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## BALLROOM

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Ballroom refers to a culture of ball/house competitions and dances performed by racial, gender, and sexual orientation minorities, particularly by African American and Latina/o/x LGBTQIA individuals. Central to ball competitions is voguing, a unique type of dance that involves poses that span a variety of styles, including modeling and acrobatics. Since the 1920s in Harlem, balls have provided an outlet for the expression of gender identity and sexual orientation through performance themes or categories. This entry provides an overview of ballroom culture, the importance of House families, ball categories, and research on HIV risk in the community.

Ballroom culture was primarily underground until the documentary *Paris Is Burning* by Jennie Livingston was released in 1990. Within the documentary, key figures within the ball community were interviewed, casting attention on voguing, racism, gender and sexual orientation-based violence, and the importance of House families. The documentary also highlighted the impact of the HIV/AIDS pandemic on LGBTQ African American and Latino ball members. Similarly, Madonna brought additional mainstream attention to ballroom culture in 1990 with her music video *Vogue*, which featured Madonna and other ball members performing vogue and other ballroom dance moves. Currently, balls are held across the United

States in most major cities, including Atlanta, Los Angeles, Oakland, Chicago, Philadelphia, and Washington, D.C.

Ball culture flourished during the Harlem Renaissance in the 1920s, with balls being held in New York City, Chicago, Baltimore, and other cities. These interracial balls were attended by thousands and often attracted an even greater number of onlookers. For example, a newspaper account of a 1929 ball held at New York's Rockland Casino estimated that 2,000 "fairies" participated, while 3,000 people looked on at their "girlish antics."

Because of opposition from local authorities, large-scale drag balls were not held in Washington, D.C., in the 1920s and '30s. Instead, ball culture developed there around 1960 and consisted of lip syncing drag performances. D.C. became a ballroom capital, with annual balls still being held to this day.

### House Families

Those who compete in balls often maintain membership in a House, a kinship structure that serves as an alternative social family. Houses provide a variety of support for members, including emotional, social, or physical support, including a physical place for House members to reside. House members have intersecting and marginalized identities that are accepted and celebrated within ballroom culture.

Houses consist of a “mother” and/or a “father” who serve as mentors for the “children” of the house, organize ballroom events, recruit new House members, and assign responsibilities. Parental roles within the house are not determined by gender and are instead assigned based upon feminine or masculine traits that outline the division of House labor. House “mothers” may include butch queens (gay men) or femme queens (trans women) who provide nurturing and emotional sources of support. House “fathers” may include butch queens or trans men who serve as both protectors and leaders. House structure may vary, with some Houses having multiple parents or alternative leadership figures (i.e., godfather/godmother, ambassador, and/or prince/princess).

Research has found that Houses often serve as a replacement for the member’s biological family, as Houses provide a haven for members to go for holidays or during difficult periods of life. For example, House members are often subjected to discrimination based upon their sexuality or gender identity from their biological families, which may result in homelessness or familial rejection. Association with a House can contribute to a sense of belonging, reduce stigma, and aid in gender expression. Within ball performances, competitors can explore gender expression by competing in multiple categories without judgment.

### Balls and Voguing

House members host and participate in balls, performance-based competitions, that include dancing, style, and creativity. Individuals compete for a panel of judges, usually House parents or leaders, to obtain cash, trophies, and prestige for themselves and/or their house. Judges rate each performance on a 10-point scale, with special attention paid to category/theme adherence, creativity, and likeability of the performer. The competitor with the highest score advances to the next round to continue competing until a victor is announced. Winning provides status, which aids in recognition both for the performer and for their House. Free agents, those who are not affiliated with a House, may compete to attract the attention of a particular House.

Balls include various performance categories that include Fashion and Runway, Realness,

Performance and Vogue, Face, Body and Sex Siren, and Virgin categories. These categories are further specified by themes within each category. Ball category and theme lists are often distributed at least 1 month prior to Houses and include standards that performers are later judged on.

Fashion and Runway categories involve runway performances in front of both judges and observers to test participant knowledge of fashion and confidence in walking the runway. This category features the participants’ ability to walk the runway like a high fashion supermodel. Themes within the Fashion and Runway category include European/American runway and Butch Queen in Pumps, where competitors perform in high heels.

Performers in the Realness category compete to “pass” as heterosexual and/or cisgender across a variety of domains (e.g., Executive, Femme Queen, and Butch Queen). For example, a trans woman may compete in Femme Queen Realness to pass as a cisgender woman through appearance, attitude, and mannerisms. The Realness categories provide opportunities for trans individuals to test their ability to pass, regardless of medical or social transition status.

Dance and athleticism skills are tested in the Performance and Vogue categories through dance battles and voguing. Voguing, named after the fashion magazine *Vogue*, combines posing, modeling, and dance through five key components: catwalk (runway), dip, hand placements, duck walk (moving low to the ground while voguing), and spins.

Performers seek to embody youth and beauty when competing in the Face categories by showcasing or “selling” their faces as a key feature while performing on the runway like a supermodel. To draw attention to the face, competitors seek to angle their face and use their hands/arms to highlight key features, such as their eyes, teeth, skin, nose, or bone structure. Key categories include Femme Queen Face (trans women), Butch Face (butch cisgender female), Butch Queen Face (cisgender male), and Women’s Face (cisgender female).

Within the Body and Sex Siren category, individuals showcase their bodies and muscles in revealing clothing. Butch Queen/Femme Queen Sex Siren categories require individuals to perform in undergarments, such as thongs, briefs, or

bikinis, to demonstrate sex appeal. The physique expected for categories may vary, with some categories requiring participants to be more or less muscular.

Ball newcomers may compete in the Virgin category to make a name for themselves and potentially be recruited by a House. Those who compete in this category have never performed at a ball before.

### HIV in the Ball Community

Research has explored HIV prevention practices within ballroom culture, including the role that House parents play in reducing risk and educating members. Previous research has found that ball community members are unlikely to be tested for HIV and are especially unlikely to be tested within the past 12 months. African American ball members are less likely than Latino/a members to know their HIV status. Risk factors identified in the research include illicit drug use and engagement in unprotected sexual behavior. Research has indicated that escorting and sex work are common within the ball community and may be used to fund clothes and travel expenses. The accessibility of the Internet has been cited as a reason for increases in escorting services within the ballroom community because of the ease in concealing the activity.

HIV prevention efforts occur within the House hierarchy, such as through hosting HIV prevention balls to raise awareness and provide resources. House “mothers” may provide information about HIV risk and prevention to members, including encouraging condom use and ways to safely manage sexual encounters that reduce the risk for HIV and exploitation. House “mothers” reduce the risk of transmission by providing transportation to HIV testing appointments and helping members locate additional resources. House “fathers” have been found to protect against structural issues that may place individuals at risk for HIV, such as encouraging education and economic opportunities. In addition, “fathers” encourage members to volunteer and give back to the ball community. Houses provide a stigma-free environment to seek information about HIV that members cannot discuss with their biological family outside of the ball community.

### Modern Ballroom and Technology

Technology has expanded the reach of the ballroom community by providing online platforms that connect ball members across the globe. Internet platforms such as Facebook and YouTube have assisted in bringing ballroom culture more into the mainstream of society. Ball performances may be recorded and shared on social media platforms to draw attention and support. Shows such as *Pose* on Netflix have continued to provide representation of life inside the ball community and for outsiders to view. Ball culture has expanded outside the United States and into countries such as Canada, Italy, Japan, and the United Kingdom.

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See also Crossdressers as Part of the Trans Community; Drag Performativity; Drag Kings; Drag Queens; Gender Expression; Trans Men

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## BATHROOM DISCRIMINATION

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Trans activists and critical gender scholars have documented the way bigender toilets function to exclude those who are gender variant or seen to

be at odds with the dimorphic gender signs on toilet doors. Transphobia in gendered toilets is well documented. The bigendering of toilets functions to regulate, to police, and to excommunicate those who do not conform to gendered signage. Although the gendering of elimination is a historically recent phenomenon, it is now so commonplace in North America that people presume such gendering to be normal and natural. As many commentators have noted, however, there are no legitimate health and safety rationales for gendering toilets, much less for excluding people on the basis of gender identity. This entry discusses the sociohistorical and legal context relating to bathroom discrimination with attention to gender, race, sexuality, censorship, and feminism.

### Historical and Sociological Context

The literature on trans people and bathrooms demonstrates that there are interlocking elements of exclusion relating to white settler colonial logics, racial segregation, capitalism, consumer culture, heteronormativity, disability, occupational privilege, and socioeconomic status, which have contributed to patterns of discrimination. That is, transphobia in the North American bathroom needs to be understood in relation to historically and culturally specific forms of exclusion based on race, class, sexuality, ability, and so on. In the days before indoor plumbing, urination was not gendered or privatized in the way it became during the 20th century. Chamber pots, privies, and latrines were commonplace up until the late 1800s. In the United States, toilets were gendered but also racialized and subject to class-based divisions from the late 19th century until the mid-20th century. The racially segregated toilets and water fountains in the southern American states during the Jim Crow era (1870–1965) are a case in point. Toilets designated for “colored” were not always gendered, but toilets allocated for “whites” were almost always gendered. Following the civil rights movement and the corresponding decline of racially segregated spaces, public toilets continued to be gendered but not officially racialized. Most North American court houses, colleges, and public buildings were designed for white, able-bodied men who were permitted to work in and occupy the buildings.

Capitalist consumer culture was also a factor in the gendering of toilets. In Toronto, Canada, public toilets for women were first built by the retail entrepreneur Timothy Eaton so that female customers could shop for longer periods of time. The “Ladies Gallery and Waiting Room” became a fixture in the popular Eaton’s department store in 1883. The Bloomingdale’s department store in New York City offered facilities for women shortly thereafter. White women were recognized to be consumers and, increasingly, able to work for pay in the public sphere. This led to the development of new laws and building codes requiring gender parity with respect to public facilities. As a result of gender-parity legislation beginning in the late 1880s, it became common to see gender-segregated toilets. It also became common to see signs designated for “customers only” in restaurants, cafes, bars, and so on. Some employers adopted policies prohibiting custodians from using the toilets they cleaned. Contemporary trans scholars doing work in disability studies have also noted the way toilets in some public spaces are inaccessible to people with mobility restrictions. The problem is compounded when people have personal care assistants who are differently gendered than they are and thus cannot use the same toilet facility.

### Gender, Sexuality, and Toilet Design

The relationship between the regulation of sexuality and the regulation of gender and excretion cannot be doubted. For example, French philosopher and sociologist Michel Foucault commented upon the panic about gay male sex in his discussion of the modern toilet. He focused upon the invention of the short cubicle door built into French boys’ boarding schools to survey, monitor, and police any illicit touching. Worries about homosexuality and the criminalization of public sex in toilets have been well documented by scholars who study sexual regulation. For example, gay men have been subject to police entrapment and arrest dating back to the early public urinals in London and Paris. The criminalization of men who have sex with men in public urinals demonstrates the way sexuality is regulated and subject to policing in toilets. The history of cruising, tearrooms, cottaging, and the criminalization



of public sex, enforced by police, is well documented in the LGBTQ literature.

According to some theorists and activists, anti-sex morality and heteronormative presumptions are reflected in the architecture and designs of toilets. The receptacles themselves seem to reflect cisgender and heteronormative body politics. Men stand upright to urinate in open view while women must use toilet bowls hidden by stall partitioning and a closable door. The urinal, as a larger or more publicly visible receptacle, amplifies and exaggerates the presence of cis-masculine genitals while the glass mirror (more prominently displayed and less likely to be broken in the women's room) aligns feminine-identifying people with an imagined phallic lack. Those who appear to be at odds with the gender signage on a given door are subject to the threat of harassment, assault, or arrest.

The biopolitical management of the body and its modes of evacuation in the modern lavatory are part and parcel of the regulation of gender, sexuality, class, and race in the modern era. The elimination function is an area of the body politic that is often thought to be inappropriate for scholarly investigation. There has been a concordant silence surrounding toilet studies in many scholarly venues, offset only by a select few critical geography and architectural studies, LGBTQ studies, disability studies, critical race, and post-colonial studies scholarship. These overlapping fields critically analyze the white, cisgender, and able-bodied politics shaping restrictive toilet designs.

### **Bathrooms and Censorship**

Language, like gender and sexuality, has been subject to censorship. While sexuality studies have gained currency in academic circles, excretion is not often recognized to be a legitimate area of investigation. The reluctance to study and acknowledge the toilet in everyday discussion has curtailed social justice initiatives relating to public space accessibility, particularly for trans people and those with disabilities. Reluctance to acknowledge the institution of the toilet in the history of modernity is reflected in language itself. There is no word in the English language to designate the toilet that is not also a euphemism.

### **Gender, Toilets, and the Law**

Much activist work in the U.S. context has been focused on the “bathroom bills”—legislation that seeks to prohibit trans patrons from using toilets consistent with their gender identity. Most efforts to enact such laws have failed, but, in 2016, North Carolina passed a law that required individuals to use the restrooms in government buildings (including public schools and colleges) that matched the sex identified on their birth certificates. Due to nationwide protest and trans-positive activism, that provision of the law was rescinded the following year.

In Canada, trans people also face barriers to accessing public toilets. With the passing of Bill C-16 in 2017, an act amending the Canadian Human Rights Act and Criminal Code, “gender identity” and “gender expression” are prohibited grounds for discrimination. This gives people the legal right to access gendered toilets as they deem appropriate. Although trans and gender-variant people in Canada still face discrimination and harassment when accessing toilets, the legislation sets the groundwork for trans-positive education and public space accessibility.

Transgender studies help us to understand how cisgender presumptions about bigender culture are dangerous and at odds with the realities and needs of gender-diverse populations. The American actress and trans activist Laverne Cox has stated that the bathroom issue is about the rights of trans people to exist. That is, people must be able to use bathrooms consistent with gender identity. This is not only a civil rights issue but also a question of gender self-determination. Transgender studies scholars, activists, and a range of trans-positive gender theorists of all disciplinary backgrounds have developed innovative scholarship and proposals to deal with toilet accessibility following the attempt of the Trump administration and the courts to curtail Title IX protections developed under the Obama administration. Take, for instance, the project STALLED (<https://www.stalled.online/>) launched by Joel Sanders, Susan Stryker, and Terry Kogan. This equity-oriented project is led by an interdisciplinary team focused on making inclusive toilet designs for everyone regardless of trans status.

### Feminism, Trans Studies, and the Bathroom

Some cisgender feminist researchers view trans-inclusive legislation as an attack on women's rights. This viewpoint does not recognize trans women as women. Nor does it recognize the realities of transphobia in bigender toilets. Differences between cis and trans-positive feminists are abundantly clear in discussions about health and safety. Many people, cis feminists included, believe that bigender toilets exist to ensure women's safety. The presumption is antiquated and not sustained in the literature on violence conducted by a range of feminist scholars. There is no convincing evidence to show that gender-segregated spaces are safer for anyone, let alone women. In fact, evidence shows that gender-segregated spaces can be more dangerous for women and trans people alike. Men physically and sexually assault women in the so-called ladies' room because a sign on the door acts as a symbolic and not an actual barrier.

Violence and harassment against trans women are often rationalized by the allegation that they are in the "wrong" bathroom and that they pose a risk to cisgender occupants. Police, security guards, and male vigilantes have all removed trans patrons from public facilities because they are allegedly in the wrong toilet. Bigender signage is not inclusive of trans patrons. Frequently, there is no "right" toilet for gender-variant people to use. Moreover, the presumption that trans people pose a threat to cisgender women is used to justify the forceful removal of trans patrons from toilets and to prevent access altogether. There is no research indicating that trans people in toilets pose a health and safety risk to anyone, let alone cis women. There is, however, evidence documenting cisgender harassment, intimidation, and assault against those who are trans and gender variant in public facilities. Cis women have justified harassment and assaults on trans people by stating that they are worried about their own personal safety. Even in the absence of intimidating communications and physical gestures normally accompanying assaults, defensive and unsubstantiated rationalizations for transphobia are given by cisgender patrons.

Research on violence against women demonstrates that the most dangerous public spaces are those that are dark, enclosed, and isolating as opposed to those that are well lit, open concept, and public. Gender-inclusive and accessible designs are thus safer for everyone regardless of gender identity and trans status. Bigender designs do not promote health and safety. Rather, they reflect cis-normative ideas about what it means to be a man and a woman.

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See also Discrimination; Gender Binaries; Geographies

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## BENJAMIN, HARRY

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Harry Benjamin (1885–1986), German American endocrinologist and author of *The Transsexual Phenomenon* (1966), is often remembered as the “father of transsexualism.” He was a strong advocate for medically treating transsexual people at a time when accepted expert opinion was that being trans was a mental illness that should not be accommodated in any way.

Benjamin, born in Berlin, studied tuberculosis for his medical degree, which he received in 1912, *cum laude*. While a student, Benjamin met Magnus Hirschfeld, one of the leading sexologists of the early 20th century, who became a strong influence on Benjamin. Along with a senior police officer, Hirschfeld took Benjamin on tours through bars populated by people then known as homosexuals and transvestites. Benjamin also spent much time at Hirschfeld’s Institute for Sex Research and admired Hirschfeld’s bold advocacy on behalf of sexual and gender minorities. Another influence on Benjamin was Eugen Steinach, who became famous for his experiments demonstrating the effects of sex hormones in animals and for the “Steinach operation,” which was reputed to rejuvenate elderly men by increasing testosterone production. Other lesser influences included Sigmund Freud, Albert Moll, Albert Ellis, and Margaret Sanger. However, it was Benjamin’s meeting with Alfred Kinsey that propelled him into his work with trans people.

Benjamin relocated to New York City when complications related to the outbreak of World War I prevented him from returning to Germany after a trip abroad. He opened an endocrinology and geriatrics practice in New York, largely doing Steinach operations, and opened a second office in San Francisco. Benjamin met Kinsey when they stayed at the same hotel in San Francisco while Kinsey conducted interviews for his famous sexuality studies. Kinsey asked Benjamin to consult on a case of a young man who wanted to become a girl and whose mother supported this desire. Benjamin treated the patient with estrogen, observed that it had a “calming effect,” and recognized that the condition was something other than crossdressing. This marked a turning point in Benjamin’s career.

Over the next 30 years, Benjamin’s practice included over 1,500 people with experiences that would now be known as gender incongruence or gender dysphoria. At over 60 years of age, Benjamin rapidly became the world’s leading expert on people who wished to change their sex, lecturing and publishing widely on the topic for both professionals and the public. Contrary to accepted professional opinion of the day, Benjamin considered transsexualism to be a biological condition, not a mental illness, and actively advocated for acceptance and accommodation of trans people and their transition requests. Furthermore, he argued that psychological treatments were more often damaging than helpful.

Far ahead of his time, he wrote in a 1953 paper in the *International Journal of Sexology*, “It would frequently be wiser and more constructive to ‘treat’ society, educationally, so that logic, understanding, and compassion might prevail” (p. 14). Additionally, he was ahead of his time in his view that there were multiple kinds of sex—chromosomal sex, anatomical sex, legal sex, endocrine sex, germinal sex, psychological sex, and social sex—and that all humans were a mixture of male and female. Contrary to contemporary thinking, Benjamin did not see hormone treatments or what he called “conversion” operations as changing a person’s sex. Rather, he believed that such treatments made people into “neuters” and were necessary for the peace that they brought. True to his times, he encouraged people who transitioned to be as inconspicuously gender conforming as possible.

The publication of his 1966 book, *The Transsexual Phenomenon*, was groundbreaking in many ways: It was the first book on the subject, it was written to be readable for the general public, it was sympathetic to trans people and argued for compassionate and supportive treatments, it featured extensive use of the words of trans people themselves, and it credited trans people such as Christine Jorgensen and Virginia Prince as authorities on the subject.

Modeled on Kinsey’s famous 7-point Heterosexual–Homosexual Rating Scale, Benjamin included a 7-point “Sexual Orientation Scale” that classified people’s gender from cisgender to transsexual. He further classified trans people into six types based on the intensity of their “gender

disorientation”: pseudo-transvestites, fetishistic transvestites, true transvestites, nonsurgical transsexuals, moderate-intensity transsexuals, and high-intensity transsexuals, with only the last two types requiring hormonal and surgical interventions. Benjamin’s book was supplemented with a special section only available to physicians. It included photographs of surgical results and basic information about hormonal treatment protocols to help sympathetic practitioners to know how to begin to medically treat transsexual patients.

Benjamin quickly became a hero to the many trans people who flocked to him. He was one of the very few doctors who responded with kindness, compassion, hope, treatments, and referrals. He answered all of the multitudinous letters sent to him, and he provided “doctor’s notes,” modeled after those provided by Hirschfeld, to satisfy police that the bearers were crossdressing for legitimate medical reasons. Benjamin also worked with trans people and with other professionals to help build facilities and support networks. The Harry Benjamin Foundation, supported by trans man Reed Erickson’s Erickson Educational Foundation, became the incubator for the gender clinic at Johns Hopkins University, the first in the United States to perform what were then called sex reassignment surgeries.

In 1979, Harry Benjamin’s foundational role in the field was recognized when the first professional association concerned with trans people was formed and named the Harry Benjamin International Gender Dysphoria Association (now known as the World Professional Association for Transgender Health [WPATH]).

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*See also* Erickson, Reed; Gender Dysphoria; Hirschfeld, Magnus; History; Jorgensen, Christine; Prince, Virginia; Sexology; WPATH

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## BINDING

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Binding, or chest binding, is the practice of compressing the chest tissue for a flatter appearance as a means of gender expression. This is often accomplished by wearing a tight, specialized garment called a binder that looks like a tight tank top, which either extends over the whole torso or is cropped above the stomach. However, individuals use a variety of methods to bind, including wrapping elastic bandages or duct tape around the chest, wearing sports bras or surgical compression vests, or simply layering multiple shirts. One Australian study indicated that perhaps 87% of trans individuals assigned a female sex at birth use binding at some point in their lives.

### Motivations for Binding

Trans individuals use binding to achieve a variety of goals. Many people begin binding as a way to explore an emerging or evolving gender identity, allowing them to literally “try on” a more masculine appearance. For some, gender dysphoria related to their chest can be reduced by minimizing the appearance of the chest. For others, binding may be less about managing an internal sense of dysphoria and more about managing other people’s reactions to them. By appearing more masculine, binding may allow the wearer to avoid being misgendered or even allow them to avoid verbal or physical transphobic violence. Particularly for individuals who have undergone masculinizing hormone therapy or otherwise appear masculine but have not had top surgery (i.e., double mastectomy), binding may allow them to move safely throughout the world or



avoid being outed to their employer or other individuals.

### Health Impacts of Binding

In addition to reducing gender dysphoria, binding has been reported to reduce anxiety, depression, and suicidality for many individuals, as well as generally improved mood and quality of life. This makes binding critical for mental health and safety in many individuals. Unfortunately, binding often has negative physical health impacts. In one study of 1,800 trans individuals who practiced binding, 97% reported at least 1 of 28 negative symptoms related to their binding, although these symptoms ranged from severe symptoms like rib fracture (3%) to symptoms of potentially minimal clinical importance, such as bad posture (40%). However, 74% reported experiencing binding-related pain in their shoulders, back, chest, or abdomen. Other symptoms included overheating (54%), shortness of breath (47%), lightheadedness or dizziness (28%), and scarring (8%). Skin changes (15%) caused by binding may be particularly concerning for trans individuals who hope to undergo top surgery, as changes to skin elasticity can compromise surgery outcomes. Individuals with larger chest sizes appear to be at greater risk of skin-related problems as a result of binding. Most of the 28 symptoms studied appear to emerge relatively quickly, within the first year of binding. Pain intensity appears to get worse on average over the course of several years.

### Safer Binding

There is currently limited evidence indicating which binding practices are safer and which are more likely to cause physical harms. It seems clear that duct tape and elastic bandage wraps are some of the riskiest binding methods. While binders are perceived to be a safe option by the community, their use is still associated with many physical symptoms. More work is needed to understand whether this finding is driven by unsafe binder use (e.g., wearing two binders at once or wearing a size too small) versus using a single, appropriately sized binder. The safest binding methods may be those that offer less compression, such as sports bras or shirt layering. However, these methods may not

offer sufficient compression to meet every individual's goals around gender, mental health, and safety.

One study found that binding fewer days per week was associated with lower risk of experiencing negative physical symptoms. Therefore, the current evidence best supports that individuals who are able to take "off" days from binding each week should do so to minimize physical harms. There was no apparent association between the number of hours per day that an individual practiced binding and whether they experienced negative symptoms; however, commonsense recommendations in the trans community often focus on binding no more than 8 to 10 hours at a time or taking one's binder off while sleeping to reduce the number of hours per day spent binding. Other binding safety measures include washing the binder regularly to avoid skin irritation or infection. These safety recommendations will continue to develop as new data become available.

### Working With Individuals Who Use Chest Binding

In the study described in the preceding section, some 82% of individuals who used binding thought that binding was important to discuss with their health care provider, yet only 15% had done so, perhaps out of fear or uncertainty as to how their provider would approach the issue. Clinicians and service providers are advised to initiate conversations around binding and take a nonjudgmental approach to the issue, taking care to use language that affirms the individual's gender, including using the term *binding* or *chest binding* rather than *breast binding*. Providers should seek to understand the individual's goals and motivations around binding and how binding may be affecting the individual's life in positive or negative ways. Given the positive impacts to mental health and safety for many individuals, eliminating binding should not be the goal in most cases. Providers can support safer binding by sharing evidence-based information about the risks of binding so that individuals can make informed decisions about their binding. Providers can help brainstorm ways to meet as many of their patients' goals as possible around gender expression, mental health, and physical safety while also seeking to reduce any

physical health harms experienced. Providers may support the individual in thinking about how they might alter their routine in such a way to permit them to take more “off” days from binding or encourage them to switch from riskier methods such as elastic bandage wrap to less risky methods, at least for part of their time spent binding, if these changes can be accomplished safely. Providers can also cultivate a therapeutic alliance that enables the individual to feel safe reporting and receiving care for binding-related symptoms. Given the central role that binding can play for many trans individuals in their gender identity, gender expression, mental health, and safety, providers should support trans individuals to make informed decisions around binding in a way that best supports all dimensions of health.

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*See also* Gender Dysphoria; Gender Expression; Gender-Affirming Surgeries: Men, Top; Hormones, Adults

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## BLACK LIVES MATTER

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*Black Lives Matter* (BLM) is a term initially popularized by the hashtag #Blacklivesmatter and used to raise awareness of police violence and the lack of accountability for the murders of Black people. The hashtag went viral in social media and other media outlets in the summer of 2013 after vigilante George Zimmerman was acquitted of all charges

for the fatal shooting of unarmed Black teenager Trayvon Martin in Sanford, Florida. BLM has since grown into a movement that focuses on fighting anti-Black racism while, at the same time, maintaining an intersectional politics that creates a space for often minoritized populations within Black communities, including Black trans people.

The hashtag was coined by Black queer woman organizer Alicia Garza, who, along with two other radical Black feminist organizers, Patrisse Cullors (who also identifies as queer) and Opal Tometi, used the hashtag to bring visibility to multiple accounts of anti-Black racism across the globe and to organize the resulting outrage. This was not just an online movement; it also coincided with protests in the streets. The hashtag created a container to archive the state-sanctioned, white supremacist, and vigilante violence disproportionately wielded upon Black bodies.

Black Lives Matter is also a chapter-based and member-led organization that works to build local power and structures of community accountability that do not rely on policing. BLM organized the Black Lives Matter Freedom ride to Ferguson, Missouri, a residential suburb of St. Louis, when protests broke out after 18-year-old Michael Brown was killed by a white Ferguson police officer in 2014. Black Lives Matter can be said to be following the model of civil rights organizer Ella Baker by having many leaders and thereby challenging the one charismatic male leadership model that both spurred and stifled the civil rights and Black Power movements between the 1950s and 1970s.

Black Lives Matter is one of the many Black-led organizations that is a part of a larger coalition, the Movement for Black Lives (M4BL). The Movement for Black Lives is a national and international political and ideological movement that focuses on the liberation of Black people in an anti-Black world. This is an intersectional Black feminist movement that is abolitionist and radical at its core, particularly in the way the movement highlights the voices of Black queer people, especially Black trans people. It separates itself from past Black social movements in its challenge to a charismatic patriarchal leadership model. The Movement for Black Lives created a kind of coalition for the work that was already being done to combat anti-Blackness and white supremacy while it also opened a space for more freedom dreaming

work to develop. This freedom dreaming work has included a gender analysis that is both antipatriarchal and trans and queer inclusive.

Many organizers in the Movement for Black Lives iterate that #allblacklivesmatter. The intentional inclusion of queer and trans people is one of the qualities that makes this Black Power movement unique. It has been unapologetically trans supportive and not wed to a politics of respectability that would force certain people out of possible leadership roles because of their intersectional identities, like being Black and trans.

The Movement for Black Lives became a hub for Black organizations, like Black Lives Matter, to build relationships where they could address the dynamic organizing work happening across the United States and abroad that focuses on disparities in Black communities that, for example, make Black life expectancy much lower than in white communities. The purpose of this hub is to create space for dialogue across organizations and to co-create a shared political, cultural, and ideological strategy that demands anti-Black racism be made center stage.

This is a movement of aspiration, based on a model of transformative justice and abolitionist feminism. It operates from the belief that change is possible if we work toward decolonization of not just the world around us but also of ourselves. While much of the movement's activism that has been captured through video screens shows chants, marches, and demonstrations, the work also includes radical self-care and consciousness raising, particularly around the ways in which addressing gender-based violence is essential to combating anti-Blackness.

The Movement for Black Lives strives toward an intersectional politic that can hold all Black people, especially women, trans, queer, disabled, and undocumented people. While M4BL raises awareness about heterosexual cis Black men who have been the victims of anti-Black racism, they are clear in bringing attention to the ways in which Black trans people are often more susceptible to premature death because of transphobia, both within and outside Black communities.

#BlackLivesMatter intersected with the rise of a boisterous gender justice movement, so it is not surprising that a hashtag like #BlackTransLivesMatter would also enter the public sphere at the same time.

M4BL also coincided with the heightened visibility of Black trans people, especially trans women, in film and television. The movement also worked to highlight not just the deaths of cis Black men but also those of Black women and trans and gender-nonconforming people.

The Movement for Black Lives is also a movement for trans lives. Their work is to engage the populations most at risk for premature death. Black trans people are not only subject to state-sanctioned and vigilante violence, but they are also vulnerable to the rampant transphobia within and outside of Black communities that leads, for example, to higher rates of psychological distress and more frequent suicide attempts for trans people of color.

In 2020, protests and civil unrest swept the United States after George Floyd was murdered by a white police officer, who forced his knee on Floyd's neck for almost 9 minutes. But it was not just George Floyd; at the same time, there was also Tony McDade, a Black trans man shot by police, and Iyanna Dior, a Black trans woman, who was brutally attacked by a group of cis Black men. This attack moved many Black trans activists to remind the world that when it comes to Black trans lives mattering, it is not just about overpolicing, lack of employment, and houselessness. It is also about pervasive transphobia and the ensuing transphobic violence that must be understood within a framework of anti-Blackness.

*Kai M. Green*

*See also* Black People; Racialized Femininities; Racialized Masculinities; Trans People of Color Coalition; Trans Women of Color Collective; Transmisogynoir

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## BLACK PEOPLE

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As an academic field, Trans Studies is relatively new, and the specific focus on and mention of Black people in Trans Studies is even more recent. This entry will address both the presence of Black people and Blackness in the field of Trans Studies, as well as how thinking about Blackness's relationship to gender nonconformity necessarily alters our understanding of gender nonconformity as such, its racialized baggage, and its attending oversights. In short, the operative question becomes, How have Blackness and Black people raised a critique of gender and Trans Studies such that gender and Trans Studies must fundamentally revise their conditions of emergence?

As with many, although not all, academic disciplines in the humanities, Trans Studies initially did not consider the impact of race, specifically Blackness, on conceptions of gender. Much of the early scholarship in what might be understood as an inchoate Trans Studies was written by cis people in medical professions. This scholarship is epitomized by psychologist John Money and his team at Johns Hopkins University in the 1950s. Not only was this early era of the field deeply pathologizing of trans identity, negatively medicalizing deviations from cisnormative assumptions of proper gendered personhood, but it also did not consider how the history of racialization necessarily troubled what "gender" is and what it might mean for different people, cultures, and times.

Blackness and Black people were largely absent from the early era of scholarship concerning trans lives. This absence is conspicuous considering a number of factors. First, Black trans women and other women of color were on the frontlines of key moments in trans history, especially the Stonewall Riots, which is heralded as the defining moment of gay liberation but is also, rightly, a watershed moment in trans history. Although the actual events are contested and media representations have been all but uniform, it is likely that the person who "threw the first brick," as it were, that precipitated Stonewall was Black butch lesbian and drag king Stormé DeLarverie. DeLarverie, however, has denied starting the riots, deeming it more important to say simply that the riots

happened and that the queer and trans community took collective action. This understanding places the convergence of Blackness and gender nonconformity inextricably at the foundation of queer and trans activism and crucially does not fall prey to narrative tropes of movements starting from a specific person. Bringing Blackness to bear on trans historiography highlights the collective and the coalitional, rather than the individualistic.

Second, to holistically capture how trans people experience the world, one must take into consideration the experiences of Black trans people. Far from simply acknowledging that Black trans people exist too or that Trans Studies has been haunted by the assumption of whiteness—both of which are, indeed, mostly true—the assertion here is that the intersections of Blackness and transness allow for different insights into transness and gender. For example, the experiences and knowledges of trans elders like Marsha "Pay It No Mind" Johnson and Miss Major, or the younger generation of Black trans activists like Laverne Cox (who graced the cover of *Time* magazine with the headline "The Transgender Tipping Point"), Janet Mock, Kortney Ziegler, and CeCe McDonald, need to be heeded. Their experiences highlight the intensification of violence at the nexus of Blackness *and* gender nonconformity (of note is how most trans people murdered are trans women *of color*, which is often elided in popular discourse); the intimate link between Blackness, transness, and incarceration (see, for example, the case of CeCe McDonald); and, as is detailed more below, how Blackness necessarily promotes a troubling of gender—or, in other words, Blackness might always already be tied up with transness.

To that end, third, and more theoretically inflected, if Trans Studies is concerned with how gender is and has been troubled, interrogated, and done differently, central to this endeavor is the history of Blackness and Black people. From the work of Hortense Spillers to C. Riley Snorton to Kai M. Green to Che Gossett, one can see how Blackness must be considered in close relationship to the gender troubling that *trans* is meant to name. This is because gender has been constructed through whiteness, which is to say that to be "properly" gendered, one must approximate whiteness, as those who are permitted to inhabit a seamless gender within the binary are those understood as



proximal to whiteness. In other words, being seamlessly a “man” or a “woman” was historically available only to those who also occupied a status as white.

To support this claim, Hortense Spillers considers the transatlantic slave trade, in which captive Black subjects were taken in as quantities rather than as gendered subjects, because their Blackness was seen as disqualifying them from the protections and expectations of gender (e.g., Black women being disallowed the sexual privacy and respect constitutive of white femininity; labor being defined not by gender roles but capacity [enslaved workers were described as full-hands, 3/4-hands, 1/2-hands, etc.]). Relatedly, Che Gossett turns to the era of Jim and Jane Crow, in which bathroom segregation, with its signs of “Men,” “Women,” and “Colored,” revealed how gender was collapsed and nondistinct when proximal to Blackness (or “coloredness”). A final example is provided by Shaadi Devereaux, who notes that, even in the contemporary era, Black women are jettisoned from cis womanhood, always viewed as “drag performers”—approximating, but never fully inhabiting, proper femininity.

The most impactful work to date on the intersections of Blackness and transness is C. Riley Snorton’s *Black on Both Sides: A Racial History of Trans Identity*. Published in 2017 and winner of the Lambda Literary Award for transgender non-fiction and the Sylvia Rivera Award in transgender studies from the Center for Lesbian and Gay Studies (among numerous other recognitions), Snorton’s book uses archival materials from the 19th and 20th centuries to uncover the interrelation between Blackness and transness. Through these documents, which include legal, literary, medical, and historical sources, Snorton reveals that slavery and the reproduction of racialized gender rest at the foundation of a conception of gender mutability. In short, Snorton shows how Blackness and its placement outside the symbolics of binary gender cohesion serve as the condition for transness or gender changeability.

Snorton’s book is part of a critical and growing mass of texts that highlight the specific intersection of Blackness and Trans Studies. Others in this cohort include the academic monographs *Trap Door: Trans Cultural Production and the Politics of Visibility* and *Captive Genders: Trans*

*Embodiment and the Prison Industrial Complex*; “The Issue of Blackness,” special issue of the journal *TSQ: Transgender Studies Quarterly*; and Daniel Black’s novel *Perfect Peace*. These works have initiated a shift in Trans Studies that takes seriously the necessary gender trouble that Blackness promotes. While valid and necessary recovery projects have been undertaken (i.e., to “recover” forgotten or lost historical figures who may have been trans), the aforementioned work is doing more than recovering. That which might fall under the heading Black Trans Studies is a move to think differently about the past and to cultivate a way of thinking that allows forgotten or suppressed subjects to emerge differently. Outside of medical diagnostics and traditional notions of trans identity, thinking with the nexus of Blackness and transness provides alternative definitions of being trans. Not only is this occurring in academic spaces with, for example, scholars excavating the trans masculinity of historical civil rights figure Pauli Murray, but it is also occurring outside the academy with, for example, remembering the events of the Stonewall uprising differently or Tourmaline’s vital (and often uncredited) filmic work on Sylvia Rivera and Marsha P. Johnson.

Quantitative work on how Black trans people experience life today indicates that there is a complex interplay between Black trans identity and inhabiting the social and political world. Studies show, for example, that Black trans people must navigate issues like passing, realness, authenticity, and transnormativity (i.e., the narrow ways that trans identity is seen as “valid” or not). These themes are confining for many Black trans people in terms of needing to “measure up” to various gendered standards, with failure to do so resulting in invalidation. But, at the same time, they are emancipatory in terms of allowing for avenues through which to tinker, revise, and creatively deploy new modes of gendered identity through old modes.

Various studies indicate that trans women of color, and Black trans women specifically, are disproportionately affected by negative health and economic outcomes such as suicidality, HIV, residential instability, unemployment, and survival sex work. Facing higher rates of institutional violence, discrimination, and harassment than other trans people, including from spaces like the church,

schools, and the criminal justice system, Black trans women often rely even more on community support networks for sustenance and comfort. Other measures that would mitigate these harms, according to studies, include the use of trans-appropriate and trans-sensitive language, efforts to prevent physical and sexual assaults, and antidiscrimination policies.

Finally, it is necessary to make clear, albeit briefly, that Black trans life is not entirely reducible to disproportionate rates of harm and violence. This would troublingly define Black trans existence solely and exclusively in terms of an increased capacity for violation, negating the multifaceted nature of Black trans life. So, while Black trans people are subject to a greater level of violence, they also experience a vast array of support, communities, ball cultures, love, liberating experimentation with different ways of inhabiting gender, and, indeed, success. These elements are also important forces in Black trans life and must be acknowledged even in the midst of pervasive Black trans harm.

At present, Black trans people are in myriad fields and arenas of social life. Black trans singers like Shea Diamond, actors like Laverne Cox and Brian Michael Smith, writers and activists like Janet Mock and Monica Roberts, and athletes like Patricio Manuel are all part of a growing awareness and visibility of Black trans people. They are shifting the terrain of what is possible, who is given a seat at the table, and how we might develop new ways of forming society that are more inclusive of racialized gender difference. Situating Black people in Trans Studies is more than a recovery project; it foreshadows what must happen in order for a fundamental shift in the world to occur.

*Marquis Bey*

*See also* Academia; Black Lives Matter; Cox, Laverne; Johnson, Marsha P.; Mock, Janet; Murray, Pauli; Racialized Femininities; Racialized Masculinities; Transmisognoir

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## BODY IMAGE DISTURBANCE AND EATING DISORDERS

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The concept of *body image* is used in a range of different academic disciplines, ranging from social to neurosciences, yet consensus on its definition is lacking. Most definitions share the notion that one's body image relates to one's physical appearance, the psychological attributes regarding one's physical appearance, and the social context in which one exists. Personal and societal norms of physical appearance, as well as psychological attributes, are largely gendered, and thus, body image is considered a key concept in the psychological well-being of trans individuals. Body image disturbances in trans individuals may be closely related to experienced gender incongruence or dysphoria or may be more generalized. A more generalized body image disturbance is often associated with poorer outcomes of gender-affirming medical treatments, as it is followed by disappointment and persistent maladaptive coping.

Disordered eating may be the result of severe body image disturbances or can be applied intentionally as a strategy to influence gendered body

development. In the first case, disordered eating can be the consequence of body dissatisfaction or little behavioral investment in physical health. In the second case, restrictive eating can be done with the intention to lose weight, in order to strive for feminine thinness or suppress gendered body characteristics (e.g., body curves or menstruation).

This entry discusses the cognitive, affective, and behavioral aspects of body image (disturbances) in trans individuals and provides a description of the clinical presentation of eating disorders and relationship with body image disturbances.

### Body Image Disturbance

Body image is a multifaceted and complex psychological construct with multiple synonyms such as *body (dis)satisfaction*, *body esteem*, *body dysphoria* (or *euphoria*), and *weight (dis)satisfaction*. For this entry, *body image* will be defined as attitudes, experiences, and societal norms regarding one's physical appearance. Body image is unique in the fact that the concept recognizes that the body intersects with both internal beliefs as well as societal ideals, media communications, disciplining behavior, and so on. Broadly speaking, one could say that the psychological self can communicate concepts such as gender through physical appearance, clothes, and behavior, whereas society produces physical ideals, which are largely gender specific.

Dramatically affecting people's lives, body image issues have been recognized by the World Health Organization as one of the important concepts constituting an individual's quality of life. A positive body image is closely associated with feelings of self-esteem, competency, resilience, and favorable mental health.

Although the trans experience can greatly differ on an individual basis, data from clinical facilities providing gender-affirming care indicate that a substantial share of individuals experience *gender dysphoria* (i.e., psychological distress resulting from the incongruence between gender identity and aspects of [mostly gendered] physical appearance). Body image issues are often closely related to experienced gender dysphoria and are among the main motives for people to apply for gender-affirming medical treatments. Yet, body image issues do not necessarily have to relate to gender

dysphoria but can be present when physical appearance does not meet one's own or societal standards or when experiencing rejection or discrimination. The following sections will further detail cognitive, affective, and behavioral aspects of body image disturbances in trans individuals.

### Cognitive Aspects

Cognitive aspects of body image have been extensively studied and refer chiefly to thoughts and experiences related to physical appearance. On the most elementary level, neuroimaging research has observed that body representation in the brain differs between trans and cisgender (cis) individuals. Trans individuals show brain activity more typical for their experienced gender, rather than their assigned sex. Researchers have also observed that sensory brain circuits show lesser connectivity to emotional circuits, implying a disconnect between body registration and emotion.

The most well-known aspect of body image is body (dis)satisfaction. Many trans individuals, especially those applying for gender-affirming care, experience substantial body dissatisfaction. Whereas earlier theories mostly included dissatisfaction with primary gender markers, such as genitals and breasts, contemporary scholars highlight the importance of other body characteristics as well. The distinction is often made between the trans public and private body (image). The *private body* refers to primary sex characteristics important for personal congruence or sexuality, whereas the *public body* refers to socially visible body characteristics that are of importance for being gendered correctly, such as hair growth or pitch of voice. In this context, the concept of *passability* is often brought up. Passability refers to the individual's ability to pass (i.e., be viewed by others) as their experienced gender. Generally, trans individuals who pass to a greater degree show higher body satisfaction, and trans individuals themselves report more appreciation for body parts that pass more. However, it should be noted that the concept of passability is criticized on the grounds that it reinforces binary gender stereotypes and that, importantly, individuals with poor passability may nevertheless experience few body image issues due to successful coping and vice versa. Pubertal sex hormone exposure, especially to testosterone, leads

to irreversible gender-specific physical changes that affect passability and body image later in life. Next to genital dissatisfaction, trans women report highest dissatisfaction with body characteristics related to the effects of testosterone (e.g., male-typical baldness, low voice pitch, facial hair growth). While trans men generally experience the most dissatisfaction with breasts and hips, feminine characteristics can more easily be overridden by testosterone therapy, resulting in lower body satisfaction on average. Given the binary notion of passability, nonbinary individuals are generally less likely to pursue being passable. As a result, this group is subject to more discrimination owing to society's inability to easily gender them.

A less frequently studied cognitive aspect of body image includes body image schemas and beliefs. Body image schemas are fundamental beliefs about appearance, one's appearance in relation to the self (self-evaluative salience), and behavioral investments made in appearance (motivational salience). Body image schemas are thought to be closely related to (gender) identity, and developing positive schemas can be protective in maintaining positive mental health. In contrast, negative schemas can result in dysfunctional coping such as repeatedly seeking reassurance, avoidance, or disordered eating. Other body image-related beliefs that may affect mental health include experienced attractiveness to others (lower in trans individuals), appearance-related insecurity (higher in trans individuals), and weight preoccupation (not necessarily increased).

### **Affective Aspects**

Affective aspects of body image include feelings and mood related to physical appearance. For trans individuals, severe body image issues resulting from the incongruence between identity and physique may result in gender dysphoria. Body image-related dysphoria feelings can be primarily individual and experienced when not meeting one's own physical standards or gender identity and can therefore be triggered by, for example, looking in the mirror. Additionally, body image-related dysphoria is also frequently experienced in social situations, specifically in situations when the body is exposed, being objectified, or being misgendered. Trans men, for example, report highest

social dysphoria when others look at dissatisfactory body parts, when being naked with a partner, when being touched, and when being fitted for clothes in a shop. All in all, affective aspects of body image and gender dysphoria can greatly reduce experienced quality of life through decreased feelings of sufficiency as a man/woman, as a (sexual) partner, or feelings of self-worth. Nonbinary individuals often have to navigate their individual body image outside these male–female scripts.

It should be noted, however, that body or gender dysphoria highlights the negative affective aspects only, while at the same time, many trans individuals experience so-called *gender euphoria* (i.e., comfort, joy, or pride with one's gender). It is thought that more visibility of gender variance and social acceptance of diverse (gendered) physical appearances positively contributes to individual body image-related feelings.

### **Behavioral Aspects**

Body image-related behavior is largely the result of coping with gender incongruence, social distress, and physical ideals. When experiencing body image issues, people can develop maladaptive coping behaviors, such as avoidance or developing eating disorders (elaborated below). Alternatively, individuals may develop or seek out other coping behaviors, such as exposure (e.g., coming out, engaging in social activities such as sex or sports) or peer-to-peer counseling, or may seek gender-affirming treatments or apply other types of body-modifying behavior (e.g., chest binding or grooming) to improve passability and to align their physique with their physical ideals. Decreased attention to one's body or health, as well as locker-room issues, contributes to lower sports participation of trans individuals prior to medical transition (although not all trans individuals medically transition). As a result, trans individuals more frequently suffer from being overweight and show lower levels of illness awareness. Similarly, trans individuals with body image issues engage less in romantic relationships and are less sexually active. When body image issues decrease (e.g., as the result of medical transition or affirming relationships), engagement in and enjoyment of sex usually improve. This again adds to feelings of attraction, resilience, and



exposure—all of which further improve one's body image.

### **Associated Factors and Targets of Intervention**

Research has identified three primary factors associated with body image disturbances: (1) coexisting mental health issues, (2) gender-affirming interventions, and (3) social stressors. Regarding the first aspect, trans individuals with coexisting mental health issues such as anxiety or depression are more likely to experience more severe and generalized body image disturbances (i.e., beyond gendered body characteristics) and more frequently experience persisting body image problems after medical transition. Besides medical transition, individuals usually benefit from additional anxiety/depression treatments and affirmative counseling. Consistently, a large body of literature finds that medical transition (i.e., by hormones and/or surgery) significantly improves the body image of the vast majority of trans individuals; the gender-congruent body receives higher satisfaction, after which individuals socially participate more and experience more instances of affirmation and increased levels of self-esteem. Hormone therapy generally improves satisfaction with muscularity, body shape, voice, and hair, while improved satisfaction with genitalia/breasts is mostly experienced after surgery. Knowledge concerning social stressors and trans individuals' body image can be derived from studies dealing with the effects of societal physical ideals and minority stress. Similar to their cis counterparts, trans individuals can feel pressured by unrealistic societal standards for physical appearance (e.g., mesomorph body shape, thinness). Additionally, some of these standards may be even more difficult to achieve for trans individuals, given the influence of prior feminization/masculinization and the limitations of hormones and surgery. This situation can result in increasing experiences of *self-objectification* (i.e., seeing oneself as an object rather than a person) and body image disturbances. In many cases, trans individuals deviating from societal norms experience higher levels of *minority stress* (i.e., experienced stress resulting from being a minority group member) resulting from stigma and/or discrimination in day-to-day life.

### **Eating Disorders**

Eating disorders are among the most lethal mental health problems and can be a sign of maladaptive coping with severe body image disturbances. Therefore, most of the risk factors of body image disturbances in trans individuals are also involved in developing eating disorders. As a result, the elevated levels of body image disturbances and stress related to (unrealistic) societal physical ideals put trans individuals, especially trans women, at risk of developing eating disorders. Additionally, eating disorders in trans individuals frequently develop more severely with coexisting self-harm or suicidality. The increase in eating disorders includes both bulimia nervosa (binge eating followed by purging) as well as anorexia nervosa (weight loss through purging, restrictive eating, and/or excessive exercising). In addition to nonspecific body image disturbances, trans-specific motives for (restrictive) disordered eating include striving for femininity through thinness, reducing unwanted sex-specific body curves, and stopping unwanted menstruation. It is therefore important to be aware that the underlying motives of disordered eating in trans individuals may be strong and closely related to experienced gender dysphoria.

Several studies have identified risk and protective factors in trans individuals. Risk factors include high body dissatisfaction, perfectionism, anxiety, and minority stress, while family connectedness and social support are seen as protective factors. Gender-affirming medical treatments generally alleviate both body image issues and disordered eating. Yet, although substantial knowledge is available on trans-specific body image disturbances and disordered eating, far less is known on the effectiveness of generic psychotherapeutic interventions (e.g., cognitive-behavior therapy) and what the effect will be of changing (gendered) physical ideals.

*Tim C. van de Grift*

*See also* Body Size (Weight); Embodiment; Mental Health; Resiliency; Social Transition; Transnormativity

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## BODY SIZE (WEIGHT)

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Body size (weight) is considered an important physical health indicator as well as a factor impacting mental well-being. Weight issues in trans individuals may be preexistent or develop upon initiation of hormone therapies. Both total body weight and fat distribution can change as a result of hormone therapy. Both over- and underweight individuals can experience limited access to gender-affirming care, which ultimately may prevent people from the ability to transition fully. This entry discusses body weight in trans individuals, with special focus on the occurrence and nature of weight issues, as well as the effects on physical and mental health and the implications this may have regarding access to gender-affirming care.

Body size and, specifically, body weight issues are known to be prevalent in different subgroups within the LGBTQ community. While the evidence on trans individuals' body size is relatively scant, some clinical and community sample studies provide information on trans individuals specifically.

## Weight Issues

Weight issues are generally related to overall body weight, nutritional intake, and physical exercise problems. In both LGBTQ and (few) trans-specific studies, trans individuals score unfavorably when compared with their cisgender counterparts on all three of these domains. Often these issues originate during childhood and adolescence. In general, adolescence is considered an essential period in developing healthy dietary and physical activity habits, as well as body weight. For many trans individuals, this same period is characterized by distress resulting from unwanted hormonal developments or by going through medical transition.

Compared with cisgender (cis) individuals, trans individuals are two to four times more likely to be either underweight or overweight/obese. In line with this, trans individuals report both less variation in and consistency concerning food intake (e.g., they eat more fat-rich food; they more frequently skip meals). Additionally, more screen time and less sports engagement are observed within this population. Yet, it is important to note that physical activity and balanced nutritional intake are strongly related to socioeconomic status and that trans individuals frequently report a lower income and are more marginalized, making them prone to an unhealthier lifestyle.

## Physical Health

The effects of overweight (BMI, or body mass index, 25–30 kg/m<sup>2</sup>) and obesity (BMI > 30 kg/m<sup>2</sup>) are well known and include cardiovascular disease, diabetes, cancer, and lowered life expectancy. There is a dose-dependency relationship, meaning that health risks are higher in individuals with a higher BMI. Exact numbers on the prevalence of over- and underweight in trans individuals differ per context and measurement methods, yet weight issues account for a substantial share of the health burden.

Hormone therapy as part of gender-affirming medical care influences both total body weight as well as fat distribution. Total body weight increases as a result of feminizing and masculinizing hormonal treatments. However, sex-specific changes are observed in body composition; feminizing hormones (estrogens and antiandrogens) increase body fat and lower muscle mass, whereas

masculinizing hormones (testosterone) lower body fat and increase muscle mass, all up to changes of 1 to 4 kilograms. As a result, body shape develops in a feminine- or masculine-typical direction, a development that can continue for years after initiation of hormones.

When an individual is underweight, the body may possess insufficient nutrients, including energy and vitamins/minerals, for a healthy metabolism. Physical health complications of (chronically) underweight persons include poor physical condition, weakened immune system, osteoporosis, and decreased fertility. As with obesity, being severely underweight is associated with decreased life expectancy.

### Psychosocial Health

Weight issues in trans individuals are associated with multiple psychosocial factors. First, gender incongruence can lead to *body image* issues, avoidance of sports engagement (e.g., because of locker room issues) and maladaptive coping such as disordered eating. Being overweight can further, and independently of gender-related body dissatisfaction, induce body image problems. Paradoxically, being underweight is often motivated by reducing gender incongruence via striving for femininity through thinness, reducing body curves, and stopping menstruation. Alternatively, individuals with constructive adaptive coping experience lower body image issues through physical exercise, being in good physical condition, having affirming experiences, and developing increased self-esteem.

While individuals themselves can adapt positively to weight issues, the social environment greatly influences psychological health in trans individuals with weight issues. In addition to societal gender norms, individuals with weight issues can experience additional psychological stress as a result of deviating from societal body size norms. Notably, around 50% of trans adolescents experience weight teasing by peers and/or family members. This puts individuals at risk for poor mental health and substance use. Given the aforementioned issues, schools as well as parents can contribute to providing a safe climate where individuals feel emotionally supported, thereby contributing to positive eating and exercise behaviors.

### Access to Medical Gender-Affirming Care

To many trans individuals experiencing *gender dysphoria*, receiving gender-affirming care is crucial to maintaining good mental health. Being overweight, however, is a serious barrier to accessing medical gender-affirming care. Due to the mild interaction that hormone therapy has with being overweight, routine physical and laboratory tests have proven to be sufficient. Yet, many clinics uphold BMI requirements for gender-affirming surgeries. Typically, the requirements for top surgery are less strict than those for bottom surgery. Although the quality of evidence is debatable, obesity has been linked to technical surgical difficulty, poorer tissue survival, more anesthetic complications, and poorer overall outcomes among trans people.

As a result, weight is one of the largest barriers to surgical care and a frequent topic during preoperative counseling. Given the complex background of weight issues in trans individuals and the limited resources some may have, self-monitored weight loss is generally insufficient in removing this barrier to surgery. Therefore, both prevention and guided weight loss programs are being advocated to secure access to gender-affirming surgery.

*Tim C. van de Grift*

See also Body Image Disturbance and Eating Disorders; Hormones, Adults; Medicine

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## BONO, CHAZ

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Chaz Bono is an LGBTQIA+ activist, actor, and author whose transition from female to male in 2008 made him the most well-known U.S. trans man in the early 21st century. Bono's visibility has included extensive interviews, advocacy work, the *Becoming Chaz* documentary, appearing on *Dancing With the Stars*, and starring in the drama *American Horror Story*. This extensive coverage positioned Bono as the accessible face, name, and reference point for the public on trans male lives.

### Childhood and Family

Bono was born on March 4, 1969, in Los Angeles, California, to Cher and Salvatore Phillip “Sonny” Bono. The only child of the singer-entertainer “it couple” who topped the pop charts with “I Got You Babe” in 1965, Bono was raised in the spotlight of family fame. Appearing weekly on *The Sonny and Cher Comedy Hour* from 1971 through 1974, his early childhood was both accessible and enthusiastically accessed by the public. Viewers were enamored of Sonny and Cher, an affection amplified by Bono's appearance at the end of each show. With its depiction of a youthful, joyous family, *The Sonny and Cher Comedy Hour* occupied an idyllic space within the U.S. imagination, which helped ensure that the public would remain interested in Bono's life.

### Youth, Adolescence, and Coming Out as Lesbian

Bono's adolescent years were challenging. He had difficulties adjusting to Sonny and Cher's divorce and the ensuing custody arrangements, and struggles with his gender and sexuality added more anxiety. While Bono had been called a “tomboy” as a child for behaviors, styles of dress, and

interests socially coded as masculine, puberty was accompanied by the expectation that girls “grow out of it.” As this pressure increased, so did the sense of being different. Uninterested in demonstrating femininity and equally uninterested in engaging with boys, Bono had neither the words nor the context to understand what any or all of these feelings might mean. At 13, after seeing the film *Personal Best*, Bono started identifying as lesbian. He documented these formative years of struggle and growth in *Family Outing: A Guide to the Coming-Out Process for Gays, Lesbians, and Their Families*.

When he was 23 years old, Bono began a relationship with Joan Stephens, a friend of Cher's who had recently been diagnosed with cancer. They remained together for 2 years, until Stephens's death in 1994. Devastated by the loss, Bono used painkillers for the next 10 years, which he detailed in *The End of Innocence: A Memoir* (2002). In 1998, Bono was further devastated by the loss of his father, who died in a skiing accident. Although Sonny had been supportive of Bono, he had also been elected as a conservative congressional representative and cosponsored the Defense of Marriage Act (DOMA), which legally restricted the definition, rights, and protections of marriage to one man and one woman. Bono had campaigned against DOMA, as well as for the reelection of President Bill Clinton, and their political differences resulted in the two being estranged at the time of Sonny's death.

### Coming Out as a Trans Man, Transition, and Trans Visibility

In 2009, Bono publicly announced that he was a trans man and wanted to be referred to as Chaz Salvatore Bono, a name he took to honor his father. He characterized his previous lesbian identity as a result of mistaking his sexual orientation (i.e., being attracted to women) with his gender identity (i.e., being a heterosexual man).

Within 2 years of coming out as a trans man, Bono wrote the *New York Times* bestselling book *Transition: The Story of How I Became a Man* (2011). Known for its down-to-earth, straightforward approach, the memoir is a candid exploration of the physical, emotional, and psychological



effects of Bono's medical transition, his relationship with Cher, and the difficulties of navigating family dynamics within the public eye. A year later, Bono was the subject of the documentary *Becoming Chaz*, which further chronicled his transition, including his reconstructive chest surgery. Rather than a sensationalist approach, the film provided an accessible, real-life account of a trans man's life. It was the kind of openness from a celebrity that appealed to viewers; the movie was shown on the Oprah Winfrey Network, which led to it being nominated for three primetime Emmy awards and winning the GLAAD Media Award for Outstanding Documentary.

Bono is best known in recent years for participating on the 13th season of *Dancing With the Stars* in 2011, which made him the first trans man to be featured on a major television show in a role that did not relate to him being trans. Nevertheless, the response to his appearance largely centered on his gender, rather than his dancing. Social conservatives urged a boycott of the show, stating that the image of a trans man would confuse and harm children. Others, including the judges, criticized him for his weight and mannerisms. Bono responded by calling attention to the bias behind the attacks and by noting the value to viewers of being able to see a different kind of man on TV. By dancing his way into people's homes, Bono shaped a dialogue about modern manhood, LGBTQIA+ equity, bodies, and the power of media representation.

Bono has also had a small number of acting roles playing non-trans characters. He has indicated that he avoids trans parts for fear of being typecast. He most notably appeared in 2017 on the seventh season of *American Horror Story* as a fervent Donald Trump supporter.

A long-time believer in "visibility equals equality" as both a personal and political strategy, Bono has worked as a writer for *The Advocate* and has served as a national spokesperson for the Human Rights Campaign and as the Entertainment Media Director for GLAAD. In each endeavor, he foregrounded the fight for equal rights for the LGBTQIA+ community, worked toward political and legal advancement, and encouraged patience and connection with family and loved ones. In recognition of his work, Bono received GLAAD's Stephen F. Kolzak Award in 2012, which honors

an openly LGBTQ person in the entertainment industry who has made a significant difference in improving the climate for LGBTQ people.

Sasha T. Goldberg

See also Activism; Coming Out; News Media Representations; Reality TV; Trans Studies

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## BORNSTEIN, KATE

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Katherine Vandam "Kate" Bornstein is a writer, performer, and early influencer of the trans liberation movement in North America. Through her artistic contributions, Bornstein advanced trans awareness and the popular understanding of gender fluidity. Her best-known work is the 1994 book *Gender Outlaw: On Men, Women, and the Rest of Us*, which was also the title she used for talks on college campuses across North America for the following two decades. Bornstein's work stood as a counterpoint to early narratives of trans respectability politics, as she spoke and wrote openly about her queer identity, her participation in the BDSM community, her eating disorder, her involvement with Scientology and subsequent exploration of Buddhism, and her unmistakably queer look and politics. Her career has been marked by multiple books that were considered controversial when they appeared but that were later understood as having been groundbreaking.

Bornstein was born on March 15, 1948, in Neptune City, New Jersey. Working primarily in New York City and Seattle, Washington, and using her theater training from Brown University (graduated 1969), Bornstein began publicly

exploring her trans identity and the nature of gender in the early 1990s with a triptych of solo performances: *Hidden: A Gender*, *The Opposite Sex Is Neither*, and *Virtually Yours*. In these works, she challenged the notion of a gender binary and pointed to the fluidity of gender, recognizing that gender represents a multifaceted core “self” that is shaped by external forces and expressed in relation to others.

In the 15 years that followed, Bornstein contributed substantially to both popular and academic conversations about gender identity and trans liberation, one of the few people to work comfortably in both arenas. In 1998, Bornstein wrote *My Gender Workbook: How to Become a Real Man, a Real Woman, the Real You, or Something Else Entirely* using exercises that she had developed for speaking at colleges and to community groups and addressing the questions that she commonly received from audiences. *My Gender Workbook* was unique for its thoughtful but humorous look at the construction of gender and for its inclusive approach, which allowed people of all genders to consider their own participation in gendered systems. In 2010, she coedited *Gender Outlaws: The Next Generation* with S. Bear Bergman as an update to her book *Gender Outlaw*, collecting a multigenerational and diverse group of writers whose ideas the pair felt represented “a quantum leap forward” in thinking about gender identity.

Bornstein premiered her first and only play written for other actors, *Strangers in Paradox*, in 1998 at the Theatre Rhinoceros in San Francisco and collaborated with her partner, performer, and sexuality educator, Barbara Carrellas, on *Too Tall Blondes in Love* for the stage, which toured nationally during the early 2000s. These plays were continuations of Bornstein’s earlier work about the nature of identity and the concepts of community and “sanity.” *Strangers in Paradox* in particular explored, through metaphor, the idea that, for centuries, trans people were generally considered by Western medicine to be dangerously mentally ill.

Moving beyond strictly gender-related topics, Bornstein cowrote the adventure novel *Nearly Roadkill* in 1996 with Caitlin Sullivan; its themes of ever-changing identities in cyberspace and government intervention presaged the “identity wars” of the 2000s and the rise of state and commercial

surveillance of the Internet. In 2006, Bornstein published *Hello Cruel World: 101 Alternatives to Suicide for Teens, Freaks, and Other Outlaws*, a book that provides options for people in distress other than ending their lives. It relies on a harm reduction model of suicide prevention and was controversial (and roundly condemned by some people) for encouraging readers to do anything that they thought would help, except suicide, which could include drug use and nonsuicidal self-injury. At book readings, she promised audience members that she would do their time in hell for them if they would stay alive and distributed “Get Out of Hell Free” art modeled on Monopoly’s “Get Out of Jail Free” cards. Her one rule: “Don’t be mean.”

In 2012, Bornstein published her memoir, *A Queer and Pleasant Danger*, which detailed her coming-out processes, her relationships with her family, her work as an artist and educator, and her experiences in queer and BDSM communities. The book was adapted into an award-winning film by director Sam Feder, which was screened widely on the queer film festival circuit.

After being diagnosed with lung cancer in 2013, Bornstein spent a few years focusing on her health. She also further worked on her “quantum theory of gender,” exploring the idea that gender, like light or time, exists on multiple axes and must be viewed on all of them simultaneously to be truly understood. In recent years, she appeared on the popular reality television show *I Am Cait*, which focused on Caitlyn Jenner’s gender transition process, and on Broadway in Young Jean Lee’s play *Straight White Men*. Through these roles, she continued to complicate people’s understanding of the nature of gender.

A consistently controversial figure, who is frequently described as “flamboyant” because of her queer-coded, high-femme gender presentation, Bornstein has been an important contributor to contemporary conversations about gender identity and trans liberation. Her approachable writing and performance-driven educational style have encouraged audiences not only to become more supportive of trans people but also to examine the concepts of identity and the systems of gender. In continuing to assail the dichotomies of self/other, true/false, and good/bad, in addition to man/woman, Bornstein has capitalized on the initial

attention she received as a “transgender curiosity” to propose radically new and more inclusive lenses for understanding ourselves.

S. Bear Bergman

See also Autobiographies; Jenner, Caitlyn; Trans Studies; Trans Women

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## BOYLAN, JENNIFER FINNEY

Jennifer Finney Boylan is a U.S. trans novelist, memoirist, professor of English, and leading activist for greater and more positive visibility of trans people in the media.

Boylan was born on June 22, 1958, in Valley Forge, Pennsylvania. She graduated from the Haverford School, a private all-boys preparatory school in Haverford, Pennsylvania, in 1976. After graduating from Wesleyan University with a bachelor's degree in English in 1980, she briefly worked alongside comedy legends like John Belushi, Dan Aykroyd, Gilda Radner, Lorne Michaels, Harold Ramis, and Michael O'Donoghue at the magazine *The American Bystander*, which folded after a single issue in 1982. After this abortive career in humorist periodicals, she went back to school and earned an MA in fine arts from Johns Hopkins University in 1986. She began teaching at Colby College in 1988, marrying Deirdre Boylan (nee Finney) in the same year.

Prior to coming out as trans, Boylan had published a number of novels. During the 1990s, she wrote three adult novels (*The Planets* in 1991, *The Constellations* in 1994, and *Getting In* in 1998) and four novels for young adults under the pseudonym Jonah Black.

She began medically transitioning from male to female in 2000 and wrote about her transition in the autobiographical memoir *She's Not There: A Life in Two Genders*, which was published in 2003. The book was a series of vignettes of her life with a focus on crucial moments related to her gender dysphoria, marriage, children, and transition. *She's Not There* represented a radical departure from previous works about trans people: It showed a marriage and relationships with her children enduring posttransition and also focused on the parts of her story she wanted to tell, rather than the parts that the public is usually presented with.

Boylan made four appearances on *The Oprah Winfrey Show* after the publication of *She's Not There*, including ones with her wife and two children. This was the first time that a trans person was presented as normal, pleasant, and human in such an influential public forum. These appearances helped vault her into the public consciousness, as well as onto the *New York Times*' Bestseller List, making her the first openly trans author to achieve that distinction.

She also made TV appearances on *Live With Larry King*, the *Today Show*, the *Barbara Walters Special*, NPR's *Marketplace*, and *Talk of the Nation*. She has been the subject of documentaries on CBS News's *48 Hours* and the *History Channel* and has been featured on numerous news programs. In 2005, Will Forte did an impersonation of her on *Saturday Night Live*, which Boylan described as “the highlight of my literary career.”

Boylan has continued to have a very significant video media presence in recent years. She was a consultant and cast member on Caitlyn Jenner's reality TV series, *I Am Cait*, from 2015 to 2016. She appeared on the show as Jenner's friend, mentor, and trans community elder. She has continued to appear on news shows, like *MTV News*, *20/20*, and *ABC News and World Report*, and to be featured in mainstream press outlets, such as the *New Yorker*, *Washington Post*, *U.S. News and World Report*, and *Entertainment Weekly*.

Boylan continued teaching at Colby College after becoming a public figure. She was named professor of the year in 2000, co-chaired the English Department between 2003 and 2005, and did two stints as director of the creative writing program. When she left Colby in 2014 after 25 years, she described her time there as “a model of what a successful transition could look like.” In 2014, she became the inaugural Anna Quindlen Writer in Residence and Professor of English at Barnard College of Columbia University.

Since 2003, she has had a very productive writing career. Her nonfiction titles include *Stuck in the Middle With You: Parenthood in Two Genders* (2013), *I'm Looking Through You: Growing Up Haunted* (2008), *Good Boy: A Life in Seven Dogs* (2020), and a 10th anniversary edition of *She's Not There* (2013). Her fiction credits since 2000 include the novel *Long Black Veil* (2017), the novella *I'll Give You Something to Cry About* (2014), and the *Falcon Quinn* young adult antibullying novels. Her essays have been included in over 20 anthologies, and she wrote the introduction to the groundbreaking work on trans lives written for a trans audience, *Trans Bodies, Trans Selves* (2014).

In 2007, she became a contributing opinion writer for the *New York Times*, producing a regular op-ed column on a wide variety of topics. She is the only trans person whose work has appeared on a regular basis in a major U.S. newspaper. She primarily writes about LGBTQIA+ issues, and trans issues in particular, but has the ability to cover anything that interests her.

Boylan's rise to public prominence has also allowed her to assume a leadership role within the trans and larger LGBTQIA+ communities. She was named to the GLAAD (known as the Gay and Lesbian Alliance Against Defamation until 2013)

board of directors in 2011. She became one of the co-chairs of the board in 2013 and served in that capacity until 2018, becoming the first trans person to be its board chair. In 2011, when Boylan joined GLAAD, trans issues barely registered on the organization's radar; by the time she left, a much larger portion of its work was devoted to trans issues. It was during her tenure that GLAAD dropped its old name in order to be more inclusive of trans people and their struggles.

Boylan also served on the board of the Kinsey Institute for Research on Sex, Gender, and Reproduction from 2012 to 2016. She is on the board of PEN America, which advocates for human rights and the free expression of ideas in literature, and on the Lambda Literary Leadership Council.

Her books, her appearances on Oprah and other TV programs, and her work at GLAAD have helped lead to much greater media visibility for trans people and increasing support for trans rights.

Brynn Tannehill

See also Autobiographies; Fiction; News Media Representations; Representations in Popular Culture; Trans Women

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