



UNIVERSITÀ
DEGLI STUDI
DI TORINO

Identità transgender e medicalizzazione: Un approccio linguistico

Angela Zottola

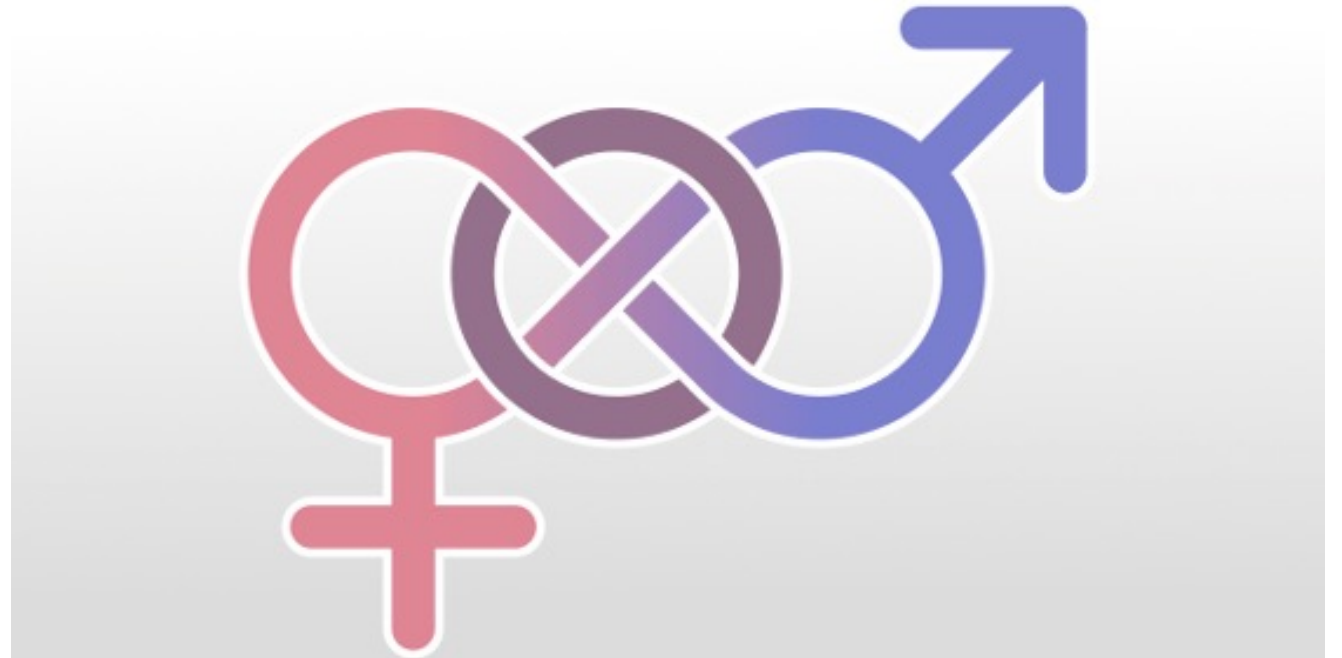
Università degli Studi di Torino

19 Maggio 2021

Dottorato in Scienze Psicologiche, Antropologiche e dell'Educazione
Dipartimento di Culture, Politica e Società

Outline of today's talk

- Key concepts related to gender identity and sexuality
- Project overview
- Background
- Method
- Challenges
- The data
- Some results



Identità di genere e sessualità



THE GENDER BEAR



Trans/transgender - Lived experiences and sense of personal identity differ from assigned gender at birth
Cisgender - Lived experiences and sense of personal identity match assigned gender at birth
Gender queer/fluid - Identify with neither, all, or a combination of gender identities

Trans identities



- ❖ **TRANSGENDER:** an umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were born with
- ❖ **TRANS:** also an umbrella term that can be inclusive of a wide variety of identities under the transgender umbrella
- ❖ **TRANS WOMAN:** an individual whose sex at birth was male and now identifies as a woman
- ❖ **TRANS MAN:** an individual whose sex at birth was female and now identifies as a man
- ❖ **TRANSSEXUAL:** older term, preferred by some people who have or seek to change their bodies via medical interventions
- ❖ **GIC:** Gender Identity Clinic



Trans identities



Gender dysphoria is a condition where a person experiences discomfort or distress because there's a mismatch between their biological sex and gender identity.



In May 2018 the WHO declassified transgender identity (gender dysphoria) from the International Classification of Diseases (ICD-11) from being a mental and behavioral disorder to being a sexual health issue

Trans identities



L'identità di genere fa riferimento a come una persona si definisce rispetto al genere: una persona può definirsi maschio, femmina o come appartenente a un genere diverso da questi due. Tutte le identità di genere sono normali. [...]

Una **persona** si definisce **cisgender** quando ha un'identità di genere in linea con il sesso biologico: per esempio, una persona che si sente donna e che è nata con caratteristiche fisiche femminili. Invece, una **persona transgender** generalmente presenta un'identità di genere diversa dalle caratteristiche del sesso biologico, come nel caso di una persona che nasce maschio, ma che si sente donna (o viceversa). Essere transgender è una condizione normale e non è una malattia. Alcune persone transgender (ma non tutte) soffrono per tale condizione e per questo decidono di intervenire sul proprio corpo per renderlo più simile a come si sentono con gli ormoni e/o con interventi chirurgici. La condizione per cui una persona presenta un non allineamento tra identità di genere e sesso biologico si chiama anche incongruenza di genere. (Istituto Superiore di Sanità)

Trans identities



L'identità di genere fa riferimento a come una persona si definisce rispetto al genere: una persona può definirsi maschio, femmina o come appartenente a un genere diverso da questi due. Tutte le identità di genere sono **normali**. [...]

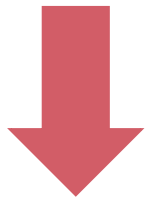
Una **persona** si definisce **cisgender** quando ha un'identità di genere in linea con il sesso biologico: per esempio, una persona che si sente donna e che è nata con caratteristiche fisiche femminili. Invece, una **persona transgender** generalmente presenta un'identità di genere diversa dalle caratteristiche del sesso biologico, come nel caso di una persona che nasce maschio, ma che si sente donna (o viceversa). Essere transgender è **una condizione normale e non è una malattia**. Alcune persone transgender (ma non tutte) soffrono per tale **condizione** e per questo decidono di intervenire sul proprio corpo per renderlo più simile a come si sentono con gli ormoni e/o con interventi chirurgici. La condizione per cui una persona presenta un non allineamento tra identità di genere e sesso biologico si chiama anche incongruenza di genere. (Istituto Superiore di Sanità)

Un approccio linguistico



UNIVERSITÀ
DEGLI STUDI
DI TORINO

LANGUAGE



Set of rules and patterns
operating simultaneously
in a system

DISCOURSE



The use of language in
real contexts of use

Different directions in sociolinguistics



❖ [...] discourse is the use of language seen as a form of social practice, and discourse analysis is the analysis of how texts work within sociocultural practice

Fairclough 1995: 7

❖ A text's linguistic structure functions, as discourse, to privilege certain ideological positions [foregrounding] while downplaying others [backgrounding]. "[...] anything that is said or written about the world is articulated from a particular ideological position."

Fowler 1991: 101

La medicalizzazione dell'identità trans



UNIVERSITÀ
DEGLI STUDI
DI TORINO

THE TEAM:



Lucy Jones



Louise Mullany



Alison Pilnick



Jon Arcelus



Walter Bouman

Zottola, Angela, Jones, Lucy, Pilnick Alison, Mullany Louise, Bouman Walter Pierre and Arcelous Jon. (2021) Identifying coping strategies used by patients at a transgender health clinic through analysis of free-text autobiographical narratives. *Health Expectations* 2021(00):1-9.

Project overview



UNIVERSITÀ
DEGLI STUDI
DI TORINO

- ❖ GICs aim: to identify coping strategies in the narratives which could benefit future patients waiting for assessment
- ❖ Corpus linguistic analysis of narratives produced by patients at a gender identity clinic (GIC)
 - Produced between 2006-2016

Critique of gender identity clinics

- ❖ The UK: Pearce (2018)
Barrett (2016)
- ❖ Brazil: Borba (2017, 2019)
Borba & Milani (2017)

Contribution to 3 relevant areas in the study of transgender and language:

- (1) how transsexual people are led to speak a language that is not their own (the problems of agency and trans-autonomy – or the lack thereof)
- (2) it points to the centrality of studying how others speak to transsexual people (i.e. how trans individuals are addressed)
- (3) it highlights the importance of language use in the design of trans-positive and trans-affirmative healthcare practices

- ❖ thirteen months of ethnographic fieldwork at the *Programa de Atenção Integral à Saúde Transexual* (PAIST), one of the busiest gender clinics in Brazil
- ❖ Verônica had her first consultation with Inês in February 2010 and in the following months several other meetings occurred (five of them were audiorecorded and transcribed)
- ❖ In these consultations, Inês' therapeutic focus was on the apparent mismatch between Verônica's life narratives and bodily presentation on the one hand, and the "true transsexual" identity model on the other

- ❖ The case study of Verônica's trajectory into "true transsexuality" illustrates how the imposition of a diagnosis in the Brazilian trans-specific healthcare program delegitimises the multitude of voices trans clients bring with them to the clinic
- ❖ Such a demand imposes interactional structures and discursive positions on the interactions between health professionals and trans people in which such professionals act as judges of clients' identity performances
- ❖ In other words, gender clinics discipline (and punish) performances that contradict the "true transsexual" model; health professionals, thus, know all, see all, hear all. In the micro-details of their talk, they impose "legitimate" forms of performing transsexuality on clients who must learn what to say and how to say it in order to be classified as "true transsexuals" and have their healthcare provided

- ❖ the institutional requirement of a diagnosis push health professionals to shape clients' understandings of their bodies and identities; clients, in turn, are led to monitoring their identity performances so that they may be diagnosed as “true transsexuals”
- ❖ The interactional analyses in this article indicate that in contexts where transsexuality is pathologised transsexual people cannot speak.
- ❖ Who speaks is the DSM (American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders) since trans clients are expected to reiterate the knowledge systems that made the emergence of this diagnostic manual possible.
- ❖ The possibility for agency, however, may be glimpsed in the attempts to depathologise transsexuality



Background

Transgender Identity Studies

Self-representation

Jones (2019)

Konnolly (2021)

Ryan (2019)

Simpson & Dewaele (2019)

Webster (2018, 2019)

Zimman (2014, 2017, 2019)

Other-representation

Gupta (2018)

Zottola (2018, 2021)

Baker (2014)



Background

Transgender Identity Studies

Self-representation

Jones (2019)

Konnolly (2021)

Ryan (2019)

Simpson & Dewaele (2019)

Webster (2018, 2019)

Zimman (2014, 2017, 2019) -> **“true transsexual ideology”**

Other-representation

Gupta (2018)

Zottola (2018, 2021)

Baker (2014)



Metodologia / sfide

❖ Ethics:

- Liaising with Public & Patient Involvement group
- Gaining NHS approval for the project

❖ Gathering data:

- Gaining consent
- Transcription of 32 narratives
 - ✓ Anonymity
- Corpus building

❖ Analysis:

- Discourse analysis (quantitative and qualitative)



Metodologia

Analysis:

➤ Corpus-based Discourse analysis (quantitative) – XML encoding

<other relation="INSERT RELATION"> = tags other people mentioned in the narrative and specifies the relationship with the participant

<coping type="INSERT DESCRIPTOR"> = coping mechanism

online identity, dressing, hormones, denial, alcohol, support group, overeating, research, therapy, support specialist, coming out

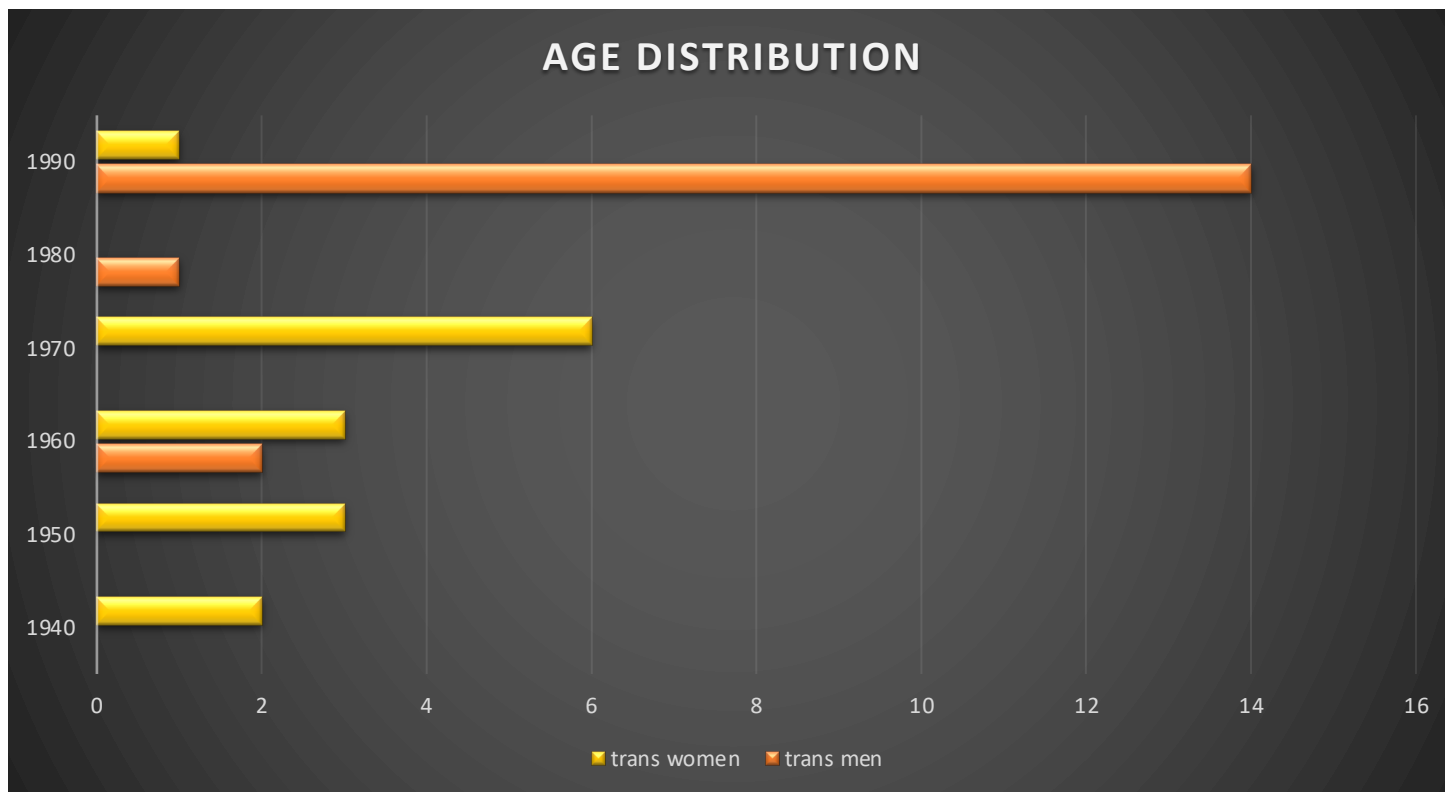
<time type="INSERT DESCRIPTOR"> = marks the time being described childhood, puberty, teenage, adult, present

Analysis:

- Corpus-based Discourse analysis (quantitative) – XML encoding

By then me and ONF <other relation=“wife”/> had taken up bell ringing and my dressing up was started again when she had an affair with one of the bell ringers

Corpus



participants

words

trans men

17

15766

trans women

15

80289

TOTAL

32

96055



Corpus Linguistics Analysis:

- Corpus-based Discourse analysis (quantitative)
- Search for tags
- Search for keywords
- Use of wild card

Coping strategies

POSITIVE

dressings (51)
online identity (10)
hormones (49)
support (11)
[friends - specialists - groups]

NEGATIVE

denial (20)
alcohol/food (6)

Coping strategies

*Whenever I played pretend, at home or at school, I was always **a boy**. I also always picked **a boy character avatar** when I played video games with a choice I always **wanted to be a boy character** in plays too, although I wasn't really allowed. Occasionally I would **stuff socks or tissue down my pants so I'd have a bulge**, and when in the bath I'd use shampoo to stick all my (then long) hair to my head and **pretend to have short hair**. I also **drew beards on my face** with my mum's make up. Sometimes **I'd dream that I had a penis**, and they were always good dreams, which used to make me embarrassed.*

John, 23

Coping strategies

*Was Julia still around then? Oh yes! It took me about two weeks I reckon to be back at my parent's place **before I started feeling the old feminine longing**. I started buying the occasional tights here, the odd cosmetic there, and they were all kept in a lockable holdall.*

Julia, 58

Coping strategies

NEGATIVE

denial (20)
alcohol/food (6)

Self-harm/suicidal thoughts

suicide (12)
suicidal (3)
kill myself (4)
alcohol (10)
drink (27)
drugs/substance abuse (3)
cut myself (4)
self-harm*(3)

Coping strategies

*This too was the time when things **seemed darkest** for me, I started **smoking** after all the years I had chastened my parents for it, and I did experiment with recreational **drugs** for a while, **drank alcohol more than moderately**, and was given over to solitary bouts of **depression**, more so when I drank to excess. This included the only two times that I have ever **attempted suicide**, and although I was serious about it at those times, the results were farcical enough for a television sitcom.*

Maria, 66

Coping strategies

*That was my first thought of **suicide**, after being caught in girls undies all I wanted to do was kill myself. I spent most of the next day on a motorway bridge but I could not jump. **I got rid of all my girls' clothes and swore no more,** decided to take up cycling competitively and prove that I was a man although I enjoyed the cycling and I got quite good at it **I could not stop wanting to be female and I was soon going out as Jane.***

Jane, 62



Coping strategies

Referring to the self

CHOSEN NAMES (CN)

- Third person (Verb + as /becoming): 68%

NAME ASSIGNED AT BIRTH (NAAB)

- Third person (Verb + as/becoming): 56%
- Double -self: 5/32

Coping strategies



Referring to the self

Third person (Verb + as/becoming)

Third person

1. I would in the safety of my own place **allow CN out to play.**
2. I never liked going back **to being NAAB**

'become'

3. Since **becoming CN**, I have been on holiday twice
4. Without trying the hormones I doubt I would ever have had the confidence **to become CN**

Verb+as

5. I loved **my time as CN**. I felt so normal, no longer an outsider, happy, whole
6. So I just **stayed as NAAB** and did my best to cope



Coping strategies

Referring to the self

Double -self

7. The answer at its simplest is that it's nearly the final time I have to visibly take NAAB with me in life to represent me, CN, to the world. Bless him, he's still here, **my soul-twin**.

8. Now, at long last, I can start to be grateful to my **soul-twin** NAAB for getting us both here and for letting me, CN, have my chance at life.

9. I just tried to explain to her that as CN I felt like a different person. I think I should point out here that I always knew that CN and NAAB are just **two sides to me as a person**.



Medicalizzazione dell'identità transgender

Dual identity construction

Discourse of duality

- Need to represent a mismatch in their identity construction

Gender dysphoria is a condition where a person experiences



discomfort or distress because there's a mismatch between their biological sex and gender identity.

Medicalizzazione dell'identità transgender





UNIVERSITÀ
DEGLI STUDI
DI TORINO

Dual identity construction: the 'mismatch'

Part of the linguistic gendering process is the use of labels which carry 'gender positionalities'

Zimman 2017: 233



“It is not necessarily trans people that are inherently gender conservative; it is the system that they must navigate that demands a particular kind of gender productivity to attain critical corporeal and legal documents”

Edelman 2009:166

Constructing a mismatch

- ❖ The narratives were produced as part of the diagnostic process at the GIC
- ❖ Judged for authenticity re: experience of gender dysphoria

Trans identity is dialogic:

“[...]being correctly gendered by others is one of the primary goals of transition for many trans individuals”

Salience of 'true transexual' ideology (Borba 2017, 2019; Zimman 2004)

- ❖ Authors of the narratives lack agency in this context
- ❖ Narratives reproduce heteronormative, binary gender
- ❖ Highlights cultural power of the NHS and other institutions so long as trans identity is medicalised

- ❖ Presentation to service users' group

Regulation of gender – qualitative analysis



UNIVERSITÀ
DEGLI STUDI
DI TORINO

- ❖ Young trans men ONLY
- ❖ Reproduction of heteronormative, binary gender as part of the daily interaction
- ❖ Gender ideologies constrain, regulate and evaluate individuals' behaviour

References



- Barrett, James. (2016). Doctors are failing to help people with gender dysphoria. *British Medical Journal* (Online), 352(1694).
- Borba, Rodrigo. (2017). Ex-centric textualities and rehearsed narratives at a gender identity clinic in Brazil: Challenging discursive colonization. *Journal of Sociolinguistics* 21(3): 320-347.
- Borba, Rodrigo. (2019), 'The Interactional making of a "true transsexual": Language and (dis)identification in trans-specific healthcare', *International journal of the Sociology of Language*, 256, 21–55.
- Borba, Rodrigo & Milani, Tommaso. (2017). The banality of evil. Crystallised structures of cisnormativity and tactics of resistance in a Brazilian gender clinic. *Journal of Language and Discrimination* 1(1):7-33.
- Butler, Judith. (2004). *Undoing Gender*. New York: Routledge
- Jones, Lucy. (2019). Discourses of transnormativity in vloggers' identity construction. *International Journal of the Sociology of Language*, 256: 85-101.
- Konnolly, Lex (2021) Nuance and normativity in trans linguistic research. *Journal of Language and Sexuality* 10(1): 71-82.

References



- Pearce, Ruth. (2018). *Understanding Trans Health. Discourse, Power and Possibility*. Bristol: Policy Press.
- Prosser, Jay. (1998). *Second Skins. The Body Narratives of Transsexuality*. New York: Columbia University Press, p. 107.
- Ryan, John. (2019) Communicating trans identity: Towards an understanding of the selection and significance of gender identity-based terminology. *Journal of Language and Sexuality* 8(2): 221-241.
- Simpson, Lauren & Dewaele, Jean-Marc. (2019). Self-misgendering among multilingual transgender speakers. *International Journal of the Sociology of Language* 256(256): 103-128.
- Zimman, Lal. (2017). Trans People's Linguistic Self-determination and the Dialogic Nature of Identity. In Hanzengerg Eva and Meyerhoff Miriam (Eds.) *Representing Trans. Linguistics, legal and everyday perspectives*. Wellington: Victoria University Press, pp. 226-284.
- Zimman, Lal. (2019). Trans self-identification and the language of neoliberal selfhood: Agency, power, and the limits of monologic discourse. *International Journal of the Sociology of Language*, 256: 147-175.
- Zottola, Angela, Jones, Lucy, Pilnick Alison, Mullany Louise, Bouman Walter Pierre and Arcelous Jon. (2021) Identifying coping strategies used by patients at a transgender health clinic through analysis of free-text autobiographical narratives. *Health Expectations* 2021(00):1-9.