealthy toward an incorporation of patient/participant subjectivity and agency within the process of health measurements and knowledge construction.

**The Resistive Rhetorical Body** The history of body rhetoric is situated within discourses of protest and social justice, advocating for the persuasive power of the body itself. Bordo (1993) articulates bodies as multimodal sites of cultural forces, asserting that modern power produces and normalizes the “dominant” body as a means of perpetuating hegemonic systems of power and submission. The body thereby acts as a canvas of these power dynamics and the assertion of hegemonic dictations of gendered identity through environmental stressors and their impact on physiological and mental health. Gatens (2003) defines gender as the means through which power takes hold and constructs the body. The body thereby is central to ideological and physical

articulations of power and political discourse as cissexist health practices and political policies manifest the policing of gender identity on TGD bodies. DeLuca (1999) moves the rhetoric of the body away from an ideological and philosophical discourse, to that of the physical, placing the body in potentially dangerous situations in order to create image events for social justice and change. For example, in response to restrictions on public toilets based on the gender assigned at birth, TGD activists posted photos of themselves in the public bathrooms that aligned with the gender they were assigned at birth with the hashtags #weneedtopee and #occupotty (Subedar, 2015). The political policing of what bodies are accepted and restricted from public bathrooms and other “gender segregated social spaces” increase levels of stress and precarity for TGD people as they navigate these spaces under threat of stigmatization, discrimination, and violence (DuBois et al., 2017, p. 60). In his study on stress and diurnal cortisol levels among transitioning transgender men, Dubois (2017) found that these types of sociopolitical and engendered spaces have a direct impact on the stress and cortisol levels of trans men (p. 65), increasing AL and likelihood of future negative health outcomes. Increased stigmatization and discrimination has been repeatedly demonstrated to be detrimental to both mental and physical health outcomes (Coleman et al., 2012; DuBois et al., 2017; Gibb et al., 2020; Juster, 2019; R. P. Juster et al., 2016; H. M. Meyer et al., 2019; I. Meyer, 2013; I. H. Meyer, 2003). Therefore, the body is both ideologically and physiologically impacted by spaces of sociopolitical conflict. For Foucault (1990) bodies outside of the “normative” act as the condition of possibility for “normality,” as the margins that continuously redefine the center. By locating agency within the capacity of the individual body to confront normative health dictations of the body, the TGD body becomes a site of contested power between hegemonic and vernacular definitions of sex and gender identity in resistive health research.

The struggle for political and social control of TGD identity plays out across both the physical and ideological body through political policy and social stigma. As a result of gatekeeping in health care settings, transition and the norms of TGD identity serve as a physical manifestation of health with more abstract conceptions of identity, self, and power. The TGD body offers a means through which health researchers, community members, and critical rhetoric can work to construct a counternarrative of resistance to normative constructions of gender through evaluation of biomarkers by centering TGD identity as normative health, deconstructing the male/female and healthy/unhealthy binary. The body as a rhetorical artifact is variable and often liminal. Through a study of plastic surgery practices, Jordan (2004) defines the body as fluid and malleable, allowing for physical changes in shape and conception of the body itself. However, these discourses exist within social and political constructions of the ‘ideal’ body and the ‘healthy’ body, as plastic surgery is regularly reframed as a means for helping people realize and manifest their “true” or “best” selves. Jordan demonstrates the construction of wrong body narrative within plastic surgery, as it turns away from individual agency for change, to a physical manifestation of the hegemonic powers, dictating what a healthy body is and is not. Through the onset of plastic surgery, the plastic body became representative of cultural notions of health and beauty. Plastic surgery is advertised as an ownership of self and agency over one’s body through physical appearance, internalizing a hegemonically normalized body as ideal.

Jordan’s work furthermore demonstrates the gatekeeping and regulation of the ‘acceptable’ changes to the body through the power of plastic surgeons to refuse to perform plastic surgery on those they label as mentally unstable or deviant. Plastic surgery in particular functions as a physical manifestation of power over TGD bodies, as the doctors themselves act within the social and political contexts in which they exist. Body plasticity is tied to the surgical

process of gender transition and the medical gatekeeping, as health providers often mandate that TGD patients must undergo psychiatric evaluation for a period of time in order to obtain referral letters from mental health providers before they can begin the process of medical gender transition (Holt, Hope, Mocarski, Meyer, et al., 2019). These measures require that before they can begin medical gender transition, TGD patients must *prove* the validity of their gender identity by both buying into a pathologization of TGD identity as a mental health disorder while proving that their potential gender dysphoria is not so great as to label them mentally unstable (Jordan, 2004; H. M. Meyer et al., 2019).

**The Gendered Body** Within hegemonic health practices, biological sex and gender have historically been situated within a false binary of male vs. female tying gender identity to a false biological binarism (J. Butler, 1990, 2006, 2011; Erickson-Schroth, 2014; Fausto-Sterling, 2020). Hegemonic definitions of sex and gender have been understood as an either/or binary of male and female, backed by mis-represented genomic discoveries of the XY and XX chromosomes (Fausto-Sterling, 2020). This medical affirmation of the sex binary was partitioned between the label of male and the label of female, asserting that XY defines male and XX defines female (Heath, 1986), and all others are left outside of the health definition of “normal” (J. Butler, 2011). Sex generally refers to the biological labels placed upon the body whereas gender refers to the cultural and social interpretation and performance of identity scripts (J. Butler, 1990, 2006; DuBois et al., 2020; Fausto-Sterling, 2020). Both sex and gender are hegemonically dictated along a false binary of male and female that negates and others the diversity of biological sex and gender, labelling them as outside of the realm of the “healthy body.” Within neurological and biomarker research, a number of studies have demonstrated how sociocultural factors are likely to have a much higher influence on the physiological response to

stressors than biological factors when pertaining to sex and gender (Gibb et al., 2020; Juster, 2019; Juster et al., 2019; R.-P. Juster et al., 2016). Therefore, medical practitioners and health researchers must move away from conceptions of gender, sex and transgender identity as binary.

These gendered bodies exist within the cultural contexts that construct what bodies matter and what bodies do not (J. Butler, 2011). According to Alexander (2005), TGD bodies “reveal gender as a social construction – as a narration that rhetorically, and politically, uses gender to maintain categories, roles, and knowledges that delimit and police our bodies and identities” (p. 57). In his argument on the demedicalization of queer bodies, Eckhert (2016) furthers Alexander’s contention that TGD people are unique as “their identities are (to a greater extent) the product of medicalization’s erasure or silencing of their actual lived experiences – either through omission of their experiences altogether, or through enforcing conformation to the medical script used to restrict access to the hormonal and surgical tools that they desire.” (p. 240-241). By restricting access to hormonal and surgical means of transition, medical practitioners have employed binary scripts of gender and sex as a means of controlling TGD bodies.

In recognition of this history of systemic erasure and control, the SPC study seeks to utilize the biomarker data of TGD bodies to deconstruct the hegemonic assumptions and assertions of the ideal health situated within a cisgender framework, and restructure the health data collection processes to center the needs of TGD participants and patients. In the context of this chapter, my study of biomarker collection offers an analyses of the process of collecting the physiological measures of stress in an environment specifically designed to be gender-affirming and hegemonically resistive, shifting the locus of normative away from the cis-centric health practices. Biomarker research is a tool for researchers to map out the impacts of stigmatization, discrimination, and oppression across the body by analyzing the data from a number of

physiological systems throughout the body, indicating both immediate and future health risks. Because there are a number of different biomarkers that can be collected to construct AL, the data collection process can be modified to the needs of participants and patients based on their diverse identities and clinical experiences. An analysis of the SPC study's biomarker collection process demonstrates a convergence of the material and ideological systems of health and resilience at work within the physiology of marginalized people and dominant health practices.

**Biomarker Collection and Knowledge Construction** Within the SPC study, the process of biomarker collection and subsequent knowledge construction becomes a means through which to analyze the resistive nature of TGD bodies in health research. Biomarker research draws upon data that are often invisible to the naked eye, but are taken as having a determinable impact upon the health and well-being of the patient, and therefore require a measure of trust from the patient in the professional, a “willingness to listen” to the researcher (Hutto, 2008, p. 111). The measuring of patients' biomarkers and the subsequent calculation of AL is a means of mapping the effects that sociopolitical forces have on a person's health and identity. Participants are both individual in their health results as well as placed in conjunction to a larger whole, demonstrating both the personal and communal effects of environmental stressors and stigmatization on the physical and ideological bodies of TGD people. These physical and ideological bodies of participants elucidate the rhetorical process of physiological meaning-making as the biomarker readings deconstruct and subsequently reconstruct participant self in relation to personal experience and identity, as well as embodying numerical value as part of and in relation to a larger conglomeration of TGD physiological being.

Through this process, biomarker measures become signifiers of the participant, bringing together various systems of the physiological body and constructing a more holistic image of

what is taking place both internally in the participant's body and externally in social context. The duality of individual and communal health readings through multivariant physiological systems therefore constructs an image of personal lived realities and subjective experience paired with quantifiable health measures and quantitative statistical evidence for the material and ideological effects of stigmatization and external stress upon TGD bodies. As the participant's measures of blood samples, blood pressure, weight, height, saliva, and hip to waist measurements are taken from the body, they are analyzed and aggregated into AL, numerical data that is given significance in constructing the participant's physiological self. The physiological identity of the participant is therefore made up of the symbolic and material quantitative readings generated from the body. These readings represent both the individual body, and also function within the collective translation of these statistical labels through the scales of biomarker data analysis.

As the SPC study is constructed to examine resilience and stress in relation to media events and geographic context, the biomarker readings serve as statistical health markers demonstrating the evolution of TGD health in the face of cissexist political and social environments. The critical rhetorical analysis of these biomarker collection methodologies and practices aims to explore how the SPC biomarker research serves as a means of activism and resistance against hegemonic assertions of the TGD body and health.

### **SPC Biomarker Collection Methods**

The SPC study is a multi-site, interdisciplinary collaborative project analyzing the stress and resilience of TGD people in relation to contextual factors such as place, political events, and media and news events throughout the United States. Drawing on quantitative collection of biomarkers to reflect the physiological effects of stress in congruence with qualitative interviews and monthly surveys, the SPC study utilizes a mixed-methodological approach to TGD health

and resilience in the face of stigmatization and oppression by hegemonic political, health, and social forces. Beginning in October 2019, the span of the overall SPC study stretches a year with a projected end in March 2021 and includes the 2020 presidential and local elections, the ongoing COVID-19 pandemic, and other major political and social events throughout the United States. Data collection sites at the University of Nebraska, Michigan State University, the University of Oregon, and the University of Tennessee are collecting qualitative data, quantitative data, and biomarkers of stress in order to measure the impacts of sociopolitical events on the stress and resilience of TGD people. Each site has conducted first-wave qualitative interviews, is measuring biomarker readings of saliva, blood, height, and weight, and will incorporate social scientific surveys of 35-45 participants (158 participants total across sites). Over the course of the year (October 2019 – March 2021), participants have been asked to fill out monthly online surveys pertaining to stress, coping mechanisms, resilience, and specific events and media that impact daily life as a TGD person. Participants will then be brought back in for final follow-up interviews, surveys, and biomarker data collection at the end of the year. This chapter will focus on the methods and procedures associated with the biomarker collection.

**Participant Demographics and Lead up** As this chapter is a review of the procedures of data collection, it will not incorporate an analysis of the quantitative data collected, therefore I will only give a brief overview of participant demographics to situate participant identity in biomarker collection. In all, 158 participants were part of the baseline biomarker data collection. Participants identified as trans Man (23.4%), Man (3.8%), trans woman (20.3%), woman (5.7%), 16 genderqueer (10.1%), non-binary (25.3%), not listed (5.7%), and either bigender, agender, androgyne, genderfluid, or did not respond (total: 3.8%). Participants were between the ages of 19-70 years old ( $n=33$ ), and identified as bisexual (27.8%), gay (14.6%), lesbian (12.7%), queer

(52.5%), asexual (10.1%), pansexual (38.0%), straight (5.1%), or not listed (5.1%), and 31% of participants are BIPOC (16% Black/African American, 1% Alaska Native, 4% Asian, and 4% Latinx). In order to qualify for the study, participants must be a minimum of eighteen years old in most states and nineteen years old in Nebraska, based on state-by-state IRB regulations. Furthermore, participants must self-identify as transgender, gender diverse, or gender nonconforming.

Upon completion of the screener survey, researchers contacted qualifying participants in order to organize a time and place for the baseline qualitative interviews, surveys, and biomarker collection. In preparation for the interviews and biomarker collection, researchers were briefed by the primary investigators, Dr. Zachary DuBois and Dr. Jae Puckett, in order to ensure that the research teams created an environment that was supportive and comfortable for TGD participants. This included discourses surrounding researcher body positioning, verbally explaining to participants what is happening for each part of the biomarker collection, and gaining consent before each step of the biomarker collection. Participants were requested to wear lightweight, comfortable layers so that biomarker measures could be taken over clothing. Researchers and participants then organized a time to meet in a location in which the participant felt comfortable and safe. This includes for example participant homes, offices, or at the researcher's institution depending on participant preference.

**Biomarkers** The biomarkers collected from participants, based on their comfort level with each element, fell into categories of Anthropometric Measures, Blood Pressure Measures, Saliva Samples, Dried Blood Spot Collection, and Glycated Hemoglobin (HbA1C) measurement. Originally, hair samples were also going to be collected, however, based on feedback from the Nebraska TGD community research advisory board, this biomarker was

removed from the study prior to the start of baseline data collection (this is explored later in the chapter). Anthropometric measures of height (cm), waist and hip circumference (cm) were collected as a means of calculating Body Mass Index (BMI), waist to hip ratios, and assessing health risk (Rinaldo & Gualdi, 2014). Participant's blood pressure was then taken using an Omron M6 automatic blood pressure monitor. Blood spots were collected following modified protocols based off of blood spot collection guidelines created by J. Josh Snodgrass and Sharon R. Williams. Blood spot collection is a minimally invasive biomarker that provides insight into the cardiovascular and metabolic systems and immune and inflammatory systems through readings of c-reactive proteins, lipoproteins, Epstein-Barr virus antibodies, cholesterol, and HBA1C (DuBois et al., 2020; McDade, 2014; McDade et al., 2007). From the same blood spot lancet site on the participant's finger, the glycated hemoglobin (A1C) measurement is taken through an A1CNow+test in order to test glucose levels. Finally, participants are instructed on how to collect saliva samples on their own as three samples are required throughout the day: 1) taken upon waking, 2) taken 30 minutes after collecting the waking sample, and 3) taken at bedtime. Each of these biomarkers provides a general summary of health assessments across multiple physiological systems which in turn contributes to the individual's AL. Placed in conjunction with each other, these biomarkers can indicate socioeconomic predictors of infectious disease risk, psychosocial aspects of development and aging, risks of cardiovascular stress, and other long-term health impacts (McDade et al., 2007).

### **Analysis of Biomarker Collection and Utilization**

Through gatekeeping policies surrounding gender transition surgeries and hormone treatments, medical systems in the United States continuously reinforce a pathologization of TGD identity as a mental health disorder. The measures used by the SPC study resist this

continued pathologization of TGD identity as a mental health disorder and rather serve to inform community-engaged psychological care, support groups, and the communal sharing of tools around coping and resilience (Dubois, 2012; Dubois et al., 2019). Through the use of biomarkers, this study aims to measure the effects of stress on the body, and demonstrate how these pathways from external stressor to physiological effect can be interpreted into health risks for communities (Dubois et al., 2019; Gibb et al., 2020). These biomarker measures are then placed into context with participant demographics, monthly surveys, and external events in order to demonstrate the effects of sociopolitical external stressors on an individual's and a community's health and well-being.

In order to analyze the process of biomarker collection I will first look at the foundations of the SPC study in order to give context and demonstrate the resistive base of this study, then I will analyze the biomarker collection manual distributed to the data collection sites, and finally, I will examine the preliminary practices of sharing biomarker measures with participants and engagement of the TGD participants and community.

**Conceptualization** The SPC study was constructed with the intent of measuring the physiological and mental health effects of sociopolitical and environmental stressors on TGD people. Health care and medical processes are not designed with TGD people in mind and continuously stigmatize TGD bodies as “other” and “abnormal” (Eckhert, 2016; Fausto-Sterling, 2020). The SPC study was created specifically to fill this gap in research and to fight against hegemonic systems that perpetually stigmatize and erase TGD bodies.

In response to the memo leaked from the Trump administration that sought to strictly define sex as “biological traits identifiable by or before birth” (Green et al., 2018, p. par. 5), the primary investigators of the SPC study, Drs. Puckett and DuBois, sought to create a study that

would advocate for the existence of TGD people through developing health measures and transdisciplinary research methods. TGD people are often left out of this form of large-scale health research and there is almost no data on TGD people in relation to these specific sociopolitical forms of stress and resilience. As TGD scholars, Puckett and Dubois designed the SPC study as protest against the Trump administration memo and the current sociopolitical climate by creating research *for* TGD people. As they explained when asked for context in regard to the research project, recognition of the oppression of trans people in medical research is inherent within the study's design. Within current health measures, there are no norms outside of the cis-binary, therefore, one of the goals of the processes within the SPC study is in finding ways to counter the cis-centric nature of clinical practice. TGD people have a right to their health data and the SPC study provides TGD participants immediate access to their health readings, while also working to critique how hegemonic data is restricted and fails to incorporate TGD people and TGD experience.

Puckett and DuBois sought research partners in a range of states that differ in their support for TGD people in order to analyze the physiological effects of stress within the wide breadth of sociopolitical climates throughout the United States. Coming from separate research backgrounds and a variety of experiences working in a multitude of TGD communities, the design for this study came in part from a desire to lessen the gap between academic studies *about* TGD people and academic studies *for* TGD people. Therefore, in setting out to design the SPC study, Puckett and DuBois drew upon their history of community engagement and personal experiences in order to design a project that would center TGD folks and construct meaningful data that would both immediately serve TGD people and work to break down sociopolitical stigmatization and gatekeeping.

What this means is that each phase of the SPC study and each element of data collection was constructed centering TGD needs in the process. The biomarker collection originally included a hair sample. However, after being reviewed and rejected by the Nebraska TGD community-based research advisory board, this biomarker was taken out of the study. The discussion surrounding the collection of hair samples marked a racial divide among the members of the Nebraska TGD board. In particular the Black members of the community board dictated the need to remove the hair sample as it reinforced on-going hegemonic control of Black hair. The hair samples in particular presented a conflation of the intersectional marginalization experienced by BIPOC TGD people in dominant health care settings as the physiological needs of both Black patients and TGD patients are either ignored or mandated along white, cisgender lines. The social and political regulations placed on both TGD identity and Black hair in particular meant that cutting participants' hair in the SPC study was likely to be triggering and traumatizing for many participants, especially TGD BIPOC participants. Many members of the Nebraska TGD board stated that they would not be willing to participate in the study if the hair sample remained, and recruitment, especially in TGD BIPOC communities, would be more difficult. In response to this feedback, the lead investigators, made up of a largely white research team, removed the hair sample from the biomarker protocols. This instance demonstrates the commitment of the SPC lead researchers in responding to and advocating for the needs of TGD BIPOC communities.

The action of removing the hair biomarker sample is a distinctive act of centering TGD experience and the intersectional nature of TGD identity in the study, starting the process with a centralized TGD community voice. The distinctive experiences and needs of the intersectional TGD body are thereby privileged within the study as the site of knowing and knowledge

construction, basing the health processes in TGD experience and physical self. The physiological element of hair is a signifier of individual identity, racial identity, and conceptualization of gender and performance. Hair itself acts rhetorically both in the realm of biomarker collection as potentially contributing significance to health measurement and numerical data as well as demonstrating the personal agency and gender expression of participants. The TGD body thereby asserts its authority and agency within the conceptualization of the SPC study, resisting both the symbolic and physical act of cutting the hair. As a biomarker measure, hair samples would have contributed different health readings, however in removing the hair sample from the study, the aggregate biomarker data is reconceptualized to the loci of significance of the TGD body and experience.

Furthermore, as a study designed to be resistive, this first act of revising the quantitative health markers collected indicates the fluidity of health research. Although more biomarker data may have contributed to the health data collected and possible health outcomes predicted, the fluidity of biomarker research does not necessitate the hair samples. In placing the needs of TGD people over the desires of health researchers, this study opens up a discourse of alternative methods of health data collection and potential variations on health and medical practices that would accommodate those with different life experiences. In recognizing the potential harm that the hair sample biomarker collection could do to TGD participants, the SPC study resists hegemonic assertions that prioritize health and medical providers' desires and mandates over the patient/participant. While hair samples would have contributed to the overall AL data adding to the physiological and health makeup of the body, individual comfort and safety took precedence. In conducting a study about the stress and resilience of TGD people in relation to environmental

factors, the SPC study researchers opted not to create an environment that would contribute to the stress and trauma that TGD people often face in health care and clinical settings.

This same sense of care and comfort is again reiterated within the training and biomarker collection manuals, continuously centering the TGD body over that of the call for more biomarker data. These aspects of constructing the study centralized on participant needs continuously serve to advocate for TGD people as vital participants of health research and medical attention without stigmatization or othering. Biomarker research and community-engaged adaptive practices demonstrate a means of conducting comprehensive health research of TGD bodies that offers the fluidity of modification to meet participant needs.

**Biomarker Collection Manual** The SPC study works to construct contextualized research on stress and resilience that integrates elements of health and moves away from a cis-focus on general health research. The biomarker collection manual and training session therefore offer a “how to” for the broader research team: how do researchers create an environment that continuously centers the needs of the TGD participant and body, while also collecting the necessary health data? Within the manual, this question is largely answered in the form of “comfort notes” and discussions surrounding body language and consent, as well as on-going discourse with TGD participants about their comfort levels and needs during data collection.

The first section of the manual details actions that need to be taken by the researcher prior to biomarker collection. This involves contacting participants and requesting that they wear “layers of clothing with a light underlayer that they feel comfortable in,” and recognizing that some participants may prefer to bind parts of their body. This preliminary discussion with TGD participants ensures that the TGD person is in control. Furthermore, as participants choose the place of the interviews and baseline biomarker collection, they are given the power to place

themselves in a setting that does not feel clinical, stigmatizing, or triggering. From there, the manual reinforces that researchers must verbally explain what they are doing and “confirm consent, answer questions and do your best to put the participant at ease and involve them to the degree that they are comfortable” (p. 2). This process involves an awareness of researcher body positioning in relation to the participant, and researchers are instructed to “stand to the side of [participant’s] body as opposed to face to face when possible” (p.2), in order to avoid giving off a stance of dominance or confrontation. Researchers were tasked with actively involving participants in the measurement process as much as possible. For the anthropometric measurements, this means having the participant guide the tape measure in conducting waist and hip measurements, only asking participants to remove clothing layers that they feel comfortable with, and reinforcing that binding and figure altering items do not need to be removed, but simply noted by the researcher (p. 3). Throughout each stage of this process, the participant and their comfort level is centralized. The SPC study was particularly designed in order to be a collaborative and nonclinical experience in which participants work with researchers in collecting biomarker measures so that TGD people are given agency and control of the situation, in what they do and how they do it. This process is an attempt at undoing negative clinical experiences participants may have had in the past and centering the physical and mental health needs of TGD people in the process of biomarker collection.

In giving agency to the participants to control the biomarker measures and collection, this process offers a means of breaking down the traditional clinical power dynamics of researcher/participant that asserts the researcher as the dominant and often omniscient force. Throughout the biomarker collection manual and the practice of biomarker collection, the TGD bodies are the sites of knowledge construction and dissemination. It is the participants who have

the power and autonomy to assert their needs and lived experiences within the situation based on their comfort level. As each step of the process requires the verbal consent and engagement of the participant, the participants become the arbiters of what they are and are not willing to provide or be a part of. This means that researchers must adapt to participants' directions and needs, transforming the aggregate health data that comes from their bodies.

Furthermore, participants are in control of the clothing protecting their body. In the majority of clinical settings, participants would generally be asked to expose specific parts of their body for measurements and biomarker collection. Specifically, hegemonic health studies and clinical environs often require participants to remove body altering or binding attire. Within the SPC study, this was given particular note, as binding can be central to a TGD person's sense of safety and self, as the bound and altered body is representative of the actualized form of the person. By not requiring participants to remove these elements of their attire, the SPC study asserts the TGD body *as* the normalized body, both physiologically and ideologically. In viewing the bound body as measurable and acceptable biomarker data, this study incorporates these physical manifestations of TGD identity into quantifiable health data as it is then assimilated into the collective numerical signifiers. Measures of the TGD body become part of the data set of AL both for individual health readings and in the context of others.

The TGD body is centralized within the process of biomarker data collection as well and exerts a rhetorical force of agency and control upon the situation through both the ability to choose the situation and through the control of what measures are and are not acceptable. In requiring researchers to continuously assess their body positioning and physical interaction with the participant, the researcher is forced to conform their movements and actions around the physical space of the participant body. Researchers in the collection process orbit and adapt

around the desires and needs of the TGD body. This places the importance of physical presence and power into the TGD body, advocating that of course, TGD bodies are indeed “Bodies that Matter” (Butler, 2011).

Along these lines, one of the most difficult elements of advocating for TGD bodies as normalized within dominant health systems are the multitude of health systems that hinge upon a misrepresentation of gender and sex as a male/female binary. Within the SPC screener survey, participants were asked to choose between a list of 12 different gender identities, with a thirteenth option of writing in their own. From there, in order to be able to represent these responses within hegemonic health gender labels, participants were asked to choose “which of the following options best describes your current gender” with the options of “trans masculine,” “trans feminine,” “genderqueer/non-binary”, or “I am not transgender.” Then the next question asks potential participants what sex was listed on their original birth certificate with the options of “male” or “female”. This series of questions represents both a rejection of the limitations of hegemonic gender and sex labels, while still working within the dominant system. In allowing participants to enter in their own gender identity, the SPC study advocates for a rejection of gender as a singular binary or narrow categorization. Furthermore, when asking participants to then categorize their gender identity into the category that “best describes” their gender, the researchers add an acknowledgement that the options are limited and therefore not fully representative of the diversity of gender. Finally, in asking participants to identify what sex is listed on their *original* birth certificate instead of simply asking participants “what is your biological sex” or “biological sex at birth”, the screener survey identifies the false conceptualization of sex as male or female based on the dominant manifestation of genitalia, and linguistically separates from asserting these sex classifications onto the bodies of the

participants. In framing the question around the original birth certificate, the screener survey separates the sex marker from the participant, labelling it as outside of the participant's body. The terminology in each of these questions works to validate the gender of the TGD body and devalues the limited and misrepresentative nature of hegemonic categorizations of gender and sex while still recognizing that in order for this health research to be recognized and accepted by the dominant health community, this study must have some form of categorization that meets that of current dominant health systems.

**Data Sharing** Not only is the TGD body centralized in the collection of biomarker data, but they are also fundamental to the process of sharing the collected health information. For each biomarker collected, participants are given the option of knowing their results. Before consenting to participate in the study, many participants questioned what the produced data would be used for and who would have subsequent access to the health information. In order to assure them that the study is directly and tangibly engaging with and giving back to the TGD community, DuBois and Puckett were adamant that individual biomarker and health data be readily available to the participant. Where possible, participants were given the option of knowing the results as soon as they were available. What this means is that the constructed health data is placed directly into the hands of the participants and community members, and therefore serves a purpose separate from academic research and publishing. The researchers and participants then go through the numerical health data, transcribing the numbers into physiological effects and systems of the body, articulating significance and potential risk. This process of sense- and meaning - making is an interpretation of the numerical significations of the body within physiological identity, tied to ideological and symbolic self. Participants have a right to their health information and the pathways of potential health risks. By giving the data directly to the community, the SPC study

critiques how hegemonic practices restrict health data to the hands of “professionals” in the field, largely failing to incorporate community members in the realm of data access. The knowledge constructed from the biomarker data points have the power then to provide a backing that supports marginalized and health disparate communities and offers a better predictor of long-term health outcomes. In giving participants immediate access to the constructed data and health readings produced by their body, the sharing of knowledge and understanding of environmental health effects directly centers on TGD experience and self. This process of biomarker collection and meaning-making has the potential to deepen understanding of the foundations of health disparities and move health practitioners away from assigning blame of poor health to individual or community failings.

## **Conclusion**

The recognition of and opposition to the oppression of TGD people in medical research is inherent within each aspect of the SPC study. Within the current state of health research, there is no language or data that constructs health norms outside of the cisgender binary. Finding ways to counter this binary dictation of health and the body is central to the aims of the SPC study. From this viewpoint, bodies serve as both a symbolic and material canvas for the sociopolitical dynamics of power surrounding them. The collection of biomarkers and construction of AL function as a means for elucidating the effects of these power dynamics within participant body subjectivity. In order to centralize the TGD body in the research, the SPC study designed biomarker collection trainings, manuals, and discourses that would collect the biomarkers necessary, while avoiding stigmatizing and triggering interactions for TGD participants who have experienced abuse and trauma in clinical health settings. This was done through practices that centralize TGD bodies and empower participants by incorporating their consent and

involvement into each element of the biomarker collection process. The clinical measurements of the body come together to develop an assessment of AL in order to produce operational data and statistical, quantitative results that provide evidence for the physiological effects of stress on these marginalized communities. Therefore, an evaluation of the processes of biomarker collection and participant interactions have the potential to aid in constructing health initiatives, developing community-based solutions to health inequities, reducing the systemic stigmatization and erasure facing these communities, and helping medical providers better attend to the health of TGD folks by forcing providers to take these exterior elements into account.

Within critical rhetorical research of health studies, an incorporation of biomarker research and community-engaged, resistive data collection practices offers a means of deconstructing and redeveloping the hegemonic baseline of measurements of the healthy/unhealthy body, and maps the impacts of sociopolitical context on TGD communities through an analysis of the process of biomarker collection and information sharing. These health measures bring together different physiological functions of the body to better construct a full picture of the physiological self tied to conceptual identity markers. The fluidity and adaptability of biomarker research demonstrates procedures for developing health and resilience research that centers the TGD body as the loci of agency and control, and decenters the cis body as the binary “healthy” norm. These resistive research practices have the potential to complicate the narrative of binary readings of healthy vs unhealthy as identity labels and construct a larger picture of both present physiological and mental health readings as well as the potential for future health problems as a result of perpetuated social, political, and other environmental stressors. The collection of minimally invasive biomarkers translated into numerical value and placed in conjunction with the readings of others, offer a view of the physiological body dictated by the

ideological and social mandates of personal identity. The individual person and collective community have the power to refuse to contribute biomarker data that impinges on their comfort or presentation of self (both physical and symbolic). Through the fluidity of SPC biomarker collection processes paired with community-engagement practices and researcher trainings, TGD health research has the potential to break free from the limitations of subjective sex and health allocations, allowing for a more accurate and inclusive understanding of both individual and communal health and resilience.

CHAPTER 5:  
COMING OUT AND COMING INTO: TGD NARRATIVES OF GENDER NEGOTIATION  
AND DISCLOSURE

*“It’s like living in two different realms.” – SPC study Participant*

**Introduction**

Gender transition and gender disclosure are central aspects of life as a transgender and gender diverse (TGD) person. The decisions surrounding gender presentation and how, to whom, where, and when to disclose gender identity presents an on-going negotiation of the gendered self in relation to cultural expectations of gender roles (Alonzo & Buttitta, 2019; D. Cloud, 2017; Fritz & Gonzales, 2018; M. L. Gray, 2009; Jones, 2020; Vanderburgh, 2014). TGD people are perpetually asked to demonstrate and prove their legitimacy through both physical and ideological discourses of gender identity (Jones, 2020). What this means is that within social, medical, and familial relationships, TGD people must constantly navigate the precarious waters of acceptance, tolerance, erasure, and violence from others, as they simultaneously navigate their own gender identity and transition process. Vanderburgh (2014) explains, “

Coming out is a process of acknowledging to oneself or disclosing to others something that is not readily apparent or understood about who we are. For those of us who are trans or gender nonconforming, that something is our gender identity or expression. Coming out as trans or gender nonconforming is a lengthy, individual process, often messy and sometimes traumatic, but it can also be affirming, liberating, and positive (p. 105).

The narratives of coming out express a continuous negotiation between personal identification,

presentation, and social context. In this study, based on the discourses presented in the in-depth interview transcripts, I follow Vanderburgh's (2014) use of term "coming out" as a personal, public, and physiological process of gender disclosure as TGD participants in the study explain their moments of coming out as they come to understand and accept their own gender identity, physically transition, and disclose their gender identity to others. This definition is reinforced by the participants as they explain their moments of coming out as that of realizing and accepting TGD identity, transitioning and being outed by their physical representation in one way or another, and as they make the conscious choice to disclose or not to disclose their gender identity to family, friends, co-workers, and strangers.

This chapter provides a qualitative analysis of SPC participant entry interviews that focused on questions surrounding resilience and stigmatization. Although questions of gender disclosure and coming out were not explicit within the interview protocols, many participants related their narratives of coming out as continuous negotiations within their experiences of stress and resilience. Throughout these interviews, a common theme of narratives of coming out is present as participants go through gender transition and the ways in which they navigate day-to-day life as TGD people. TGD participants are faced with questions of how and when to disclose their gender identity to family and friends, as well as how to continue to hide their physical transitions in spaces that may be potentially dangerous and stigmatizing. This study is a critical rhetorical analysis of the participant interviews dealing with narratives of gender disclosure and coming out as the artifact. Utilizing rhetorical theories of personal and cultural narratives, this chapter explores the narrative elements consistent in the coming out discourses and asks the initial question: How did the TGD participants relate the story of their gender expression? This primary question led to the follow up questions: 1) How do TGD people "come

out” to others?, and 2) How does the body and process of transition impact the discourses of coming out and visibility?

As discussed in previous chapters, the body is fluid and malleable, especially for participants undergoing physical gender transition and gender expression. Personal control of gender disclosure shifts as the body may disclose gender transition without the intention of the person, such as the gradual physical changes due to beginning hormone injections or shifts in clothing and attire. TGD people make choices every day as to how they will present themselves and their gender based on where and with whom they will be interacting (Beemyn & Rankin, 2011; Erickson-Schroth, 2014; Gossett, Stanley, & Burton, 2017; Jones, 2020; LeMaster, Shultz, McNeill, Bowers, & Rust, 2019; Nuru, 2014). For example, TGD people may choose to present themselves as either their gender assigned at birth or their real gender based on who they would be interacting with in order to avoid stigmatization or having to explain their gender to a potentially well-meaning but ignorant co-worker. The ability to present, or “pass” (Billard, 2019b; Wagner, Kunkel, & Compton, 2016), as cisgender or along the gender binary can offer a means of safety and a break from potentially triggering and often difficult conversations with both close acquaintances and potentially hostile strangers (Billard, 2019b; Gossett et al., 2017; Jones, 2020; Patterson & Spencer). This chapter looks specifically at the intersection of coming out narratives with the physical and ideological transition processes.

In rhetorically analyzing participant coming out narratives, I will first give an overview of narrative theory and previous scholarship, then present a description of the methods employed in in data collection and analysis, and finally explore the three emergent elements present within the coming out narratives. These three elements center on:

- Coming out to the self: participant recognition and realization of TGD identity.

- Physical coming out: the process of physical and medical transition as participants navigate visibility and their gender presentation.
- Coming out to others: how and why participants choose to or not to disclose their gender identity to others.

From these narrative discourses, TGD participants demonstrate the continuous and precarious nature of gender transition and disclosure. Within a narrative theory framework, these participant narratives elucidate the process by which physical gender expression and personal gender identity co-construct a narrative of coming out that is sometimes at odds with each other. Through the process of decision-making and negotiating transition, TGD people navigate disclosing gender identity and framing gender expression based on feelings of safety, trust, and context, as well as their personal negotiation of themselves in their body.

In this chapter, I argue that these coming out narratives of TGD participants demonstrate the multivariate forces of narrative construction that take place between the discourses of gender expression and gender identity. In these narratives of gender disclosure, the discourse surrounding gender identity is one of fluidity and evolution as the participants detail personal realization of their gender identity, processes of transition, and disclosure to others as their own perceptions of the self continue to grow. Conceptually many of these narratives begin to more closely mirror those of “coming of age” narratives as both physical and abstract identity evolves over time. The narratives themselves likewise continue this evolutionary negotiation through transitional stages of ideological and physical change, re-envisioning the narratives as a series of coming *into* as opposed to coming *out*.

Furthermore, as interview protocols did not explicitly ask for narratives of gender disclosure or coming out, the relationship between patient and researcher becomes significant

within the narratives told. As researchers ask questions about stress and resilience as a result of living as a TGD person within the participant's city, state, or local community, participants disclosed stories of gender expression and disclosure from "coming out to [themselves]," "Coming out to others", and negotiating transition (Vanderburgh, 2014). This organic narrative disclosure presents an analysis of the relationship between participant and researcher through the discourses that took place in the coming out and identity negotiation narratives. This unprompted expression of coming out narrative of disclosure demonstrates a level of trust between the researcher and participant, as participants share their on-going process of self-identification and presentation to others. In sharing their coming out narratives, participants are in essence coming out again in the interview process, placing trust in researcher and the SPC study as a whole to guard the information of their gender identity.

### **Narratives, the Body, and the Evolution of Coming Out**

Coming out narratives serve as both political and ideological functions that resist categorization within hegemonic groups that presume a cisgender, heterosexual identification. This is furthermore exemplified in health contexts, as health is embedded within cultural systems of power and meaning (Shugart, 2011). Narrative construction serves to reproduce hierarchies of power, but also possess the power to fight against these repressive systems through the co-construction of meaning and a reworking of master narratives (Mumby, 1987; Selby, 2001). Langellier (1989) argues for the use of personal narratives as a means through which to give voice to muted groups. This understanding of narrative serves as a performance between the narrator and social life, and is especially pertinent for TGD people as the narrative of coming out is a co-construction of meaning and identification with the body, personal gender, and the audience or receiver of the gender disclosure. Narrative is embodied and embedded within

cultural, social, and political systems of relationships, therefore the narrator or story-teller co-constructs meaning and signification in order to create, reproduce, or recreate shared knowledge and interactional values.

Narrative is often used as a tool for sense-making and healing through discourse surrounding personal experience and identity (J. B. Gray, 2009). There is a breadth of research on the utilization of narrative construction and narrative sharing within health discourses. The sharing of personal health narratives has been used as a tool for breaking down barriers to Black and Latinx patients and health providers (Fernández, 2018), to create empathy and deepen medical understanding between patient and medical practitioner (J. B. Gray, 2009), and can improve health literacy in at-risk communities (Beck, 2005; Harter, Japp, & Beck, 2006). Narrative identification creates a collective identity toward action, fighting against oppressive systems of power (Selby, 2001). However, as Langellier (1989) explains, these narratives can only exist in relation to the dominant narratives, therefore in order to have social power and resistive force, they must incorporate a negotiation of dominant social structures in order to work toward deconstructing and restructuring systems of power and regulations of personal agency and identity.

Studies surrounding the coming out process and narrative sharing have evolved away from the understanding of “Coming Out” as a singular moment of identity disclosure, toward an on-going assessment of personal identity (Alonzo & Buttitta, 2019; Vanderburgh, 2014), and a memorialization of the past self (Cover & Prosser, 2013). The process of coming out and gender disclosure is both performative and constitutive in that it “brings identity categories into being and gives them meaning” (D. Cloud, 2017, p. 167). Within his work on the adaptations of coming out narratives and disclosure of personal identities, Doug Cloud (2017) describes this

constitutive act of coming out as a moment in which the individual is constituting their personal identity through information sharing and socio-cultural performance with those they are sharing this information with, rather than a one-time disclosure of a set identity categorization. The coming out narratives thereby present the process of coming into the lived experience of the self, demonstrating the changing nature of personal identity and how individuals personally and socially construct themselves. It offers a means of relational connection as well as an evolution of the conception of the self that is never static or finished (Alonzo & Buttitta, 2019). The public sharing of coming out narratives, especially of those by marginalized and othered populations can simultaneously reinforce and disrupt hegemonic stereotypes of marginalized identity (Langellier, 1989; Spencer, 2014). Celebrity and publicized coming out narratives deal with the process of public silence, repression, and denial moving toward an adaptation of LGB authenticity and sharing of ‘personal truth’ and legitimacy (Dow, 2001). Sharing coming out narratives publicly and in private social contexts constructs a counterpublic to hegemonic discourses of identification (D. Cloud, 2017), as coming out represents a separation from dominant identity structures thereby necessitating the need to come out or disclose (Cover & Prosser, 2013). Coming out narratives thus solidify a separation from cis-hetero-normative identification, and signify a reiteration of the fluidity of physical and conceptual experiences of gender and self (Currah, 2008; Fritz & Gonzales, 2018; Stryker, 2008).

Throughout this process, the narrative construct is essential as narratives offer a means of the co-construction of identification and meaning-making between the speaker and the audience as well as the ideological and physical self (Cover & Prosser, 2013; Langellier, 1989; McClure, 2009; Selby, 2001; Wagner et al., 2016). These narratives serve as performative acts constituting both the evolution of personal identification and constructing or solidifying identity within the

socio-cultural context. As Doug Cloud (2017) explains, these coming out narratives “showcase the flexibility and possibility of coming out discourse. They exemplify what coming out discourse and other discourses of identity *can* be: an exploration as well as a declaration, a chance to give voice to more complex visions of who we are, what we do, and why” (Cloud, 2017, p. 184). For TGD people, this evolution of the narrative of coming out is often tied to the body, but not defined by it. Throughout the process of coming out, TGD people must navigate personal identity in conjunction with environment and context, shifting both personal expression and the forms of gender disclosure. TGD people perpetually balance personal safety, privacy, and available support in varying contexts in order to ascertain whether or not they are able to come out or able to choose not to come out (Fritz & Gonzales, 2018; Jones, 2020). The body has disclosive power in relation to coming out as those that are unable to hide their TGD identity or “pass” as cisgender must navigate the ways in which their body potentially “outs” them in varying contexts. Therefore, the process of coming out and gender disclosure becomes not only a fluid evolution of personal identity and expression, but a constant co-construction of narrative sharing between conceptual gender identification and physiological expression.

As TGD people undergo gender transition the body begins to change, often visibly. This presents a question of how TGD people are able to control their coming out narratives when their body begins to display transition regardless of whether or not the person is ready to share that aspect of themselves, and how TGD people navigate fluctuations of the self. Personal identity is socially constructed, dictating that some are stigmatized while others are legitimized as acceptable (Alexander, 2005; J. Butler, 2006, 2011; S. Butler & Bissell, 2015). Gender performance works as a social construction that polices bodies and identities (Billard, 2019b; J. Butler, 1990, 1993, 2006, 2011). The body acts in both the material and symbolic sense as a

means of self-representation and expression, but is simultaneously a means through which hegemonic control can assert normative definitions of gender through social gender scripts, political policy and medical regulations (J. Butler, 1990, 2011; Fausto-Sterling, 2020; Foucault, 1990). However, the body can also serve as a source of self-actualization and personal empowerment as the physical body begins to mirror internal gender (Billard, 2019b; Fausto-Sterling, 2020; Manion, 2020). In analyzing the coming out narratives and instances of gender disclosure of TGD people, the body is central to gender performance and perception of gender. In this case, gender performance refers not exclusively to personal wardrobe or any perceived “choice” of gender, but is rather defined as “the effect of a regulatory regime of gender differences in which genders are divided and hierarchized under constraint” (J. Butler, 1993, p. 21). Gender performance is the demonstration of the hegemonic ordering of gender normalcy and abnormality: what is hegemonically (un)acceptable as female vs. what is hegemonically (un)acceptable as male. This does not mean that gender does not exist outside of the symbolic context of social performance, but rather that gender as it is hegemonically conceived serves to categorize and order bodies within a social hierarchy of subjectivity. TGD people are continuously navigating both the ideological and physical effects of these categorizations of gender, as they make decisions on their personal journeys of transition, gender disclosure, and gender performance in any given context. Therefore, the physiological body and the ideological self, co-construct a narrative of gender identity and disclosure through the process of transition and coming out.

Gender transition is both deeply personal and inherently public and political, as the transition is mapped out across the body through personal expression of self by acts of naming, publicly used pronouns, medical changes, and both public and personal disclosure. In the coming

out narratives, the transitional process of gender performance offers a rejection of hegemonic assertions of gender as biologically defined, and can serve as both a rejection of and a conforming to hegemonic gender performance. As trans activists Gossett, Stanley, and Burton (2017) explain, living as a TGD person serves “to violate the state-sponsored sanctions – to render oneself visible to the state”: they emphasize the power “in coming together in ways that don’t replicate the state’s moral imperatives. Fashion and imagery hold power, which is precisely why the state seeks to regulate and constrain such self-representations to this very day” (p. xvi). Gender transition rejects the notion of gender as defined by sexual organs labelled at birth and sanctioned by medical regulation and gatekeeping. The body is emblematic of the gendered self, therefore gender transition becomes a means of redefining gender away from the hegemonically mandated binary norms. As Bornstein (2016) explains, “my identity becomes my body, which becomes my fashion which becomes my writing style.” (p. 1). Control over the personal narrative of gender transition and gender identity is tied to the processes of the material and ideological self and transition processes.

## **Methods**

This chapter analyzes the 35 qualitative interviews of participants that took place at the Nebraska research site, looking specifically at responses that delve into coming out narratives and gender transition within sociopolitical and geographic context. From a critical rhetorical perspective utilizing narrative theory, this chapter explores the ownership of coming out narratives and the continual and recurring process of coming out throughout personal and public gender transition. The body itself serves as a potential form of disclosure of gender transition regardless of the intent of the person. The body therefore is inherent in the process of outing or concealing TGD identity and exerts its own rhetorical force within the conceal/reveal dichotomy.

Critical rhetoric offers a lens through which to explore the discourses at work in participant interviews in order to identify significance in both singular and repeated themes throughout the transcripts. Critical rhetoric does not draw upon quantity or repetition alone, and allows for singularity in significance of experience (McGee, 1990), thereby offering a new lens through which to construct meaning from participant discourses that may otherwise be overlooked.

The data for this chapter was collected as part of a multi-site, interdisciplinary collaborative study, employing in-depth individual interviews surrounding TGD identity, stress, and resilience of the TGD participants in geo-political context. This chapter focuses specifically on the interviews collected in the Nebraska site in order to allow for a more in-depth analysis of the specific nuances of the data set. The protocols were structured around questions of resilience, TGD life in Nebraska, stressors, and sociopolitical engagement. The semi-structured interview protocol style allowed the discussion between interviewer and participant to flow naturally as the topics and time allowed, and gave the interviewer the opportunity to ask follow-up questions based on the answers given by participants. The use of semi-structured protocols allowed the participants and interviewers to explore issues, themes, and ideas outside the original protocol that develop during the interview process (Owen, 1984). During transcription, verbal fillers such as “um” and “like” used by the participants have been left in the text as these elements help to indicate tone and perspective. Participants have been assigned code names that line up with their gender identity in order to maintain confidentiality and validate gender identity. All names and any potentially identifying information in the interviews have been removed from the transcripts.

**Participant Demographics** As this chapter focuses on the Nebraska interviews conducted during initial data collection processes, I will focus on the participants and processes specifically pertaining to the Nebraska site. Upon approval of IRB from the institution of the

primary investigators (University of Oregon) and the University of Nebraska IRB system, interviews were conducted between October 2019 and ended in March 2020. The research team interviewed 35 TGD people between the ages of 19 and 70 ( $n = 32$ ). 11 participants (31.4%) self-identified as trans man, 1 participant (2.9%) self-identified as man, 7 participants (20%) self-identified as trans woman, 4 participants (11.4%) self-identified as woman, 3 participants (8.6%) self-identified as genderqueer, 7 participants (20%) self-identified as non-binary, 1 participant (2.9%) self-identified as bigender, and 1 participant (2.9%) did not include their gender identity. For more information on participant demographics, see Figure 1. Participant interviews varied in length, and the resulting transcripts ranged from 5 to 24 pages, and totaled 391 pages.

Demographics	NE
<u>Age</u>	
<b>Age M (SD)</b>	32.26 (14.19)
<b>Age Min</b>	19
<b>Age Max</b>	70
<u>Gender; N (%)</u>	
<b>Trans Man</b>	11 (31.4%)
<b>Man</b>	1 (2.9%)
<b>Trans Woman</b>	7 (20%)
<b>Woman</b>	4 (11.4%)
<b>Genderqueer</b>	3 (8.6%)
<b>Non-Binary</b>	7 (20%)
<b>Agender</b>	0
<b>Androgyne</b>	0
<b>Genderfluid</b>	0
<b>Bigender</b>	1 (2.9%)
<b>Not Listed</b>	0
<b>Missing</b>	1 (2.9%)
<u>Sexual Orientation (check all)</u>	
<b>Bisexual</b>	12 (34.3%)
<b>Gay</b>	9 (25.7%)
<b>Lesbian</b>	5 (14.3%)

<b>Queer</b>	16 (45.7%)
<b>Asexual</b>	3 (8.6%)
<b>Pansexual</b>	14 (40%)
<b>Straight</b>	1 (2.9%)
<b>Not Listed</b>	1 (2.9%)
<u>Employment (check all)</u>	
<b>Employed full time</b>	16 (45.7%)
<b>Employed part time</b>	11 (31.4%)
<b>Full time student</b>	13 (37.1%)
<b>Part time student</b>	1 (2.9%)
<b>Unable to work bc health reasons</b>	2 (5.7%)
<b>Unemployed</b>	2 (5.7%)
<b>Other response</b>	2 (5.7%)
<u>Living Situation</u>	
<b>Living alone (apt, dorm, house)</b>	8 (22.9%)
<b>Living with parents or family</b>	3 (8.6%)
<b>Living with roommate (apt, dorm, house)</b>	10 (28.6%)
<b>Living w romantic or sexual partner</b>	14 (40%)
<b>No permanent home</b>	0
<u>Highest Degree</u>	
<b>HS Diploma or Equiv.</b>	4 (11.4%)
<b>Some college, but less than a year</b>	3 (8.6%)
<b>Technical or Vocational Degree</b>	0
<b>One or more years of college, no degree</b>	8 (22.9%)
<b>Associate degree</b>	3 (8.6%)
<b>Bachelor's Degree</b>	16 (45.7%)
<b>Master's Degree</b>	1 (2.9%)
<b>Doctorate or Professional Degree</b>	0
<b>Certificate Program</b>	0

**TABLE 1: Table of Participant Demographics:** Table created by Dr. Jae Puckett (2020)

**Data Analysis** In approaching the analysis of interview transcripts, I employed both qualitative methods of interpretivist constant comparative means (Carmack, 2014) with close-textual rhetorical analysis (Leff, 1986), in order identify first level themes in the data set as a whole. While reading the transcripts, I made initial notes on potential patterns and developed a set of initial first level codes present throughout the data itself (Tracy, 2019, p. 189). From the initial coding, persistent terminology of “coming out” and themes of gender disclosure emerged as participants shared stories of their transition, gender presentation, and gender disclosure tactics with family, friends, and acquaintances through their responses to interview protocol and follow-up questions. As the interview protocols were originally structured around questions of stress, resilience, political media engagement, and sociopolitical environment in the participants’ hometown, narratives of gender disclosure utilizing coming out terminology emerged organically as participants explored their personal experiences.

After identifying the first level codes, I revisited the participant discourses specifically pertaining to coming out in order to conduct a rhetorical analysis of these discourses. Critical rhetorical analysis seeks to contextualize these discourses within a wider framework of cultural context and social environ, bringing together the pieces of discourse into a comprehensive analysis of internal and external narrative (Edbauer, 2005). In compiling individual stories of coming out, gender disclosure, and transition inherent in the interview transcripts, the emergent narratives demonstrate three aspects of coming out: Personal, Physical, and Social/External. Each of these themes of gender disclosure incorporated the phrasings of “come out”, “came out”, “coming out”, etc. as part of the explanation of gender identity, expression, and transition, exemplifying coming out as a continuous process. As this is the terminology used by the

participants, I will continue to use the phraseology surrounding “coming out” in analyzing these narratives.

## **Analysis**

In approaching the discourses surrounding gender disclosure and coming out, I ask the question: “How did the TGD participants relate the story of their gender expression?” As I began my rhetorical analysis, follow up questions surrounding the body and instances of gender disclosure became apparent as a means of exploring the themes in the language and practice of coming out. From there, the three discourses of *Coming Out to the Self*, *Transition and Physical Coming Out*, and *Coming Out to Others* were present throughout the narratives as participants grappled with the continuous and precarious nature of gender transition and disclosure. The terminology of “coming out” is incorporated throughout each of these aspects of gender transition and disclosure, demonstrating not only a continuous process, but a negotiation of the three elements in both disclosing gender to others and negotiating gender within the self. Furthermore, the narratives are laden with the pacing and precariousness associated with coming out and transition, as many participants lament the slow process of recognizing their gender identity, physical transition, and disclosure to and acceptance of others. As Marsha explained,

Just to be able to be your true gender, and who you really are, it’s not easy, it’s a big jump because you’re actually starting life over. And it’s like, you know, I don’t have a lot of knowledge of what it’s like to live as a woman, but I know who I’ve always been. And so everything kind of falls into place, but it’s like having to go in fast speed.

These narratives stress the constant threads of negotiation faced by TGD people as they establish where they are in their gender transition, and where they are going. The narrative is not final and takes time, pain, and joy as participants coalesce who they are on the inside with who they are on

the outside. As they develop, the process of coming out to self, transition, and coming out to others mirrors a narrative of coming of age as the conceptual self evolves over time in negotiation with a changing body and physiological experiences of the self. The progression of these narratives thereby demonstrates a coming *into* ideologically and physically as they both come into ownership of their gender identity as well as a coming *into* the sociopolitical discourse of gender expression and identification in a public arena.

**Coming Out to the Self** For many, the first step of gender transition and coming out is the realization of their gender identity. Many participants explained their battles both internally and externally to deny, ignore, and suppress their gender identity in order to conform to hegemonic expectations of gender performance. The first aspect of the coming out narrative involves the initial negotiation with the self to allow themselves to recognize and accept themselves and their trans identity. This process was different for each participant: some were able to come out through the support of LGBTQ+ communities and support groups, others felt it their whole life but didn't understand what it was until they talked to a therapist or watched a celebrity transition, and others actively fought against their gender identity for years. Each of these processes involved a period of self-recognition and acceptance, eventually leading to gender transition and, often, to gender disclosure.

In this first step, having ties to LGBTQ+ community and support groups made the initial coming out process relatively easier, and allowed participants to more easily explore their gender identity in a safe environment. Lee's process of initial realization came through their engagement with these supportive groups, as they explained,

I was very hesitant to come out but then once I did, like I had a community like right there waiting for me. [...] I didn't come out as a binary trans person, I didn't really come

out as anything I just started using they/them pronouns and like gradually became more comfortable calling myself trans and talking to other trans people about being trans. [...]

I did not just “come out,” like I paced myself because like with my anxiety I knew that that would make more sense for me.

For this participant, as with many, the process of “coming out” was not a singular event of gender disclosure. As explained by Lee, coming out was a continuous and fluctuating process of both self-discovery and disclosure as they began to explore their gender identity further and take steps toward transition. This offered them the freedom to come to terms with their trans identity, and freely explore what felt right for them.

Another common element of the process of personal recognition of gender identity involved personally accepting their gender identity. This often took the form of not understanding what they were feeling and continuously being told by family and superiors that they were wrong and must conform to their gender assigned at birth. As Marsha explains, “I’ve lived most of my life fighting my identity because I didn’t know any other.” Marsha went on to describe how she fought with her parents as a young child trying to explain that she was a little girl and being denied, however it was not until much later in life that she sought therapy for suicidal ideation and explained her feelings to the therapist who then helped her realize that she was transgender. She has spent the majority of her life fighting against her gender identity not truly knowing what she was fighting against. Similarly, Elliot details his battle of coming out to himself:

I did not want to be trans so fucking bad. I didn’t want to be trans and I was just like trying to fight it but like the idea of staying in my body I was like I literally just, I would rather die, like I will die if this does not change and I need it to change soon because I

had been like fighting it my entire life and that was when I, it was in January of last year I like made my first appointment and started T like in secrecy without my parents knowing and stuff.

Elliot goes on to explain his process of coming out and accepting his gender identity, moreover his trans identity, as the process that saved his life. This sentiment was mirrored by many as they described having feelings of dysphoria without fully understanding what they were experiencing, and often actively denying the idea that they might be transgender in order to avoid stigmatization and backlash. Despite the initial struggle to come to terms with their gender transition, each of the participants that described a similar battle all went on to voice the relief and joy they felt upon beginning their transition. This did not mean that all problems were completely solved, but rather by coming to terms with themselves and making plans to reconcile their gender identity with their physical body they gained a sense of control over their lives that had been previously missing. Marsha described this process:

It's like, oh my, all this time I thought I was crazy and it was just as real as could be. It was like, oh, what can I do, is there anyway to be healed from this, you know. Well you have to transition, it's like oh my god, I can do this I can do this. I didn't even care if I was passable you know, I just I could do this, I have to be able to be me. And so I started my transition and it was like all the conflict and depression just disappeared, it was just amazing.

This initial step in the narrative of coming out begins with a claiming of the self and moves toward shaping physical representation in harmony with gender identity.

What is particularly interesting about each of these means of self-recognition and acceptance of gender identity is the language surrounding coming out and gender disclosure to

the individual self. This primary piece of the narrative begins the process of bringing the narrative of gender identity in coalescence with the narrative presented by the physical body in order to strengthen and unify the disparate pieces of the self. As Ross elucidates, “coming out as trans, like, is like a big enough change that like makes me stronger because I could’ve very well lived my life like, being in the closet, but by coming out and like, having like, the courage to do it and like... that’s- that’s big. It’s a change for the better.” Sharing personal narratives of gender identity and coming out is liberating for many of the participants, as the realization of their gender identity and the pathway toward their idealized gender expression gives agency over the body and empowerment within personal identity and narrative sharing.

**Transition and Coming out Physically** For the majority of participants, the next piece of the coming out narrative is the negotiation of gender transition and gender presentation. Participants described their process of transition, closely tied to the visibility of their TGD identity. For some, their process of transition was and continues to be relatively fast and fluid, leaving them only a small period of time in which they felt as though their body was at odds with their gender identity or outing their gender identity to others. Other participants described a continuous process of decision making in how they choose to portray themselves within any given context, especially if they do not identify as binary trans or are unable to or choose not to present fully as either cis presenting man or cis presenting woman. This incorporates a navigation of visibility of both their physical body and the environments and contexts in which they enter, especially as their body is in a state of flux. However, the actual process of transition was generally described as liberating and overwhelmingly positive. As Ross explains,

I’ve had like a lot of changes like really fast like, my voice dropped really fast, like it dropped like in the second month and it was like... that was like really nice for like,

passing because like, people stopped misgendering me when my voice got lower[...] I was starting my transition like, the- the happier I got, and like, the more excited I got about like, being like, myself. Like, not being scared of like, being too masculine and stuff like that.

Elliot mirrored this sentiment of relief through each phase of his gender transition as he gained a sense of confidence and freedom as his gender presentation steadily began to more closely match his gender identity.

Many participants described the period of initial transition, when the body is beginning to change but does not yet fit their gender identity, as a state of both relief at the changes taking place and a source of anxiety as their transition is publicly visible to others. As Elliot explained his process of gender transition and presentation,

I think it's definitely changed since I started to pass more. It was a lot more uncomfortable when I didn't pass at all and I think that that's like probably a really big thing that I'll repeat over and over again. Because I used to have to be so much more self-conscious, getting stared at a lot more often and just being less confident. [...] I feel like that was earlier on but it stopped later, maybe because I got better at like dressing in more like dude's clothes and I wasn't so in between, I'm not sure

This feeling of discomfort and lack of confidence was mirrored in many participants as they navigated their gender expression and presentation on a day-to-day basis. For some, the choice to present a certain way or another offered some relief from the fear of stigmatization and misgendering as they were able to take control of the ways in which others labelled (or mislabeled) their gender. Discourses of visibility are paired with passing, as many participants,

especially those who identify as binary trans, often sought to be able to present as their gender identity without being recognized or labelled as trans.

For others, this visibility allowed them to come out as TGD without explicitly disclosing their gender identity on a regular basis. Lee describes this process, as they began hormone therapy,

My advisor for my UCARE project has asked me for my pronouns and, you know, like my family know even though I never really officially came out to them. And just the other day my calc professor gendered me correctly even though I had not come out to her or anything like that so like that was a nice moment. So like my transness is becoming visible to people outside the queer community is what I am trying to get across and like I still have not had, like a negative experience, it's just I am having to like cope with the fact that like other people know I'm trans now.

Lee described the positive relief they felt at no longer feeling the need to hide their trans identity because of its visibility, while simultaneously the discomfort that it was visible enough for others to identify. The visibility of each participants' TGD identity was apparent in their discussion surrounding how and when they disclose their gender identity. For those that are able to present as their gender without being read as trans, many did not explicitly disclose their gender identity in more public settings unless they felt it would be unsafe not to disclose (this will be explored further in the next section).

For those that are unable to present as cisgender or whose gender identities are not in line with the cissexist binary, they continuously negotiate how to physically come out or avoid coming out in various situations. Many participants explained how they avoid environments that are potentially dangerous or actively non-supportive toward TGD people such as certain bars,

restaurants, or public spaces, mirrored by those they socialize with and come into contact with.

As part of this constant navigation of personal presentation and context, Fallon explained

I often present generally pretty fem, just because that's easiest. I've got a bunch of, I have my closet separated into masc clothes in one closet and fem clothes in another closet. So it's pretty easy to be like, "what gender do I wanna look like today?" and go with that but it's usually femme just because that's easiest. I don't have to deal with people.

This decision came with a constant choice of whether or not to present as their gender identity as much as possible or to conform to hegemonically recognized gender performance in order to avoid stigmatization and the exhaustion of constantly being misgendered, fighting to be gendered correctly, or educating others on TGD identity. This furthermore incorporated the issues of presenting as their gender identity and instantly being labelled an advocate or ambassador for the TGD community as a whole and the emotional toll this can take. Les explained this process stating

I have friends who sort of put on the costume of their identity every day so that people will read them always as trans, or will read them always as X, Y, or Z identity in order to combat that [stigma] and that also seems really, I don't know to me, that's too exhausting. I can't even imagine trying to wear my identity every day so that people could read it. [laughs] Like every cell of my body was just like aaaaa, no even at just the idea of doing that, it's just too much. It is so overwhelming, like, it's already hard, like I, my preference would just be to live in a world where I didn't have to and to just be left the fuck alone.

For many, the pressure of being visibly TGD, in whatever form that may take, was more painful than modifying their gender presentation to avoid having to continuously explain their gender

identity. In order to avoid coming out within the public sphere or in potentially hostile or apathetic contexts, they modify their gender presentation in order to conform to hegemonic expectations of gender. This complex web of negotiation between the shifting physical self, personal gender presentation, and gender identity in relation to sociopolitical and cultural expectations of gender performance constructs a multivariate system of push and pull as the participants describe each element of their internal and external self, including physical changes, clothing and makeup choices, hormone therapy, mental health and anxiety, and external stigmatization, rejection, and gender expectation.

The choices made around the body must also be made in relation to the ways in which the body will appear regardless of the person's intent. Many participants voiced the knowledge that they will never be able to fully pass as their gender identity, and how this thereby impacts how they navigate where they physically go, who they interact with, and how they disclose their gender identity to others. A number of patients mentioned that this interpretation of how others perceive them is largely due to the sociopolitical atmosphere that mandates gender as a cisgender binary, othering and erasing TGD people, making it difficult for them to live as their gender without fear of harassment, stigmatization, and discrimination. The body is central to the process of gender transition, but it may disclose or out the TGD person's gender identity either through gender transition or by not conforming to binary assertions of gender performance. Therefore, one of the major elements of the narrative of coming out is a continuously evolving and fluctuating process of negotiation with the body, as the body has the capability to disclose gender identity one way or another without the explicit intent of the person. As Major said, "I have to be very conscious of, you know, how I look when I'm leaving the house every day because that

affects how I will be perceived and how, you know, my interactions with anybody are going to go throughout the day.”

**Coming Out to Others** The next element of the narrative of coming out, is the process of coming out to others, either friends, family, co-workers, strangers, etc. This process is inextricably linked to the process of the body and the self, as many participants explained the need to come out or not as their physical appearance and gender presentation evolves. The process of coming out shifts from context to context as participants discussed coming out to their parents, to friends and peers, to co-workers, and to acquaintances and strangers in public settings. For some, the ability to pass or present as their gender identity offered a measure of safety or relief from the need to come out in public spaces. Marsha described her process as a decision based on personal safety and stigmatization: “I don’t want everyone to know that I’m transgender. Because when they see you as transgender they don’t see you as the person you are and that’s real”. She goes on to explain that within the realm of dating in particular, she is more likely to come out as transgender after the first few dates in order to avoid potential violent backlash against them finding out later. During this time, she explained, they do everything “Deutsch” meaning that she does not allow her dates to pay for anything for her, so that they cannot claim that she tricked or deceived them in some way.

This fear of stigmatization and violence, especially in more public contexts, is perpetuated throughout the narratives of coming out. Fear of rejection, denial, and discrimination play a major role in the decision to come out as transgender or to disclose gender identity in general. Ross described the frustration he felt when he discloses because “people become like really, like, almost like, nervous around you because they don’t know, like, how to like, be around you, but it’s like “I’m the same person, it’s just like, I’ve just changed how I identify

myself’, y’know?” This level of suspicion from those participants disclose to was a common theme as well. When explaining their experiences with coming out, many participants voiced frustrations about being told that they were “faking it for attention” or not “really trans,” and further asked to validate or prove their trans identity. Rivers tells the story of coming out to those who had been their close friends, and the pain and frustration they felt at this consistent questioning:

There have been conversations that I’ve had with people where there’s been [...] lots of questions like “What does this mean?” “Why?” “Why, why?” Um, and I think in the cases of people that I’ve known for a particularly long time, um, there- there’s I think has been maybe a little aversion motivating the questioning, aversion to specifically to the medical aspects of gender transition where there’s kind of an attitude of “are you *sure*? If you’re not *sure* it would be awful to-” Um... that kind of attitude.

This line of “are you sure?” questioning was mirrored in the narratives presented by other participants as they detailed coming out to family members and close friends. Through these narratives the same implied “aversion” mentioned by Rivers was evident as close friends and family members express feelings of denial, rejection, and betrayal as the participant came out as their gender identity. Fallon describes the process of trying to come out to their mother: “I tried, my mom doesn’t really get it, she just sort of is in denial and I’ve given up. Like I, uh, I came out to her as a trans man when I was, when that’s what I identified as. And that went over pretty terribly. Uh, she basically accused me of faking it for attention, doing it just to hurt her, uh, being terrible in general.” This blatant rejection and denial of participants’ gender identity led many to separate themselves from those outside of their chosen family, when possible avoiding situations

where they would need to disclose their gender identity, and when not possible hiding their gender identity or modifying gender presentation to avoid this stigmatization and rejection.

Other participants reacted in the opposite direction. Sylvia proclaimed, “I am out to everyone in every aspect of my life.” A number of participants, especially those who transitioned later in life, mirrored this sentiment as they explained their refusal to hide their gender identity any longer. However, when pressed further, many of them conceded that they are either able to pass or they identify as binary so are able to present their gender in a hegemonically recognizable form.

One of the main areas of discussion of coming out was in regard to the workplace and co-workers. This presented the largest difference in approach as each participant negotiated a different working environment and forms of potential discrimination and backlash for coming out. Laverne explained

if I came out openly as transgender, not that there isn't suspicion anyways, but once it's on the table then there could be a lot of fall out politically because I do get involved in negotiating multimillion dollar contracts and things like that and doing estimates of you know, projects and how much cost, and coming up with quotes and proposals and things like that.

Marsha voiced similar concerns as she quit her job before beginning her transition for fear of her personal safety. What these elements, echoed by other participants as well, describe is the constant negotiation of employment, potential discrimination, stigmatization, and violent retaliation, with the ability to live their lives as who they are. As Angelica stated, “the more I accepted myself the harder it was to hide myself.”

The final element of the coming out narrative is navigating the benefits and dangers of coming out to others. The decision to come out is a constantly fluctuating decision contingent upon the situation, the persona, and the environment. However, at the basis of this narrative is the discourse of precarity. The process of coming out is balanced between the personal benefits of and need to be able to live as their gender identity without hiding, weighed down by the threat of rejection, stigmatization, discrimination, and violent recrimination. This process is continuously renegotiated on a day-to-day basis as TGD people must decide how to present themselves, who is part of their lives, and where they go.

### **Conclusion**

Throughout participant stories of disclosure and transition, an overriding narrative of coming out discourse emerges through negotiations of personal, physical, and social aspects of the gendered self. These narratives bring together the continuous negotiations of the mind and the body in bringing the personal narrative of the gendered self together. These narratives are constrained by the time it takes to transition to the desired amount, further regulated and slowed by medical gatekeeping of TGD people and identity. TGD people are regularly asked to disclose, justify, and prove their gender identity personally, physically, and socially in order to live as who they are. The coming out narrative is a continuous negotiation of the narrative of the body with the narrative of the gendered self, reconstructing, shaping, and evaluating the multivariate web of internal and external forces that dictate gender and gender performance. Coming out narratives demonstrate the co-construction of the meaning of gender through the coalescence of the conceptual gendered self and the physiological self through transition, discourse, and presentation. This co-construction of the gendered narrative with both the ideological and the material self continues to shift, likewise shifting the discourse of gender disclosure and “coming

out” as the body undergoes changes and the individual becomes more comfortable or uncomfortable within various sociopolitical environments. These narratives continue to shift, likewise shifting the process of gender disclosure and contingent nature of coming out.

As these narratives develop, they begin to more closely mirror coming of age narratives than the traditionally thought “coming out narratives”. The continuous nature of coming out and gender disclosure within these narratives demonstrates a negotiation of a changing body and a coming *into* and recognizing the self, more so than singular instances of disclosure of gender or sexuality to others. Coming out is a fluid and on-going process as with coming of age, and as with coming of age there is never a singular moment in which the evolution of self ends. As TGD people continue to negotiate the changes of the body, their desires with transition, understanding of gender identification, and the shifting sociopolitical environ, they must continuously re-evaluate their own narrative of coming into who they are within personal and public contexts. This is reiterated through the physiological changes taking place in both transition and through aging and development. As transition is an evolving process, so too is the process of coming out and gender disclosure. Throughout this narrative process, the discourse surrounding transition and gender identity evolve with time as the participant continues to evolve themselves, developing deeper understanding of their gender identity, role, and performance, as well as a developing and evolving body. As Marsha said, beginning gender transition is in essence “actually starting life over,” learning how to be the person they always were, and develop into the person they were always meant to be. Johnson states it best: “My super-power lives there. Like my superpower and being me fully lives in that space of my gender identity and my gender expression.”

## CHAPTER 6: CONCLUSION

In both the social and political context of this moment in time, hegemonic performances of gender continue to assert a binary definition of gender identity and sex through social stigmatization, rejection, and cissexist political rhetoric and policy making. These regulatory forces of oppression construct a web of subjugation that impacts the day-to-day lives of TGD people, reiterated and reinforced through medical practices of gatekeeping and binary gender categorization. Through these regulatory forces, the body becomes a battleground for the social, political, and health discourses surrounding the research of TGD communities as scholars seek to deconstruct the nexus of power and history of erasure hegemonically imbedded in gender identity and gendered existence. The SPC study offers a means through which to analyze mixed methodological approaches to studying TGD stress and resilience within a sociopolitical context that seeks to devalue TGD life, and locate the role of critical rhetoric in larger community-oriented health studies.

As an epistemological grounding, critical rhetoric works to deconstruct the hegemonic systems of power and oppression inherent in public discourses that shape our social realities (McGee, 1990; Middleton et al., 2011; Phillips, 2002). These hegemonic discourses are reinforced and reiterated across the mind and body, infiltrating dominant political, social, and medical systems which in turn contribute to a repetitive cycle of regulatory force through the

construction of laws and continued stigmatization of the ‘other’ (Bordo, 1993; J. Butler, 2011; Foucault, 1982, 1990). The historic pathologization and health discourses of gender identity and gender dysphoria reinforce a false binary of gender identity as attributed by biological sexual organs labelled at birth, denying the diversity of gender identity and performance on both a biological and social level (Fausto-Sterling, 2020). Central to each element of this dissertation is the negotiation between conceptualizations of power and the body. The construction of the body as a source of both conformation to and resistance from hegemonic forces of power and oppression is present throughout the SPC study. In each of the presented case studies, discourses of embodied identity, power, and resistance serve to demonstrate the potential roles of critical rhetoric in large-scale health research. The first case study on critical autoethnography research centers on the sharing of personal, lived experience as a means of making-meaning out of personal interactions and engagement. The autoethnography case study brings together my physical experiences and interactions with TGD community members and my research as a whole in order to dismantle cis-centric tendencies within my research and work with TGD people. In this autoethnography I seek to bring together material practice and interactions with my ideological research goals of deconstructing the sociopolitical systems that continue to devalue and other TGD people. The second presented case study of the ideological and physical body seeks to explore the symbolic and actual process of centering TGD bodies and identity in biomarker collection processes and general health research. The final case study on gender disclosure and coming out narratives explores the negotiation of material and conceptual gender identity and expression in context. Each of the case studies presented in this dissertation deals with the identification of self through physical engagement with the sociopolitical context in which the SPC study takes place, and a negotiation between the physiological body and lived

experiences, and the ideological and social constructions of gender and expression. This dissertation serves as a demonstration of the role of critical rhetoric in community-engaged health research through both an analysis of first round data collected in the SPC Study as well as an analysis of the practices and methodologies throughout the study.

Each of these case studies prioritize the body as a “site of knowing” (Conquergood, 1991, p. 180), and knowledge construction. The body is central to the construction of both personal and social identity as it is situated in the definition and communication of the self through physical and symbolic presence and meaning sharing. TGD identity invokes a continuous negotiation of the physical and conceptual self through the fluidity of the body and gendered discourse. As Johnson (2014) explains, the body “evokes cultural memories tied to broader conversations of class, gender, race, and other markers of identity, as well as the possibility for new identities to develop” (p. 84). In bringing these case studies together, this dissertation serves as a means of engaging with the multifaceted nature of critical rhetoric in health research. This conclusion will first reunite the three case studies of this dissertation and the common thematic threads that weave these discourses of ideological and material critiques together. Then I will strive to answer the original questions of the study, analyzing how critical rhetoric functions and what critical rhetoric as a field can gain in longitudinal, health studies and practice.

### **The Case Studies**

The first case study presented in this dissertation serves as a means of locating myself and my subjectivity within my TGD research. In presenting a reckoning of my own accountability and failings with my past research, I strive to present an open report of the inherent biases within my work and the ways in which I strive to overcome them. Rhetorical scholars must incorporate the lived experiences of the self and recognize personal engagement

and involvement within the research in order to ascertain their own preconceived notions of the gendered body and how the self impacts the construction of scientific and academic knowledge. As a cisgender person engaging with TGD research, my analysis comes from a cis-centric body of knowledge and experience. While I cannot entirely separate myself from my work as the very nature of what I choose to study is imbued with personal subjectivity, I strive to incorporate TGD voice and experience throughout in order to ensure that I am constructing research in service of the TGD communities I work with. Critical autoethnography brings together the embodied subjectivity of the researcher within the research itself. Pulling forth both the worthy and the ugly, critical autoethnography continues to explore questions of narrative ownership and subjectivity especially in engaging with marginalized and othered communities.

As someone who does not identify as TGD, my experiences will never mirror or match those of the TGD community, therefore my perception of qualitative and quantitative data is skewed from a cisgender perspective. This does not inherently devalue the work itself, however it does ask the question of how the researcher truly engages with the community they are purportedly meant to serve. Historically absent from large scale community-oriented health research, the field of critical rhetoric must strive to engage within these larger health studies in order to bring the ideological conceptions of health rhetoric to the material embodied lives of these health disparate communities. Critical autoethnographic accounts of researcher engagement and the writing out of personal narratives and stories serves to locate moments of identification and revelation within personal engagement with community members, as well as call out and elucidate the periods of failure. Before writing my autoethnographic chapter for this dissertation, I had not fully analyzed either the discourses presented or my own feelings and subjectivity in my relationship to Gigi or the research I was doing. By forcing myself not only to write about

these instances of community engagement, but to truly see them, I have been able to follow more closely the evolution of my research with TGD communities and people, as well as where I continue to misrepresent. The practice of writing and reporting on myself constructs a window into my past experiences, tying embodied practice to ideological engagement. This personal narrative continues to evolve and grow as I continue with my work.

Moving forward from an evaluation of personal embodiment and subjectivity, the case studies continue to tie together the discourses of the body as both a physical personification and abstract conceptualization. The body presents a dichotomous image of the ideological self through physical manifestations of gender expression and lived experience while the term “body” further signifies an abstract concept of identification. Throughout the SPC health study, researchers and participants continuously (re)negotiate the boundaries of body subjectivity and lived experience through the qualitative interviews, biomarker collection procedures, resistive research initiatives, and community engagement. The body of researchers and the body of participants exemplifies both the individual person subject to their groups as well as the means of engaging with and breaking free from traditional research-participant hierarchies that historically have sought to embed hegemonic discriminatory values in health practices (Dutta et al., 2019; Fausto-Sterling, 2020). Both the participant body and the researcher body are pieces of a larger whole within the discourse of the SPC study, as researcher practices and participant responses are brought together physically in the research meetings and data collection as well as through data analysis and the construction of the health knowledge developed from the study.

The researcher body and participant body inherently call forth the traditional system of power in which the researcher is in control and the participant relinquishes. However, the SPC study serves as a method for breaking down this systemic subjugation of historic research

practices by centering the participant body over that of the researcher. The researcher body is tasked with renegotiating the environs of the clinical setting, reconceptualizing the context of health and clinical research away from the clinic and into a space that speaks toward the subjective needs of the participant. The body of researchers throughout the SPC study thereby places their agency behind that of the participant, giving participant autonomy and power within the relationship. These actions are mirrored both physically and ideologically throughout the conceptualization and implementation of the SPC study through the procedures put into place that continue to locate TGD bodies as the center of knowledge and import. This method of centering participant body and needs in health practice is vital to developing hegemonic health practices and research that de-center dominant conceptualizations of the “normal/abnormal” body away from the cisgender, white, heterosexual body as the ideal, and toward a recognition and reconfiguration of dominant health discourses that center the needs of historically marginalized and othered people.

This same experience of physiological and abstract bodies is furthermore represented in the qualitative interviews and coming out discourses. As the interview protocols do not specifically ask for a gender disclosure or narrative of coming out, the natural and organic sharing of these narratives implies a level of trust and a connection between researcher and participant. In looking through the transcripts, many of the more engaged and in-depth coming out narratives came from one or two specific interviewers who interviewed a number of participants. While the participants with other interviewers touched upon these moments of gender disclosure and coming out, they did not go into as much depth or detail about their evolution of gender transition and coming out to both the self and others. This may be due to the follow up questions asked by the interviewers, but what it implies is that the relationship between

the interviewer and participants brought forth a sense of comfort and trust as the two co-constructed a moment of identification through the narratives shared. The sharing of these coming out and coming *into* narratives further demonstrates the shift in dynamic between the researcher and participant as the participant gains the agency in volunteering personal information.

This relationship offers an interesting view of participant-researcher privacy negotiation and information sharing, as the researcher knows ahead of time the gender identity of the participant and the participant knows that the researcher is aware of their TGD identity, yet in each of these interviews there was almost always a moment of coming out to the researcher in expressing gender identity, often directly as a point of clarification within the coming out narrative. Although the physical presence of the participant in the interview discloses the TGD identity to the researcher, as otherwise they would not be there for the study, the participant still shared the personal abstract gender identification with the researcher. This adds a layer of trust and engagement with the researcher as the two then navigate the discourses of coming out and gender disclosure together. Furthermore, these interactions tie the physical representation of the self to the ideological conceptualization of the gendered self through the gender disclosure by the participant. In this context, control of the personal narrative of gender identity shifts from that of the physical self (as demonstrated by physical presence in the study), to that of the ideological and abstract self through the telling of the coming out narratives. The act of story-telling and narrative performance constitutes individual and public gender identity both tied to and separate from the physical performance of gender identity.

In each of these case studies, there is a tying together of the abstract and material body and self through critical rhetorical sense-making. Moving forward, these case studies open up

future questions surrounding the corporeal nature of critical rhetoric in health research as the systemic hierarchies of power and oppression continue to operate within physiological discourse of body and identity. Furthermore, as a study of method and procedures, these case studies identify questions concerning the negotiation of knowledge construction and personal disclosure between researcher and participant, and the malleability of researcher subjectivity and physical bodied positionality in conducting research with and for health disparate, marginalized communities.

### **Locating Critical Rhetoric**

Each of these case studies offers an evaluation of a different element of the SPC study through the primary stages of data collection. Imbued throughout the study is a recognition of and resistance to the systemic history of erasure, marginalization, gatekeeping, and general abuse that TGD people face on a regular basis. In framing the study as one of resilience, the SPC study allows participants to vocalize and bring forth moments and practices of resistance to systemic and social stigmatization, and build deeper connections of community engagement and support. Critical rhetoric is inherent throughout the dimensions of the SPC study as the discourses of embodied identity and physiological effect engage with the web of hegemonic stigma and erasure through the resistive practices of the SPC study. In the SPC study, critical rhetoric is situated within the systems of stress and resilience as they play out across the bodies of participants, researchers, and the ideological conceptualizations of gender identity and expression. Through community-engaged practices and the conceptualization of the study as “research as resistance”, the SPC study ties together the abstract concepts of power and oppression with the physiological bodies of TGD people. This discursive practice of mapping the effects of stress and resilience from sociopolitical context as they physiologically and

conceptually impact the body is a process of aggregation through which the conceptual becomes material. These aggregate discourses articulate the critical rhetorical nature of bodies within sociopolitical context on both an actual and abstract level.

The SPC study is an example of the ways in which research can serve as a means of theoretical and actual advocacy, as scholars construct material research that immediately serves to meet the needs of marginalized communities and inequity, while also seeking to deconstruct the ideological and conceptual systems of power and discourse within the history of research itself. Pairing critical rhetoric with community-based and engaged research practices brings the scholarly discourses of power, oppression, and hegemony into the application of community advocacy and research that centers the people of the community and their needs as opposed to those of the scholars (Mocarski et al., 2020). By positioning critical rhetoric in community-engaged health research, critical rhetorical scholarship moves into the material realm of advocacy and resilience as it impacts the actual bodies of marginalized people. This research has begun taking shape through the efforts of Dana Cloud, Karma Chavez, Richard Mocarski, and other critical rhetorical scholars, however in order to continue to bring the material to the theoretical, the abstract to the actual, critical scholars must seek to continuously collaborate and engage with the communities of people they are writing for. The SPC study offers critical rhetorical scholars a roadmap into implementing and engaging with participatory field rhetorics and community-engaged researcher practices in large-scale health research. By engaging with interdisciplinary studies and discourses of embodied research practices, critical rhetorical scholars continue to situate critical rhetorical studies within material practice that speaks toward the immediate physical needs of marginalized communities. In bringing together both physical and ideological conceptualizations of marginalization, power, and oppression in health

discourses, engagement in interdisciplinary health studies and campaigns offers new means of ensuring that critical rhetorical scholarship is not focused upon merely the ideological or philosophical, but as well on the actual community and circumstance. Critical rhetoricians must continue to engage within interdisciplinary health research in order to further locate ideological critique within material and physiological consequence.

TGD identity and body is tied to both the conceptual and material constructions of gender and gender performance. In the SPC study, these constructions are mapped out across the physiological and abstract body through resistive researcher practices and procedures situated within broader sociopolitical context of health discourse. In order to truly construct gender affirming health practices and care, health practitioners and scholars must continue to work to restructure hegemonic assertions of health that center cisgender bodies and other those who do not conform to the narrow conceptualization of the binary gender. The SPC study's resistive practices and re-structuring of participant/researcher dynamic relocates the nexus of control with that of the TGD body. This relocation of control transfers power and autonomy of the body to that of the individual participant/patient, asserting their subjectivity and individual needs in health practices.

This dissertation serves as a study of a study, looking at the function of critical rhetoric and avenues of exploration for critical rhetorical scholarship within community-engaged interdisciplinary health research, especially when the goal of the study is to serve as a “research of resistance” against the hegemonic cissexist sociopolitical sphere. In analyzing the different elements of embodied practice throughout the biomarker research, participant narratives, and the autoethnographic practices, this dissertation aims to situate critical rhetoric within community-engaged interdisciplinary health research as it impacts TGD communities. The goal of critical

rhetoric should not be merely to identify systems of power and forces of oppression, but rather, must further work toward dismantling the systems in place through community collaboration, and proposing and supporting other scholars and methodologies of community engagement in scholarship.

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## APPENDIX

### 1. University of Oregon Institutional Review Board Approval Letter



DATE: May 16, 2019 **IRB Protocol Number: 11292018.044**

TO: Zachary DuBois, Principal Investigator  
Department of Anthropology

RE: Protocol entitled, "Examining health and resilience among trans people across geopolitical locations in the U.S."

#### Notice of IRB Review and Expedited Approval

The project identified above has been reviewed and approved by the Committee for Protection of Human Subjects (CPHS), the University of Oregon Institutional Review Board (IRB). The IRB has approved the research to be conducted as described in the attached materials. As a reminder, it is your responsibility to submit any proposed changes for IRB review and approval prior to implementation.

#### Contingency:

- Documentation of IRB approval or an executed IAA needs to be submitted to RCS prior to researchers at University of Nebraska Lincoln, Michigan State University, University of Tennessee, and University of Montreal, interacting with participants or identifiable participant information for research purposes.

#### For this research, the following determinations have been made:

- This study has been reviewed under the 2018 Common Rule. The study has been determined to be no greater than minimal risk and to qualify for expedited review as per Title 45 CFR 46.110 under Categories (2,3,4,6,7).
  - **Continuing Review is required for this study.**

#### Approval period: May 16, 2019 - May 15, 2020

If you anticipate the research will continue beyond the IRB approval period, you must submit a **Continuing Review Application** at least 45-days prior to the expiration date. **Without continued approval, the protocol will expire on May 15, 2020 and human subject research activities must cease.** A closure report must be submitted once human subject research activities are complete. Failure to maintain current approval or properly close the protocol constitutes non-compliance.

You are responsible for adhering to the *Investigator Agreement* submitted with the initial application for IRB review. The responsibilities of the agreement are reiterated at the end of this letter below. You are responsible for conduct of the research and must maintain oversight of all research personnel to ensure compliance with the IRB approved protocol.

The University of Oregon and Research Compliance Services appreciate your commitment to the ethical and responsible conduct of research with human subjects.

Sincerely,

COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS • RESEARCH COMPLIANCE SERVICES  
677 E. 12<sup>th</sup> Ave., Suite 500, 5237 University of Oregon, Eugene OR 97401-5237  
T 541-346-2510 F 541-346-5138 <http://rcs.uoregon.edu>

*An equal-opportunity, affirmative-action institution committed to cultural diversity and compliance with the Americans with Disabilities Act*



UNIVERSITY OF OREGON



Kalindi Allen  
Research Compliance Administrator

CC: Kristen Gonzalez, Jae Puckett

**COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS • RESEARCH COMPLIANCE SERVICES**  
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## 2. Institutional Review Board Oregon University and University of Alabama IAA Agreement



UNIVERSITY OF OREGON

### Institutional Review Board (IRB) Authorization Agreement

Name of Institution Providing Designated IRB Review (Institution A): University of Oregon

IRB Federal Wide Assurance (FWA) #: 00005914 Expires: June 23, 2025

Name of Institution Relying on the Designated IRB (Institution B): University of Alabama

IRB Federal Wide Assurance (FWA) #: 00004939 Expires: August 23, 2024

The Officials signing below agree that Institution B may rely on Institution A for appropriate Institutional Review Board (IRB) review for use of human subjects in the research described below: (*check one*)

This agreement applies to all human subject research covered by Institution B's MPA/FWA.

This agreement is limited to the following specific protocol(s):

Name of Research Project: Examining health and resilience among trans people across geopolitical locations in the U.S.

Protocol Number: 11292018.044

Name of Principal Investigator: Zachary DuBois

Sponsor or Funding Agency: \_\_\_\_\_

Award Number, if any: \_\_\_\_\_

Other (*describe*): \_\_\_\_\_

#### Institutional responsibilities:

The review performed by the designated IRB will meet the human subject protection requirements of Institution B's OHRP-approved FWA. The IRB at Institution/Organization A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB's determinations and with the Terms of its OHRP-approved FWA. This document must be kept on file at both institutions and provided to OHRP upon request.

Institution A Contact: Sheryl Johnson, Director, (541) 346-2510, sherylj@uoregon.edu

Institution B Contact: Carpantato (Tanta) Myles, Director & Research Compliance Officer, 205-348-5746, cmyles@research.ua.edu

Signature of Official for Institution A: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: Sheryl Johnson Institutional Title: Director, Research Compliance Svcs

Telephone: 541-346-2510 Email: sherylj@uoregon.edu

Mailing Address: 5237 University of Oregon

City: Eugene State: OR Zip: 97403-5237 Country: USA

Signature of Official for Institution B: \_\_\_\_\_ Date: 12/9/2020

Print Full Name: John C. Higginbotham, MPH, Ph.D. Institutional Title: Senior Associate VPRED

Telephone: 205-348-4566 Email: jhigginb@ua.edu

Mailing Address: 160 Rose Administration Bldg

City: Tuscaloosa State: AL Zip: 35487-0117 Country: USA