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Stone Butch Blues and Transmedicalism

Leslie Feinberg's semi-autobiographical novel *Stone Butch Blues* follows the turbulent experiences of Jess Goldberg, a butch lesbian who medically transitions in order to pass as male. Set in the early days of the gay liberation movement in the United States, the novel details the relentless bigotry that Jess faces as she¹ enters the lesbian bar scene, begins her transition, and becomes involved with labor organization. In order to exist as a masculine-presenting person without the abuse that she's subject to as a "he-she", Jess undergoes testosterone-based hormone replacement therapy and a double mastectomy in order to live as a man. This helps to alleviate the gender dysphoria that Jess has suffered from since she was a child. It also, however, alienates her from the lesbian community--one of the few places where she feels genuinely respected and loved. Jess eventually goes off of hormones and begins to regard herself as someone who is neither a man or a woman, but rather as someone who straddles conventionally binary conceptualizations of gender. Her experiences with transition challenge the central ideas surrounding the modern transmedicalist movement, which argues that access to transition should be primarily guided by medical professionals. Jess' complex relationship with her medical transition in *Stone Butch Blues*--which is informed by the trauma she's suffered at the hands of

¹This essay will refer to Jess with she/her pronouns, in accordance with Jess' manner of referring to herself and out of respect for her gender nonconformity (as she is labeled as male increasingly often as her transition progresses).

cisgender people--complicates transmedicalist ideas regarding how gender dysphoria should be handled by healthcare professionals.

Gender-related transition is described by the American Psychological Association as “the process of shifting toward a gender role different from that assigned at birth” (“A Glossary: Defining Transgender Terms”, 2018). This could potentially include gender-confirming surgeries, HRT, or changing one’s name and pronouns. In many cases, transition serves to alleviate the distress caused by gender dysphoria, a malaise regarding one’s sex characteristics and inhabited gender role. Transmedicalism, a school of thought in the discourse surrounding medical transition that seeks to explain and legitimize the experience of being transgender, argues that gender dysphoria is a mental illness that may be treated through medical transition. It also argues that medical transition may only be safely accessed through guidance and diagnosis by medical professionals. This emphasis on gaining the approval of doctors serves to assuage fears that the patient might regret transitioning without sufficient prior research, as the expertise of the doctors would presumably enable a patient to make informed decisions. Transmedicalism arises in response to transphobic rhetoric that leans on the idea that trans identities are simply conceptual in nature, which implies that trans suffering is irrational and transition thereby unnecessary. In framing the condition of being transgender as one caused by gender dysphoria, which is by transmedicalist metrics an inborn and intrinsic illness that causes acute emotional distress, transmedicalism legitimizes the experience of being transgender by placing emphasis on the ways in which a patient’s suffering may be lessened through medical intervention. This is particularly well-articulated in transgender political commentator Natalie Wynn’s video essay *Transtrenders*. In the video, Wynn plays trans woman and self-identified transmedicalist “Tiffany Tumbles”, who explains that the transmedicalism is ultimately a defense tactic. “We live in a

world of [people] who don't understand trans people and don't think we're real, so we need to have an explanation of what it is to be trans that is based on facts and not feelings. And the most factual explanation is transmedicalism, which is the idea that transsexualism is a diagnosable mental disorder called gender dysphoria," Tiffany asserts. "There's science to back this up, it's accepted by medical professionals, and it clearly explains why we are valid" (Contrapoints, 21:01-21:05). In many ways, Jess' turbulent experiences with transition at first seem to indicate the efficacy of this kind of thinking. Her future regret seems to derive at least in part from a lack of knowledge of what transition truly entails for her. She accesses hormones illicitly--by bribing a doctor to give her injectable testosterone--rather than through diagnosis and recommendation by a psychiatrist. When Jess inquires about the potential risks of HRT, the doctor replies: "It's just hormones. Your body produces hormones naturally. Do you want it or not?" (175). She is never given real answers to assuage her reservations about starting hormones, and is largely blindsided by the consequences of her transition as a result. It becomes tempting, then, to read Jess' regret and confusion surrounding her medical transition as a kind of cautionary tale of what happens when a patient transitions outside of a transmedicalist framework.

Critiques of transmedicalism argue, however, that this way of thinking is fundamentally classist. Transgender healthcare coverage was explicitly limited by Medicaid only a little over a decade ago ("Unraveling Injustice: Race and Class Impact of Medicaid Exclusions of Transition Related-Healthcare for Transgender People", 2007). Additionally, research conducted as recently as 2017 suggests that transgender people are still often less likely to have access to healthcare and insurance. In an interview-based study of LGBT adults in New York City conducted by Meghan Romanelli and Kimberly D. Hudson of the American Journal of Orthopsychiatry, researchers found that insurance providers often do not cover the full cost of gender-confirming

surgeries. This often leads transgender people to put themselves at risk in the way that Jess does by pursuing transition illicitly. “The black market is an unregulated way of acquiring hormones, silicone, and surgeries that might result in unsafe procedures or negative physiological side effects. Engagement with such procedures could limit future access to care in the formal health care system,” the study reports. “Despite delineating these negative consequences, [an interviewed participant] stated they still ‘come out losing’ when accessing similar services from a doctor [due to the cost]. This further emphasized the dilemma of choosing between formal and informal care” (721). Transgender people are a disproportionately underserved demographic in the healthcare field, then, both because of lack of access and transphobia. This means that the kind of guided transition that transmedicalists idealize is often not attainable for many trans people because of accessibility issues.

This is something that is still unfortunately prevalent today. Both *Stone Butch Blues* and Romanelli and Hudson’s research are centered heavily around LGBT communities in New York--and forty years after Jess’ story is set, transgender people in the same state still experience insensitivity by healthcare providers, issues with availability of services, and lack of competence in transgender care. “Doctors didn’t want to know. They didn’t wanna know. They didn’t care. They didn’t care about trans-people,” says one trans interviewee. “We were just gay men to them. And the trans brothers were just...I hate this word, but they use it. We were just dykes to them. That’s all. It was nothing. It didn’t matter. Our trans-lives didn’t matter” (721). This is echoed by Jess’ realization when she registers the disgust on the doctor’s face after she bribes him to allow her to start HRT: “God, he hates us” (175). These issues are made worse if the patient is also lower-income or an ethnic minority. In K.L. Seelman’s 2018 qualitative study, “Do transgender men have equal access to healthcare and engagement in preventative health

behaviors compared to cisgender adults?”, researchers found that trans and cis men only have equal access to healthcare if they controlled for sociodemographic factors such as age, race, and income. “Health care providers who wish to increase access to care for transgender populations should utilize intersectional strategies that work to combat income and racial inequalities,” proposes Seelman (15). In this way, it becomes apparent how Jess--as someone who is working class, visibly queer, and an ethnic minority--is someone who would not be served by transmedicalism because transmedicalism operates within a cisassimilationist and classist system. Transmedicalism encourages patients to access transition through the guidance of doctors and medical professionals so as to avoid regret surrounding transition. This is not logistically feasible for working class, transgender people like Jess--both due to her lack of wealth and because of medical discrimination against queer and transgender people.

In addition to the issue of classism, the emphasis on gaining the approval of doctors simply to begin one’s transition is intensely assimilationist. Historically, cisgender medical professionals have limited access to transition based off of a patients’ perceived ability to exist within heteronormative structures. “Transgender women were more likely to be granted access to medically affirming interventions if they described themselves as attracted to cisgender men, thus being able to live within heterosexual norms posttransition,” reports Melena Wald in *Gatekeeping in the Transition Process*. This is deeply problematic in that it positions doctors as sentries whose responsibility is to determine whether or not a patient is ready to begin their medical transition, which implies that the expertise of cisgender medical professionals--which is often biased by cissexist norms--outweigh the lived experiences of transgender people. An interesting example of this may be seen in Stephen B. Levine’s 2018 essay “Ethical Concerns About Emerging Treatment Paradigms for Gender Dysphoria”. In this text, he advocates for

putting certain diagnostic barriers in place in order to make access to transition more difficult. Because transgender patients often suffer from comorbid mental illnesses that accompany their gender dysphoria, such as anxiety and depression, Levine fears that transition might only offer temporary relief for larger chronic issues. His position demonstrates a fundamental misunderstanding of transgender experiences, considering that depression and anxiety are often symptoms of gender dysphoria, not the other way around. It is interesting to note that while many trans people use transmedicalism in order to rationalize their experiences (as suggested by Wynn's "Tiffany Tumbles" character), Levine's transmedicalism stems from a distrust in the psychological health of dysphoric patients. His writing exemplifies how transmedicalism's insistence on categorizing gender dysphoria as a mental illness can be very easily construed by cisgender professionals into a skepticism regarding the mental soundness of transgender patients. In response to the World Professional Association for Transgender Health assertion that gender dysphoria does not impair a patient's cognitive abilities, Levine states, "I cannot view policy statements such as 'transgender implies no impairment in judgment, stability, reliability, or general social or vocational capability' to be based on clinical experience" (33). His essay demonstrates how transgender suffering is often discounted in favor of cisgender reservations about changing gender in professional discourse surrounding transition. It is this very pathologization and distrust of transgender experiences that harms Jess throughout *Stone Butch Blues*.

Jess' complex feelings regarding her medical transition are largely rooted in the trauma that she's endured at the hands of cisgender people. To a certain degree, Jess enjoys the physical changes that accompany her transition because they eliminate the dysphoria that she's suffered from since she was a child. "I'd sent myself a gift--a memory of body, of self," she states while

admiring her post-HRT, post-surgery body in the mirror. She has more complicated relationship with her transition itself, however, because Jess' sense of self is informed by the abuse she's suffered for being a butch. After a straight woman flirts with her, Jess is deeply perturbed by notion that being perceived as a man alienates her from her identity as gender nonconforming person. "All my life I'd been told everything about me was really twisted and sick. But if I was a man, I was 'cute,'" she says. "Acceptance of me as a he felt like an ongoing indictment of me as a he-she" (210). From the beginning to the end of the novel, Jess is treated as if her gender and sexuality are a kind of sickness. When Jess is eleven, she's committed to a psychiatric ward after her parents catch her playing dress-up with her father's clothes. This act of gendered expression, in which Jess is experimenting with new styles of clothing, thematically mirrors Jess' aforementioned admiration of herself post-transition; it's the first time that Jess recalls looking in the mirror and "[liking] the little girl looking back (15)". The sanctity of both of this moment, however, is corrupted by the fact that Jess immediately labeled as deviant and mentally unsound for expressing herself in this way. This establishes a throughline of pathologization and gendered trauma that prevents her from trusting doctors for the rest of her life. Years down the line, Jess is promoted at her factory job and a homophobic man on site sabotages the machine she's working with in hopes that she injures herself. Jess' finger is severed and she's taken to the hospital. Though she's suffered a serious injury, the only thing Jess can focus on is whether or not the doctors will take her clothes off because of the sexual assault, harassment, and marginalization that she's experienced since early childhood. "I panicked. What if they took my clothes off?" she fears (99). Her history of abuse and gendered trauma prevents Jess from being able to trust doctors and medical professionals in the way that transmedicalism requires patients to in order to "properly" transition. This demonstrates an inherent problem with transmedicalist paradigms.

Under transmedicalism, transition becomes inherently tied to cisgender structures of authority that harm people like Jess.

Another instance of this comes up after Jess undergoes top surgery. Jess arranges a double mastectomy privately with a doctor, but the nurses refuse to let her recover in the hospital because they don't believe that she deserves medical attention. "I don't understand any of this. But I can tell you this hospital is for sick people. You people make some arrangement with Costanza on the side, that's your business. But this bed and our time is for sick people," the nurse tells Jess (191). Ironically, the hospital where Jess receives gender-confirming care is also a deeply hostile place that denies her the time to recuperate under sanitary medical conditions--and though Jess is largely unable to properly take care of herself post-surgery, she says, "I didn't want to be there another minute. I wanted to be safe in my own home" (191). At yet another point in the novel, Jess is jumped and beaten by a group of men because they can't tell if she's male or female. She cannot go to the hospital because she fears that they will discover that she has been assigned female at birth, and she cannot file a police report because she will be forced to out herself as a butch. Congruent with Romanelli and Hudson's findings that medical transition may diminish a trans patient's ability to receive general health care due to transphobia within the medical field (721), Jess is placed in the deeply uncomfortable position: she's been beaten because of her gender nonconformity, but her transition prevents her from getting help. "I was still a gender outlaw--any encounter with the police might end up with me in their custody," she says. "I panicked. It was time to escape" (283). Jess's learned distrust of doctors is repeatedly reinforced because the integrated bigotry in these systems of power force her to deny herself adequate medical care. In this way, modern transmedicalism's insistence on categorizing gender dysphoria as a mental illness and gaining the approval of often-cisgender doctors actually

recreates the pathologization and trauma that Jess and other transgender people like her have historically faced in the medical field.

In fact, the only person who truly understands Jess' experiences is her neighbor Ruth, who is also transgender. After Jess is attacked and unable to stay in the hospital, Ruth is the sole person who can empathize with and comfort Jess. As she nurses her back to health, Jess confesses that no one besides Ruth--not even the femme women that she has previously loved--can understand the specific pain that she feels as a transgender person. "There's a place somewhere inside of me where I've never been touched before. I'm afraid you'll touch me there. And I'm afraid you won't," Jess tells her (295). "My femme lovers knew me well, but they never crossed those boundaries inside of me. They tried to coax me across the borders into their arms, but they never came after me. You're right there with me. There's no place for me to hide. It scares me." Her vulnerability with Ruth demonstrates a level of connection and intimacy that suggests that butches and trans women may feel a sense of solidarity with one another because of society's view that both groups are performing gender in a deviant way. Rather than coaxing Jess outwards into a more conventional understanding of intimacy, sex, or gender, Ruth crosses these boundaries to occupy the same space with Jess. In this way, Jess demonstrates that Ruth understands her because they both have more nuanced understandings of gender and sexuality as a result of their experiences as transgender people. Though they have different relationships to femininity, Jess being a butch and Ruth a trans woman, both of them are denied the same personhood granted to gender conforming cis women. As Jess explains to Ruth, "you're right there with me." This conversation with Ruth occurs at the end of the novel, and it is arguably the most open and vulnerable Jess has been in her entire life. This moment of connection and solidarity demonstrates how cisgender people simply do not have the experience necessary to

truly understand transgender suffering. The transmedicalist emphasis on gaining the approval of doctors, then, ignores the very real history of pathologization, alienation, and trauma that trans people have historically suffered in the medical field and at the hands of cisgender people.

Jess faces discrimination from cisgender authority figures throughout her transition, which reinforces her distrust of doctors and prevents her from trusting medical professionals in the way that transmedicalism encourages. Though transmedicalism presents as a kind of trans advocacy that explains and legitimizes the experience of being transgender, it also leans on a long history of pathologization and trauma that still marginalizes transgender people in the modern day. It's deeply problematic, then, that transmedicalism leans on ideas that cause Jess to struggle in pre-Stonewall America. In this way, *Stone Butch Blues* demonstrates that transmedicalism is not an effective form of trans advocacy because its conceptualizations of what constitutes a "safe transition" rely on assimilationist and classist ideas.

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