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Trans enough : trans/gender identities and (mis)representation in social work

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Enough: Trans/Gender Identities and
(Mis)Representations in Social Work

ABSTRACT

This study critically examines the current discourse in social work on transgender individuals in an attempt to be a starting point for those seeking to gain a better understanding of the ways in which the profession has conceptualized and served this population over the last 25 years. Queer theory and critical discourse analysis were used to analyze a final sample of 30 social work articles that focus on the transgender subject. Analytical focus was aimed at the production and reproduction of social norms, particularly those that function through heteronormativity, as well as forces of power operating within the discourse. Through this study, researchers are recognized as having the power - through their choice of problem formulation, design, recruitment methods, and language and eligibility criteria to influence what voices are heard, what identities are represented, and which gender identities are framed as the norm. The findings of this study suggest that social work professionals must continually question their assumptions and recognize the ways in which gender functions to regulate individuals. By recognizing discourse as power, we should be able to shift societal perceptions of transgender individuals, ultimately moving professional conceptualization beyond the current perception of transgender as "other" to the creation of a "center" that can encompass all gender identities. As social workers, we cannot truly help people to thrive and to actualize their full selves without a constant self-questioning about our biases and assumptions and without continually conducting and consuming research and education through a more rigorous critical lens.

Keywords: transgender, gender identities, queer theory, critical discourse analysis, social work

TRANS ENOUGH: TRANS/GENDER IDENTITIES AND (MIS)REPRESENTATIONS

IN SOCIAL WORK

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Introduction

On the evening of January 30th 2014, Laverne Cox, a Black transgender actress, appeared on stage at the Creating Change conference. As the conference's keynote speaker, Cox said she could not believe the immense audience love she felt, proclaiming that she was "not used to receiving this kind of love" (National Gay and Lesbian Task Force [NGLTF], 2014). Cox's speech that evening included personal experiences of growing up as a transgender person, how it impacted her mental health and the affects she has witnessed among friends in the transgender community. She spoke of being bullied as a child, suicide attempts, discrimination, racism, street harassment and not being "passable enough." Cox explained:

> Some days I wake up and I am just a girl who wants to be loved, but I was told on more
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> than one occasion by a man who told me that he loved me that he could not be seen in
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> public with me, could not introduce me to friends and family…not only because I am
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> trans…because people can tell I am trans. I am not passable enough by certain
>
> standards…I've heard it from members of my own community…that I should go and get
>
> surgery for this and that and then I will be an acceptable trans woman. (NGLTF, 2014)

Cox asks us to think critically not only about who is worthy of being loved, but what it means to be transgender and who is considered an "acceptable" transgender individual. These questions are of particular concern to social workers. As Cox reminds us, transgender individuals are often vulnerable to discrimination and violence, facing oppression due to their gender identity and expression. Social workers, who encounter transgender individuals in their work, have a

professional and ethical obligation to focus that work on their needs and empowerment as a vulnerable and oppressed population (National Association of Social Workers, 2008). It is our duty as guards of social justice to help increase awareness and bring the needs of these individuals to the forefront. With that in mind, the purpose of this study was to seek a better critical understanding of how transgender individuals are seen, understood, and served by the profession, which was accomplished by reviewing the professional literature over a number of years (methods explained later).

Social Work and Transgender Individuals

Social workers are the largest group of mental health service providers in the United States. With over 200,000 clinically trained social workers nationwide, there are more social workers than psychiatrists, psychologists and psychiatric nurses combined, all of whom are potentially working with transgender individuals (National Association of Social Workers, 2013). Additionally, transgender individuals seek mental health services for a variety of needs, including symptoms of anxiety, depression and any range of other mental health concerns (Carroll, Gilroy & Ryan, 2002; Gorin-Lazard et al., 2012; Rotondi, 2012). Therefore, most social workers will inevitably work with transgender clients, their family members, or their partners in whether or not they are aware of it (Korell & Lorah, 2007). However and unfortunately, when they do come into contact with social workers, many transgender individuals have reported discrimination and stigmatization (Bess & Stabb, 2009; Collazo, Austin, & Craig, 2013; Benson, 2013). The relationship between social workers and their transgender clients, therefore, has been negatively affected due to the profession's general pathologization of some gender identities and its creation of barriers to accessing necessary gender-affirming treatments.

The Diagnostic and Statistical Manual of Mental Disorders (DSM), the primary text used by clinical social workers to aid in diagnosing clients, has historically positioned the gender identities of transgender individuals as pathological. Beginning with the addition of Transsexualism in the DSM-III in 1980, gender identity-related disorders in later versions include Gender Identity Disorder, Gender Incongruence, Gender Dysphoria, Transvestic Fetishism, and Transvestic Disorder (American Psychiatric Association [APA], 1980, 1987, 1994, 2000). Gender Dysphoria is currently listed in the fifth and latest edition of the DSM (APA, 2013). Additionally, the World Professional Association for Transgender Health's (WPATH) Standards of Care, first published in 1979, positioned social workers as gatekeepers to individuals seeking access to gender-affirming treatments such as surgery and hormones. Now in its seventh version, the Standards of Care (SOC) instructs professionals to have clients meet various diagnostic criteria before granting them access to treatments (Coleman et al., 2012). Paradoxically, many transgender individuals object to the necessity for diagnostic criteria and view their gender identities as a healthy aspect of their selves (Bess & Stabb, 2009). It follows that some transgender individuals who would like to elect gender-affirming treatments have considered a preference for a non-psychiatric medical diagnosis as a means to gain access to such treatments (Markman, 2011; Seikowski, 2007).

Unfortunately, many transgender individuals have reported experiences of discrimination and stigmatization when they seek help, because social workers are frequently unfamiliar with basic concepts of affirmative care to transgender individuals – owing, at least in part, to the lack of related professional literature (Heck, Flentje, & Cochran, 2013). This dynamic repeatedly puts transgender clients in the position of having to educate social workers about who they are and often feeling at risk of potential discrimination from the very person from whom they seek help.

Shifting Focus

In recent years there have been significant shifts in social work regarding transgender individuals and gender identity issues. The National Association of Social Worker's Committee on Lesbian, Gay and Bisexual Issues' addition of "Transgender" to the committee's title in 2005 was one of the first official indications of an increased interest in transgender individuals in the field (National Association of Social Workers [NASW], n.d.). Along with this rising interest there has been a shift in how gender identities are viewed by the field, which has moved from a primarily pathological view of transgender individuals and gender identity to a more affirming stance. For example, in 2008, the National Association of Social Worker's Delegate Assembly approved an amendment to the *NASW Code of Ethics* to include "gender identity or expression" among the list of categories and identities that social workers are ethically responsible to protect in their work. Also, freedom of gender identity and expression were added to the *Code of Ethics'* stated responsibilities to clients and colleagues, professionals and to the social work profession in areas of cultural competence and social diversity, respect, discrimination, and social and political action (National Association of Social Workers, 2008).

Also in 2008, the American Psychological Association, another prominent organization in the mental health field, adopted a policy on transgender, gender identity and gender expression non-discrimination. In this policy statement, the APA opposes "all…discrimination on the basis of actual or perceived gender identity and expression" and "supports the passage of laws and policies protecting the rights, legal benefits, and privileges of people of all gender identities and expression" (American Psychological Association, 2013).

Finally, in 2013 the NASW's National Committee on Lesbian, Gay, Bisexual and Transgender Issues (NCLGBTI) called for the removal of Gender Identity Disorder, Gender

Incongruence, Gender Dysphoria, Transvestic Fetishism, and Transvestic Disorder from the

Diagnostic Statistical Manual (DSM). The Committee stated that the inclusion of these

diagnoses, "contributes to the sustained oppression of a marginalized group" (National

Association of Social Workers, 2013).

These professional mandates are all important steps by influential mental health

organizations. By prioritizing the needs of transgender and gender nonconforming individuals

they have taken steps to help normalize a population that has been historically pathologized, and

they decrease the stigma surrounding these individuals in and by the social work profession.

Study Scope

With these shifts in mind, this research study aimed to critically examine the current

discourse in social work on transgender individuals as a vulnerable and oppressed population,

hoping to reach a better understanding of the relationship between the profession and this

particular population. Research involving transgender individuals has increased in the last decade

due to increased recognition; yet, it is still not widely nor critically explored. For this study, the

Social Work Abstracts database available through Smith College libraries was used to find social

work research and articles focused on transgender individuals. The Social Work Abstracts

database available through Smith College's libraries consists of over 900 social work and related

journals from 1965 to present. A search using the keyword "transgender" resulted in 105 peer-

reviewed articles spanning from 1977 to 2013. Of the initial 105 articles that were available, less

than half dealt directly with transgender individuals and their specific needs or issues.

The majority of the initial 105 articles used "transgender" within the context of the LGBT

(lesbian, gay, bisexual, transgender) population. Overwhelmingly, these articles conflated the

needs of transgender individuals with those of lesbian and gay individuals.[1] Further, these

articles devoted a negligible portion of their research to transgender issues, and transgender

voices were notably silent among them. Because of this noted trend and the time limitations of

this study, 30 articles that focus primarily on the transgender population from 1988 to 2013 were

ultimately chosen as a final sample for further analysis. The term *transgender* was chosen as the

keyword search term specifically because it is currently the most commonly accepted term for

individuals whose gender identities do not fit within conventional notions of gender. Unlike the

term transsexual, which emerged from medical discourse, transgender is a more ethical term for

this population of gender nonconforming individuals. The term is also familiar to social work

and among mental health professionals in general. Therefore, this project specifically focused on

the historical development of this population and the implications of this development in and for

social work by analyzing the related literature.

Theoretical Frameworks

Smith, Shin & Officer (2012), prominent authors in the field, write that the language we

use, "reinforce[s]…societal notions of appropriate roles and behaviors…shaping and

constructing the…field's approach toward sexual and gender-transgressive minority issues in

ways that may not be immediately apparent." The study that is the topic of this thesis aimed to

examine this language and attempted to reveal what may not be presently evident through a

discourse analysis of 30 social work articles published between 1988 and 2013 that explore

transgender issues. To that end, the sample of 30 articles analyzed were viewed through the

theoretical lens of Queer Theory (Jagose, 1996) and Critical Discourse Analysis (CDA)

(Fairclough, 1995). Queer theory is mainly focused on the creation of social norms related to

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[1] The needs of bisexual-identified individuals are also noticeably silent.

gender and sexuality and how they function to continually naturalize heterosexuality. Queer theory was used to analyze the ways gender and sexuality are stabilized and what norms are created within the discourse about transgender individuals in the social work literature. CDA is primarily concerned with conceptions of power in discourse. Often, there is thought to be an inherent power imbalance between therapist and client. CDA aids in framing power relations present in the discourse, including those between researcher and participant. The focus is on identified power structures that are perpetuated, implied, and reinforced in social work through the literature.

It is the hope and intention of this study to help those who seek a better understanding of the current discourse of transgender individuals in social work and through that discourse, a better understanding of appropriate service to that population. As the transgender population continues to grow and gain recognition, it is essential that we become better able to meet the challenges of working with transgender people.

This report begins by explaining the theoretical frameworks employed for the discourse analysis in Chapter Two, which specifically addresses the reasons for drawing upon queer theory and critical discourse analysis to analyze the social work literature. Chapter Three provides a thorough historical background of the discourse of transgender individuals and issues in social work. Chapters Four and Five give an overview and background of queer theory and critical discourse analysis, respectively, the two theories utilized to analyze the data. Finally, Chapter Six discusses and analyzes the discourse and offers implications for the profession, including suggestions for further research.

CHAPTER II

Conceptualization and Methodology

Historically, in the mental health field, transgender and other gender variant individuals have been stigmatized and sometimes institutionalized due to a clinical framework that views their gender identity as pathological (Stryker, 2008). As mentioned previously, the increased interest in transgender individuals in the social work profession in recent years has prompted a shift in the discourse away from a conceptualization of transgender individuals from one that is pathologizing to one that is affirming (NASW, 2011). Although this has been a welcome move for many mental health clinicians and gender activists, others believe it does not sufficiently challenge the pathologization of gender nonconformity (Hunter & Hickerson, 2003; Lev, 2013). Therefore, with that in mind, this study examined how the transgender subject is treated and positioned in social work discourse by taking a close and critical look at 30 social work journal articles spanning from 1988 to 2013. The study sample included articles whose primary focus is transgender individuals and issues related to a transgender identity. Because of the constraints of this project, all articles were based from authors in the United States of America. The articles were chosen through a keyword search of the Social Work Abstracts database available through Smith College Libraries using the term "transgender." Queer theory and critical discourse analysis, the theoretical frameworks used to analyze the articles in the final sample, will be discussed later in this chapter. First, I offer some concepts and definitions that will aid in the understanding and conceptualization of the transgender subject within social work discourse.

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Gender and Sex

Dominant traditional beliefs in our society ascribe to a gender binary system and often consider gender and sex to be interchangeable. Sex and gender are not the same, however, and one does not determine the other, despite what society might like to believe. In fact, as Stryker (2008) notes, "…the sex of the body does not bear any *necessary* or *deterministic* relationship to the social category in which that body lives" (p. 11[emphasis in original]). Sex is typically considered biological, while gender is often positioned as a cultural and social construction. Sex commonly refers to anatomy, hormones, physical characteristics, and reproductive capacity; while gender is a system of social organization understood culturally and historically. In fact, our notions of gender today are not the same as they have been in the past. Still, even with changes throughout history, gender and sex are customarily represented as binary systems composing of man/woman or male/female, where one is positioned opposite to the other and institutionally reinforced as the only categories that exist and to which one can ascribe (Benson, 2013). Thus, of all the ways that a person might wish to express their gender, they are socially disciplined to fit into one of only two boxes.

Many people find these two categories extremely limiting. Some do not want to fit into them, some cannot fit, and ultimately, many find ways to transgress them. Additionally, different kinds of sex and gender exist outside of the two socially accepted categories of man/woman or male/female. For example, intersex people have atypical genetic traits, hormonal attributes, genitalia, and/or reproductive capacity, which vary from the most typical definitions of male or female (Morrow & Messinger, 2006). Additionally, transgender and gender nonconforming individuals are just two examples of gender identities that do not easily fit into the

conventionally constructed categories of man or woman. The next section takes a closer look at issues of self expression.

Gender Identity and Expression

An individual's gender *identity* is a subjective sense or experience of who they[2] are. Gender is self-determined by each individual, and people may be confused about a person's gender identity until the person chooses to disclose it. Gender *expression* is how an individual chooses to communicate their gender, which can be conveyed through clothes, speech, mannerisms, role choices, and many other qualities. Gender identity should not be conflated with sexual orientation. Individuals may choose to express their sexuality in a variety of ways that may influence their gender expression, but gender expression does not indicate a particular direction in or form of desire.

Sexual Orientation

On the other hand, sexual *orientation* does describe who an individual desires or is attracted to romantically or sexually. Contemporary categories, for example, include heterosexuality, homosexuality, and bisexuality, indicating attraction to another person based on same sex or gender, different sex or gender, or "both" sexes or genders, respectively. Sexual orientation can rely on the binary gender system and reinforce the categories of male and female by indicating attraction to individuals of an "opposite" sex or gender, same sex or gender, or "both" sexes or genders (Benson, 2013).

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[2] The singular pronoun use of they/their/them is used as a gender-neutral pronoun throughout this report.

Transgender

Definitions of transgender vary and are often broadly defined. For example, Stryker (2008) understands transgender as dependent on historical and cultural contexts, and uses it to "…impl[y] movement away from an initially assigned gender position" (p. 19). Some transgender individuals are frequently defined by a supposed transgression of gender norms, sometimes presumed to be inherent by crossing from their gender assigned at birth to the "opposite" gender. Transgender has been used to describe those whose gender, gender identity, or gender expression differs from, is incongruent with, or transgresses social norms for their assigned birth or biological sex (Persson, 2009).

Transgender is also commonly used as an umbrella term, inclusive of individuals who identify as transsexuals, transvestites, gender-variant, gender-transgressive, crossdressers, androgynous, aggressives, studs, Two Spirit, bi-gender, no-gender, multi-gender, genderqueer, intersex, third sex, male-to-female (MTF), female-to-male (FTM), gender bender, drag kings, drag queens, shemale, butch, femme, female-bodied men, and those who identify with no gender category (Burdge, 2007; Fassinger & Arseneau, 2007; Grossman & D'Augelli, 2006; Lev, 2004; NASW, 2011; Persson, 2009; Stryker, 2008). This list is certainly not exhaustive; there are many other identities with which individuals may identify within the understanding of transgender as an umbrella term. As Fassinger and Arseneau (2007) note, "the plethora of terms used to denote gender transgression…speaks to the complexity of self-labeling as well" (p. 23).

Additionally, transgender is not used to imply that an individual has undergone any type of surgeries, taken hormones, desires surgery or hormones, or requires surgery or hormones. Neither does it imply a particular body type, childhood or history; while in contrast, the term *transsexual* is in fact used primarily to refer to individuals who undergo surgery or

medicalization as part of a gender-transition process. Still - to add even further complexity - not all individuals who chose to undergo gender-affirming procedures consider themselves transsexual. As noted previously, transsexual individuals are considered within the inclusivity of the term transgender. Finally, the terms *transgender* and *transsexual* are sometimes incorrectly used interchangeably by individuals outside of these populations.

This study did not attempt to universally define the term transgender but focused instead on how social work discourse defines the subject. In the following sections I will further explain queer theory and critical discourse analysis, which I employed to analyze the concepts of transgender subjects and gender variances within the social work literature.

Queer Theory

The concept of queer is always changing, positioning itself apropos of the norm. Queer problematizes allegedly universal terms, understandings of identity, and the operations of power (Jagose, 1996). Queer theory takes cues from post-structuralist theory, both questioning our ways of knowing through the linguistics and through discursive constructions of identities. Post-structuralist theorists, such as Foucault (1978), posit that sexuality is discursively produced. Through discourse certain sexual roles and expressions were named to create an identity and that identity serves to both create and constrain that identity. Sexual practices now considered within our dominant understanding of gay and lesbian identities are not new and have been documented for centuries (Sullivan, 2003). Power operates through the discursive production of sexuality and sexual subjects, which functions in historically and culturally specific ways to normalize various practices. The clinic, or the medical institution, has functioned as a major discursive site through the creation of diagnoses for individuals whose attitudes and behaviors exist beyond an established norm. Although no longer commonly accepted, individuals who were deemed

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homosexual were once considered mentally ill, and many underwent conversion therapy

intended to make them heterosexual. Additionally, many queer theorists such as Butler (1990)

commonly believe that sex, gender and desire function in our society to reinforce and stabilize

heterosexuality. As such, they are interested in the construction of norms specific to gender and

sexuality as they impact daily life (Jagose, 1996). Therefore, queer theory is intent on calling into

question terms that may at first glance appear unproblematic.

This study explored the discursive construction of transgender subjects in social work

literature. What we today recognize as gender variance and transgender identities has been

documented in Eurocentric history since at least the early 1800s (Stryker, 2008). Gender

variance has been common, or at least seemingly not stigmatized, in non-Eurocentric cultures for

centuries (Feinberg, 1998; Lev, 2004). Variants on the term *transgender* have been used since

the 1960s, such as "transgenderal" and "transgenderist" (Stryker, 2006). Transgender as an

identity category is a relatively new term, pushed into its current meaning with the help of Holly

Boswell's 1991 article, "The Transgender Alternative" and Leslie Feinberg's 1992 pamphlet,

"Transgender Liberation" (Stryker, 2006). These texts used transgender to refer to those who do

not fit into the traditional notions of gender and choose to free themselves from the confines of

gender (Boswell, 2002).

By analyzing a sample of research articles in social work discourse concerning the

transgender subject, we can begin to understand how transgender is constructed and what norms

are reinforced through its discursive production in the field. Therefore, this study aimed to

identify those norms in the sample of 30 articles concerning sex, gender, and desire in relation to

the transgender population. The identified norms are deconstructed and discussed with special

focus on the ways they contend with the stabilization of heterosexuality and the discursive

construction of the transgender subject. Because CDA was also used in this study to analyze the

social work discourse regarding the transgender subject, the following section looks at this

theory more closely.

Critical Discourse Analysis (CDA)

Critical Discourse Analysis is primarily concerned with studying language in its relation

to power and ideology. CDA is both a theory and method. However, this study focused

primarily on CDA as a theoretical framework. Although there are several different critical

discourse analytical approaches, Jørgensen & Phillips (2002) identify five common

characteristics:

1. a "linguistic-discursive" element of social and cultural phenomena and processes;

2. discourse as constitutive and constituted;

3. analysis of language within a social context;

4. understanding the ideological functioning of discourse;

5. a political commitment to social change.

From the point of view of CDA, discursive practices are the processes by which social and

cultural knowledge is created and consumed, as well as how the boundaries of behaviors are

defined and enforced. Texts are produced and acquired through discursive practices and

therefore help reinforce power relations. Therefore, according to CDA, language use and change

must always be analyzed with an emphasis on social context. Social practices and social

dimensions are critical: "discourse is a form of social practice which both *constitutes* the social

world and is *constituted* by other social practices…[and] discourse is in a *dialectical* relationship

with other social dimensions" (Jørgensen & Phillips, 2002, p. 61 [emphasis in original]). This

approach is in line with the focus of the social work profession on social context as pivotal to the wellbeing of individuals and society.

CDA can serve to facilitate an understanding of relations between discourse and cultural developments in different social domains (Jørgensen & Phillips, 2002). Therefore, in this research study, CDA served to gain an understanding of the transgender subject in the social work discourse and how this discourse is related to cultural ideas concerning transgender people. Though discourse encompasses written language, spoken language, and visual images, this study focused primarily on written language as it is framed in articles of social work journals. Taking into account the current social contexts of transgender individuals, the sample articles in this study were analyzed to evaluate power relations that are present. The inherent power dynamics between research and subject or participant will also be discussed and situated within the context of the social work profession and ideologies pertaining to research. Research articles will be positioned in their role as creating, recreating, and reinforcing knowledge and behaviors as well.

Clearly, CDA is not a politically neutral theory. Discourse helps to construct, reconstruct and reinforce social structures. CDA is intent on specifically identifying avenues of domination and oppression in discourse (Fairclough, 1995) and posits that discourse can be an action used by people to create social change.

Strengths and Limitations

The sample for this study was found through a keyword search of "transgender" within the Social Work Abstracts database available through Smith College Libraries. The term *transgender* was selected as key word due to its contemporary use within the social work profession, but it did limit the scope of this project. For example, an additional search of "transsexual" might be useful in future research to provide a more nuanced historical context.

Nonetheless, the initial search of "transgender" garnered 108 articles. The abstract of each article was analyzed to distinguish whether transgender populations or issues were the primary focus of each. Since this research was interested specifically on the social work discourse of transgender, the initial articles results were narrowed down to include only those that explicitly explored transgender individuals, populations, or issues. Many of the articles in the initial search only made a sole mention of transgender as included within LGBT community while speaking predominantly about gay, lesbian, or bisexual individuals and issues. I think this study's strengths lie in its inclusion of articles that significantly considered transgender individuals and their issues although due to the constraints of this project and my being based in the United States, articles were limited to only those published in the United States. The final sample consisted of 30 journal articles.

This sample size of 30, admittedly, is relatively small compared to the thousands of social work journal articles on a variety of subjects. Despite utilizing one of the largest databases for social work articles, there are undoubtedly other articles outside of the Social Work Abstracts database that discuss transgender people and social work and that might have been relevant to this study. Time did not allow for a more extensive search of possibly relevant articles, however, and the scope of this study is limited, therefore, to those included in the Social Work Abstracts database. Moreover, while this study can aid in a better understanding of transgender individuals, its findings are not presumed generalizable. Despite its limitations, this study did examine a span of 25 years of professional literature on the subject and, I believe, can serve as a good starting point for more critically understanding how transgender individuals have been discussed – and thus conceptualized and understood (or misunderstood) in social work over an entire generation.

Potential Methodological Biases

In this research I utilized and was challenged by post-structuralist, feminist, and critical race theories (Butler, 1990, 1997; Bornstein, 1995; Delgado & Stefancic, 2012; Foucault, 1977; Mogul, Ritchie & Whitlock, 2012). In line with Foucault (1977) and other post-structuralist theorists I argued that there is no objective and universal truth, believing that different types of knowledge are constructed as normal or natural dependent on historical and cultural contexts. Further, feminist philosophy guides my understanding of gender oppression, which, I believe, affects individuals of all genders and which, I also believe, should be fought. Finally, critical race theory (Delgado & Stefancic, 2001) has helped me to understand that racism and marginalization of people of color is an institutional, structural, and pervasive issue in our society, one that presents a parallel to marginalization of many populations that may not hold so-called mainstream characteristics, such as transgender persons.

I am also guided by an activist ethic, which guides my identities as a social worker and guided me as the researcher for this study from the selection of question to choice of theoretical lenses for analysis. This ethic encourages me to regard research as a tool for social change. As a social worker I am dedicated to the profession's mission of "enhance[ing] human well being and help[ing] meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (NASW, 2008). It is clear to me that transgender individuals require the attention of the social work profession in many ways. For example, many transgender individuals live in poverty and on the streets, with transgender youth making up 20-40% of the homeless youth population (National Center for Transgender Equality, 2011). Additionally, transgender persons are some of the most vulnerable

and oppressed people in our country due to the vast social intolerance of nonconforming gender identities.

Finally, as an able-bodied queer transgender immigrant of color, I brought my own experiences of gender and racial oppression to my research. This contribution brought, I believe, a unique and necessary perspective to the professional understanding of transgender individuals given that transgender voices in research either as participant or researcher are few and far between in social work literature.

In the following chapter I give an overview of the transgender research subject and how they have been regarded within the social work and mental health fields.

CHAPTER III

Phenomenon

Gender variance and transgender individuals are not new phenomena. Transgender individuals have existed for centuries, or in Arlene Istar Lev's (2004) words, "[for] as long as there have been expectations regarding human sexual and gender expression" (p. 8). Vern L. Bullough (1991), a sexologist and historian who studied sex and sexuality, considered gender variance as ubiquitous through history. In the United States and Europe, the 1950s pushed transgender individuals into public discourse and modern prominence with the medical and scientific advances of hormones and gender affirming surgeries (Markman, 2011; Oles, 1977; Stryker, 2008). Surgery and hormones became increasingly effective and widely available for individuals who wish to alter their bodies to masculinize or feminize their gender presentation. Today, transgender individuals are visible in various professional arenas, popular media, films, sports, and television. Additionally, many transgender individuals are currently part of social justice movements fighting for policy changes and equal rights, often alongside lesbian, gay and bisexual individuals. Yet, despite their increased visibility, discussion about transgender individuals and their issues are not easily found in social work literature (Mallon, 2000). In fact, the voices of transgender clients were virtually non-existent within social work literature until the early part of this century. Moreover, therapists and the social work field have been known to too often consolidate the needs of transgender clients with those of the larger lesbian, gay, bisexual community (Fassinger & Arseneau, 2007) even though this may not be appropriate.

Thus, despite the public's increased attention on transgender individuals, they continue to live on the margins of the social work profession as well as society at large. In order to begin to better understand how the transgender subject (the term *subject* being used interchangeably with *individual* or *person*) is viewed within the social work profession today, the next section situates the transgender subject in a historical context.

Historical Perspective

The medical field has long dominated the discourse around transgender clients. Consequently, meanings of health and definitions of pathology are often determined through medical discourse (Norton, 1997). Harry Benjamin, MD, published *The Transsexual Phenomenon* in 1966 and popularized the term "transsexual" after it was coined by David O. Cauldwell, MD and sexologist, in 1950 (Cauldwell, 2001; Lesser, 1999). Early social work literature concerning transgender individuals closely followed medical literature and incorporated the use of "transsexual" shortly after Benjamin first used it in 1966 (Oles, 1977; Satterfield, 1988; Wicks, 1977*)*. This literature also used criteria as outlined by Benjamin in his Sex Orientation Scale to consider gender variance among individuals within six distinct groups ranging from transvestite (pseudo, fetishistic, true) to transsexual (nonsurgical, moderate intensity, high intensity) (Benjamin, 1966; Oles, 1977; Satterfield, 1988). Benjamin's Sex Orientation Scale places gender nonconforming individuals on a scale from one to six, with the number zero observed outside of the scale to represent "any person of normal sex and gender orientation for whom ideas of 'dressing' or sex change are completely foreign and definitely unpleasant, whether that person is hetero-, bi-, or homosexual" (Benjamin, 1966). Therefore, gender variance is positioned in opposition to a lack of gender variance where this lack is considered "normal" and gender variance is thus considered abnormal or "other."

Despite Benjamin's assertion that the categories on his Sex Orientation Scale are not and can never be clearly distinguished, these categories have been used to determine an individual's eligibility for hormones and surgery (Benjamin, 1966), with only those who meet the criteria for "true transsexual" qualifying for access to surgery and hormones to alter their gender presentation. A designation of transvestite, often defined by a desire for cross-dressing related to sexual pleasure and applied almost exclusively to individuals who are assigned male at birth, would commonly disqualify an individual as a candidate for hormones and surgery (Cauldwell, 2001; Satterfield, 1988). Intersex individuals, those born with reproductive or sexual anatomy not conventionally classifiable as male or female, have been also uniformly considered ineligible for hormones and surgery due to their gender nonconformity being viewed predominantly as a biological issue (Cauldwell, 2001; Satterfield, 1988). Finally, despite an acknowledgment of the blurred lines of difference between these identities, eligibility decisions have been often at the sole discretion of a medical professional whose training involved an understanding of gender nonconformity within this framework of pathology.

This pathology-oriented framework considers gender through binary models, as innate and biologically linked to sex. Thus, gender nonconformity has been traditionally viewed as unnatural, deviant, and ultimately curable within the medical model, with early literature placing substantial focus on the etiology of gender variance among individuals and more recent literature recognizing it as a healthy and normal expression of gender and further recognizing gender as a social construction (Lev, 2004; Markman, 2011). Many early researchers understood gender variance to exist because of a variety of factors, of course, but were insistent on finding a cure and causation. Thus, theories evolved that questioned the mother's role, an individual's early environment, and genetic or hormonal dispositions to gender variance (Oles, 1977). In more

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current social work literature, however, gender has been commonly considered a social or cultural construct, attempting to move away from ideas of gender nonconformity as individual pathology and instead, framing it within a social context (Burdge, 2007; Collazo, et al, 2013; Grossman & D'Augelli, 2006; Lev, 2013; Lombardi, 2009; Markman, 2011; Monro, 2005; Nagoshi, 2010; Norton, 1997; Saltzburg & Davis, 2010; Vanderburgh, 2008; Wester, McDonough, White, Vogel, & Taylor, 2010).

With regard to diagnosis, some of the early mental health literature emphasizes the importance of making a correct diagnosis for fear that an incorrect diagnosis will lead an individual to regret their choice for hormones or surgery (Oles, 1977; Olson, 2006; Satterfield, 1988; Wicks, 1977). More contemporary literature addresses the debates surrounding the inclusion of Gender Identity Disorder in the DSM-IV-TR, which has since been removed, but replaced by Gender Dysphoria diagnosis in the DSM-V (Benson, 2013; Lev, 2013; Mallon, 2000; Markman, 2006). Thus, individual pathology, diagnosis, and terminology clarifications have been the primary focus of much of the literature concerning transgender individuals' mental health issues (Benson, 2013). The following section identifies how professionals, as gatekeepers to service, have, unfortunately, kept many individuals who would like to change their bodies at arm's length from that possibility.

Clinicians as Gatekeepers

The World Professional Association for Transgender Health (WPATH) is an organization consisting of professionals in various fields including medicine, psychology, social work, counseling, psychotherapy and sociology. WPATH's stated goals include increasing the knowledge and treatment of gender identity disorders by professionals in related fields (WPATH, 2014). First published in 1979, WPATH established recommended criteria with their

Standards of Care and Ethical Guidelines (SOC) for professionals working with individuals identified as having a gender identity disorder. The SOC "articulate[s] a professional consensus about the psychiatric, psychological, medical, and surgical management of gender identity disorders, and help[s] professionals understand the parameters within which they may offer assistance to those with these conditions" (WPATH, 2014). The management criteria are largely focused on regulating impulse and limiting experiences of regret of transgender clients who elect hormones or surgery despite research that shows marked success with no regrets (Benjamin, 1969; Meyer, 2009; Satterfield, 1988). Now in its seventh revision, clinicians and professionals across the world use the guidelines outlined in the SOC to determine a client's eligibility for hormones or surgery.

To be eligible for hormone treatments or surgery, the SOC recommend that individuals meet several requirements, including proven competence, participation in psychotherapy, and living publicly in their chosen gender for a certain period of time (Meyer, 2009). Much of the recommendations in the SOC can be recognized in relationship to the diagnostic criteria for Transsexualism, Gender Identity Disorder and Gender Dysphoria in the DSM-III-R, DSM- IV and DSM-V, respectively, in which emphasis is placed on level and period of discomfort with genitalia, rejection of assigned gender, and success of living in a preferred gender full time for at least three months (American Psychological Association [APA], 2013; Satterfield, 1988). The SOC and availability of surgeries and hormones is believed to have shifted the power of self-determination away from the transgender individual toward medical professionals (Lev, 2004), which has effectively positioned therapists, social workers, and other clinicians as gatekeepers to what are perceived as important services (Bess & Stabb, 2009).

Historically, transgender individuals have not felt comfortable accessing mental health services due to fear of discrimination, biases, and preconceived notions about gender variant identities by many clinicians they encounter (Bess & Stabb, 2009; Korrell & Lorah, 2007). In fact, research suggests that the roles of social workers and other mental health professionals as gatekeepers can, and likely do, compromise the therapeutic alliance for many therapists and transgender clients (Heck, Flentje & Cochran, 2013; Hill, 2007). As a result, many transgender persons have experienced barriers to and denial of access to social services and health resources, including surgery or hormones, due to gender dysphoria, lack of perceived commitment, and general transphobia on the part of clinicians (Clements-Nolle, Marx & Katz, 2006; Grossman & D'Augelli, 2006; Grossman, D'Augelli, Howell & Hubbard, 2005; Hussey, 2006; Hotton, Garofalo, Kuhns & Johnson, 2013; Kenagy, 2005; Kenagy & Hsieh, 2005; Lombardi, 2009; Nemoto, Sausa, Operario & Keatley, 2006; Persson, 2009; Satterfield, 1988), leading some to obtain hormones through underground markets along with unregulated and unsupervised use (Burdge, 2007; Nemoto, Sausa, Operario & Keatley, 2006). Clearly, at least some clinicians who are in the powerful position of allowing or denying access to treatment do so based on their own conceptions of gender and pathology.

Therapists are frequently also in positions of assessing their patients/clients for treatment "appropriateness" based on perceived symptoms, leading some of these individuals to anger and frustration, particularly when they feel that they have a better understanding of themselves than does their therapist . (Korrell & Lorah, 2007). Generally, as with any other person, transgender individuals want to have humanizing experiences with clinicians and not become viewed simply through diagnostic criteria (Bess & Stabb, 2009) and in fact seek treatment for a variety of reasons not necessarily directly related to gender identity (Bess & Stabb, 2009; Markman, 2011;

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Morrow & Messinger, 2006; Seikowski, 2007). Many transgender clients are aware of their

gender variance before seeking treatment with a mental health professional, but others may come

to recognize different aspects of their gender identity and expression during the treatment

process, while still other clients may not view their gender as or related to their presenting

problem. Overall, however, transgender individuals face a variety of physical, emotional,

economic, and social barriers while often lacking the necessary resources to overcome them.

Many transgender individuals face stigma, discrimination, and abuse in their lives. Numerous

also live at constant risk of violence, poverty, homelessness, and unemployment (Lev, 2013).

Social workers are uniquely positioned to facilitate the necessary connections between these

individuals and their personal goals (Markman, 2006; Wicks, 1977). Whether they do so,

however, and the degree to which they are really helpful, is another question altogether, much

depending on the clinician's perspective and the degree to which that clinician adopts the idea

that there is pathology present. The following sections deals briefly with treatment goals and

considerations for clinicians working with transgender clients.

Treatment Goals and Considerations

Surgery and hormones are often considered the ultimate goal in treatment of transgender

clients. Many researchers share the belief, like Miriam N. Oles (1977), a social worker who

writes about gender dysphoria, that the goal of transsexual clients is to "undergo a physical

transformation into the gender of choice, and to live and be accepted in the desired gender role"

(p. 67). Researchers and clinicians often see surgery as an irreversible process and consider it to

be the final step of transition for transgender clients (Fassinger & Arseneau, 2007). On the other

hand, it is thought to help in alleviating gender dysphoria for transgender individuals, making it

still a popular treatment option (Collazo et al., 2013). "Passing" as the gender of their choice is

aided by surgery and hormones, which is also considered a common goal for numerous transgender clients (Hunter & Hickerson, 2003). Yet surgery and "passing" are not goals for all transgender clients (Bullough & Bullough, 1997; Collazo, et al, 2013; Herbert, 2010). Financing such treatments can be a major roadblock for many transgender clients, as many are unemployed and lack the resources to make surgery or hormones a reality. For those transgender individuals who have insurance, surgery and hormones are often not covered by most insurance companies. Aside from financial reasons, individuals may have cultural, religious, and social reasons for not choosing hormones or surgery. Individuals may also simply not view surgery or hormones as necessary for their gender presentation and expression.

In addition, a focus on surgery and hormones has caused treatment considerations for clinicians to be largely limited to transgender individuals prior to transition. Whether or not transgender persons elect to start hormones or undergo any surgeries, they can continue to benefit from supportive and long-term psychotherapy treatment (Satterfield, 1988; Wicks, 1977). The transgender individuals who achieve hormones or surgery will be learning how to navigate the social world likely being perceived differently than prior to undergoing those processes. Additionally, many transgender individuals seek mental health services for plenty of the same reasons as cisgender, or nontrans, individuals, including social distress, anxiety, isolation, suicidality, low self-esteem, and depression (Benjamin, 1969; Budge, 2013; Carroll et al., 2002; Clements-Nolle, 2006; Gómez-Gil et al., 2012; Gorin-Lazard et al., 2012; Rotondi, 2011; Wicks, 1977). Depending on the individual, these symptoms may or may not be alleviated through hormones or surgery. Some symptoms may be related to experiences in early childhood, which among other things, may include bullying, and fear of ridicule, punishment or rejection from friends and family members as a result of their perceived gender transgressions in the social

world (Lesser, 1999; Lev & Alie, 2012). Clinicians, however, are urged to remember that interventions should not rely on pathologies of gender expressions but instead, should be whole-person centered, which is, at least supposedly, a hallmark of social work (Morrow & Messinger, 2006). Ultimately, therapists are in the position to promote the self-determination of all clients. Whether they actively do so or not is another story altogether.

Summary

This chapter has discussed the current literature that focuses on transgender persons and issues related to serving this population in the social work profession. Diagnostic criteria and gender pathology have been used to identify and define individuals whose gender identities do not conform to traditional norms -- individuals commonly referred to as *transgender* individuals. As clients they are often perceived to share common narratives about childhood experiences, their bodies, and relationships to friends and family – usually, however, emphasized as negative or traumatic and often thought to be the "reason" for transgender identity.

In the following two chapters I explore these common themes that appear in the social work literature. Commonality, norms, and power structures in the literature will be examined through the theoretical lenses of Queer Theory (Butler, 1990; Jagose, 1996) and Critical Discourse Analysis (Fairclough, 1995). The next chapter begins this exploration by presenting an overview of Queer Theory.

CHAPTER IV

Queer Theory

> Every person who comes to a queer self-understanding knows in one way or another that her stigmatization is intricated (sic) with gender, with the family, with notions of individual freedom, the state, public speech, consumption and desire, nature and culture, maturation, reproductive politics, racial and national fantasy, class identity, truth and trust, censorship, intimate life and social display, terror and violence, health care, and deep cultural norms about the bearing of the body. (Warner, 1993, p. 7)

This chapter provides an overview of queer theory as it relates to transgender individuals, gender variance and notions of gender identity. First, an exploration of the term "queer" provides context for the significance of its use in this theoretical framework. This is followed by an overview of the background and key concepts of queer theory, as well as the population around which queer theory was developed. The chapter concludes with a discussion of the ways in which concepts of queer theory can frame our understanding of the transgender subject within social work as reflected by the nature of discourse in the professional literature.

"Queer"

Historically, the word "queer" has been slung toward individuals who step out of line of conventional gender expectations to assault, insult, or demean them. In short, it has been used as a derogatory term to diminish an individual's integrity and dignity. It has also been utilized in vernacular to refer to homosexuality or homosexuals. Additionally, queer is synonymous with odd, unusual, strange, or peculiar (Crowder, 2007; Sullivan, 2003).

Today, the term *queer* has come to mean many things since its renaissance of the 1990s following the rise of lesbian and gay studies and women's and gender studies (Jagose, 1996).

Furthermore, over time, queer has become both a verb and noun. To "queer" is to "destabilize the presumed naturalness of heterosexuality and conventional gender performance" (White, 2012); while it is also "to make strange, to frustrate, to counteract, to delegitimize, to camp up…heteronormative knowledges and institutions, and the subjectivities and socialities that are (in)formed by them and that (in)form them" (Sullivan, 2003, p. vi).

Contemporarily, queer is often used as an umbrella term, synonymous with lesbian, gay, bisexual, and transgender (LGBT) identities, which has also positioned it as a more inclusive term than LGBT by implying a breaking free of those individual identity categories to encompass various sexual identities and behaviors. The term can be used broadly to include heterosexual individuals who participate in sexual subcultures or participate in unconventional sexual practices, as well as anything or anyone that can be considered "non-normative" (Sullivan, 2003). Most recently, its reemergence in academic and political landscapes marked queer as a project of reclamation, an intentional shift away from queer as stigmatizing and accusatory toward functioning as a term of self-identification and a source of pride.

Queer is always in the process of becoming. As José Esteban Muñoz writes, "queerness is not yet here…[it] is an ideality" (2009). A primary characteristic may be its indeterminacy, though "queer itself can have neither a foundational logic, nor a consistent set of characteristics" (Jagose, 1996, p. 96). Similarly, Nikki Sullivan (2003) notes that queer theory is a "discipline that refuses to be disciplined" (p. v). Despite its prominence in academia, queer theory endeavors to resist the confines of institutionalization. Lisa Duggan (2001), who hails queer theory as a "new potential within politics and theory," argues that it carries a "promise of new meanings, new ways of thinking and acting politically" (p. 215). Muñoz adds, "[q]ueerness is that thing that lets us feel that this world is not enough, that indeed something is missing" (2009, p. 1).

Construction of a Theory/ Identity Formation

As a multidisciplinary field of critical theory, queer theory is believed to have emerged in the late 1980s or 1990s within U.S. academic institutions (Stein & Plummer, 1994); and Teresa de Lauretis is often credited with coining queer theory in 1990 through a conference she organized at University of California, Santa Cruz titled "Queer Theory: Lesbian and Gay Sexualities" (Halperin, 2003). Stein & Plummer (1994) highlight four features that establish queer theory as a distinctive theoretical framework:

1) An understanding of sexuality which recognizes sexual power as inherent in different aspects of social life, employed through discourse and the creation of limits, boundaries and dualisms;

2) the problematization of identities, particularly those involving sex and gender;

3) abandoning civil rights strategies in support of anti-assimilationist politics, with a focus on deconstruction, decentering, and revisionist readings;

4) a readiness to question arenas not commonly considered in terms of sexuality.

In the late 1980s and 1990s, the emergence of queer theory paralleled the rise of visible radical politics by queer activist groups, and social justice activism was highly influential to the advent of queer theory within academia. Grassroots groups such as ACT UP (AIDS Coalition to Unleash Power), Queer Nation, and OutRage! became involved in direct action tactics in attempts to increase visibility of queers and highlight queer issues, focusing on the AIDS pandemic, violence against gays and lesbians, and prejudiced policies. Through these and other such activities during this period, the issues were popularized as the prime issues for all LGBT individuals and served as a uniting function.

The LGBT movements, from gay liberation to lesbian feminism, have subscribed to the notion of singular, unified identity politics as fundamental for effective political intervention (Sullivan, 2003). Their ultimate goal has been viewed as an acceptance into mainstream society. The struggle for equal rights of LGBT individuals is based on an idea of commonality with mainstream heteronormative society. Heteronormativity situates heterosexuality as the only healthy sexuality and societal norm, with stable ideas of gender, sex, sexuality and gender roles. The strategies for acceptance into the dominant society have been to minimize the supposed threat to society of LGBT individuals and curtail notions of radicalism within the LGBT community through the creation of an LGBT community and movement.

The LGBT community is understood as a cohesive unit made up of individuals who may be considered normal by most heteronormative standards and therefore worthy of human rights despite their sexual identities. Through their normalcy they hope to attain the same opportunities as normative heterosexual individuals in dominant society. In the current political landscape, for example, this is evidenced in the fight for lesbian and gay marriage rights. The LGBT rights movement has chosen to prioritize the right for their constituents to marry. The achievement of LGBT liberation in this movement is thought to exist through tolerance by assimilation into heteronormative society. In this view, differences are normalized and made invisible in hopes of gaining further acceptance by contemporary society. This occurs primarily through the construction of identities to mobilize for the hope of political gains. Interestingly enough, with the rise of the movement in the 1990s, the idea of a unitary lesbian or gay community was "becoming increasingly implausible," and despite vowing for equal rights for "all," these movements have been known to be predominantly white, able-bodied, and middle class (Sullivan, 2003).

Queer theory chooses to argue against ideas of normativity, which exist at the core of the lesbian and gay studies and LGBT movements. Instead, it asks about our relationships to "normal" and how attitudes, values, and practices come to be constructed as normal, specifically highlighting the systems of power that function within heteronormativity to structure society. Michael Warner (1993) situates queer in opposition to "normal," adding that queer is "generated precisely in the context of terror with the effect of pointing out a wide field of normalization, rather than simple intolerance, as the site of violence" (p. 16). That is, queer theory understands structural inequalities as grounded in gender and sexuality through heteronormative categories and conventions.

Additionally, queer theorists believe that strategies such as those used in LGBT movements "rely on conceptual dualisms…that reinforce the notion of minority as 'other' and create binary oppositions which leave the 'center' intact" (Stein & Plummer, p. 182). Thus, gender and sexuality are conventionally framed to support heteronormativity and the notion of heterosexual individuals as encompassing the only stable and healthy sexuality – which then places queer individuals and those who exist outside the conventional ideas of gender and sexuality as eternally different, unwell, and lacking a future (Muñoz, 2009).

Furthermore, Sullivan suggests that these movements of normative models of identity have created a level of suspicion, which, coupled with post-structuralist ideas about identity, gender, sexuality, power and resistance (Derrida, 1997; Foucault, 1978) created the prime conditions for which queer emerged as an "intelligible" and "inevitable" phenomenon (2003). Duggan (2001), who traces the history of queer theory to lesbian and gay studies, connects both through constructionist theories that begin in the 1970s. Thus, fed up with the essentialist notions inherent in lesbian and gay studies and the limits it imposed on identity, queer theory emerged

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with a critical, post-structuralist perspective. To date, much of the lesbian and gay studies have relied on essentialist beliefs about sex, gender, and sexuality and a consideration of identities as natural, normal, and innate. For example, lesbian and gay studies often assumes the existence of gays and lesbians as they are understood today – that is, as capable of being traced through time and history irrelevant of cultural contexts.

Queer theory attempts to break from these ideas and takes on a constructionist viewpoint. It recognizes identities as historically and culturally relevant, fluid, and constructed through the effects of social conditioning (Jagose, 1996). For example, French historian and philosopher Michel Foucault's *History of Sexuality* (1978) is often cited as a turning point in studies of sexuality. Foucault is believed by many queer theorists to have ushered a new understanding of sexuality into contemporary theory through his critical view of modern sexuality (Butler, 1990; Duggan, 2001; Jagose, 1996; Sullivan, 2003). In *History of Sexuality* (1978), Foucault traces the discourses of sex and sexuality to the 17th century in Eurocentric societies, focusing on the construction of homosexuality and homosexual identity and the institutional power involved in the formation of deviant and moral sexualities. Foucault argues that instead of people simply participating in certain acts or behaviors, they began to be defined by the acts or behaviors in which they engaged. He questions the construction of sexuality, its association with certain sexual practices, and the creation of heterosexual monogamous married couples as a moral norm. Foucault's ideas underlie many concepts within queer theory, serving to reimagine theories of sexuality and laying the groundwork for many evolving perspectives.

Butler's Gender as Performance

Queer theorist Judith Butler has utilized Foucault's concepts about sexuality to frame her ideas about gender as performative. In *Gender Trouble* (1990), Butler proposes that our

understandings of gender in modern society are actually based on a culmination of repetitive acts

rather than an innate or natural category, repetition that makes certain ways of being seem

"natural." This is not to imply that gender is merely a choice one makes every morning but that

gender is a continual process of becoming; gender works to make up the identity it claims to be.

Through this notion, Butler questions the construction of gender as well as the construction of

sex and sex as a gendered category. According to Butler, gender is something one does, which is

neither tied to a preexisting subject, essence, nor sex category. As Butler asserts, "…the

substantive effect of gender is performatively produced and compelled by the regulatory

practices of gender coherence" (1990, pp. 24-25). Gender works as a regulatory norm, with these

norms repeated through acts and gestures that lead to an idea of a stable gender consisting of an

internal and stable essence (Sullivan, 2003). Thus, gender should not be understood in terms of

truth or falseness, Butler argues, but as that which is "produced as the truth effects of a discourse

of primary and stable identity" (Butler, 1990, p. 136). Discourse, then, works to create and

maintain gendered categories as regulatory norms. Furthermore, Butler institutes a notion of

"intelligible" genders, which "in some sense institute and maintain relations of coherence and

continuity among sex, gender, sexual practices, and desire" (1990, p. 17). Through this, Butler

insists, the creation of genders as coherent makes invisible the variations of gender identities that

exist in our society beyond "male" or "female."

Social Work and Queer Theory

In the social work profession, queer theory has been used to challenge contemporary

ideas about underprivileged populations, including individuals with disabilities, bisexual persons,

and sexually diverse groups (Angelides, 2006; Cheng, 2009; Gammon & Isgro, 2006; Vick,

2012; Willis, 2007). Other projects have utilized queer theory as well to explore assumptions and

norms present in particular fields, such as communications and religious studies (Slagle, 2006; Wilcox, 2006; Yep, Lovaas, & Elia, 2003).

Yet, some researchers question queer theory's purported effectiveness in political and professional realms. For example, Kirsch (2006) challenges queer theory's ability to actualize social change, while Gammon and Isgro (2006) examine queer theory's limitations for understanding bisexuality in both theory and practice. Slagle (2006) uses a self-reflective narrative to caution LGBT and queer theorists in understanding the implications of their theories and practices on their professional lives and livelihoods.

Queer Theory and the Transgender Subject

If gender is historically and culturally situated, then queer theory challenges us to also consider transgender individuals as such. Through Butler's (1990) concept of gender as performative, queer theory also encourages us to reconsider the creation of gender identities, including that of transgender individuals. In other words, we must follow the construction of transgender identity within the social work profession and explore the profession's potential reproduction of norms when working with transgender individuals. Furthermore, we must evaluate how the social work profession, clinicians, and treatment goals may function in supporting heteronormativity and contribute to the further marginalization of transgender subjects.

In the following chapter, I provide overview, background, and context for critical discourse analysis and how it too relates to the transgender subject in social work literature.

CHAPTER V

Critical Discourse Analysis

This chapter provides an overview of critical discourse analysis (CDA) as it relates to social work discourse and the transgender individual as subject. First, a background of CDA including a brief history and key elements offer a basis for understanding the basics of CDA. A look at different approaches of CDA follows. Then, a summary of empirical studies employing CDA offers a context for how CDA has been utilized in the social work profession. The chapter concludes with a discussion of how CDA can help inform an understanding of the transgender subject within social work discourse.

CDA and Academia

Though the term "critical discourse analysis" was first used around 1985, critical discourse analysis (CDA) emerged within academia in the 1990s following the development of critical linguistics (CL) in the 1970s (Fairclough, 2003). CL and CDA are often used interchangeably, with primarily only arcane differences suggested between the two (Wodak & Meyer, 2001). The emergence of CL in the 1970s marked the beginning of theoretical inquiries into the use of language. Prior to this, linguistic research relied primarily on practical and technical analysis of language, including sentence composition, language variations, and structures of communication. CL brought a heightened awareness of the hegemonic power and social forces surrounding language to discourse studies. Because CL and CDA share many of the

same basic assumptions, beginning in the 1990s CDA became the preferred title for this approach over CL (Wodak & Meyer, 2001).

Wodak & Meyer (2001) trace the institutional origins of CDA to the early 1990s in Amsterdam with a small symposium in January 1991 at the University of Amsterdam. This two-day symposium gathered prominent scholars who had written notable books throughout the 1980s with ideologies and approaches that would later become known as CDA. The symposium brought together from various disciplines such academics as Teun van Dijk, Norman Fairclough, Gunther Kress, Theo van Leeuwen, and Ruth Wodak, who, together, served as an impetus for collaboration. Many of these scholars bring their own particular analytical approaches to CDA, calling on linguistic theory and social theory among others, but they do share some common characteristics.

Critical discourse analysis (CDA) is probably best described as a series of approaches for analyzing discourse as opposed to one singular framework. CDA is most concerned with a particular way of looking at discourse, not necessarily with the mechanics of how discourse is constructed through text or language. With this perspective, critical discourse analysts view discourse, or the way disciplines talk about a particular object of knowledge, as enacting power and recognize that hierarchal structures in the social world operate through discourse. Power functions through the usually unspoken rules of discourse that are used in practice. Additionally, critical discourse analysts view discourse as the key to social change, considering CDA as foremost a political project.

Key Elements

Defining features of CDA among critical discourse analysts may vary, but there are some shared characteristics among the different approaches. In consideration of the varied approaches

among critical discourse analysts, Jørgensen & Phillips (2002) identify five of their most common characteristics. These characteristics are as follows:

1. a "linguistic-discursive" element of social and cultural phenomena and processes;

2. discourse as constitutive and constituted;

3. an analysis of language within a social context;

4. understanding the ideological functioning of discourse;

5. a political commitment to social change.

These identified characteristics are often considered central to CDA but should not be assumed exhaustive. For instance, another important aspect of CDA, which many critical discourse analysts agree upon, is a need for interdisciplinary research when studying discourse (Wodak & Meyer, 2001) because of the multitude of complexities present between language, society, and institutions. Furthermore, it is important to note that the characteristics identified above hold varied levels of importance among critical discourse analysts.

Discourse As Social Practice

In order to understand the premise for CDA, it is necessary to first understand what critical discourse analysts mean by the term *discourse*. For the purposes of CDA discourse is understood as the ways in which language is used in the social realm – that is, as a form of social practice. Thus, CDA is specifically concerned with an exploration of text or language as used in the social realm; and critical discourse analysts view discourse as the definitive fiber of the social world consisting of written language, spoken language, and visual images. Scholarly studies, research articles, public speeches, dialogue, advertisements, and newspapers are just some of the texts considered in context by critical discourse analysts. Norman Fairclough (1995), for example, believes that "language in texts always simultaneously functions ideationally in the

representation of experience and the world, interpersonally in constituting social interaction between participants in discourse, and textually in tying parts of a text together into a coherent whole" (p. 6).

In practice, discourse connects social events and enacts existing social relations. As Fairclough (1995) asserts, "[t]exts are social spaces in which two fundamental social processes simultaneously occur: cognition and representation of the world, and social interaction" (p. 6). Further, critical discourse analysts believe that these social relations are informed through levels of power in the social realm, which play out in discourse. In short, discourse is influenced by and influences power within society; they are in a dialogical relationship. Therefore, CDA recognizes discourse as functioning to produce, reproduce, and/or challenge modern social power relations; and critical discourse analysts are intent on exploring the multi-faceted relationship between discourse and power (Van Dijk, 2001). More specifically, CDA asks how discourse is implicated in social relations via power (Janks, 1997). It therefore interrogates assumptive language and that which is taken for granted, considered common sense, or simply accepted as knowledge in order to reveal the influence of power in and on discourse. Additionally, power functions through control of discourse and "those who have more control over more—and more influential— discourse…are by that definition also more powerful" (Van Dijk, 2001, p. 356). Power relations operate to restrict and control productivity and creativity in discursive practice through processes of naturalization that make something appear natural or innate (Fairclough, 1995, p. 2). Finally, discourse is by no means autonomously powerful; it acquires power through the use of people in positions of power through the complex webs involving hierarchies (Wodak & Meyer, 2001).

Moreover, many critical discourse analysts regard discourse as a type of social practice that both "*constitutes* the social world and is *constituted* by other social practices" (Jørgensen &

Phillips, 2002, p. 61 [emphasis in original]). Discourse is therefore in a dialectical relationship with the social world, functioning to frame and reframe the social world and simultaneously influences and is influenced by the current social landscape. Discursive practices - the parameters by which discourse functions and is allowed to function - are historically and culturally situated (Foucault, 2002), establishing social practices and identities within institutions over time. Thus, discourse is ultimately believed to be a tool for social change but one that is culturally and historically dependent, influenced by the social realm in which it functions at any given time.

CDA also seeks to examine how power and ideology function together through discourse (Fairclough, 1995). For example, language and discursive practices are considered "active agents in the hegemonic process of constructing and maintaining ideology" (Park, 2005, p. 16). Thus, CDA holds that discourse participates in the production and reproduction of unequal power relations (Jørgensen & Phillips, 2002). Identities and realities are established through discursive practice, and they are always formed unequally, continually formed to position one as more legitimate, natural, or authentic than the other (Park, 2005). The theory further posits that discourse does not function independently; it works through historical and cultural ideology (Fairclough, 1995). In the analysis of discourse, context is clearly crucial for CDA, with micro discourses operating in relationship to macro discourses and together, forming an assumed whole.

Social Change

CDA is definitively not a politically neutral approach to discourse analysis. In fact, critical discourse analysts, such as Yoosun Park, may suggest that, "no usage of language can ever be considered neutral, impartial, or a-political acts" (2005, p. 12). Consequently, critical

discourse analysts believe in the capabilities of social change through discourse. In the same ways that discourse is in a dialectical relationship - producing, reproducing, and reflecting hierarchal structures - it can also serve to dismount the forces of control at the top. As Wodak & Meyer (2001) assert, "language can be used to challenge power, to subvert it, to alter distributions of power in the short and long term" (p. 15). Similarly, Wodak, Johnstone, & Kerswill (2011) believe that "over time, certain ways of speaking about reality and seeing the world materialize, and slowly generate institutionalized practices that directly affect the lives of individuals in a society" (p. 6). In short, social change can and does occur through discourse.

While a major objective of CDA is to reveal how discursive practice upholds inequalities in the social realm, CDA also recognizes discursive practices as agents of radical social change against oppressive social systems (Jørgensen & Phillips, 2002). In fact, CDA was created specifically for those who are in a struggle against domination and oppression in its linguistic forms (Fairclough, 1995). Critical discourse analysts believe, therefore, that through the exposure of how power structures function through discursive practices, social change can be initiated to begin to change the relationships between those who are the oppressed (dominated) and oppressors (dominators). Ultimately, then, the act of analysis through CDA is in and of itself a mode of resistance against the forces of power (Park, 2005).

Social Work and CDA

In social work research, CDA has been used by academics to explore power relations and question assumptions in different areas of practice. Some scholars have questioned the use of particular terms within social work discourse. In one example, Park (2005) examines the use of "culture" in social work research, including scholarly articles and education. Park identifies the positioning of culture as a deficit across the field, as well as functioning to identify the term

other in various contexts. Similarly, Wong and Vinsky (2009) analyze how spirituality is positioned in opposition to religious identities and how it has served to legitimize some individuals over others, taking into consideration race, ethnicity, and sexuality in the exploration of "spiritual-but-not-religious" discourse in the social work profession. In contrast, Galloway (2005) provides a critical look at the process of *reconciliation* (with Aboriginal Australians) in the welfare sector of Australia, which is generally assumed to hold a liberal stance toward reconciliation. Still, all of these researchers are primarily concerned with the use of particular terminology and the meaning behind the term or language in social work.

Other researchers have chosen to utilize CDA to explore social work interventions while others have used CDA in conjunction with other methods or theories. In fact, the use of interdisciplinary research is a central facet of CDA. For example, Mancini (2011) calls for employing CDA and participatory action research within community mental health in hopes of revolutionizing the social practices of treatment planning and of reorienting our understanding of recovery. As another example, Holscher and Bozalek (2012) use CDA and grounded theory to understand concepts of social justice in and by the social work profession, revealing the role that social workers play in social justice projects, including the effect of hierarchies on participants' relationships.

CDA and the Transgender Subject

In the current social realm, the transgender subject continues to be part of an oppressed and marginalized identity despite the long-lived existence of gender nonconformity; transgender individuals continue to struggle with issues of legitimacy in our society today. In this context, CDA offers an opportunity to investigate the position of the transgender subject in society and

within social work discourse. The power dynamics at play in social work discourse concerning the transgender subject can be explored and revealed through such questions as these:

What aspects of the transgender subject have been naturalized in social work discourse and how might they function to sustain existing power structures?

What assumptions is the transgender subject operating under in social work discourse?

What forces have contributed to the creation and maintenance of the transgender subject in social work discourse?

How may social work discourse function to uphold existing societal power structures and keep the transgender subject in a marginalized identity category?

With questions such as the above, inherent power structures can be examined to understand how they operate in society and how, in social work discourse, they influence and frame the transgender subject. Additionally, CDA allows a critical look at the identity formation of the transgender subject in social work discourse through time, within the context of the social work profession and society at large.

Summary and Transition

In this chapter I have presented some key themes of CDA in order to highlight how it functions to further understand the transgender subject within social work discourse. CDA seems particularly useful in examining the transgender subject because of this population's marginalized position in society and CDA's focus on those who struggle against domination and oppression. Clearly, as part of a marginalized group, power functions to position and maintain the transgender subject in a marginalized or oppressed position, and thus, CDA's focus on power in discourse is critical in exploring how social work discourse (re)enacts existing social and power relations. Of course, the marginalization and oppression of this population in the social

realm influences the framing and positioning of the transgender subject in social work discourse. Additionally, social work literature produces knowledge within the field and the producers of this knowledge so that researchers and scholars are in positions of power to influence and (re)create discourse regarding the transgender subject, ultimately affecting very directly the everyday lives of transgender individuals in society.

In the following chapter, queer theory and CDA are used to discuss and analyze the transgender subject within social work discourse, to make meaning of the data analyzed in this study, and to reach conclusions about the state of discourse on this topic.

CHAPTER VI

Discussion

> A particular discourse not only reflects and sets limits on what can be known and said, it also constitutes knowledge, communication, and practices.
> (O'Brien, 1999)

In the previous two chapters I have provided an overview and background of queer theory and critical discourse. Queer theory and critical discourse analysis (CDA) have aided this project in the exploration and discussion of the transgender subject in social work discourse. To recapitulate, queer theory allows us to question the construction of the transgender subject in social work discourse by problematizing the identity of transgender as well as the categories of sex and gender. Gender is seen as performative and functioning to make up the identity it claims to be (Butler, 1990). In questioning the construction of the transgender subject, we are urged to deconstruct identity formations that are generally or at least often assumed to be natural, normal, and innate. Through deconstruction we uncover the inadequacies in these identity formations and make room for the possibilities of seeing things differently. Queer theory also asks us to examine dualisms, which position the minority "other" in opposition to the "center" or norm by strengthening the idea of an "other." Even in social work discourse, the transgender subject is viewed as the minority "other." Finally, queer theory posits that gender functions as a regulatory norm, which—through continued repetition—leads to the notion of a stable gender consisting of an internal and external essence (Sullivan, 2003). This view thus reinforces the ideas of "normal" gender identities and abnormal, or unnatural, genders.

Like queer theory, CDA is concerned with assumed norms, yet understands these norms as functions of hierarchal power structures that can be revealed through an analysis of discourse. Critical discourse analysis (CDA) places an emphasis on the function of power through discursive practice. From this perspective, then, critical discourse analysts view discourse as constitutive and constituted; that is, it both influences and is influenced by power structures in society (Jørgensen & Phillips, 2002). Furthermore, discourse is considered to be a social space through which social interactions occur concurrently with learned knowledge and representations of the world (Fairclough, 1995). Through this function, it is implicated in social relations via power (Janks, 1997). Finally, CDA also views discourse as containing the ability to challenge power and modern social relations.

In sum, the use of both queer theory and critical discourse analysis can help us to both conceptualize and understand the subject of transgender in social work discourse, as was the purpose of this study.

Establishing Trans/Gender Norms

Reviewing the social work discourse in the professional literature that addresses the transgender subject reveals how gender is understood within the social work field. This discourse reflects how gender is taught, spoken about, and practiced. Reviewing the related literature is also instrumental in understanding the conceptualization, formulation, and limitations of gender within social work. For example, throughout the social work literature, the transgender subject is commonly framed as a representative of individuals who hold a myriad gender identities. In fact, the term "transgender" is commonly defined in the literature as an umbrella term, intended to be inclusive of individuals whose gender is often fluid and varied or that simply does not conform to conventional ideas about gender identities, expressions, or behaviors (Burdge, 2007;

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Grossman & D'Augelli, 2006; Kenagy, 2005; Lombardi, Wilchins, Priesing & Malouf, 2001; Lombardi, 2009; Persson, 2009; Vanderburgh, 2008). Yet, even though gender is viewed throughout the literature as a social construct, the myriad related identities are not often highlighted or explored conceptually. Instead, researchers, most of whom are cisgender, limit the variety of identities through the structure and language in their research and studies. Through their research and studies, researchers have the power to frame the transgender subject as they see fit in social work discourse.

The definition of transgender commonly employed in the literature emphasizes the fluidity of gender. Sex and gender are regularly regarded as mutable throughout the social work literature, evidenced by the inclusion of terms such as intersex and the acknowledgment of shifting gender identities among individuals. Yet, social work research appears to maintain a reliance on traditional and binary assumptions about gender. For example, the common use of the term "opposite sex" (Grossman & D'Augelli, 2006; Herbert, 2010; Persson, 2009; Saltzburg & Davis, 2010) implies an adherence to the conventional binary system and implies that this binary is an immutable norm. In fact, the use of "opposite sex" clearly reveals the power of the hierarchal system of gender imposed on the transgender subject in social work discourse, including its research, which is how the field develops its knowledge and from that knowledge, its principles of practice. Brett Beemyn (2003), Gretchen P. Kenagy (2005) and Judy Norton (1997), well-known authors on the subject, are among the few who refer to an "opposite" sex or gender only to highlight its use and reveal the absurdity (as some see it) of assuming the binary gender system as the norm. Another example of normalizing terminology is evident from the persistent use of "biological men or women," "biologically male or female individuals," and "biological sex" (Beemyn, 2003; Gehring & Knudson, 2005; Grossman & D'Augelli, 2006;

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Herbert, 2010; Hussey, 2006; Kenagy & Hsieh, 2005; Persson, 2009; Wester, McDonough, White, Vogel & Taylor, 2010). Of course, references to these "biological" aspects are used without intending to critique, simply implying a biological determinism and legitimacy between sex and gender. However, the end result is still that the biological is viewed as natural and normal and all other, less so or not at all. In summary, then most of the literature, despite acknowledging the social construction of sex and gender, uncritically employs language that serves to continue the naturalization of the binary norm and strengthens ideas of the transgender subject as "other."

MTF, FTM, and Transgender Identity

In an attempt to shift from all these references to a transgender subject's natal or biological sex and gender, new terminology entered the discourse in the early part of this century, and within the social work literature the transgender subject has begun to be recognized as either FTM (female-to-male) or MTF (male-to-female). In fact, today, most researchers use FTM and/or MTF in their research to differentiate transgender participants (Clements-Nolle, Marx & Katz, 2006; Grossman & D'Augelli, 2006; Hotton et al., 2013; Hussey, 2006; Kenagy, 2005; Kenagy & Hsieh, 2005; Lombardi, Wilchins, Priesing & Malouf, 2001; Lombardi, 2009; Nemoti, Sausa, Operario & Keatley, 2006; Rowniak, 2011; Taylor, Bimbi, Joseph, Margolis & Parsons, 2011; Wester, McDOnough, White, Vogel & Taylor, 2010; Williams & Freeman, 2007), terms that reference the gender vector of that individual; presumably from the gender they were assigned at birth (male or female) to the gender with which they identify currently (male or female). These categories have created a new dualism within research involving transgender individuals, positioning MTF and FTM in opposition to each other and creating a binary within

the transgender population. Ultimately, this only serves to limit the identities represented within the presumed transgender umbrella.

Those who desire something beyond the imposed conventional gender binary categories of male or female may consider the utilization of FTM and MTF a welcome addition, while others argue that the use of FTM and MTF functions solely to organize studies involving the transgender subject and that such categories help to create markers for differentiation. Additionally, some researchers emphasize the simplicity of using these categories and justify their utilization as a classification tool for research and education purposes (Grossman et al., 2006). Yet, while these gender categories may appear useful for classification and somehow less constricting, they are limiting nonetheless (see the section above on queer theory, which has helped us to analyze the construction of these categories and how they may contribute to further marginalization of the transgender subject).

While MTF and FTM gender categories may appear less limiting than previous terms and/or references, therefore, they still rely on categories of male and female and once employed do not appear to leave much room for redefinition. The social work field, on the other hand, has become increasingly comfortable with the transgender subject when categorized as male-to-female (MTF) or female-to-male (FTM), as though "female" and "male" are stable categories permitting an individual to "cross" from one side of the imposed binary to the other. Despite the trajectory of one gender category to another, however, the construction and use of MTF and FTM still perpetuates the notion that male and female are somehow natural and fixed gender identities, while all else remains "abnormal." Thus, the transgender subject is believed to "move" from the gendered category of male to that of female or from the category of female to that of male. The transition from one to the other is rendered invisible in this process, as is the space for

gender variance. For example, some transgender individuals do not believe they were ever the gender to which they were assigned at birth. That is, an individual who was assigned female at birth may have always identified as male even if labeled by others in society as female. Thus, the use of MTF and FTM still limits which individuals can identify as transgender and which can be recognized within research as such.

In some research studies on this topic, transgender individuals have chosen to identify themselves as either FTM or MTF, while in other instances, FTM and MTF have become the norm for categorization and the only options from which participants are able to choose, a limit that speaks to the power of discourse and identity formation. Nonetheless, regardless of who used this terminology first, this set of references frames and is reframed by discursive practice. Some researchers have acknowledged the limitations of these categories and recognize that not all transgender people use the FTM or MTF labels (Grossman et al., 2006). Unfortunately, however, most researchers, even while emphasizing the importance of understanding the diversity of genders within the transgender community, continue to use FTM or MTF without questioning their significance and/or impact (Kenagy, 2005).

In consideration of the power dynamics between researchers and research subjects, CDA asks us to examine the power of discourse in the production and control of marginalized subjects. As Van Dijk (2001) notes, "those who have more control over more—and more influential—discourse (and more discourse properties) are…more powerful" (p. 356). Given that the roles of social worker and researcher are both inherently positions of power, they are both in position to help define and frame terms. For example, *transgender* has been used by researchers for recruiting methods and eligibility criteria in social work research, while FTM and MTF have been used to further categorize the transgender subject who effectively becomes limited to that

group of individuals who identify with these terms and to whom those terms are accessible. As another example, transgender is a term predominately used in Anglo-American society and may not be one with which people outside of that culture can relate, such as Native Americans, among others, whose voices are largely missing in social work discourse.

As CDA reminds us, social forces and power structures influence language and thus terminology and through terminology, how people are conceptualized and understood. It is essential, therefore, that social work researchers use their power through conceptualization and design of a study, recruitment methods, choice of language, and determining eligibility to influence which voices are heard, which identities get represented, and which gender identities are framed as "normal."

Sexual Practices and Risks

The framing of sexual practices and risks among transgender participants is another aspect of social work discourse that has served to perpetuate norms. For example, most of the research evaluating HIV and sexual risks among transgender individuals relies on participants who predominantly identify as transgender women or MTF. The majority of these women or MTF participants who are considered to exhibit behaviors with heightened sexual risks are also identified as people of color, mostly African-American or Hispanic (Hotton et al., 2013; Nemoto, Sasusa, Operario & Keatley, 2006; Taylor, Bimbi, Joseph, Margolis & Parsons, 2011). While participating in sex work and having multiple sexual partners are both seen as indicators of increased sexual risk among transgender research participants, reasons for their behaviors are rarely addressed, leaving out a host of variables in understanding and serving this population. Furthermore, these studies often appear to pass moral judgment on this type of research participant, discussing them as sexually deviant and as engaging in unnatural sexual practices.

In fact, sex work and sexual risks are often discussed in direct correlation to one another, without any analysis of societal factors that create these realities for transgender individuals, who, in this highly discriminating society, often have difficulty finding steady employment and financial stability. For some persons, therefore, sex work may be seen as a viable (perhaps the only viable) alternative. Still, many transgender women and especially those of color - regardless of whether they are actively engaged in sex work at the time of encounter with the police - are routinely seen as sex workers and frequently face harassment, verbal, sexual, and physical abuse, and finally, arrest. In fact, this is such prevalent police practice that transgender people and activists have coined it "walking while trans" (Mogul, Ritchie & Whitlock, 2011).   Given the fact that transgender persons necessarily encounter social work professionals – as does the larger society - we must ask if and how (and why) the profession has contributed to the creation and perpetuation of societal norms regarding sexual practices and risks. We must also ask how the profession can change perceptions toward more equal justice.

Sex work and sexual relationships are clearly separate and distinct subjects. However, they are still frequently connected with each other in the literature through discussions of sexual risks. For example, the number of sexual partners of transgender participants is a common consideration when addressing the sexual risks among this population (Hotton et al., 2013; Rowniak et al., 2011; Taylor et al., 2011), making it appear that monogamy is the underlying solution for reducing sexual risks and that a decrease in casual partners is a positive shift regardless of whether these kinds of moves are in fact empowering for any given individual. Can it be that monogamy and monogamous relationships are valued as the normal and healthy sexuality, perhaps even above participants' immediate needs, such as food and shelter?

Clearly, such perceptions are a function of heteronormative power structures, which place monogamous relationships as the only ones worth validating in our society, while positioning other types of relationships as unnatural or deviant. It is essential, therefore, that we continually question which types of relationships are valued, which sexual practices are considered deviant or unnatural, and how social work has contributed to social perceptions and expectations of transgender individuals by its service to (or lack thereof) and treatment of this population.

No Future?

José Esteban Muñoz (2009) argues that queer individuals who exist outside the conventional ideas of gender and sexuality are often understood as eternally different, unwell, and lacking a future. An analysis of the professional literature involving the transgender subject reveals a truth in Muñoz's statement. The persistent narrative within social work discourse suggests that transgender individuals are defined by a childhood history of bullying and lifetime of discrimination until electing to physically and socially transition to the point of "passing" as cisgender in society. In other words, the transgender subject is overwhelmingly framed in relation to violence and discrimination. The majority of social work articles, for example, either explore or focus on the extent of violence and discrimination the subject has been forced to experience in a lifetime (Clements-Nolle et al, 2006; Grossman & D'Augelli, 2006; Kenagy, 2005; Kenagy & Hsieh, 2005; Lombardi et al., 2001; Lombardi, 2009). Although some of this type of information can be beneficial in understanding the risks posed in our society for being gender nonconforming, the literature seems to forcefully position the transgender individual as someone who will inevitably be exposed to violence and discrimination. In fact, research participants are routinely asked to recall instances of violence, discrimination, verbal harassment, sexual abuse, and other traumatic experiences, the expectation being that such events will have

dominated that person's life. In sum, then, the professional social work literature seems to reflect the broader social view that the worth of transgender subject is limited to their experiences of marginalization and oppression, helping to maintain the status quo rather than delving more deeply into the issues in order to develop greater insight and perhaps better service.

Silenced Voices

As transgender author and critic Judy Norton (1997) warns us, "If the…transgender can be quarantined within a carefully managed discursive and visual representational economy, s/he can remain an object of theorization or amusement, and can be prevented from assuming an effective humanity, with the ethical imperatives that entails" (p. 140). Thus, in order to free the transgender subject from this discursive oppression, the transgender subject must inhabit a voice in the discourse and become a creator within the discourse, voices that in social work discourse are still too often silent. Though some studies have developed questionnaires in collaboration with transgender individuals or invited participants to be advisors during the analysis stage of the research, rarely is research on transgender individuals guided by those within the transgender community (Hussey, 2006; Kenagy & Hsieh, 2005). This means that there is also very little literature based on research by transgender persons. For example, Judy Norton (1997), Reid Vanderburgh (2009) and Brett Beemyn (2003) appear to be among the very few authors who identify within the transgender spectrum in their work. On the other hand, Erin Markman (2006) is the sole researcher in this study's sample who chose to identify as cis, or nontrans, rather than leaving the fact unstated and therefore naturalizing the norm. In essence, the overwhelming majority of research is presumably conducted and authored by individuals and groups who are not transgender, which forces us to question whether the research conducted is truly well designed.

We must also be aware of whose voices are continually silenced in whatever ongoing discourse there is in the professional social work literature and how we can increase access to the academy and means of publication to those who currently remain on the margins as transgender individuals with intersecting identities. For example, most of the research on the transgender subject is conducted in major cities and urban areas such as San Francisco, Philadelphia, New York, and Chicago. There remains to be much research conducted in rural areas representing the voices of transgender individuals in those areas. Additionally, many disabled individuals, immigrants, and others do not appear to be represented within the social work discourse involving the transgender subject at all.

Comparing Theoretical and Empirical Studies

In the social work discourse concerning the transgender subject that does exist, there appears to be a rather significant contrast between knowledge bases in theoretical and empirical studies. For example, empirical studies concerning the transgender subject appear to rely predominantly on dated understandings of sex, gender, and labeling, while the majority of theoretical studies offer new perspectives for understanding the transgender subject. They often push the consumer to think beyond assumed norms and attempt to reframe the reader's knowledge about gender, sex, and the limits of transgender identities but unfortunately, without clearly connecting to empirical data or circumstances (Burdge, 2007; Monro, 2005; Norton, 1997).

Both types of studies have been conducted in the same general time period; yet, empirical projects commonly appear to lack a critical analysis of the transgender subject, failing to ask the questions that researchers of theoretical studies have been asking for years. Clearly, in addition to enlisting the knowledge of transgender individuals in design and other aspects of research,

researchers of empirical studies should explore theoretical studies in order to help frame their problem formulation and design.

Implications for Social Work Practice and Education

As Carol-Anne O'Brien (1999) reminds us, the social work literature is generally concerned with constituting professional knowledge. If we are to understand social work research as a vehicle of knowledge building among social workers and mental health professionals, then it appears that this body of literature teaches that a transgender subject is shaped by perceived sexual risks, experiences of trauma, violence, abuse, and discrimination -- perceived knowledge that is then passed on through practice. We must ask, therefore, what happens to an individual who is told, subtly or directly, that their future is limited to or by "risky" behaviors, experiences of violence, and discrimination, a plethora of barriers to proper health care access, along with symptoms of depression, anxiety, and suicidality? It seems clear that these narratives are simply another form of policing the identities of transgender and gender nonconforming individuals. That is, in our professional discourse the transgender subject continues to be unequivocally defined and framed by the violence, abuse, and discrimination faced or yet to be faced. Unfortunately, however, by positioning the transgender subject as one whose fate is inevitably touched by all forms of negativity, we effectively instill fear in the individual who is contemplating or has contemplated a deviation from societal gender norms. *If this is how my life is defined, how will it be lived?*

When social work research and the education that stems from it are rife with oppressive and marginalizing forces, it becomes difficult to understand the transgender subject beyond stigma, discrimination, violence, marginalization, and oppression. Consumers of that knowledge must understand the transgender subject as one whose supposed gender transgressions will lead

to abuse, violence, trauma, discrimination, depression, and even perhaps ultimately death by suicide. Rarely are the resilience and strengths of the transgender subject considered despite the fact that strength-centered practice is supposedly the hallmark of social work practice. These individuals have, instead, become invisible, because even social work has chosen to focus only on that which will inevitably ensure the demise of the transgender subject and maintain this person in the relatively invisible margins, perhaps eternally.

Strengths and Limitations

Of over 100 articles found in the Social Works Abstracts database by using the keyword "transgender," only about 30 dealt directly with transgender issues. In other words, among these 30 articles the transgender subject was generally understood as perhaps part of the LGBT umbrella but required separate attention from those considered lesbian, gay and bisexual or who identify as such. The remaining 70 or more articles often conflated the needs of lesbian, gay (and rarely, bisexual) identified individuals with those who identify as transgender. Effectively, then, the voices of transgender individuals were often further silenced in these articles dealing with the transgender subject as a passive participant within the LGBT community.

Both a limitation and strength of this study is the focus on transgender individuals with an attempt to understand the transgender subject out from under (that is, separate from) the LGBT umbrella. As a limitation, this study did not examine all 105 articles found using the keyword "transgender" in the Social Works Abstracts database through Smith College. Time did not allow the extent of research such an analysis requires. Instead, this study examined articles whose primary focus was the transgender subject and researchers who devoted the bulk of their research to understanding the particularities of the transgender subject and gender nonconformity in the social work discourse, allowing a clearer examination of how the transgender subject is

framed in the discourse. Unfortunately, this may have limited the transgender subject to those who did not identify as lesbian, gay, and bisexual; because gender nonconformity is present in all aspects our society, it is also present among those who identify as lesbian, gay, and bisexual. Furthermore, some transgender individuals identify their sexual orientation as lesbian, gay, or bisexual or have histories of identifying as such (Haas et al, 2011).

Additionally, because gender is a historical and cultural construct, this study is limited to our conceptualization of gender in this particular historical and social moment and thus, reflects an attempt to understand transgender individuals and gender specific in this moment and the very recent past (as reflected through the sample selected for analysis) in the United States. Moreover, language and terminology – including the term *transgender* - are also products of cultural moments and ever-evolving. Thus, this study is limited to the relatively current historical and social conceptions of gender.

Furthermore, as a researcher who self-identifies as transgender, queer, able-bodied, immigrant and Latin@,[3] this project is a political and personal endeavor. Ultimately, from problem formulation to conclusion and analysis, this project has been influenced by my personal perceptions and understandings. As a strength, however, my perceptions and understandings have driven the desire for improved professional attention and services to a population that has been traditionally marginalized and thus, have compelled me to undertake this study toward broader professional insight and response.

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[3] See Rodriguez (2003), p. 126, for an understanding of the function of "arroba" or @ sign as an intervention in Spanish language.

Suggestions for Future Research

If the social work field is truly intent on empowerment, a different focus than that which has dominated the field until now is necessary. We must continue to question all of our assumptions, recognizing the ways that gender functions to regulate individuals and through that individual regulation, to regulate society. This includes exploring norms that we take for granted, examining how power serves to keep certain communities in the margins, and dealing—even if it is messy—with the complexities of studying a community with many ways of being and thinking. Ultimately, the field must attempt to move beyond the transgender subject as "other" to the creation of a "center" which encompasses all gender identities. Critical discourse analysts believe discourse is a path to social change… If this is true, then we must (and should be able to) shift societal perceptions of transgender individuals through better and more consistent examination of assumptions that we bring to our professional research.

Additionally, the transgender individual must not only be considered when talking about unconventional sexualities or gender or relegated to special issues in social work journals. This way of understanding only strengthens the binary gender norms that at least some researchers attempt to combat. For example, the majority of studies concerning the transgender subject today exist in journals specializing in LGBT or homosexuality. Instead, theoretical discussions and research concerning the transgender community should be welcomed and integrated in major and mainstream social work journals, and social workers should advocate for the inclusion of attention to transgender issues in mainstream social work practice as well. Such changes would help to limit the "other-ing" of transgender individuals and their issues.

Finally, the roles of social worker and researcher should be recognized as inherent positions of power when dealing with clients and participants. Social workers should use their

power to advocate for the best interests of *all* of their clients, including transgender persons, while researchers must constantly and actively strive for research designs that are truly valid for the population under study. Ideas at all steps of methodology (from problem formulation to analysis and conclusions) should be welcomed or even sought out from individuals within the communities the research wishes to address. Only with such participation will the professional research reduce the possibilities of unintentionally contributing to the continued marginalization of those communities.

Conclusion

The reality of our social structures is that the binary gender system works to police everyone's gender, regardless of gender identity. One does not need to identify as transgender, gender nonconforming, or gender variant to recognize the confines and power of the hierarchal gender binary structure prevalent in our society. Unfortunately, however, the heteronormative ideal, which helps to govern sex and gender in our society, is unattainable to all individuals. The ideal is not one person whom all members of society aim to become in some way to varying degrees of success. The "perfect" man or woman does not exist; as we are all molded by the society in which we live. It is up to individuals in powerful positions, therefore, and concerted professional efforts through research, education, and other arenas to change harmful norms and to do so through macro and micro functions, whether those norms are set intentionally or not.

In sum, it is crucial that social workers continue to question the assumptions that drive their practice at all levels. This is particularly crucial if we are to believe that one of the roles of the profession is to increase the empowerment of marginalized individuals. We cannot truly commit to the success of all members in our society…we cannot truly help people to thrive and to actualize their full selves without a constant self-questioning about our biases and assumptions

and without continually conducting and consuming our professional research and education through a more rigorous critical lens. We claim, as a profession, to value critical analysis; to implement this value, however, we must put it to work in our daily practice with all populations we wish to serve.

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