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In Their Own Words: A Narrative Medicine Approach to the Transition Memoir

According to recent estimates, approximately 1.4 million individuals in the United States are transgender, accounting for 0.6% of the population.[1] The terms "transgender" or "trans" are often applied broadly to people whose gender identity is different from that which was assigned to them at birth, and encompasses a multitude of gender identities.[2] While estimates of the size of the U.S. transgender population have grown markedly in the past few years, this is likely due to increased reporting, facilitated by improved awareness and understanding of gender diversity in recent years. Unfortunately, transgender individuals continue to face health disparities as compared to cisgender individuals,[3] as well as decreased access to healthcare.[4] There is a corresponding paucity of research focused on the transgender population, both with respect to gender-specific and non-gendered health concerns.[5]

Providers' own inexperience with and biases against transgender individuals further contribute to their marginalization as patients. Even well-intended providers demonstrate discomfort with caring for transgender patients, citing a lack of education with regard to their healthcare needs.[6] At least one-third of transgender patients report negative experiences with the healthcare system, from harassment to outright denial of care.[2] While the challenges faced by transgender patients extend beyond the healthcare system and are rooted in failings of society at large, healthcare providers can help begin to combat these injustices by caring for all patients compassionately and equitably.

Into this empathy gap enters narrative medicine, developed at Columbia University in the early 2000s. Dr. Rita Charon, arguably the founder of the field, writes that sick patients require clinicians who are not only scientifically knowledgeable but are also skilled at absorbing their patients' narratives, an ability she terms "narrative competence."[7] Narrative medicine is therefore the practice of medicine with heightened attentiveness to patients' stories, such that clinicians are better able to demonstrate the empathy that patients need and deserve. Charon and others have turned to the humanities for guidance to develop these skills, using methods established in literary criticism, anthropology, and other fields to teach narrative competence to healthcare providers.[8]

Of these approaches, the most important is "close reading," which requires the reader to fully attend to the text in front of them, grasping not only its content but also the form in which that content is delivered. That is, close readers will notice literary elements such as structure, tone, and point of view – and then ask themselves what these things tell them about the text.[9] Close reading demands that readers examine their relationship to the text, bringing objects in their peripheral awareness to the forefront. Proponents of narrative medicine argue that this approach in turn cultivates attentive listening, allowing clinicians to better know their patients, develop rapport, and respond to suffering. Importantly, as Sayantani DasGupta notes, narrative medicine does not render healthcare providers fully competent with an individual's story, but rather, fosters a necessary "narrative humility." That is, it "allows clinicians to recognize that each story we hear holds elements that are unfamiliar – be they cultural, socioeconomic, sexual, religious, or idiosyncratically personal."[10]

Bearing this in mind, close reading according to the principles of narrative medicine can be a powerful tool for clinicians encountering the unfamiliar, as most still are when treating transgender patients. One possible place to start is the transition memoir, a literary subgenre in which transgender authors tell the stories of how they came to live according to their own gender identities, rather than those they were assigned at birth. As a genre, the transition memoir is not new – Lili Elbe's *Man Into Woman: An Authentic Record of a Change in Sex* (1933) comes to mind[1] – but it has gained notice in the last decade with increasing interest in transgender issues. The June 9, 2014 cover story of *Time* magazine proclaimed a "transgender tipping point," highlighting increased attention to civil rights battles being fought over bathroom access, gender markers on official documents, and eligibility for military service.[11] More recently, these efforts have been met with backlash in the U.S. political landscape, including the current administration's threats to eliminate gender discrimination protections in federally funded education programs.[12] In this atmosphere of hostility, clinicians have a responsibility to support trans patients that begins – but does not end – with a commitment to listening to their stories with empathy.

A narrative medicine approach to the transition memoir as discussed here thus becomes a useful way to learn about authors' experiences and identify common threads. For this purpose, five transition memoirs were chosen. Arin Andrews writes about coming of age as a transmasculine adolescent in *Some Assembly Required: The Not-So-Secret Life of a Transgender Teen.*[13] Fiction author and English professor Jennifer Finney Boylan relates the trajectory that led her to transition in middle age in *She's Not There: A Life in Two Genders*.[14] In *Being Jazz: My Life as a (Transgender) Teen,*[15] Jazz Jennings, protagonist of the TLC reality show *I Am Jazz,* tells of growing up transgender alongside her supportive family. A writer and amateur boxer Thomas Page McBee explains how a near-death experience made him feel free to transition in *Man Alive: A True Story of Violence, Forgiveness, and Becoming a Man.*[16] And in *Redefining Realness: My Path to Womanhood, Identity, Love & So Much More,*[17] writer, media personality, and advocate Janet Mock writes of her journey to self-discovery as a trans woman of color. While each of these memoirs represents a unique, un-generalizable viewpoint, many share elements that warrant further examination. These include non-chronologic narrative structure, authoritative tone, and motifs such as barriers to medical care, the physicality of transition, the relationship of family to transition, and the threat of violence. These features are productive jumping-off points for discussion and reflection for clinicians, allowing us to think more carefully about how we can better respond to the challenges our transgender patients face.

Temporality in narrative structure

Among the selected memoirs, most incorporate some form of non-linearity into the narrative structure. In *Redefining Realness,* Janet Mock employs a framing device around an otherwise chronologic account of her life. She opens the memoir with the early events of her relationship with now-husband Aaron Tredwell. When she comes to

[1] It is important to note that the writing of this memoir was attributed to Elbe's physician, not Elbe herself, although it is presented as her work.

the moment that she chose to tell him that she was a trans woman, she stops short: "I took a deep breath and exhaled. 'I have to tell you something.'"[17] Then, as though telling us the story she told Tredwell, she transports the reader from New York in 2009 to her early childhood in Honolulu in 1989, proceeding forward through her recovery from gender affirmation surgery in 2001. At this point, she returns to 2009 to tell the reader how Tredwell reacted and how she came out publicly via an interview in *Marie Claire*. This framing serves two functions. First, it establishes the reader's relationship to the author, figuratively sitting us down in Tredwell's room to listen to Mock's story. Second, it creates a sense of inevitability – we know she must eventually return to 2009 – while preserving suspense. Until the end of the memoir, we do not know how Tredwell will react, or how Mock will arrive at the self-understanding toward which she has always been striving. By framing her story in this way, we see Mock as a person whose narrative extends beyond transition, locating her trans identity within the whole landscape of her life.

Jennifer Finney Boylan and Arin Andrews also use narrative structure to imply inevitability, albeit differently. Both begin with a post-transition flashback that is referenced later in the book, a technique that Rhiannon Catherwood argues is used "to ensure that the reader's first impression of the subject is the 'correct' one."[18] *She's Not There* starts with its author picking up hitchhikers while driving to a reading that she humorously describes as "my first official reintroduction to the college community since I'd switched from regular to Diet Coke."[14] She then shifts to her early childhood in Pennsylvania and continues in generally chronologic order with the exception of occasional brief flashbacks and flash-forwards to her life post-transition. She eventually arrives at the evening that she met the hitchhikers, allowing the reader to situate it within her transition as she continues onward. Similarly, Andrews opens *Some Assembly Required* with the memory of an unhappy prom date and his excitement at seeing now ex-girlfriend Katie Hill. The following chapter resets the story, starting with his earliest memories on his grandparents' farm in Oklahoma. By the time Hill re-enters the narrative, the reader has come to understand her importance to Andrews with the revelation that prior to his transition, he had been comforted by an article describing her coming out. For both Boylan and Andrews, the opening flashback therefore provides a landmark to anticipate along both authors' journeys.

Thomas Page McBee offers a different approach to structure entirely, offering not narrative inevitability but interconnectedness. *Man Alive* contains two parallel narratives that gradually become intertwined. One recounts a mugging McBee experienced in 2010 and its impact on his decision to transition. The other relates his sexual abuse by his father and his investigation of his father's past, including the revelation of his non-paternity. When McBee finally writes of meeting with his father after beginning his transition, the two narratives merge and move forward together, subsuming past into present. By disregarding linear chronology, McBee provides a way for the reader to conceive of his journey as both inextricably linked to and yet separate from the events of his past. To be clear, this does not imply that his gender identity is a direct result of the violence inflicted upon him, but rather, that prior experiences can be as much a part of one's present as the choices they make. Thus, the writers of the memoirs discussed use variations in temporality to contextualize their transgender identities within their lives at large.

Establishing authority through tone

It is perhaps no surprise that given contemporary attacks on transgender individuals' very existence, the writers of these memoirs establish their authority by including relevant educational asides, such as statistics about the transgender population and sensitivity advice. For instance, Boylan identifies transsexuality (the term she uses throughout the book) as a medical condition with a defined prevalence:

> I no longer hope that everyone will be able to understand what this condition is about. It seems to elude an accurate description. It is a medical condition, but it is not solely medical; it is a behavioral condition, but it is not solely psychological. Whatever it is, it is widespread. Professor Lynn Conway at the University of Michigan estimates that there are forty thousand transgendered male-to-females in this country, and that counts only the ones who have *already had the surgery.* According to Professor Conway, that makes the condition more common than cleft palate and multiple sclerosis.[14]

By comparing transsexuality to two well-known conditions, Boylan makes the case for it as a biological fact, as though to convince the reader of the validity of her own personhood.[2] She acknowledges that doing so is a burden: "As Zero wrote to me once, 'It must be hard, Jenny, to have to keep proving to people that you exist.'"[14] Similarly, in discussing their encounters with bullying and threats of violence, both Jennings and Mock tie their physical safety to the risks incurred by transgender people overall by quoting the elevated homicide rate for trans women. While statistical data are not typically used in memoir to substantiate one's lived experiences, their use here rhetorically reinforces that the authors are the experts on their own lives. Jennings takes this tactic even further by showing readers how to resist the medicalization of trans identity and respect another's right to privacy. She cautions that "as a rule you should never ask a person who is transgender about what options they've taken – if any – unless they offer to start up that conversation themselves."[15] This aside precedes a description of her use of puberty blockers, which again grounds her authority in her own experiences.

The authors of these memoirs also use conversational diction to assert themselves as the primary experts on their own lives. Jennings directly addresses the reader at times, asking questions that require our attention: "Have you ever heard of the Truth Game?...Trust me, it doesn't lead anywhere good."[15] And she anticipates a reader's skepticism, for example, when writing about being starstruck at meeting celebrities: "All right, I admit it. I'm not *totally* immune to the whole celebrity thing."[15] Andrews introduces his disastrous prom experience in the same vein: "Getting dumped at prom sucks. I mean, getting dumped *period* sucks, obviously."[13] He makes it easy for the reader to feel his indignance at his restricted time with his first girlfriend: "But come on! I mean, we were horny teenagers in love who were being forcibly kept apart!"[13] The informality certainly reinforces the youthfulness of both authors at the time of their

[2] It is worth noting that Boylan's book predates the others discussed here by over a decade; Jennings later notes the offensiveness of gender identity disorder as a diagnosis.

writing – Jennings and Andrews were 15 and 17, respectively – but it never lets us forget whose story is being told. Far from being aloof about their experiences, Jennings and Andrews make us active participants rather than spectators.

Thematic similarities in motif use

The motifs used in these memoirs strike common chords, and by attending to them, we can learn more about how the authors perceive their own experiences and how they interact with the world on a social level. Perhaps of foremost interest to clinicians, the authors delve into their dealings with the healthcare system, and it is unsurprising to see barriers to affirming medical care used as a motif in their writing. For example, financial barriers hinder Mock in her pursuit of hormone replacement therapy and gender affirmation surgery: she saves her lunch money for a friend's estrogen prescription, earns money for estradiol injections through sex work, and becomes involved in pornography to pay for her gender affirmation surgery. Likewise, provider unfamiliarity is the obstacle that frustrates Jennings, who initially has difficulty finding a mental health professional well-versed in gender dysphoria. She ultimately meets an appropriate therapist who recruits her to help educate medical students. Yet when she is ready to start puberty blockers, she is forced to change physicians, as her previous physician is unwilling to place her Supprelin implant. Along similar lines, Andrews points to the healthcare system itself as an impediment to care. He is shuttled from psychiatrist to family therapist before finally being seen by a gender therapist who can assist him on the way to medical transition. But he also must find a physician willing to accept his therapist's recommendation for hormone replacement therapy; of note, despite having previously treated trans men, the physician misgenders him.[3] Taken together, the memoirs present motifs that differ in content but converge thematically, as they illuminate the many ways in which gender medicine is inaccessible to those who require it.

The selected memoirs all, to some degree, explore the relationship of physicality to transition. While gender identity is not predicated on one's body parts or presentation, all five writers do discuss the physical steps (both medical and non-medical) that they take to affirm their genders. Fashion and grooming choices are portrayed as a means of facilitating authenticity. While this naturally comes into conversation with the fraught concept of "passing" as cisgender, it also allows for self-expression that rings true to the wearer. As Jennings succinctly puts it, her preferred clothing – from Disney princess wear to sparkly bathing suits to a hot pink bra - "best represent[s] me."[15] For Andrews, putting on a male cousin's tank top and shorts produces "a rush of power, like I'd put on a superhero suit."[13] In contrast, wearing a bra feels "like a betrayal to myself," while using a prosthetic penis feels like his body is "morphing into the one that I'd seen in my dreams."[13] Pre-transition McBee is annoyed at a server who misgenders him despite his chosen outfit and strives to project his authentic self through his grooming regimen: "if I

[3] Interestingly, among the authors of these memoirs, only Mock goes so far as to explain the challenges presented by medical gatekeeping (although she does not use this term).

did it just right I could squint and see the right shape of myself."[16] Conversely, when discussing medical transition, the authors highlight the emotional sequelae of their physical changes. Mock develops pride in her beauty after starting hormone replacement therapy, showing off her breasts in revealing outfits and judging other trans women on their own presentations. And despite physical discomfort after undergoing bottom surgery, she writes of feeling "closer to whole for the first time in my life," "an overwhelming sense of lightness."[17] Boylan's own experience with hormones results in, among other things, a growing indifference to breasts after starting estrogen and a newfound anxiety about her weight. Following bottom surgery, she writes of her shifting sexuality and fear of changes in her relationship with her wife. Thus, while all five authors do describe the tangible sensations associated with medical transition, their focus on emotional implications refuses to simply cater to the public's fascination with trans bodies. Instead, they demand that we engage with their interiority.

Despite the authors' emphasis on the inward consequences of outward transformation, they are at increased risk of physical harm as trans individuals. Their writing reflects this reality, parsing out the interaction between violence and transition. For instance, violence affects Mock's and McBee's relationships with their bodies and the ways they experience gender. On Mock's part, her childhood self believes she invited sexual assaults by her brother figure, that her expression of femininity is to blame. Groomed by her abuser, she reproduces the acts he forced her to carry out on a neighbor as a means of performing this femininity. The world around her inflicts physical violence to police her gender: she participates in a game of "Smear the Queer" to appease her father's demands for masculinity, but upon finding out that she has been calling herself "Keisha" around a neighbor, he shaves her head. Her exposure to violence fosters a sense of detachment from her body, leading her to engage in sex work to sustain physical transition although she incurs the risk of injury by doing so. McBee likewise acknowledges the difficulty of extricating his childhood sexual abuse from his masculine self-perception, but interestingly, describes a feeling of release in his near-death experience with a mugging in 2010. He gains a new appreciation for his body's physical capabilities, beginning to see himself as running not away from his mugger, but towards transition. He begins to learn to throw punches to manifest the physicality he seeks; still, each time he presents as male prior to starting testosterone, he implicitly acknowledges the risks to himself. For Mock and McBee, therefore, the relationship between violence and transition is not causal, but the two are nonetheless entangled when it comes to gender identity.

Just as it is impossible to parse violence from transition in these memoirs, the role of family in trans individuals' transition is equally complex. Seeking to understand the legacy of his own masculinity, McBee delves into his father's family history, seeking old records and conversations with relatives. This understanding is further complicated by McBee's knowledge that his biological father is not the father figure with whom he grew up, and he struggles to grapple with what it means to be his father's son who yet belongs to himself. Likewise, legacy figures in Andrews' own transition and his family's acceptance of it. With a blended nuclear family and large extended family, Andrews feels close kinship with his relatives regardless of the amount of genetic material they share, and he points to these strong bonds when relating his relatives' acceptance. As his family claims Native Americans among their ancestors, learning about the existence

of Two-Spirit people helps his initially resistant mother contextualize Andrews' experiences. More materially, we also see in these memoirs how family both hinders and facilitates transition. Mock's family at first takes a passive role in her transition, with the exception of her father. In childhood, her father's girlfriend allows Mock to comb her hair, a ritual of femininity that soothes her. When Mock starts to openly grow out her hair, wear skirts and dresses, and use *she/her/hers* pronouns, her family accepts these changes with little fanfare; eventually her mother takes a more active supportive role by helping her pursue hormone replacement therapy. Even active opposition turns into acceptance when Mock's father later acknowledges that his daughter is an extension of his legacy, irrespective of gender. Yet active family support does not always smooth the process of transition; while Boylan's wife helps her buy skirts and encourages her to seek gender therapy, Boylan is initially reluctant to pursue bottom surgery due to a fear that it may be the breaking point in their relationship. And a supportive family can only go so far: while Jennings' parents strive to help her over specific bureaucratic hurdles from school dress codes to athletic league regulations to bathroom access, these and other restrictions linger. The motif of family in these memoirs consequently challenges the narrative that transition is solely about bodily changes, placing huge emphasis on its social aspects. By showing us how they relate to their families (and vice versa), the authors thereby ask us to consider what gender affirmation truly entails.

The clinician's road from here

When we write for public consumption, we choose what we wish to tell the world. In a world that remains largely hostile to the existence of transgender people, the authors of these memoirs choose to share their stories of transition. Despite each of their unique circumstances and viewpoints, their stories contain commonalities that merit readers' attention. Narrative medicine provides us with a way to do this, a way to remain actively engaged with the text. When close reading is applied to these memoirs, we see how the authors take ownership of their narratives through structure and tone; we see the ways that they use motifs to expound on transition as a social process. This is the first task of narrative medicine: simply listening to what the text tells us. The next and most difficult task is to respond. As clinicians, we are called to address the wrongs visited upon transgender patients, from the fragmented healthcare system that fails them to the non-affirming attitudes that alienate them. It should be clear, but bears emphasizing, that the reading of a few transition memoirs does not convey general competence with transgender patients, nor does it substitute for interaction with them. But the great strength of narrative medicine is its ability to develop our appreciation for the singular nature of every individual's story. It allows us to resist generalizing, to stay present in the moment with every person we see, and it is this reverence that we particularly lack when it comes to treating transgender patients. The curiosity and empathy cultivated by this approach return us to our most basic duty as physicians, giving us the right to say: *Tell me where it hurts. I am here.* From there, we can begin the work of healing.

1. Flores AR, Herman JL, Gates GJ, Brown TNT. *How Many Adults Identify as Transgender in the United States?* Los Angeles, CA: The Williams Institute;2016.
2. James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi Ma. *The Report of the 2015 U.S. Transgender Survey.* Washington, D.C.: National Center for Transgender Equality;2016.
3. Meyer IH, Brown TNT, Herman JL, Reisner SL, Bockting WO. Demographic Characteristics and Health Status of Transgender Adults in Select US Regions: Behavioral Risk Factor Surveillance System, 2014. 2017;107(4):582-589.
4. Gonzales G, Henning-Smith C. Barriers to Care Among Transgender and Gender Nonconforming Adults. *The Milbank Quarterly.* 2017;95(4):726-748.
5. Wanta JW, Unger CA. Review of the Transgender Literature: Where Do We Go from Here? *Transgender health.* 2017;2(1):119-128.
6. Johnston CD, Shearer LS. Internal Medicine Resident Attitudes, Prior Education, Comfort, and Knowledge Regarding Delivering Comprehensive Primary Care to Transgender Patients. *Transgender health.* 2017;2(1):91-95.
7. Charon R. Narrative medicine: a model for empathy, reflection, profession, and trust. *The Journal of the American Medical Association.* 2001;286(15):1897-1902.
8. Charon R. *Narrative Medicine: Honoring the Stories of Illness.* New York, NY: Oxford University Press; 2006.
9. Charon R, DasGupta S, Hermann N, et al. *The Principles and Practice of Narrative Medicine.* 2017.
10. DasGupta S. Narrative humility. *Lancet.* 2008;371(9617):980-981.
11. Steinmetz K, Gray E. America's Transition. In. *Time.* Vol 1832014:38-46.
12. Green EL, Benner K, Pear R. 'Transgender' Could Be Defined Out of Existence Under Trump Administration. *New York Times.* October 21, 2018, 2018.
13. Andrews A. *Some Assembly Required: The Not-So-Secret Life of a Transgender Teen.* New York, NY: Simon & Schuster; 2014.
14. Boylan JF. *She's Not There: A Life in Two Genders.* New York, NY: Broadway Books; 2003.
15. Jennings J. *Being Jazz: My Life as a (Transgender) Teen.* New York, NY: Penguin Random House LLC; 2016.
16. McBee TP. *Man Alive: A True Story of Violence, Forgiveness, and Becoming a Man.* San Francisco, CA: City Lights Publishers; 2014.
17. Mock J. *Redefining Realness: My Path to Womanhood, Identity, Love, & So Much More.* New York, NY: Atria Books; 2014.
18. Catherwood R. Coming *In?* The Evolution of the Transsexual Memoir in the Twenty-First Century. *Genre.* 2015;48(1):35-71.