

Kaleidoscope: A Graduate Journal of Qualitative Communication Research

Volume 21 *Double Volume: 21-22*

Article 11

2023

Inauthenticity, Delusion, and Victimization: Interrogating Affective Rhetoric Targeting Trans* Youth

Ben Bishop

California State University, Long Beach, bbishop2808@gmail.com

Follow this and additional works at: <https://opensiuc.lib.siu.edu/kaleidoscope>

Recommended Citation

Bishop, Ben (2023) "Inauthenticity, Delusion, and Victimization: Interrogating Affective Rhetoric Targeting Trans* Youth," *Kaleidoscope: A Graduate Journal of Qualitative Communication Research*: Vol. 21, Article 11.

Available at: <https://opensiuc.lib.siu.edu/kaleidoscope/vol21/iss1/11>

This Article is brought to you for free and open access by OpenSIUC. It has been accepted for inclusion in Kaleidoscope: A Graduate Journal of Qualitative Communication Research by an authorized administrator of OpenSIUC. For more information, please contact opensiuc@lib.siu.edu.

Inauthenticity, Delusion, and Victimization: Interrogating Affective Rhetoric Targeting Trans* Youth

Ben Bishop

California State University, Long Beach

In this essay, I interrogate Texas Attorney General Ken Paxton's KP-0401, a 2022 legal opinion letter that frames gender affirming healthcare as dangerous, sterilizing, and therefore, child abuse. Within this framing, trans youth are presented as both delusional and deviant, written off as victims of abuse and social contagion. In analyzing KP-0401 through a critical perspective of affect and performativity, I demonstrate how particular affects have gained power through their circulation to reify feelings and performances of cisheteronormativity, often through establishing the trans* body as a source of negative affect, like fear or repulsion, and trans* youth as infantile and incompetent. By contrast, I argue that KP-0401 exemplifies how anti-trans* rhetoric operates within a positive affective orientation of love and parental protection that understands cisheteronormativity as extraideological—objective, natural, and logical to the point of being “beyond” ideological boundaries—and transphobia, by extension, as a similarly objective form of common sense. I conclude by reflecting on how KP-0401 served as a predecessor to virulent anti-trans* affects and legislation in 2023 as well as the powerful potentiality of trans* youth.*

Keywords: gender affirming healthcare, affect, identity, performativity, transgender youth

Subject to radical skepticism and verification in the best instances and to being dismissed as unreal or brainwashed in the worst, trans children's consistent experience in this country is to be excluded from having a voice, from having a say in the public battle over whether or not they should find themselves allowed to *be*... holding open the door to a

Ben Bishop is currently a doctoral student in Communication at the University of Pittsburgh. After studying theatre, communication, and gender studies at Arizona State University, Ben earned his M.A. in Communication Studies from California State University, Long Beach. His research primarily uses a critical rhetorical lens to explore U.S. conservatism and transantagonism.

Acknowledgements: Deep thanks to Dr. Stephanie Hartzell for the guidance, patience, and insight that made this project possible. Thanks to Drs. Chris Duerringer, Kat Hanna, Jessica Russell, Amy Heyse, Manny Pulido, Rob Razzante, and Sunyoung Park for your kindness and mentorship. You all bring out the most necessary, exciting, and empowering aspects of studying/researching/teaching communication. Lastly, I'd like to express thanks to the anonymous reviewers at *Kaleidoscope* for their generous, helpful feedback.

world where trans life would be violently extinguished from growing in the first place.

—Jules Gill-Peterson, *Histories of the Transgender Child*

In 2023 alone, conservative politicians and thinktanks have produced over 400 acts of legislation across the United States targeting the rights, autonomy, and safety of trans* people (ACLU, n.d.-a).¹ Recycling anti-gay dog whistles and tactics, many on the American right have been mobilizing against trans* well-being since late 2021, growing in ferocity leading up to the 2022 midterms and continuing to do so in anticipation of the 2024 elections (Romano, 2022). Despite knowing these arguments are fallacious and repetitive, that knowledge does not make me *feel* any better: I am trans* and sad and tired.

Anti-trans* activism itself is inundated with feeling, like flippant headlines indignantly peddling misinformation (Blake, 2022) or feelings of judicious skepticism that demonize gender affirming healthcare (GAHC) as conservatives try to criminalize GAHC access for trans* youth (Betz, 2022; Paxton, 2022). Other feelings, like tepid “tolerance,” simmer in documents dictating how trans* students should be allowed to use school spaces and participate in school activities with their cisgender peers (Leon County School District, 2022). Permeating all of these efforts are “concern” and desire to “protect” children in opposition to the perceived threat posed by queer, specifically trans,* existence, causing one to ask what ideological and material work these discursive threads *do* and what feelings they evoke, suppress, and spread through.

In an attempt to answer these questions, this essay analyzes Texas Attorney General Ken Paxton’s 2022 opinion letter KP-0401, which argues that GAHC can and does legally qualify as child abuse under Texas Family Code because it causes sterilization and, therefore, infringes upon protected “rights to procreate.” While not an act of legislation itself, KP-0401 was one of the first legal documents that made clear the values and beliefs undergirding the current legislative and sociopolitical attack on trans* rights in America, offering a crucial inroad to understanding the affective dimensions of this discourse.² My analysis reveals that KP-0401 mobilized affect to strategically forward anti-trans* logic, leveraging cisheteronormativity to a broader public audience not as hateful but as commonsensical. Ultimately, I argue

1 I utilize *trans** as both a helpful umbrella term for transgender, genderfluid, nonbinary, and other related identity labels and as a conscious, resistive language choice. Halberstam (2016) first coined the term to avoid the disciplinary nature of classification, allowing the asterisk to operate as a “wildcard” and leave the “variability” of gender/nonconformity “open as a question for any and all bodies,” making linguistic space for the fluidity and flexibility of identity and expression (p. 368).

2 In other words, KP-0401 “says the quiet part loud” about the ideologies that undergird anti-trans* beliefs.

that KP-0401 illuminates foundational affective and material dimensions of current U.S. anti-trans* rhetoric that, to an unnerving degree, takes great pains to specifically alienate and attack trans* youth. In particular, I claim that the affective investments present in KP-0401 wield a cisheteronormative identity of “protector/defender” of children using disproven fringe medical research, allusions to the American opioid epidemic, and metonymic links to child abuse to articulate trans* experiences, identities, and healthcare as dangerous.

Contextualizing Anti-Trans* Rhetoric

Throughout history, nonnormative gender and sexual identities have been, as Foucault (1990) made clear, “annexed as mental illness,” as inherently disordered identities in need of treatment and correction that only medical experts could provide (p. 36; see also Inch, 2016; Slagstad, 2021). This reliance on “expert” knowledge is largely responsible for the sociomedical conceptualizations of sex/uality and gender that mainstream Western ideology comprehends as fixed: visible sex characteristics essentialize the body and link the “biological” to the “social,” medicalizing bodies and identities that do not align within the sex-gender binary’s oversimplified, rigid categories. While reproductions of the sex-gender binary have been naturalized, “what counts as sex and gender is historically changeable, morally infused, and politically loaded,” meaning that those taken-for-granted social and medical processes that impact how cultures collectively understand gender are inherently ideological (Slagstad, 2021, p. 5). While the normalization of the cisgender and heterosexual appear to many as *beyond* ideology (as *extraideological*), the systemic maintenance of White, heteropatriarchal expectations of our bodies and behavior weaponizes cisheteronormativity against those who defy the sex-gender binary, especially intersex (with sex characteristics that are neither “male” nor “female”) and trans* people (Hsu, 2022; Repo, 2013). This is reflected in a majority of U.S. public discourse, as mainstream news makes trans* identities out to be new, politically radical, and even a threat to cishetero lifestyles, largely capitalizing off of a lack of knowledge (and often, willful ignorance) of trans* histories and realities (Blake, 2022; Romano, 2022).

In *Histories of the Transgender Child*, Gill-Peterson (2018) traced how cisheteronormativity’s strict expectations are shaped through structures of Whiteness and racism, demonstrating how current Western ideas of sex/uality and gender are largely built upon the backs of queer, intersex, and trans* youth of color. The concept of gender as separate from sex, for example, was developed in the mid-20th century as a way to produce additional phenotypes through which to categorize and socialize bodies against a White, cisgender, heterosexual norm (Repo, 2013). In order to masquerade the sex-gender binary as objective and universal, doctors like John Money used overt overreliance on visible sex characteristics to assign children to one end of

the sex-gender binary or the other, operating on children born with intersex traits—repeatedly and without consent—to be made more visibly “male” or “female” and therefore, “normal.” While intersex and trans* experiences are not the same, the structural violence of the healthcare system relies on using the same normative medical power/knowledge to insulate and ensure the stakes of cisheterosexism. If the personhood of intersex and trans* bodies are recognized and upheld instead of being bashed with objectification and ostracization, cisheteronormative standards for childrearing and socialization lose their ideological and material foundation.

In 2013, the American Psychological Association (APA) shifted diagnostic emphasis away from trans* identities-as-disordered with the conceptualization of gender dysphoria as a set of symptoms trans* individuals experience (Inch, 2016). While an improvement in medicine’s ability to serve trans* people, this was not an elimination, but reshaping of, hegemonic knowledge/power that pathologizes queerness. Within the ideological limitations of the healthcare system, gender affirming healthcare (GAHC)—the continuum of medical treatments that help “align” an individual’s body with their gender identity as a means of increasing comfort and relieving dysphoria—is both longstanding and lifesaving (Coleman et al., 2012). To this end, practitioners like Boulware et al. (2022) specifically advocate for improved care for trans* youth, focusing on youth experiences of gender dysphoria and a fight to make clear that it is normal and healthy for children to explore their gender (Boulware et al., 2022). For all trans* people, but especially trans* youth, the logistics and benefits of GAHC cannot be considered in isolation from the numerous and well-documented systemic health disparities trans* folks face, like higher rates of social and economic discrimination, depression and anxiety, and physical violence (Lombardi et al., 2002). Conservatives’ focused attack on trans* youths’ rights should also not be ignored: the simultaneous denial of trans* rhetorical agency and hypervisibility within public discourses increases trans* youths’ vulnerability to interpersonal and institutional violence (Patterson & Spencer, 2020).

With this context in mind, current medical procedures and treatments allowed for trans* youth are specific and highly regulated. Initial stages of gender affirming care consists of exploring names, pronouns, and other forms of gender identity/expression in tandem with psychosocial support (Boulware et al., 2022). If pursued, next stages of GAHC include puberty blockers that delay physical changes in the body that often trigger dysphoria with consistent monitoring and tests to ensure other aspects of physical health, like bone density, are not impacted (Mayo Clinic, n.d.). Only when a patient reaches adolescence is hormone replacement therapy seriously considered, and only if deemed appropriate, pursued and equally monitored. Undergirding all of this, the informed consent process for GAHC is equally, but often more, rigorous than that of other medical treatments for those under the age of majority and requires parent/guardian approval (Boulware et al., 2022).

Lest it is forgotten that GAHC is, indeed, healthcare, I believe it is worth being exceedingly clear that “the age of majority [is] the threshold for considering surgery on genitals and reproductive organs,” a fact made explicitly, universally, and unequivocally by the broader medical community (Boulware et al., 2022, p. 8; Coleman et al., 2012). To wit, *no* recognized healthcare experts³ authorize or perform GAHC surgeries on trans* youth until they become legal adults. While my point may appear overemphasized, KP-0401’s central argument that GAHC is child abuse because it is surgical and sterilizing, directly contradicts majority medical opinion but has influenced much of the successful anti-trans* legislation that has emerged across the United States since the letter’s publication.

Utilizing a Critical Affect Perspective

Through the lens of affect, what we come to know and believe as true are both processes and products of how we navigate the world around us—our ideological standings are a result of how we move through the world and, in turn, move us. Sara Ahmed (2004) explicated how affect—the human capacity for visceral feeling—is discursively harnessed by and moved between nodal points (objects, signs, subjects, or texts), creating “affective economies.” Chaput (2010) further argued that rhetoric works by materially and discursively circulating through these “economies:”

Affect, in the form of something as taken for granted as a gut sense, exerts pressure on our decision making and does not crumble under the deliberative weight of better arguments or more information. As a continuous process linking disparate actions, sensations, and events, affect operates within a transsituational and transhistorical structure and energizes our habituated movements as well as our commonsensical beliefs. (p. 8)

While affect itself may be pre-discursive, it is mobilized through power/knowledge—as it circulates, affect sediments particular feelings that appear to have a life of their own by habituating our beliefs, behaviors, and social relations. In this economic model, affect is powerful and mobile, spreading between individuals across time and context to sediment particular ideological understandings, even when those beliefs are at odds with material evidence and reality, as timeless and fixed. As Tomkins (2008) noted, affective attachments frequently serve social norms from an early age, committing us to the values of the adults around us by rewarding norm realization and punishing norm violation. McNeill (2013) extended this point further: “affect operates in part through assumptions about who is included in the ‘we,’ who

3 This list includes the Yale School of Medicine and the American Psychological Association, the American Association of Clinical Endocrinologists, the American Society of Andrology, the Mayo Clinic, the European Society for Pediatric Endocrinology and the European Society of Endocrinology, the Pediatric Endocrine Society, WPATH, the World Health Organization (WHO), and others.

the intended audience is, and who is excluded by virtue of not fitting into presumptively normative categories” (p. 837). Said differently, our emotions are public, not private, and our experience of an affect can mask the dominant ideologies we are immersed in, making produced systems of ideas, beliefs, and linguistic tokens feel natural—as if common sense. Alternatively, affects can help us unveil the ideological and material boundaries around us to find ideological footholds for resisting the hegemonic. To this end, theories of performativity can further reveal the ways our bodies are called into ways of being within particular ideological, material, and social norms.

Butler (1993) defined performativity as “the reiterative and citational practice by which discourse produces the effects that it names” (p. 2), which, cisheteronormatively speaking, reiterates norms that materialize the sex-gender binary and regulates bodies through it, establishing who or what “belongs” by policing and excluding what does not. LeMaster et al. (2023), studying the relational well-being of trans* athletes, argued that affect, performativity, and material conditions like organizational design all sediment senses of (racial and gendered) binarism, dictating how “particular bodies are anticipated to do particular things in relation with particular bodies toward particular ends” (p. 57). Those particular ends include a constant state of relational unbelonging trans* bodies are forced to navigate, caught between institutional inclusion (placement into organizations that fail to truly comprehend bodies/identities beyond the cisheteronormative and White) and the repetitive alienation and isolation of social exclusion. However, performative reiterations can also produce the means through which hegemonic norms are rematerialized and destabilized, transforming queer and trans* bodies into sites of resistance against those cisheteronormative sedimentations (Bennett, 2003; Butler, 1993). As something discursively circulated by and through structures of power, the sex-gender binary often masks its ideological imperatives/dimensions and the mechanisms it operates through (Foucault, 1990). For critical rhetorical work, especially those attuned to affect, performativity helps deconstruct “historical and social structures of feeling and ongoing ideological apparatuses” into their performative replication and sedimentation to uncover “the ways in which [tropes] create associations, conjure up (new) meaning, and even construct (discursive) realities” (Barnard, 2017, p. 7).

As feelings circulate between bodies/signs, they work to animate particular narratives, certain subjects are linked together while others are wedged apart, and groupings of signs/bodies/subjects take shape. Ahmed (2004) forwarded the notion of “stickiness” to help describe the rippling impacts of affective emotions. Feelings operate both sideways (associations between signs, figures, and objects become “sticky” and therefore linked) and backwards (in which repressed emotions leave their trace, influencing what “sticks” through historicity). This affective “stickiness” is both metonymic and metaphorical in nature: affect sutures tokens/bodies together and can

even collapse them to the point of substitution. Cisneros (2012) argued that this process of tropological and metonymic linkage extends “a series of affective states or impressions” from bodies to discourses that culminate into an *affective orientation* (p. 141). The affective qualities of fear, for example, stick particular signs together as “threat:”

the slide of metonymy works to generate or make likeness: the asylum seeker is “like” the terrorist, an agent of fear, who may destroy “our home.” The slide between figures involves the containment of others, who henceforth become the objects of fear. (Ahmed, 2004, p. 136)

In other words, affective signs of particular emotions ground declarations of crisis that transform facts, events, and bodies into objects to be fetishized, manipulated, and framed in particular ways, to particular ideological ends. Ahmed (2004) explicated how the passion of negative emotional attachments (hate, fear, contempt, rage, repulsion) to others simultaneously redefines a positive attachment (love, protection) to imagined subjects through the repetition of particular signifiers (p. 118). Affective qualities like this redefining passion are especially powerful when they are attached to normative concepts, as they produce a sense of logic for individuals and groups to adhere to. For example, affect has sedimented to characterize (cis)heteronormative family as functional, stable, and consistent, resulting in a “logic” that pathologizes non-normative families as dysfunctional, unstable, and less capable of providing the same kind of protection and care by default (McNeill, 2013). Explicitly anti-trans* rhetoric holds these same affective capacities, as LeMaster (2022) highlighted: “a false need to protect nontrans girls from fictional trans predators” reinforces “love” through hate and anxiety, while also maintaining overall ignorance of trans* youth’s material realities (p. 155). Coining the term *affective drift*, V. Jo Hsu (2022) demonstrated how anti-trans* rhetorics channel social panic from affective economies of ableism, racism, and heteronormativity, using feelings of anxiety and rage to fuel the transphobic spread of false information about gender dysphoria.

Similar to Ahmed (2004), Hsu (2022), and McNeill (2013), I suggest that trans* people, especially youth, are constructed as particular figures of negative affect that do affective/rhetorical work within a narrative of cisheteronormative anxiety. Like Barnard (2017), I argue that KP-0401 relies on “false, reductive, and irrational denotative and connotative associative connections” between queerness and child abuse to present cisheteronormativity as extraideological and transphobia as a kind of rhetorical “commonsense” (p.7). Whereas Barnard focused on the experiences of LGBT people more broadly, this essay takes up a uniquely trans* perspective on rhetoric directly threatening trans* rhetorical agency (Patterson & Spencer, 2020). By taking up a critical rhetorical perspective attuned to affect and performativity, this textual analysis aims to demonstrate how KP-0401 weaponized emotional attachments of cisheteronormativity to

effectively forward transphobic misinformation that has continued to ground anti-trans* activism in the United States.

Analysis

Gender Affirming Healthcare-as-Sterilizing: A Slippery Slope

Broader cultural and political discourses around gender and sex/uality repeatedly frame trans* bodies and identities as abnormal, deviant, and dangerous—as *other*. Framed as a threat to how culture is (and has been) organized by White, Christian, conservative ideologies, trans* bodies (in particular, transfeminine bodies of color) are made out to be sexually deviant and dangerous (Lee & Kwan, 2014), abnormal, that “don’t think like *us*” (Robson Day & Nicholls, 2021, p. 926, emphasis added), or sexually perverse and predatory (Barnard, 2017), warranting punishment, surveillance, and exclusion because of the ideological “end” they embody (LeMaster, 2022). Undergirding these tropes are the assumptions of cisheteronormativity, which often deposit a fundamental doubt in the reality of trans* existence and opens up discursive and material means to police trans* bodies.

As a key piece of early attacks on gender affirming healthcare (GAHC) from Texas politicians, KP-0401 exemplifies these cisheteronormative assumptions. The opinion letter is first built on a presupposed conflation between the effects of gender affirming surgeries and the effects of all GAHC. These surgical procedures, as a particular subset of GAHC that *are* permanent in their effects, only become available after a patient reaches the age of majority—to define *all* gender affirming healthcare by gender affirming surgeries is akin to defining all dental care through root canals. Through this process, however, Paxton lays a rhetorical foundation to conflate GAHC with the act of sterilization, becoming what Ahmed (2014) called sets of “sticky” symbols, aligning these signifiers together until they appear related to one another in a way that allows affect(s) to circulate between them.

The premise of this “stickage” between all GAHC and sterilization is rooted in inaccurate, fringe medical opinion about GAHC treatments and how they are actually used for patients under the age of majority. Paxton demonstrates this in his primary medical source, the Society for Evidence Based Gender Medicine (SEGM). SEGM is an “anti-trans psychiatric and sociological think tank” with evangelical Christian ties (Moore, 2021, para. 1). Positioning itself as official and unbiased, SEGM (n.d.) claims that gender dysphoria in youth is overdiagnosed and, by extension, GAHC is overtreatment, peddling an inflated detransition rate of 10-12%. The World Professional Organization for Transgender Health (WPATH) finds that regret/detransition rates over GAHC procedures are a fraction of that number, around 1-1.5% (Coleman et al., 2012, p. 8). However, recalling Chaput’s (2010) point that affectively rooted beliefs are unperturbed by more accurate information or reasonable logic, the linkage created between GAHC and

sterilization still successfully circulates negative affects between the two.

Incorrectly referring to all GAHC as “elective sex changes” (Paxton (2022, p. 2), Paxton speaks specifically to puberty blockers, quoting Texas family code:

Even where the procedure or treatment does not involve the physical removal or alteration of a child’s reproductive organs (i.e. puberty blockers), these procedures and treatments can cause “mental or emotional injury to a child that results in an observable and material impairment in the child’s growth, development, or psychological functioning” by subjecting a child to the mental and emotional injury associated with lifelong sterilization—an impairment to one’s growth and development. (pp. 11-2)

There is no argument that causing willful injury and impairment, in this case, through forced and permanent sterilization, is child abuse or that the reasonable response to such an act would be that of anger and concern. However, if Paxton’s true concern was over the “mental and emotional injury associated with lifelong sterilization” that impairs a child’s growth and development, he could instead take to task nonconsensual surgeries imposed on those born intersex. The *observable and material* harm of these operations have been well documented but shrugged off by practitioners to preserve rubrics of cisheterosexism as unwavering and natural. Medical apparatuses justify any means necessary to force intersex bodies into cissexist tropes, even glibly negating the sterilizing impacts of nonconsensual intersex surgeries: “aside from possible infertility, which could be compensated through adoption” (Repo, 2013, p. 234). Said more simply, the “threat” of a body that does not neatly fit into the sex/gender binary trumps how someone is allowed to physically live and function, even if that means harming healthy bodies that could one day, if they wanted to, reproduce.

Returning to Paxton’s particular argument, the fact there is no noted concern over the sterilization of healthy but “deviant” intersex bodies in the name of conformity demonstrates that the prerogative in KP-0401 is not the preservation of procreation at all, but rather, an issue of the intention behind the procedures in question. Gender affirming healthcare actualizes trans* bodies, trans* futures, and trans* well-being beyond cisheteronormativity, threatening gendered norms and therefore producing motivation to criminalize access for trans* youth by using medical misinformation. The performative reiterations of cisheteronormativity through the opinion letter highlight the biopolitical imperatives within it: Paxton is more interested in regulating the population through pathologizing and isolating trans* youth and enforcing sociocultural norms than preserving the bodily autonomy or well-being of the children he claims to be defending.

To this end, I again stress that Paxton’s use of medical misinformation is not slight or unintentional: his presentation of puberty blockers as harmful, permanently sterilizing, or novel is in direct contradiction to decades of

research on trans* healthcare:

Puberty blockers not only alleviate gender dysphoria in adolescence but have beneficial lifelong effects on dysphoria and can minimize the need for subsequent treatments, including surgery in adulthood. In the unlikely event that a teen realizes that they identify as cisgender, they can discontinue the blocker and spontaneous pubertal maturation will resume. The scientific evidence clearly shows that treatment with puberty blockers is fully reversible. GnRHa therapy has been used since the 1980's in children with precocious puberty, and a solid body of evidence documents that pubertal progression stops with drug therapy and that spontaneous pubertal development occurs after discontinuation of the medication. (Boulware et al., 2022, p. 22)

Just as Paxton differentiates certain surgical GAHC procedures and the surgeries intersex youth are subjected through context (pursued by or recommended to a patient versus imposed upon one by an authority figure) and motive (affirming queerness versus forcibly normalizing a body), ignoring this medical knowledge illuminates an underlying drive to *keep* youth from exploring gender in a way not prescribed by heteronormativity.

Paxton's (2022) use of provocative stylistic tokens like "genital mutilation" (p. 9) to describe all GAHC elevates existing affective dimensions of shock and outrage already present in the connection to child abuse, as he implies GAHC to be almost akin to torture. This linkage is a rhetorical move that affectively overpowers the stark misinformation it operates on, suturing GAHC to child abuse for Texas legislators as well as the broader public. To a discursive auditor, particularly one who is unfamiliar with the realities of trans* healthcare, GAHC is framed as a source of danger—a threat to children's futures—that must be stopped. Inversely, this affective orientation reads villainizing and restricting GAHC as acts of love that protect children's well-being. The affective economies within this discourse are further complicated by the fact that medicalization has limited the language through which bodies become knowable as authentic trans* subjects—most trans* folks must make themselves and their experiences intelligible through "confessions" to institutions of biopower (or, the authority of healthcare providers).⁴

Drawing from historical power formations rooted in pathologizing bodies and identities that are sexually "abnormal," individuals with those bodies or identities must "confess" their abnormality to apparatuses of authority (whether they be religious or secular) to produce the truth of both their identity and their abnormal status (Foucault, 1990). These discursive

⁴ Herein lies a contradiction many trans* people must navigate: the same biopolitical medical apparatuses that further subjectify and pathologize trans* bodies/experiences through discourses of cisheteronormativity are often the very same means through which trans* folks not only access affirming healthcare, but also rematerialize the dimensions/boundaries of those discourses of power to find footholds of subjective resistance (see MacKinnon, 2018).

(re)iterations of truth/power isolate, stigmatize, and even criminalize those who do confess, (re)circulating negative affects through and around the “deviance” being admitted. From a cisheteronormative standpoint, *coming out* often operates as a kind of confession, particularly when made to figures of power like doctors, or for young people especially, educators and parents/guardians. Paxton’s implications in KP-0401 then interpret trans* youth publicly exploring and sharing who they are not only as confessions of “abnormality,” but of experiencing child abuse.

Paxton (2022) states those who fail “to stop a doctor or another parent from conducting these [GAHC] treatments and procedures on a minor child” or even fail to report “reasonable cause[s] to believe” a young person is accessing GAHC are failing to stop child abuse, which, as he makes exceedingly clear, is a criminal offense (p. 12). Affectively, such a statement from Paxton’s position of power operates more like a threat than a reminder, circulating fear and potentially suspicion between adults who should be trusted figures for trans* kids as much as their nontrans* peers. Texas state officials later acted on these affects (which I discuss further in my conclusion) to illegally threaten trans* youth and their families (ACLU, n.d.-b). Lastly, Paxton’s threat circulates a sense of victimization onto trans* youth, which other aspects of KP-0401 compound by framing trans* youth as inauthentic and incapable of comprehending gender.

Trans* “Minor Children” as Delusional and as Victims of Abuse

Through its particular cisheteronormative lens, KP-0401 primarily relies on a trope of trans* identity-as-inauthentic (and more specifically, delusional) made possible through affective investment in the sex-gender binary. Continuing to use misinformation from sources like SEGM, Paxton (2022) claims:

Childhood-onset gender dysphoria has been shown to have a high rate of natural resolution, with 61-98% of children reidentifying with their biological sex during puberty. No studies to date have evaluated the natural course and rate of gender dysphoria resolution among the novel cohort presenting with adolescent-onset gender dysphoria. (p.4)

Statements like these reflect upon the wider affective economies cisheteronormative/anti-trans* values circulate through. These findings echo those of well-disputed anti-trans* researcher Lisa Littman, who posits that the kind of gender dysphoria youth feel is *rapid onset gender dysphoria* (ROGD), a temporary or false dysphoria that operates as a social contagion

caused by social media use.⁵ Akin to the trope of “authenticity” in ex-gay narratives that attempt to replace the “unnatural homosexual self with the ‘true’ heterosexual identity,” tokens like “child/rapid onset gender dysphoria” comprehend the dysphoria trans* youth experience as misguided victims of peer pressure and social trends, stuck in a “phase” before returning to an “authentic” cisheteronormative identity of male/man/masculine or female/woman/feminine (Bennett, 2003, p. 335). While concepts like ROGD have been condemned for its lack of evidence, potential to cause harm, and disconnect from the decades of existing international medical research on trans* identity and well-being (Moore, 2021; Boulware et al., 2022; *ROGD Statement*, n.d.), circulation of these markers reinforce (already present) affective investments in cisheteronormativity, marking the bodies of trans* youth as delusional.

Categorizing trans* youth as delusional is particularly damaging because of the limited linguistic and affective resources available to all trans* people, but particularly trans* youth, in performing gender curiosity, realizations of gender dysphoria, or “coming out” to the key figures (like parents) around them. Butler (2004) reminds us that, because norms are assumed to be given, they are also assumed to be independent of the actions governed by them, masking the ideological structures that undergird hegemonic power/knowledge as truth. More specifically, norms produce a “grid of legibility” on our social world, defining and governing which practices and actions are intelligible—understood through commonsense—to others according to hegemonic narratives (p. 42). The performative and affective experiences of queerness, specifically trans*ness, are often steeped in negative affects like shame and difficult to concisely convey in “intelligible” terms (Koch-Rein, 2014). “Coming out” conversations, for example, in which someone disarticulates themselves from assumed cisheteronormative identity/ies and rearticulates themselves with queer identity/ies, are rhetorical performances that shift that individual’s identity into cultural margins.

While often collapsed into one another, queer sexualities hold a greater sense of historicity, legibility, and rationalization in hegemonic discourses compared to queer gender identities, often making “coming out” and other rhetorical actions specific to sexuality less difficult and more effective. This can be seen in the “wrong body” trope, which serves as the medical and cultural touchstone of the stereotypically “valid” trans* experience. Trans* people are forced to frame their experiences and identities in particular medicalized narrative structures to be taken seriously by most healthcare providers (MacKinnon, 2018) or adopt tropes like the “wrong body” from

5 Littman’s approaches, methods, and findings have been directly disproven (Bauer et al., 2022), and even the more generous readings of her work from peers hold concern over the fact that she has widely ignored the perspective of trans* individuals, let alone youth, in her forwarding of ROGD (Brandelli Costa, 2019). Her work has also been published nearly exclusively in a journal with a reputation of “quantity over quality.” For an example of her research, see Littman, 2019.

tokenized and reductive celebratized trans* narratives that limit what trans* bodies and experiences are granted “authentic” personhood in mainstream discourses (Lovelock, 2017). These tropes or particular narratives may connect with some youth and serve as valuable examples of legible frames for shifting identity, but they also isolate experiences that do not neatly align with them, reducing the discursive space for young people, the parents and guardians they rely on, and the wider public to explore and comprehend gender. KP-0401 takes advantage of these discursive shortcomings by discounting trans* youth’s experiences outright as well as forwarding more legible, negative rearticulations of those experiences (like ROGD) that circulate affects of cisheteronormativity. More specifically, KP-0401 utilizes the historical touchpoint of the American opioid epidemic, the phrase “a minor child’s constitutional right to procreate” (Paxton, 2022, p. 7), and allegations of Munchausen syndrome by proxy to undermine parental support for GAHC and trans* youth.

Articulating gender dysphoria as an obstacle “that prevents the attainment of a more complete realization of the self” (Bennett, 2003, p. 336) reaffirms the “completeness” of the cisheteronormative, circulating positive affect like belonging or success in being a “good,” protecting parent. This realization of the self, however, can also be understood through the biopolitical imperative of procreation and reproduction, as seen in Paxton’s (2022) incessant demand to protect the “minor child’s constitutional right to procreate” (p. 7). Paxton feels so strongly about this point that he leverages his power within the State against rhetorical constructions of parents who would dare allow or support their child in exploring their gender through GAHC. Minors—as unable to defend themselves or know what they really need and want—*must* be protected from GAHC, in Paxton’s words, because:

Children, by definition, are not assumed to have the capacity to take care of themselves. They are assumed to be subject to the control of their parents, and if parental control falters, the State must play its part as *parens patriae*. In this respect, the [child]’s liberty interest may, in appropriate circumstances, be subordinated to the State’s *parens patriae* interest in preserving and promoting the welfare of the child. (p. 5)

While the phrase “minor child” has legal precedent, it is a niche legal term that operates strategically for Paxton and his argument: the phrase “minor child,” despite referring to all persons under 18, animates an idea of an especially young, innocent, helpless, “legally incompetent” child (p. 6).

In line with Paxton’s logic that cannot fathom children not being cisgender, KP-0401 then imagines the parents of trans* youth as imposing their own desires onto their children, misusing their ability to provide parental consent to force their children to undergo “unnecessary” GAHC treatments. This is accomplished by equating “Munchausen by proxy” (as a legally established form of child abuse) to parental advocacy and consent for GAHC (Paxton, 2022, p.7). Claiming that parents who provide informed

consent for GAHC demonstrate symptoms of a factitious disorder they are projecting onto their children, Paxton attempts to support this argument by citing two legal cases involving *actual* situations of Munchausen syndrome by proxy, a disorder wherein a parent or caretaker perceives fake symptoms (or in extreme cases, takes actions to *create* symptoms) of an illness to make a child appear to have that condition. In the cases cited, the parents involved not only perceived their child to have a condition that they, in fact, did not have, but also succeeded in duping their children’s medical providers into believing their claims, resulting in the wrongful administration of different medicines, like insulin, to injurious effects on the children involved. Despite the fact that these exemplary cases are not about GAHC whatsoever, by invoking them, Paxton starts to suture the two together, stressing how one case ended in a “conviction for felony injury of a child” (p. 11).

Linking Munchausen syndrome by proxy and how it “produces symptoms for unconscious reasons, without identifiable gain” with parental advocacy and consent for GAHC prompts the affective impressions of the former to “slide” onto the latter, orienting safe, proven treatments like puberty blockers as unnecessary and harmful (Paxton, 2022, p. 7). In stark contrast to the rigorous diagnostic and monitoring processes that GAHC is actually administered through (see Boulware et al., 2022), KP-0401 makes it seem that this healthcare is imposed on children not despite, but because of, parental consent from parents who are mentally unwell, unable to execute sound judgment, and unable to protect their child’s best interest. As Hsu (2022) made clear, this affective “drift” collapses stigma around mental illnesses like Munchausen’s with trans* identities, but KP-0401 takes one step further to implicate not just youth, but their parents, into this “drift” and the negative affects it contains (p. 65). The political/social/legal personhood of *both* trans* youth and their parents are put on the line. Parents and other caretakers who then take a trans* antagonistic stance can juxtapose themselves against these affective constructions, reinforcing their cisheteronormative values and further circulating feelings of “protecting” and loving their children through their pursuit of anti-trans* policies.

Throughout KP-0401, Paxton labors to establish a sense of novelty and danger around GAHC by placing particular affective logics that directly contradict medical fact. Early in the opinion, for example, Paxton (2022) takes on an “opioidphobic” stance that compares the attempt to block youth access to GAHC with an attempt to prevent patients being highly addictive painkillers under false pretenses (p. 4). Perceiving that GAHC and opioids share the “potential for novel medical determinations to promote purported remedies that may not improve patient outcomes and can even result in tragic harms,” Paxton frames himself as a voice of medical and moral commonsense (pp. 4-5). At first glance this move could be understood as an attempt to *disarticulate* blocking access to GAHC from anti-trans* beliefs by making a comparison to another issue that reads, at surface level, more medical

than identity-based. But, as has been explicated in previous sections of this essay, GAHC is *not* novel or untested—its “purported remedies” have been shown time and time again to indeed improve patient outcomes and trans* quality of life. Furthermore, Paxton’s invocation of the American opioid epidemic’s affective historicity is not something to be ignored. Comparing GAHC to opioids invokes the harm unwittingly caused by doctors across the country being duped into overprescribing a misrepresented, dangerous drug (assumed to be, in this case, puberty blockers and other GAHC); the devastating physical, mental, social, and financial impact opioid addiction has had on the American people; and even more conspiratorial perceptions of a looming (trans*) presence intentionally hiding the harms of GAHC for some ulterior motive. Paxton alludes to a trans* agenda scheming to exert ideological and material influence over the public, particularly, children, while simultaneously positioning himself as a defender of cisheteronormativity who will fight off this malicious force.

With this in mind, the invocation of “opioidphobic” as an affectively “sticky” token then *rearticulates* transphobia as a necessary stance: to be transphobic is not to be prejudiced, hateful, or ignorant, but rather, to hold sound medical and moral judgment, to have the sense to speak up about dangerous, unproven, and potentially harmful medicine. Paxton simultaneously harnesses the negative affective qualities—the misery and mistakes of the American opioid epidemic— and reframes that memory through a positive affective orientation of protection, love, and prevention: *this time* such medical nefariousness, in the form of gender affirming care-as-child abuse, will not be tolerated.

Conclusion

In this essay, I have argued that opinion letter KP-0401, written by Texas Attorney General Ken Paxton, helped pioneer current U.S. anti-trans* discourse through its affective and material functions, successfully articulating trans* bodies, identities, and healthcare as a threat to the well-being of American children. In doing so, I explicate how KP-0401 presented gender affirming healthcare as dangerous, sterilizing, and therefore, child abuse, which denies trans* youth autonomy by framing them as victims of maltreatment and social contagion. Circulating in an affective economy rooted in cisheteronormativity, KP-0401’s message targets trans* bodies as devious and dangerous to uphold and reignite historical calumnies about queerness as a form of social-psycho-sexual deviance. To this end, the positive affects KP-0401 spread through its anti-trans* messaging—love, protection, and care for (always assumed to be nontrans*) children— position the preservation of cisheteronormativity above parental rights by threatening State sovereignty against parents who would consent to their child’s gender affirming healthcare. Marked as delusional, incapable, and a threat, the lived realities of trans* people, especially trans* youth, are in stark contrast to the

affective constructions presented by KP-0401 and the waves of anti-trans* legislation the letter preceded.

The affective investments that maintain cisheteronormative structures within the State and our social relations require critical interrogation not because of their novelty, but because of their pervasiveness, adaptability, and persuasive power. What was dozens of anti-trans* legislative acts in 2022 has multiplied into *hundreds* across the United States as of late summer 2023 (ACLU, n.d.-a). And, while Texas failed to pass HB436 in 2022, which would have codified KP-0401's exact argument into law, the state succeeded in banning youth access to gender affirming care in 2023 through SB14, HB1686, and SB625. While the literal language of these bills have changed, pared down to focus on what legislators can directly control (like state funding), the affective orientations they circulate within have *increased* in vitriol since KP-0401 was first published. Calls from the American right to "exterminate" trans*ness from public life for the "good" of society amplify the same dual negative (anxiety) and positive (protection) cisheterosexist affects to incite more public conflict and draw in conservative voters (Kilander, 2023). This spread demonstrates that cisheteronormative affective energies are not bound to particular rhetorical situations—they move across the gaps between individual exigencies and texts, from situation to situation to maintain hegemonic power/knowledge (Chaput, 2010).

Additionally, KP-0401's rhetorical impacts include direct material harm towards trans* youth in Texas. In February of 2022, Texas Governor Greg Abbott issued a directive repeating KP-0401's core claims, which the Department of Family and Protective Services (DFPS) used as grounds to "investigate" the necessity of trans* youths' access to gender affirming care. This directive has since become the basis for *PFLAG v. Abbott*, a lawsuit resulting from DFPS's invasive, aggressive, and unlawful "investigation" of three Texas families with trans* children (ACLU, n.d.-b). As an arm of the state, DFPS terrorized these families with unannounced interrogations, publicly approaching parents at work, and pulling trans* youth out of class to allege child abuse and demand access to medical records. DFPS agents defended their actions with the outright lie that GAHC had been criminalized as physical abuse under new Texas laws, heavily implying these youth could be taken away from their families and made wards of the State. While the case has stalled in 2023 and an injunction halted the DFPS "investigation," KP-0401's affective justifications for enforcing cisheteronormativity through the (violent if necessary) regulation of Texas citizens' legal, social, and private existence have been made exceedingly clear.

Healthcare, as an apparatus of (bio)power and truth, is a site that uniquely illuminates the disparities and paradoxes of how bodies are treated in relation to gender, sex(uality), and deviance. Performative reiterations of the cisheteronormative place boundaries on the intelligibility of all bodies,

especially those of young people, attempting to appear extraideological while working to ostracize and criminalize trans* existence. Trans* youth know and *feel* the rippling effects of anti-trans* rhetoric: 56% of young trans* people attempt suicide, a portentous fact of which lack of belonging, internalized stigma, and emotional neglect from family are all direct contributors (Austin et al., 2022). While GAHC still operates in the biopolitical structures of the State and is imperfect, it offers many trans* people the opportunity to feel comfortable in their bodies and live life fully; for some, it is care that makes life worth living at all. Affect reminds us that *feelings* around topics like these are more than shared emotions, but they are a visceral component of how we understand ourselves, the world around us, and each other that exists within matrices of power/discourse.

While affect offers explanations and insights as a critical perspective onto the negative feelings this critique has grappled with, it also allows us to hold tight to feelings of trans* joy, allyship, and resistance. We may comprehend the combative stance many trans* and queer youth have taken against this recent discursive turn through Ott's (2010) push to understand "the affective dimensions of embodied experience, as incipient attitudes, as energies, intensities, and sensations that function as the first step towards an evolving attitude" (p. 50). Collectively, Generation Z is more supportive of protecting LGBTQ+ people than Millennial peers and more likely to, in some way, identify as queer themselves (YPulse, 2021). Since anti-trans* activism has taken center stage in U.S. politics, young queer people and their allies have repeatedly spoken out against various legislation attacking trans* peers (Beal-Cvetko, 2022) and other anti-trans* policies (Bansinath, 2022). The task of disrupting negative affects and the strict ideological structures that sediment them within subordinating power dynamics is lofty, but not impossible. For Chaput (2010), rhetorical constraints and their affective dimensions can open up new potentials for resistance and coalition building, the goal of which is to increase our exchanges of positive affects and open us up to the "world's creative potential" (p. 21). To this end, trans* voices and experiences—on our own terms and in our own words—must be centered in this coalition building to reimagine and reshape our discourses away from and beyond the dominant, both in public life and rhetorical studies (Patterson & Spencer, 2020).

What makes trans* youth especially powerful is how they embody trans* potentiality in the face of cisheteronormative systems, and in that potential, "the end of [W]hite supremacy's clutch on sex, gender, and bodily compartment" (LeMaster, 2022). Herein lies the stakes for both the affective vitriol and success of current anti-trans* rhetoric and unremitting queer resistance efforts: trans* youth embody a generation who can look beyond the binary and beyond cisheteronormative structures as given or necessary with hope for a better—a more trans*—future.

References

- American Civil Liberties Union. (n.d.-a). *Mapping attacks on LGBTQ rights in U.S. state legislatures*. Retrieved July 18, 2023, from <https://www.aclu.org/legislative-attacks-on-lgbtq-rights>.
- American Civil Liberties Union. (n.d.-b.). *PFLAG v. Abbott*. Retrieved July 18, 2023, from <https://www.aclu.org/cases/pflag-v-abbott>.
- Ahmed, S. (2004). Affective economies. *Social text*, 22(2), 117-139. https://doi.org/10.1215/01642472-22-2_79-117
- Ahmed, S. (2014). *The cultural politics of emotion* (Second edition.). Edinburgh University Press.
- Austin, A., Craig, S. L., D'Souza, S., & McInroy, L. B. (2022). Suicidality among transgender youth: Elucidating the role of interpersonal risk factors. *Journal of Interpersonal Violence*, 37(5–6), NP2696–NP2718. <https://doi.org/10.1177/0886260520915554>
- Bansinath, B. (2022, September 27). Virginia students walk out in protest of anti-trans policies. *The Cut*. <https://www.thecut.com/2022/09/virginia-students-walk-out-in-protest-of-anti-trans-policies.html>
- Bauer, G. R., Lawson, M. L., & Metzger, D. L. (2022). Do clinical data from transgender adolescents support the phenomenon of “rapid onset gender dysphoria”? *The Journal of Pediatrics*, 243, 224-227. <https://doi.org/10.1016/j.jpeds.2021.11.020>
- Barnard, I. (2017). Rhetorical commonsense and child molester panic —A queer intervention. *Rhetoric Society Quarterly*, 47(1), 3-25. <https://doi.org/10.1080/02773945.2016.1159720>
- Beal-Cvetko, B. (2022, April 28). Young Utahns are speaking out against the Legislature’s transgender athletes ban. Will their protests have an impact? *Deseret News*. <https://www.deseret.com/utah/2022/4/27/23037534/students-protest-transgender-athlete-ban-utah-legislature-lgbtq-social-justice-youth-suicide>
- Bennett, J. A. (2003). Love me gender: Normative homosexuality and “ex-gay” performativity in reparative therapy narratives. *Text and Performance Quarterly*, 23(4), 331-352. <https://doi.org/10.1080/1046293042000190603>
- Betz, B. (2022, May 12). Americans oppose transgender surgeries, anti-puberty blockers for minors: Poll. *Fox News*. <https://www.foxnews.com/politics/americans-oppose-transgender-surgeries-anti-puberty-blockers-for-minors-pol>
- Blake, N. (2022, March 28). OK, groomer: Why some in the LGBT movement are focusing on kids. *Public Discourse*. <https://www.thepublicdiscourse.com/2022/03/81314/>
- Boulware, S. D., Kamody, R., Kuper, L., McNamara, M., Olezeski, C., Szilagy, N., & Alstott, A. (2022). *Biased science in Texas & Alabama*. Yale School of Medicine. <https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/biased-science/>
- Brandelli Costa, A. (2019). Formal comment on: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLoS One*, 14(3): e0212578 <https://doi.org/10.1371/journal.pone.0212578>
- Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. Routledge.

- Butler, J. (2004). *Undoing gender*. University of Minnesota Press.
- Chaput, C. (2010). Rhetorical circulation in late capitalism: Neoliberalism and the overdetermination of affective energy. *Philosophy & Rhetoric*, 43(1), 1-25. <https://doi.org/10.5325/philrheth.43.1.0001>
- Cisneros, J. D. (2012). Affect, rhetoric, and performativity in Arizona's Senate Bill 1070. *Border rhetorics: Citizenship and identity on the US-Mexico frontier*, 133-150.
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W.J., Monstrey, S., Adler, R. K., Brown, G. R., Devor, A. H., Ehrbar, R., Ettner, R., Eyler, E., Garofalo, R., Karasic, D. H.,...Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism*, 13(4), 165-232. <https://doi.org/10.1080/15532739.2011.700873>
- Foucault, M. (1990). *The history of sexuality, volume I: An introduction*. Vintage Books.
- Gill-Peterson, J. (2018). *Histories of the transgender child*. U of Minnesota Press.
- Halberstam, J. (2016). Trans* - Gender transitivity and new configurations of body, history, memory and kinship. *Parallax*, 22(3), 366-375. <https://doi.org/10.1080/13534645.2016.1201925>
- Hsu, V. J. (2022). Irreducible damage: The affective drift of race, gender, and disability in anti-trans rhetorics. *Rhetoric Society Quarterly*, 52(1), 62-77. <https://doi.org/10.1080/02773945.2021.1990381>
- Inch, E. (2016). Changing minds: The psycho-pathologization of trans people. *International Journal of Mental Health*, 45(3), 193-204. <https://doi.org/10.1080/00207411.2016.1204822>
- Kilander, G. (2023, March 4). CPAC speaker sparks alarm with call for transgenderism to be 'eradicated.' *The Independent*. <https://www.independent.co.uk/news/world/americas/us-politics/cpac-transgenderism-daily-wire-michael-knowles-b2294252.html>
- Koch-Rein, A. (2014). Monster. *Transgender Studies Quarterly*, 1(1-2), 134-135. <https://doi.org/10.1215/23289252-2399821>
- Lee, C., & Kwan, P. (2014). The trans panic defense: Masculinity, heteronormativity, and the murder of transgender women. *Hastings LJ*, 66, 77-132. <https://doi.org/10.2139/ssrn.2430390>
- LeMaster, L. (2022). Interrogating "the end," becoming "the end." *Review of Communication*, 22(2), 153-156. <https://doi.org/10.1080/15358593.2022.2074800>
- LeMaster, L. T., Zanin, A., Niess, L. C., & Lucero, H. (2023). Trans relational ambivalences: A critical analysis of trans and gender-nonconforming relational (un) belonging in sports contexts. *Women's Studies in Communication*, 46(1), 42-64. <https://doi.org/10.1080/07491409.2022.2156418>
- The Leon County School District's LGBTQ Inclusive Guide with amendments—DocumentCloud*. (2022). Retrieved September 5, 2022, from <https://www.documentcloud.org/documents/22074439-the-leon-county-school-districts-lgbtq-inclusive-guide-with-amendments>
- Littman, L. (2019). Correction: Parent reports of adolescents and young adults

- perceived to show signs of a rapid onset of gender dysphoria. *PLoS One*, 14(3), e0214157. <https://doi.org/10.1371/journal.pone.0214157>
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2002). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, 42(1), 89–101. https://doi.org/10.1300/J082v42n01_05
- Lovelock, M. (2017). Call me Caitlyn: Making and making over the ‘authentic’ transgender body in Anglo-American popular culture. *Journal of Gender Studies*, 26(6), 675–687. <https://doi.org/10.1080/09589236.2016.1155978>
- MacKinnon, K. R. (2018). Biopower and the medicalization of gender variance: A Foucauldian analysis of trans subjectivity. In *Current critical debates in the field of transsexual studies* (pp. 194-207). Routledge.
- Mayo Clinic. (n.d.). *Pubertal blockers for transgender and gender-diverse youth*. Retrieved October 12, 2022, from <https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/in-depth/pubertal-blockers/art-20459075>
- McNeill, T. (2013). Sex education and the promotion of heteronormativity. *Sexualities*, 16(7), 826-846. <https://doi.org/10.1177/1363460713497216>
- Mohatt, K., & Coffman, K. (2022, November 22). Victims and heroes in Colorado Springs LGBTQ nightclub shooting identified. *Reuters*. <https://www.reuters.com/world/us/colorado-springs-police-probe-motive-lgbtq-nightclub-shooting-2022-11-21/>
- Moore, M. (2021). SEGM uncovered: Large anonymous payments funding dodgy science. *TransSafety.Network*. <https://transafety.network/posts/segm-uncovered>
- Ott, B. L. (2010). The visceral politics of V for Vendetta: On political affect in cinema. *Critical Studies in Media Communication*, 27(1), 39-54. <https://doi.org/10.1080/15295030903554359>
- Patterson, G., & Spencer, L. G. (2020). Toward trans rhetorical agency: A critical analysis of trans topics in rhetoric and composition and communication scholarship. *Peitho*, 22(4). <https://cfshrc.org/article/toward-trans-rhetorical-agency-a-critical-analysis-of-trans-topics-in-rhetoric-composition-and-communication-scholarship/>
- Paxton, K. (2022, February 18). *Attorney General Opinion No. KP-0401*. pp. 1-13. <https://texasattorneygeneral.gov/sites/default/files/global/KP-0401.pdf>
- Repo, J. (2013). The biopolitical birth of gender: Social control, hermaphroditism, and the new sexual apparatus. *Alternatives: Global, Local, Political*, 38(3), 228-244. <https://doi.org/10.1177/0304375413497845>
- Robson Day, C., & Nicholls, K. (2021). “They don’t think like us”: Exploring attitudes of non-transgender students toward transgender people using discourse analysis. *Journal of Homosexuality*, 68(6), 914-933. <https://doi.org/10.1080/00918369.2019.1667161>
- ROGD Statement. (n.d.). Coalition for the Advancement & Application of Psychological Science. Retrieved October 12, 2022, from <https://www.caaps.co/rogd-statement>
- Romano, A. (2022, April 21). The right’s moral panic over “grooming” invokes age-old homophobia. *Vox*. <https://www.vox.com/culture/23025505/leftist-groomers-homophobia-satanic-panic-explained>
- Slagstad, K. (2021). The political nature of sex - Transgender in the history of

- medicine. *The New England Journal of Medicine*. 384(11):1070-1074. <https://doi.org/10.1056/NEJMms2029814>.
- Society for Evidence Based Gender Medicine. (n.d.). *Home*. Retrieved October 12, 2022, from <https://segm.org>.
- Tomkins, S. S. (2008). *Affect imagery consciousness: The complete edition*. Springer publishing company.
- YPulse. (2021, June 1). *The data that shows supporting LGBTQ+ will be vital to reaching Gen Z*. <https://www.ypulse.com/article/2021/06/01/the-data-that-shows-supporting-lgbtq-will-be-vital-to-reaching-gen-z/>

