TRANSADVOCATE

The NY Times goes concern trolling

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Abstract

On August 22, 2015, the NY Times ran an article by Richard A. Friedman titled, "How Changeable Is Gender?" One might be excused for mistaking the piece as an earnest call to the medical community for better interventions for the trans community. Alarmingly, Friedman warns readers that science has found that post-operative transsexuals are at significant risk [...]

Article

On August 22, 2015, the NY Times ran an article by Richard A. Friedman titled, "How Changeable Is Gender?" One might be excused for mistaking the piece as an earnest call to the medical community for better interventions for the trans community. Alarmingly, Friedman warns readers that science has found that post-operative transsexuals are at significant risk of suicide and moreover, maybe medical treatment isn't actually the right approach after all, especially for trans kids. Friedman gravely recounts a scientific study that proves that most trans kids grow out of being trans. If I weren't trans, I might walk away from Friedman's article very concerned about the seemingly backward approach that more than a century of trans research has produced for those poor trans people.

Concern Trolling: Know It When You See It

Geek Feminism defines a Concern Troll as: "a person who participates in a debate posing as an actual or

potential ally who simply has some concerns they need answered before they will ally themselves with a cause. In reality they are a critic." The Urban Dictionary defines it as:

A person who... point[s] out problems that don't really exist. The intent is to derail, stifle, [and] control the dialogue. It is viewed as insincere and condescending.

After giving readers the false impression that trans surgeries don't seem to help, the NY Times article goes on to assert:

This study doesn't prove that gender reassignment per se was the cause of the excess morbidity and mortality in transsexual people; to answer that, you would have to compare transgender people who were randomly assigned to reassignment to those who were not. Still, even if hormone replacement and surgery relieve gender dysphoria, the overall outcome with gender reassignment doesn't look so good... On a broader level, the outcome studies suggest that gender reassignment doesn't necessarily give everyone what they really want or make them happier.

After giving readers the false impression that trans healthcare somehow facilitates high suicide rates, Friedman expresses this meaningless concern: "gender reassignment doesn't necessarily give EVERYONE what they really want or make them happier." Are we to presume this metric is used by any ethical doctor, researcher or social scientist? Does EVERYONE get what they really want from heart surgeries? Do heart surgeries make EVERYONE happier? If everyone isn't happy after their heart surgery, should the people who need heart surgery (or the doctors who perform them) seriously entertain the idea that maybe heart surgery is the problem?

The article attempts to substantiate its claims by appealing to Dr. Richard Green's research which began in 1972 and was published in the mid-80s as, "The Sissy Boy Syndrome." The article closes with a paragraph designed to punctuate the deep concern Friedman has for we misunderstood trans people, "After all, medical and psychological treatments should be driven by the best available scientific evidence -- not political pressure or cherished beliefs." I suppose the author's concern for using "the best available scientific evidence" is why he chose to use research from an era where an androgynous David Bowie introduced the world to Ziggy Stardust and "real men" where still fighting in the Vietnam War.

Is it important to note that the study which the author cites to support the idea that surgery may lead to suicide itself cites a 2006 study that found that up to 95% of post-operative transsexuals reported that they were either "satisfied" or "very satisfied" with their surgical outcomes? If so, why didn't Friedman mention it?

What does it mean that the NY Times would cite research from the era of bell-bottoms, but fail to comment on what the American Psychiatric Association had to say about trans medical care:

Long-standing medical and psychiatric literature demonstrates clear benefits of medical and surgical interventions to assist gender variant individuals seeking transition. However, transgender and gender variant people are frequently denied medical, surgical, and psychiatric care related to gender transition. Access to medical care (both medical and surgical) positively impacts the mental health of transgender and gender variant individuals.

Transgender and gender variant persons are frequently harassed and discriminated against when seeking housing or applying to jobs or schools, are often victims of violent hate crimes, and face challenges in marriage, adoption and parenting rights. Discrimination and lack of equal civil rights is damaging to the mental health of transgender and gender variant individuals. For example, gender-based discrimination and victimization were found to be independently associated with attempted suicide in a population of transgender individuals, 32% of whom had histories of trying to kill themselves, and in the largest survey to date of gender variant and transgender people 41% reported attempting suicide.

The APA joins other organizations, including the American Medical Association and the American Psychological Association, in endorsing strong policy statements deploring the discrimination experienced by gender variant and transgender individuals and calling for laws to protect their civil rights.

What does it mean that the NY Times would cite research from the era of ABBA and the disco inferno, but fail to note what the American Academy of Family Physicians had to say about trans medical care:

The American Academy of Family Physicians (AAFP) support efforts to require insurers to provide coverage for comprehensive care of [trans] individuals including medical care, screening tests based on medical need rather than gender, mental health care, and, when medically necessary, gender reassignment surgery.

What does it mean that the NY Times would cite research from the era when PONG was new, but fail to note that the World Professional Association for Transgender Health said:

[S]ex reassignment, properly indicated and performed as provided by the Standards of Care, has proven to be beneficial and effective in the treatment of individuals with transsexualism, gender identity disorder, and/or gender dysphoria. Sex reassignment plays an undisputed role in contributing toward favorable outcomes, and comprises Real Life Experience, legal name and sex change on identity documents, as well as medically necessary hormone treatment, counseling, psychotherapy, and other medical procedures... The medical procedures attendant to sex reassignment are not ‘cosmetic’ or ‘elective’ or for the mere convenience of the patient. These reconstructive procedures are not optional in any meaningful sense, but are understood to be medically necessary for the treatment of the diagnosed condition.

If Friedman is so concerned about keeping “political pressure” and “cherished beliefs” out of the efficacy assessment of trans medical care, why did he misrepresent the research? Why did he choose to hinge his argument on old research from an era when clunky digital watches were new and hi-tech? Why did Friedman choose to withhold current scientific consensus from NY Times readers? Because concern troll is concerned.

Friedman remarks on the way transsexual brains are different from cisgender brains and opines that maybe if there were more freedom around gender roles, trans people wouldn’t really need to physically transition:

Of course, people should have the freedom to assume whatever gender role makes them comfortable and refer to themselves with whatever pronoun they choose; we should encourage people to be who they really feel they are, not who or what society would like them to be. I wonder, if we were a more tolerant

society that welcomed all types of gender identity, what the impact might be on gender dysphoria. How many transgender individuals would feel the need to physically change gender, if they truly felt accepted with whatever gender role they choose?

I know this is terribly difficult for some people to understand, so let me make it very clear: gender identity, expression, and orientation IS NOT the same thing as gender hierarchy, stereotype or role. Trans discourse is at a significant disadvantage when terribly concerned cis people like Friedman speak on behalf of the trans experience. People like Friedman seem to rely upon equivocation, credulity, and ignorance when presenting their trans critical points to (usually) non-trans people. (* cough * Janice Raymond * cough *) Not only does Friedman seem to conflate gender role, gender, and gender identity, his assertion that biological factors may drive trans people into new gender roles is highly problematic since gender roles aren't biological.

For decades, trans advocates have struggled to describe sex and gender from a trans perspective. Back in 1958, Christine Jorgensen challenged the concept of a natural sex binary in her interview LP Christine Jorgensen Reveals. At the 23 second mark, the non-trans interviewer asks Jorgensen if she's a woman. Jorgensen replied, "We seem to assume that every person is either a man or a woman. But we don't take into account the scientific value that each person is actually both in varying degrees. Now, this sounds a little evasive and I don't mean it to be in actuality. To that, my only answer is that I am more of a woman than I am a man." Working from within the confines of a 1950s pop lexicon, Jorgensen challenged the non-trans interviewer's presumption of a natural sex binary and instead proposed that sex might be conceptualized as more of a spectrum. Later in the interview, she challenged the idea that clothing habits have anything to do with sex. "One isn't born to wear clothes, actually. Clothes are a habit that one accumulates." Throughout the entire LP, Jorgensen is continually bumping up against binary sex and gender presumptions as she struggles to frame her answers in a way that the cisgender interviewer might grasp.

To be clear, within trans discourse should I speak in terms of identity, I am speaking in terms of personal and expressive form; should I speak in terms of role, I am speaking in terms of cultural function. I as a trans person did not transition in order to choose a new gender role. Being placed into a role is something that culture forcibly does to people; nobody can choose to live in a gender role. Should society deem that one is a male, that person will be placed into a male role by culture; should society deem that one is female, that person will be placed into a female role by culture. A gender role isn't chosen, it's inflicted and much of trans discourse is situated around ways of challenging and undermining those roles.

When trans people speak of their gender identity, we are speaking about any 1 of 3 things:

A.) One's subjective experience of one's own sexed body attributes;
B.) One's sexed identification within the context of a social grouping; or,
C.) Both A and B

(ProTip: Some trans people will sometimes refer to Category A as one's "gender orientation.")

So no, even if we had a billion new gender roles, that wouldn't address the need of trans people to medically transition, nor would it help to force a billion people into a billion new gender role boxes. The motivation to medically transition was not about me living within a gender role box; it was about my

subjective embodied experience.

“A Woman Trapped in a Man’s Body”

Cis people came up with this sophomoric way of describing the trans experience to each other and it has, in a Foucauldian sense, stuck to descriptions of the trans experience ever since. The earliest known usage of a phrase like this comes from page 236 of Emily Grant Hutchings’ 1922 book, Indian Summer: “David is a woman. More than that, Sydney, Mrs. Trench is a man -- trapped in a woman’s body. When nature makes a blunder like that, there’s usually the devil to pay.” In his 1966 book, The Transsexual Phenomena, Harry Benjamin tried to make the trans experience intelligible to the cisgender population. On page 19 Benjamin wrote, “The transsexual feels himself to be a woman (“trapped in a man’s body”) and is attracted to men.” Consider the way this meme was used on page 265 of the 1967 book Sexual Deviance:

While, as suggested, few lesbians become committed to this totally masculine role as a near-permanent life style, many more lesbians may experiment with this kind of strategy for a short period, particularly during the identity crisis that occurs at the time of the first self-admission of a deviant sexual commitment or at entry into the culture of the homosexual community. During this early phase of career development, it is not unlikely that many lesbians overreact because they are still imbued with the essentially heterosexual language of their earlier socialization and think of themselves as an accident of nature: a man trapped in a woman’s body.

I find it interesting that some contemporary gender pontificators are putting forward new iterations of this very argument. Here we find that should a lesbian step out of her gender role (function) within the context of heteronormative culture, it may very well make her think that she’s a “man trapped in a woman’s body.” Friedman essentially makes the same (il)logical leap in his article: since it must be gender roles that are driving trans people to transition, instead of medical care, a better solution might be the creation of even more gender roles. Friedman assures his readers that “gender” shouldn’t be binary, “it [doesn’t] mean that conventional gender roles always feel right; the sheer number of people who experience varying degrees of mismatch between their preferred gender and their body makes this very clear.” * every facepalm meme ever goes here *

If people like Friedman (or Raymond for that matter) actually cared about the well-being of trans people (as they inevitably claim they do) maybe they could start by being honest about the data, stop conflating trans terminology to muddy the discursive waters and start honestly engaging with trans people about what their body experience is like.*

*And no, being trans isn’t the same thing as wishing to be paralyzed or to have sections of one’s body removed (body dysmorphic disorder). This “analysis” is popular with smug cis people who think trans people want to “chop off” parts of their bodies. If you think that trans surgery is about chopping off body parts, you probably need to sit down, shut up and listen to trans people talk about their experience without assuming that you understand it better than they can.

Suggested citation

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