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GoFundTransitions: Narratives of Transnormativity and the Limits of Crowdfunding Livable Futures

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GoFundTransitions: Narratives of Transnormativity and the Limits of Crowdfunding Livable
Futures

by

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of the requirements for the degree of
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ABSTRACT

Crowdfunding websites, such as GoFundMe, have provided a new avenue for (some) individuals to fund their healthcare needs. The use of these sites requires individuals to story their medical need, in the hopes of receiving financial assistance. Trans individuals encounter unique challenges within the healthcare system, including providers' lack of knowledge, a dearth of competent care, and widespread individual and institutional cissexism. Because of the difficulties acquiring competent trans-healthcare compounded with broader inadequacies in our healthcare system, many trans folks and their loved ones turn to crowdfunding platforms to help cover the cost of medical transition. In this thesis I conduct a narrative analysis of 100 top surgery campaigns to examine the construction of medical and financial need, as well as moral worthiness for financial assistance within these campaigns. I find that story authors make use of a trans(ition) formula story that relies upon both a medical model of transness and a normative pride narrative to make their stories understandable and worthy of donations to audiences. In addition, I argue that GoFundMe top surgery campaigns rely upon transnormative ideologies when creating both financial need and moral worthiness that reinforce broader capitalist understandings of morality.

**CHAPTER ONE:
INTRODUCTION AND LITERATURE REVIEW**

How are transitions storied? Who benefits from their telling? In their introduction to *Trap Door: Trans Cultural Production and the Politics of Visibility*, the editors describe the paradox of doing trans research at this cultural moment stating, “We are living in a time of trans visibility. Yet we are also living in a time of anti-trans violence. These entwined proclamations—lived in the flesh—frame the conversations” (Gossett Stanley and Burton 2017:xv). While some have celebrated the idea that we are moving past the trans “tipping point” into an era of increased recognition and “acceptance,” we are also in a time of violence and backlash against our community, especially trans women, trans people of color, and undocumented trans folks¹ (Steinmetz 2014). As Aren Aizura (2017:607) notes, “recognition may have arrived, but justice for transgender people has not yet begun.” This project is situated within the always entangled complexities of life chances and representation, between meaning and materiality.

In this project, I investigate how individuals seeking top surgery—the removal of breast tissues in order to create more gender-affirming embodiment—construct medical and financial

¹ Throughout this piece I have used the word “folks” to refer to groups of people. I believe referring to groups of people as “individuals” reinforces the processes of individualization that I am contesting in this piece. Also, I find that “folks” has a humanizing quality that referring to groups as “individuals,” “people,” or other alternatives lacks.

need through campaigns on the crowdfunding site GoFundMe. Tools of medical transition², including top surgery, for those that desire them are often not covered by medical insurance (for those privileged enough to have it), are only covered partially, or are only covered if extensive stipulations are met. Because of these difficulties in acquiring competent trans-healthcare, compounded with broader inadequacies in our healthcare system, many trans people and their loved ones turn to crowdfunding platforms, such as GoFundMe, to help cover the cost of their medical transition. In order to succeed on a crowdfunding campaign, authors need to explain their need for resources and medical intervention. In this thesis, I explore the following research questions: How are medical and financial need constructed within GoFundMe top surgery campaigns? How do authors story themselves as morally worthy of financial assistance? And finally, what narrative tools do authors employ to do this? I argue that GoFundMe top surgery campaign authors construct medical and financial need, as well as moral worthiness, through their use of a trans(ition) formula story and transnormativity in response to structural cissexism³ and an inadequate medical system that necessitates crowdfunding.

Throughout this project I interrogate how GoFundMe campaign authors employ formula stories and other narrative strategies to construct medical and financial need, focusing on how these narratives interact with, and are situated within, broader power structures. Following Barcelos (2019B:2), my purpose in conducting this research is to “critique the overall practice of crowdfunding transition care, not any particular person’s fundraising efforts.” As evident

² By “tools of medical transition,” I am referring to medical practices including surgeries and hormone treatments that some trans individuals desire as part of their transition. It is important to note that not all trans people desire such practices and that because of how gender is medically and legally understood, deciding whether or not to medically transition, and in what ways, has far reaching implications. For those not familiar with medical treatments employed by transgender people more information can be found in *Trans Bodies Trans Selves: A Recourse for the Transgender Community* (Erickson-Schroth 2014).

³ Cissexism is a term used to refer to the ideology that being cisgender/cissexual is superior to being transgender/transsexual (Serano 2007)

through previous research, and my own lived experience, accessing transition related healthcare is an incredibly difficult and expensive feat. I argue that trans crowdfunding can simultaneously help those in need access the means to fund their transition, and at the same time create new and/or reinforce already existing inequalities. As Barcelos (2019b:2) argues:

Although a response to the myriad inequalities facing trans people in the healthcare system, the turn to crowdfunding nonetheless reproduces race, class, and gender inequalities – in some cases the very ones it is meant to address – and constrains a liberatory trans political project.

Throughout this piece it is also important to remember that although sometimes assumed to be essential aspects of us, our stories are never just our own— rather they are always constructed within the social, and thus within systems of power and inequality.

I come to this project as a trans researcher committed to the importance of trans scholarship in the “double sense of scholarship on transgender issues and of work by transgender scholars” (Stryker 2008:155). I began medically transitioning a week before becoming a graduate student at the University of South Florida, only a few months before starting this thesis project. Over the course of my time in this program I have transitioned from often being misgendered in classroom spaces, to sometimes being (mis)recognized (Pfeffer 2014) as a cis researcher doing trans research. While this has much to do with the immense privilege I have being, white, trans-masculine, and insured (with access to medical tools of transition), it also has to do with the cissexist ideology that assumes people cis. Drawing upon feminist methodologies, I understand the researcher to be part of the knowledge production process, rather than a separate “objective” observer (Collins 2000; Haraway 1998). In this way, the researcher is always at once involved in the processes they are studying, and the systems of power these processes are situated within. Drawing upon this feminist methodological tradition I aim to follow what

Johnson (2015A) describes as a transfeminist methodology, as a way to work against the history of cissexism within social science research and the broader academy.

Literature Review

How does gender become storied? How does transition fit into this plot? In understanding the relation between these questions, I follow the conceptualization of gender and transition laid out by Stryker, Currah, and Moore (2008:12-13). They describe their understanding of gender and its relationship to transition stating:

Rather than seeing gender as classes or categories that by definition contain only one kind of thing (which raises unavoidable questions about the masked rules and normativities that constitute qualifications for categorical membership), we understand genders as potentially porous and permeable spatial territories (arguably numbering more than two), each capable of rich and rapidly proliferating ecologies of embodied difference...‘Transing,’ in short is a practice that takes place within, as well as across or between, gendered spaces. It is a practice that assembles gender into contingent structures of association with other attributes of bodily being, and that allows for their reassembling

Rather than focusing on specific categories of people, Stryker et al. (2008) bring our attention to “transing” as a process of becoming (see also Malatino 2019). This project focuses on one way in which “transing” happens, or one way that bodies become reassembled. Although I am focusing on one type of transition, or change in embodiment, it should be recognized that folks seeking this change occupy differing gender categories and identities. In this way, I am following previous work by understanding trans in its broadest sense, as an open and flexible process of gender reconfigurations, rather than a monolithic experience or identity. In this literature review, I draw upon Stryker et al.’s (2008) understanding of gender and transition to put in conversation literature within narrative sociology, the sociology of gender, medicalization, and trans studies, in order to situate my own project.

Storying Gender

Stories or narratives have an important place in the social world and social research because of the meanings they create and the way those meanings impact how we construct our worlds. Narratives are defined as “social acts that depend for their production and cognition on norms of performance and content that specify when, what, how, and why stories are told” (Ewick and Silbey 1995:197). In this way, narratives rely upon having both an author to create the story and an audience that can hear and interpret them (Loseke 2019). Riessman describes the sociological use of studying narratives stating that “studying narratives is additionally useful for what they [narratives] reveal about social life—culture ‘speaks itself’ through an individual story” (Riessman 1993:5). For this project, I am particularly interested in “personal identity narratives,” or stories that people use to understand themselves and close others (Loseke 2012:255). While personal identity narratives are used to understand embodied individuals, their stories, like all narratives, are situated within cultural systems of meaning and inequalities, to which they are held accountable (Bruner 1987; Loseke 2019).

In individuals’ daily lives, both in face to face and digitally mediated interaction, they have contact with both known and unknown others. Known others are people that are known to others as individuals, and in interaction within known others, individuals can rely upon personal experience (Loseke 2019). In interacting with unknown others, the same history is not present, and thus people often rely upon “categories of people... in the form of socially circulating stories” in order to mediate their interactions (Loseke 2019:43). One way in which categories of known others are constructed is through formula stories. Formula stories are:

Narratives about types of experiences involving distinctive types of characters. As such stories become widely acknowledged ways of interpreting and conveying experiences, they can become virtual templates of how lived experiences may be defined (Loseke 2001:255).

Formula stories are socially situated, and thus available to people based on specific historic moments and social locations.

Although formula stories accomplish work in the social world by allowing individuals to quickly understand things that may otherwise be unintelligible, they are not neutral (Loseke 2001). Formula stories often brush over the complexity of individual biographies, and do not necessarily have any relation to the lived experiences of the characters they are describing. Whether or not a narrative is seen as “believable,” impacts individuals’ ability to acquire support from others (Loseke 2006). As Loseke states (2007:673) “For the good and the bad, social actors can use their understandings of socially circulating formula stories as resources to make sense of their selves and unique others.” In this project, I investigate how GoFundMe campaign authors rely upon a formula story of transition to make their stories understandable and how this impacts who receives financial support and the potential of bodily autonomy.

A central way that formula stories are recognizable to audiences is through the deployment of symbolic and emotion codes that match “how audience members understand their world” (Loseke 2012:253). For Loseke (2012:253), symbolic codes are “systems of ideas about how the world does work, how the world should work, and about the rights and responsibilities among people in this world,” whereas emotion codes are “systems of ideas about when and where and toward whom or what emotions should be inwardly experienced, outwardly displayed, and morally evaluated.” For instance, in a discussion of how social problems are constructed through formula stories, Loseke (2019:56) mentions that “it is common for competitions about conditions creating harm to be transformed to competitions about characters.” This is unsurprising, when considering the incredible centrality of individualism within symbolic and emotion codes in the United States. Thus, it is understandable that within GoFundMe campaigns,

authors would focus on individual difficulties accessing or financing medical care, rather than identifying structural problems leading to this need.

Though commonly seen as an innate and interior aspect of individuals, emotions are socially ordered. Hochschild explains this through their concept of “feeling rules,” stating “what we can *expect* to feel in a given situation, and a rule as it is known by our sense of what we *should* feel in that situation” (1979:564, emphasis in original). Thus, emotions are implicated within greater meaning making projects, including systems of stratification and inequality. Something that is of particular importance to this project is how emotions come to be ordered in a way that determines who is, and is not, worthy of sympathy (Clarke 1997). As Loseke and Kusenbach (2008:524) explain, “judged within the emotion cultures of sympathy and hatred, some types of people are evaluated as worthy of the emotion of sympathy, resulting in its behavioral expression of help.” Emotion and the emotional and symbolic codes they are situated within are imbricated with action, co-constructing material conditions. Symbolic and emotion codes are also important to this project because they situate and contextualize the other findings. For instance, understandings of what being trans is, who should have top surgery and why, and who is worthy of financial assistance are always steeped in symbolic and emotion codes regarding how the broader world works and should work.

For any story to be successful in doing work in the social world, there needs to be an author and an audience that can make sense of it (Stein 2009). Gendered stories are no exception. In this way, individuals are constrained in their telling by the vocabularies, social locations, and individual histories (Halberstam 1995; Feinberg 2001). Expressing frustrations with these constraints, Feinberg (2001:890) states, “Trying to talk about gender articulation using only the terms widely used in English today—feminine, masculine, androgynous—is as ludicrous as

trying to make yourself understood in a language composed of 3 words.” As can be seen in Feinberg’s work, storying gender can become problematic when someone’s gender cannot be easily articulated in a way their audience understands. Crawley (2002:13) highlights the importance of audiences in creating gender stating “I would like to think of gender and sexuality as projects in which we engage in constructing ourselves. In doing so, we take into account the *audiences* for whom we are presenting ourselves and communities in which we interact.” Which gendered stories are understandable depends on what audience is listening, and are created among people as “joint actions” making them an interactional accomplishment (Plummer 1995:20).

Like other types of gendered doings, gendered stories are implicated by systems of accountability (West and Zimmerman 1987; Hollander 2013). In their now canonical piece “Doing Gender,” West and Zimmerman argue that gender is a collective process of doing, held in place by shared accountability, or “the activity of managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one’s sex category” (1987:127). While all people are subject to processes of gender accountability, the assumed relationship between sex (a medical determination made at birth determining an individual’s legal status as male or female), sex category (the everyday application of sex criteria to individuals determining their assumed sex), and gender (what people do in relation to what is expected of their assumed sex category) that individuals are held accountable to often puts an undue burden on trans folks and others whose gender, sex category, and/or sex does not match what is expected by others.

In her 2010 piece, Connell expands on West and Zimmerman's (1987) work coining the concept "doing transgender" (47) to describe "transpeople's [*sic*4] unique management of situated conduct as they, with others, attempt to make gendered sense of their discordance between sex and sex category" (50). In this way, Connell (2010) provides an important theoretical advancement regarding how trans individuals might negotiate the disconnect between their sex/sex category/gender and what they are assumed and held accountable by others to be. Johnson (2015B) draws upon Connell (2010) and West and Zimmerman's (1987) work to describe the particular ways trans individuals are held accountable, through the medical model of transness. Johnson (2015 B;2016) describes how trans individuals are held accountable to the medical model of transition through a transnormative accountability structure reinforced by the healthcare system, trans community groups, and the legal system. Understanding the medical model of transness and its unique place in holding the genders of trans folks accountable is of particular importance to this project because of the impact of the medical model in determining who is able to have top surgery, as well as determining the transition narrative individuals are held accountable to outside of the medical system.

Trans Mobilization and Medicalization

In this section, I highlight two interlocking aspects of trans histories and experiences—medicalization and mobilization. Trans identities and experiences, like all gendered understandings, identities, and embodiments, are historically and socially situated. Additionally,

4 Although Connell's piece is useful in describing how trans folks are implicated in processes of gender accountability, I do not wish to endorse the use of "transpeople" as one word. Rather, like the use of "transwomen" and "transmen" I see "transpeople" as contributing to understandings of trans folks as not women, men, or people, but rather separate categories to not be included with "normal" people. As can be seen in the words and phrases authors in this study use to describe themselves, there are a myriad of ever-changing ways to describe trans identities and experiences, and we should continue to interrogate and critique the implications of the language we choose to use.

I interrogate the interaction of medicalization and mobilization within the modern US context. I begin this section with an overview of the process of medicalization, and its impact on trans bodies, then move toward a discussion of how trans mobilizations have impacted and have been impacted by this process.

Medicalization is the process by which a social problem is pathologized and put under the control of the medical system (Zola 1972; Conrad 1992; Conrad and Baker 2015). This process is described by Conrad (1992:211) as, “defining a problem in medical terms, using medical language to describe a problem, adopting medical framework to understand a problem, or using a medical intervention to treat it.” Conrad (1992) describes three aspects of the medicalization process, the conceptual, institutional, and interactional. For trans folks, medicalization can occur at any or all of Conrad’s (1992) definitional levels. At the conceptual level being trans is pathologized as “gender dysphoria” by the medical establishment (American Psychiatric Association 2013). Institutionally, doctors act as gatekeepers not only to accessing hormones and trans-related surgeries, but also in many cases to change gender markers on identity documents (Spade 2011; Garrison 2018). Finally, trans individuals also experience medicalization on the interactional level. If/when a trans person wants access to medical transition they have to be able to communicate to a doctor, or other medical professional, how being trans necessitates medical need in a way that is understood and legitimate in the eyes of the provider.

Trans folks who do not, or cannot, navigate through the medical system face acute repercussions. For example, the medical/legal system regulates ID documentation, and in certain institutional circumstances individuals with “mismatched” legal identification and embodiment faces acute consequences (Spade 2011). As Spade (2011:77) points out:

The consequences of misclassification or the inability to be fit into the existing classification system are extremely high, particularly in the kinds of institutions

and systems that have emerged and grown to target and control poor people and people of color, such as the criminal punishment system, public benefit systems, and immigration systems.

In this way, not only do those that do not fit the medical model face consequences, but the way that access to medical transitions is distributed also works to reinforce existing inequalities.

Although medical transition is very important for a lot of trans folks, and can grant certain levels of safety, well-being, and privileges to some individuals, it is not the only, nor the most impactful technology of transition (Spade 2006). There are many technologies of gender transition, from hair and clothing choices, to diets and exercise regimens, that trans as well as cis individuals engage in to create gendered embodiments. Specific technologies though, including hormone therapy and surgeries impacting sexed embodiment, are closely regulated, at least when it is trans individuals that are attempting to access them.

Processes of trans medicalization exist in relation to the trans community and trans individuals' actions and mobilizations. For instance, gender dysphoria clinics of the 1960's located within US universities, used a medical definition of "the transsexual" as outlined by the work of Henry Benjamin in their 1966 piece *The Transsexual Phenomena* to determine who was worthy of care (Benjamin 1966; Stone 2006). Researchers were at first surprised that the "behaviors" of the women coming to the clinic for treatment matched so closely to those described by Benjamin's work (Stone 2006). However, they matched so closely because these women were also reading Benjamin's work and knew what was expected of them. Prosser (1998:101, emphasis in original) describes this relationship between clinical understandings, community understandings, and the bodies they bring forth stating "the published transsexual autobiographies that *we* read are always the transsexual autobiography a second time around."

Stone (2006:22) brings attention to this tension between the researchers from this time period and the transsexual folks they were researching stating:

The researchers wanted to know what this thing they called gender dysphoria syndrome was. They wanted the taxonomy of the symptoms criteria for differential diagnosis procedures for evaluation, reliable courses of treatment, and thorough follow-up. The transsexuals wanted surgery. They had very clear agendas regarding their relation to the researchers, ... something to overcome. In this they unambiguously expressed Benjamin's original criterion in its simplest form: The sense of being in the 'wrong' body.

Highlighting not only this tension, but also the creative agency employed by trans individuals in order to advocate for themselves against policies limiting their bodily autonomy. The way that trans identities are currently medicalized, as gender dysphoria, is also in part due to transgender activists who wanted to move away from the previous conceptualization of transness as a "gender identity disorder," while still being included within the Diagnostic and Statistical Manual (DSM) in order for tools of medical transition to be covered by insurers (Stryker 2017).

The medical model also upholds systems of transnormativity. Transnormativity is described by Johnson (2016:468) as "an ideology that structures trans identification, experience and narratives into a *realness* or *trans enough* hierarchy that is heavily reliant on accountability to a medically based, heteronormative model." Importantly, transnormativity should be understood alongside heteronormativity and homonormativity as:

Both an empowering and constraining ideology that deems some trans people's identifications, characteristics, and behaviors as legitimate and prescriptive (e.g., those that adhere to a medical model) while others' are marginalized, subordinated, or rendered invisible (Johnson 2016:465-467).

The concept of transnormativity is important to this project because of how it connects processes of gender accountability to trans medicalization, describing how the medical model may grant livable circumstances to some, while restraining the possibilities of others.

Confronting Inequality, Charity, and Community

Medical crowdfunding has become a way that individuals attempt to finance their care, especially in the U.S. context where care is highly individualized, and often outside of individuals' financial means. Crowdfunding has become an increasingly common way to fund medical transition among the trans community. For the privileged that have it, the costs of medical transition are often not covered by insurance, only covered if extensive stipulations are met, or are only partially covered. This prompts individuals to find other ways to finance their transition, including crowdfunding. In this section, I review the literature on access to trans competent healthcare, medical crowdfunding, and specific trans-medical crowdfunding, leading to a discussion of the limits of crowdfunding and other forms of charity in confronting the inequalities and needs they aim to address, situating my own project on crowdfunding for top surgery.

Accessing healthcare as a trans person can be an incredibly difficult task. Individual and institutional cissexism within the healthcare, insurance, and legal system often make access to care incredibly difficult for trans folks (Spade 2011). In addition to this, trans individuals are less likely to be employed, more likely to live in poverty, and less likely to have stable housing than the general U.S. population, often leading to difficulties accessing quality medical care (James et al. 2016). These inequalities are compounded for disabled trans folks, undocumented trans folks, and/or trans folks of color (James et al. 2016). At times trans individuals also face line-item exclusions, that bar insurance coverage for trans individuals' treatments, even if these same practices are covered for their cis peers. The policy environments regarding line-item exclusion for trans care is marked by rapid change and instability (Khan 2011). Even in areas where protections are in place to prohibit these line-item exclusions, individuals often cannot access

transition related care due to lack of competent providers, difficulties navigating the insurance system, and/or denials from insurers (Hughto et al. 2016).

Although the practice of collecting financial resources from others has a much longer history, in the last decade crowdfunding has increasingly been accomplished through online platforms such as GoFundMe, IndieGoGo, and Kickstarter. Crowdfunding can be understood as “the practice of raising funds through numerous usually small donations from an unspecified group of Internet users (‘the crowd’) on dedicated Web sites” (Lukk Schneiderhan and Soares 2018:407-408). The advent of online crowdfunding and the storying of financial need is a new permutation of a much older phenomena. For example, Loseke and Fawcett (1995:61) found that in the “One Hundred Neediest Cases” which were advertisements for charity donations that appeared in the *New York Times* from 1912-1917, story authors created mythologies which “produce political legitimations, social hierarchy, and structures of domination.” The narrative strategies used by those crowdfunding on GoFundMe today and those used over a hundred years ago are interestingly similar in how they support a certain type of moral and social order.

Much of the recent work on online crowdfunding for medical need has emphasized this tension between the lives it has the potential to positively impact and the structural problems it tends to obscure. Snyder, Mathers and Crooks (2016:29) describe this tension stating, “We do not doubt that medical crowdfunding websites are of enormous value to many of their users... however, we believe the need for these websites is often the result of failings and injustices in the health system of their users.” Lukk et al. (2018) share this sentiment, arguing that the advent of the explosion of online crowdfunding for services including healthcare and education are the result of individuals turning to a market solution when government backed supports fall short, or simply do not exist. The work of Gonzales et al. (2018) has shown that entering this market

involves selling your own story and why you are worthy of assistance. Through interviews with individuals who were crowdfunding their healthcare on GoFundMe, they found that the platform pressured campaign launchers to self-disclose information about themselves and their medical need in order to gain financial assistance, leading to both privacy concerns and greater emotional support (Gonzales et al. 2018).

Over the last few years there has also been a limited amount of interdisciplinary scholarly interest in crowdfunding by transgender individuals and their loved ones to finance aspects of their medical transition. For example, Farnel (2015) investigated the aesthetic commodification process trans bodies undergo through crowdfunding, by analyzing three highly successful trans crowdfunding campaigns. They conclude that crowdfunding has the ability to both contest affective conditions that contribute to violent transphobia, and reify already existing systems of inequality by further marginalizing precarious populations for which crowdfunding is less likely to be successful.

Fritz and Gonzales' (2018) work differs from the others in that it was based on interviews with trans men who were crowdfunding their top surgeries on the platform YouCaring.com⁵, rather than on analysis of existing campaigns. Their work focuses on how individuals navigate concerns about their privacy, in a landscape that encourages public sharing of intimate details of their lives. Their participants emphasized the importance of representation online to their own understandings of gender, and how crowdfunding had provided them with one way of doing this through sharing their own story (Fritz and Gonzales 2018). Importantly, their participants also emphasized the increased violence and general hardships faced by trans women, trans people of color, and particularly trans women of color, that are often exacerbated by less success

⁵ Since the publication of this work YouCaring was acquired by GoFundMe (GoFundMe 2020c).

crowdfunding for their medical transitions and/or other necessary funds (Fritz and Gonzales 2018). This led Fritz and Gonzales (2018) to call for more research directly addressing trans women's experiences.

Barcelos' (2019A) work on crowdfunding in the trans community has been perhaps the most in-depth to date, and in many ways situates this project (see also Barcelos 2019B; Barcelos and Budge 2019). Barcelos' work is based upon a dataset of 410 GoFundMe campaigns⁶ which were launched between 2012 and 2016, found using the search term "trans," and raising money for individuals to finance "transition-related care, including psychotherapy, hormone treatment, and surgical procedures" (Barcelos 2019B:3). Through their work, Barcelos (2019B:5) argues that that crowdfunding by trans folks "both reveal and reinforce health and social inequalities." While crowdfunding helped some individuals fund their medical transition, Barcelos (2019A; 2019B) argues that successful campaigns were more likely to be for white, young, binary identified trans men, increasing preexisting inequalities among trans people, further marginalizing trans people of color, and trans feminine individuals.

Crowdfunding medical care is, at best, an imperfect method of addressing a failing healthcare system. Previous research has suggested that crowdfunding not only individualizes structural problems, but also reinforces already existing inequalities. For example, Berliner and Kenworthy (2017:223) argue in their piece analyzing GoFundMe campaigns that "crowdfunding has the potential to deepen social and health inequalities in the U.S. by prompting forms of individualized charity that rely on unequally-distributed literacies to demonstrate deservingness and worth." Because of these patterns and its increasing prevalence as a way to mitigate mounting healthcare costs, crowdfunding is of sociological significance but has been

⁶ In Barcelos and Budge's piece (2019) they removed the individuals in this dataset that identified as nonbinary, two-spirit, and/or intersex, leading to a slightly smaller sample of 391.

understudied within the discipline (Snyder et al. 2016). The impact of crowdfunding for transition related costs is similarly understudied (Barcelos and Budge 2019), especially within a sociological context. Within this project I bring together literatures within the sociology of gender, medical sociology, narrative sociology, and trans studies to analyze GoFundMe top surgery campaigns under a particularly sociological lens.

CHAPTER TWO:

METHODS

In this study, I analyze top surgery campaigns launched within the crowdfunding website GoFundMe. I decided to focus specifically on top surgery for a number of reasons. I wanted to create a project that was feasible within the time and means given to me, so I decided to focus on one type of surgery that is used as a part of individuals medical transition, rather than medical transition campaigns more broadly, or general campaigns raising money to support trans individuals. In addition, previous work has shown that among trans GoFundMe campaigns, top surgery campaigns, particularly those for “young, white, binary-identified trans men” are over-represented both among total campaigns and those reaching their goal amounts (Barcelos 2019B:1394). I chose to focus on these campaigns because of their privileged position among trans GoFundMe campaigns and the implications that came from that position related to the construction of medical and financial need.

In *Trans Bodies Trans Selves: A Recourse for the Trans Community*, Chyten-Brennan (2014:276) defines top surgery as “the removal of breast tissue and formation of a male-contoured chest.” Drawing upon this definition, I conceptualize my campaigns of interest as those who were written to raise money for individuals undergoing top surgery, as understood as the removal of breast tissue from their chest, in order to create a more gender-affirming embodiment. Throughout this work it is important to highlight that not all trans folks desire medical tools of transition including top surgery. Similarly, not everyone who fits my sample

criteria, individuals raising money for top surgery in order to have a more gender-affirming embodiment, are trans men. Rather, they are a gender diverse group composed of nonbinary individuals, intersex individuals, trans men, lesbians, and individuals who never mention their genders (a comprehensive list of gender identities can be found in Table 1 in the appendix).

GoFundMe as a Platform

GoFundMe is a for-profit crowdfunding website, since its launch in 2010, it has grown to a leader in online crowdfunding (Heller 2019). It differs from other crowdfunding websites such as Kickstarter or IndieGoGo, which specialize in pulling resources to fund commercial ventures or other types of production centered projects. Rather, GoFundMe specializes in relief and need-based projects with medical and healthcare campaigns being some of the most popular (Berliner and Kenworthy 2017). This is unsurprising within the US context considering the high cost of healthcare. Berliner and Kenworthy (2017:234) describe the rise of crowdfunding platforms such as GoFundMe as due in part to the “fiscal crises in the American health care and social assistance systems, combined with the emergence of ‘sharing’ and ‘crowd’ economies that promote hyper-individualized and largely unregulated entrepreneurship.” Berliner and Kenworthy (2018:234) go on to argue that GoFundMe campaigns work as a “living archive,” recording the struggle of individuals within the United States attempting to keep afloat within these systems. In this project, I conceptualize the GoFundMe campaigns similarly, as documents that record the history of individuals engaging in meaning making projects regarding understandings of gender, medical need, and deservingness within a system where their healthcare needs are not being met.

I chose to use GoFundMe as the setting for my study for several reasons, including its size and dominance in the crowdfunding industry, particularly medical crowdfunding.

GoFundMe is the self-reported largest social fundraising platform with over five billion dollars raised by over 70 million donors, as of February 2020 (GoFundMe 2020B). Secondly, the way that individual GoFundMe campaigns are formatted suited my research questions well. Each campaign has a section for the individual's "story" to describe why they were raising money and why people should be interested in donating to them. Finally, GoFundMe campaigns are incredibly popular ways for trans individuals to fund their medical transitions (Barcelos 2019B).

GoFundMe campaigns, regardless of what they are raising money for, follow the same general template. The main aspect of each campaign is the "story" feature, where authors describe what they are raising money for and why. Authors also choose a "label" for their campaign, which describes how they see their own campaign and what section of the GoFundMe website they would like their campaign to be housed within. Examples of labels include "medical," "memorial," "emergency," and "wishes." All campaigns have at least one photo, though some individuals upload multiple. Some campaigns also have an "update" feature where the campaign creator can update potential donors on how the campaign is going. For example, in top surgery campaigns some authors update their campaigns as they receive more information regarding what insurance will cover, the date of the surgery, or other information they find pertinent. Each campaign also has the name and location of the campaign launcher, the date of the campaign launch, and an editable goal for the money raised. Finally, the amount of money donated to the campaign and by how many people as well as a comment section are included.

Although their policy has not been consistent⁷, during the time of data collection (Fall 2019) GoFundMe had a 2.9% “transaction fee” and a \$.30 fee per donation⁸ (GoFundMe 2019_A). The same transaction rates are used regardless of the amount raised and whether a campaign meets its goal (GoFundMe 2019_A). Although this is the way that GoFundMe campaigns are designed to raise funds, some individuals, including authors in my sample, also include links to money sharing apps such as Venmo and PayPal. This, in conjunction with any physical fundraising events, complicates the process of understanding the full financial impact of GoFundMe campaigns.

When starting a new campaign, GoFundMe provides fundraisers advice for maximizing their donations on the platform through advice columns (GoFundMe 2019_B). GoFundMe makes its profit through taking a portion of the money given to campaigns, meaning that if they can help campaigns “sell” their story, they will financially benefit. In these advise documents GoFundMe urges people to share their campaign on their social media profiles and ask friends and family members personally to contribute to the campaign (GoFundMe 2019_B). These tips leading to a “successful” campaign require that campaign authors’ social networks have access to disposable resources. Because of the inequality in the wealth held by different individuals’ social networks, GoFundMe, while proclaiming a message of sharing resources and working towards a common goal, may be reinforcing and widening existing inequalities.

⁷ In 2017 GoFundMe waived its 5% platform fee for individual fundraising within the United States. Some of the campaigns within my sample were launched prior to this new rule taking effect (Heller 2019).

⁸ This description is for campaigns raising money in US dollars (GoFundMe 2019_A).

Data Collection

The campaigns analyzed in this project were downloaded from the GoFundMe website in the Fall of 2019. To find the campaigns I used the search term “top surgery”⁹, which as of November 2019 led to over 26,000 results¹⁰. For the purpose of this project I will be analyzing only the first 100 results. I came to this decision for a number of reasons. I wanted to be able to do a thorough qualitative analysis on the data I collected, necessitating a manageable sample. Secondly, in this project I wanted to maintain a critical lens on how GoFundMe as a platform facilitates certain understandings of medical and financial need, a goal that is accomplished well by using campaigns that GoFundMe itself sees as doing well.

While looking through the campaigns published on GoFundMe’s website, I soon realized that the amount of campaigns someone was able to see was limited by how the platform was designed. After looking through the first few hundred campaigns my browser would crash because the platform would only allow someone to view one search result as one continuous page. As I compared the campaigns near the top of the search queue and those several hundred back, it seemed like those in the front either were financially successful (raising a lot of money, or raising close to or exceeding their goal amount) or had received many donations recently in a

⁹ Importantly, because of how whiteness is conceptualized as an unmarked category, the use of this search term probably contributed to the whiteness of my sample. In adjacent research on trans YouTube videos Raun (2015), and Horak (2014) both found that the use of “racially unmarked” search terms such as “FTM,” “trans” etc. when searching for trans YouTube videos yields mostly white results because of the “unstated norm” of whiteness on YouTube, despite there being large active community of trans YouTubers of color (Horak 2014:576). It would be unsurprising if within GoFundMe search terms such as “top surgery” or “trans” would yield similarly white results.

¹⁰ It is important to note both the opportunity and limitations that come with this amount of data. For instance, when Barcelos (2019A) was collecting data for their piece on trans medical GoFundMe campaigns they used the search term “trans” and had a total of 493 campaigns, 410 of which matched their search criteria. Using the same search term in February 2020 brought over 11,000 results, making doing a project utilizing the same methodology (downloading and analyzing all campaigns) a much more arduous task, resulting in some necessary choices in my project to allow for a manageable sized dataset.

short period of time. I tried to confirm this with GoFundMe and received the following response from their representative:

The campaigns on our homepage are curated by an algorithm that calculates the level of engagement with our campaigns. For a higher chance of appearing there, we coach our users on sharing their campaigns as much as possible. Unfortunately, I am unable to share any other information in regards to this.

Although I cannot confirm the exact formula that GoFundMe uses to determine what campaigns will be featured within their search results, I am fairly confident based both on my own observations and the GoFundMe representative, that campaigns that are near the top of search results are there because of their success by GoFundMe's standards as enumerated above.

All campaigns were downloaded to my hard drive as web archives and PDFs. The text of each campaign and main photo were then placed in a word processor and printed for analysis. I only used campaigns launched within the United States and in English. I created the geographical stipulation because of how different access to healthcare in general, and specifically trans healthcare, is within different national contexts. The campaigns analyzed for this study are publicly accessible. In the online world, which this project is situated within, that means it was not necessary to create an account and/or login in order to access this content (Egner 2019). The story authors are not considered "human subjects" because the campaigns are publicly published online, and as a researcher I have not had any contact with these individuals. In the fall of 2019, I was given "IRB Exempt" status for this project from the University of South Florida Internal Review Board.

Although the data is publicly available, I have assigned pseudonyms to all campaign authors and other individuals mentioned in the campaigns and have omitted the names of specific places contained in the campaigns. In assigning pseudonyms, I attempted, to the best of my ability, to assign names that maintained similar gender and racial/ethnic connotations as the

originals. As can be seen in Table 1 of the appendix I also gave broad ranges regarding the launch date and the amount of money raised in order to make it harder to trace back to the original campaign and I do not believe anonymizing the data in this way has much, if any, impact on the quality of this study. I did not, however, change the text from their campaigns. The quotes I use throughout this project are direct quotes. I believe that good qualitative research lies in being able to make an argument from the words that participants, members, authors, or interviewees use in describing their world. While I understand that in a digital world marked by a lack of privacy, strings of text are easily searchable, I find that not using the exact words that authors used to craft their narrative would both be a disservice to them and would undermine the utility of this project.

While I have made an effort to make it difficult to directly link individual authors to their narratives I am analyzing, these are publicly available campaigns, and thus are possible to find unless the authors decide to deactivate them¹¹. While I have thought thoroughly through my own decisions regarding the use of these campaigns as data, I believe it is also necessary as social scientists to invest more time in the development of both online methodologies and ethical guidelines. As more of our world exists within online spheres, it offers more opportunities for online research, but also presents new methodological and ethical pitfalls that will need to be navigated.

Data Analysis

To begin data analysis, I pre-coded all of my materials (Saldaña 2016). This included conducting a close reading to familiarize myself with the entire sample (Loseke 2012), writing

¹¹ This is very much a possibility. Data was collected in the fall of 2019, so campaigns may have been deleted the day after, or even in the hours after data collection, alternatively they may remain active for years to come.

short notes and memos, and highlighting sections and quotes that seemed to illustrate broader themes. Following precoding, I coded my data based on a constructionist vein of grounded theory as laid out by Charmaz (2008). In this piece Charmaz (2008:398) writes “Constructionist grounded theorists attend to *what* and *how* questions.” In following this line of thought I used two different documents, one addressing how story authors are constructing their narratives (how they are formatting their stories) and another addressing the *what* questions (the content of the stories, what they are talking about).

Throughout the data analysis process, I was interested in how campaign authors were creating narratives of medical and financial need. Narrative analysis allows researchers to investigate the work that stories do in the social world. Narratives are constructed and interpreted within situational contexts, making them well-suited for projects interested in meaning-making that are tied to specificity and context. After an initial round of coding I went back through the data and investigated how my initial codes were situated within symbolic and emotion codes (Loseke 2012; Loseke and Kusenbach 2008). Symbolic and emotion codes are important to this project because they situate and contextualize the other findings. For instance, understandings of what being trans is, who should have top surgery and why, and who is worthy of financial assistance is always steeped in symbolic and emotion codes regarding how the broader world works and should work, including how emotions do and should work. Understanding these contexts are essential to understanding the other results of this project.

Sample

Below I have provided information regarding the 100 campaigns that make up my sample. This is not a quantitative project and the campaigns I chose to analyze are purposefully

not a random sample. The information I have provided is not to make claims regarding what causes a successful campaign but rather, to give the reader some familiarity with the sample campaigns. The range of funds raised by the campaigns was \$95 to \$16,000, with an average of \$3,359 and a median of \$2,718. The total amount raised by all campaigns in the sample was \$335,887. All campaigns in the sample were active, meaning they were currently seeking funds. The oldest campaign was created in the spring of 2013, while the most recent was made just a few hours before data capture in the fall of 2019. Although the campaigns' start dates spanned several years, they are at the same time contemporaries of one another, for they were all currently requesting funds in the fall of 2019. Roughly two thirds of the campaigns were created within a year from the data of download.

The length of each campaign (including the initial story section and updates) ranged from 78 to 2,640 words, with an average of 490 and median of 371. Of the 100 GoFundMe campaigns analyzed 85 were authored by the individual having top surgery. Six campaigns were written by friends of the individual having top surgery¹², two by parents, eight by partners¹³, and one was co-authored by the individual having top surgery and their partner. In all of the campaigns the main subject was the individual having top surgery. Out of the 100 top surgery campaigns in my sample 94 authors labeled their campaign as either "Medical" or "Medical, Illness, and Healing."¹⁴ The remaining campaigns labeled themselves as "Celebration and Events,"

¹² Three of the campaigns explicitly stated they were written by a friend of the individual having top surgery, while in three others I inferred that was their relationship based on the text. More information can be found in Table 1 in the appendix.

¹³ Seven of the eight campaigns stated explicitly that they were the partner of the individual having top surgery, in one campaign I inferred the relationship based on the text. More information can be found in Table 1 in the appendix.

¹⁴ Information regarding which labels individual campaigns used can be found in Table 1 in the appendix. In total 41 campaigns labeled themselves as "Medical," 53 as "Medical, Illness, and Healing," one as "Celebration and Events," one as "Other," and two as "Wishes."

“Family,” “Other”, and “Wishes.” I found it interesting that individuals labeled their top surgery campaigns as either “Medical” or “Medical, Illness and Healing,” with such consistency, and see this as one way that authors are constructing medical need.

Although all of the campaigns were raising money for top surgery there was a lot of diversity in how authors spoke about gender. It is also important to recall that outside of and within the trans community, all gender identities are not given the same legitimacy (shuster 2017; Garrison 2018). In fact, in their work Barcelos points out that non-binary individuals might seem under-represented in top surgery campaigns because they may decide not to identify themselves in the fear that it will discourage donations (Barcelos 2019A). While how authors describe their genders (or the genders of those they are writing about) is important in the context of this study, the way they describe their gender, their need for surgery, their dysphoria, or other aspects of their life story in contexts other than these campaigns may be very different. In addition, the words used to describe gender and sexuality are always used in relation to other identities and social locations. For instance, many of the dominant conceptualizations of transness, both within the medical model and within the trans movement are based in whiteness (Gill-Peterson 2018; Vidal-Ortiz 2014). In relation to this, some queer/trans communities of color have developed different vocabularies and identifications to describe their identities and communities (Bailey 2014; Vidal-Ortiz 2014).

Genders mentioned in the campaigns included “trans guy,” “trans-masc queerdo,” “friendly trash boy,” “FTM,” “FTM Male,” “not cis,” “non-binary,” “non-binary trans human,” “trans masc,” “trans individual,” and “butch lesbian.” Twenty-three of the campaigns did not directly mention the top surgery recipient’s gender and five additional campaigns written by others did not explicitly mention gender but used gendered pronouns. Information on gendered

phrases used and other information on the sample campaigns and story subjects (who was raising money for top surgery regardless of the author) can be found in Table 1 in the Appendix.

A drawback of document analysis, and non-reactive research more broadly, is not being able to ask your participants how they see themselves. Although authors in this study are raising money for top surgery, a surgery which is predicated upon a change in gendered embodiment, nearly a third of the campaigns did not explicitly mention gender. These elusions were even more prominent upon other axes of identity and inequality. Previous work on crowdfunding has demonstrated that white binary trans men are heavily overrepresented in successful GoFundMe top surgery campaigns (Barcelos and Budge 2019). Based on the photos attached to the GoFundMe campaigns in my study I believe the same is true of my sample. No individuals described themselves as white, though given that whiteness is often the unmarked racial category, it is not unlikely that a majority of campaigners who failed to mention race were white. Of those that did mention race and/or ethnic background individuals identified as “Indigenous” (Alo), “mixed Indigenous” (Aiden), “white-passing Native” (Koda), “Chicanx” (Rob), and four as “People of Color” (Phyllis, tae, Aaron, and Jessica).

While launching a GoFundMe account is about requesting financial assistance and reasons for financial need were often mentioned throughout the campaigns, I do not know the class backgrounds of the individuals having top surgery. Based on the information I do have, I suspect that this sample is of a class background in some regards higher than the general population. Only one individual in the sample mentioned being uninsured as a reason for needing financial assistance (Hudson). In addition, a good deal of the authors were either current university students, or had an undergraduate/graduate degree. Though these markers of

middle/upper class membership were evident in many of the authors it is important to remember that these markers do not always translate into available material resources¹⁵.

¹⁵ For instance, in the 2015 US Transgender Survey respondents had on average much higher education levels than the general U.S. population, but still had a poverty rate of nearly a third, compared to the general rate of twelve percent at the time of the survey (James et al. 2016).

CHAPTER THREE:

A TRANS(ITION) FORMULA STORY

“Although this same story has been told many many times by many many people, I feel that reiterating it is necessary, considering.” -Nathan

As previously described, formula stories are “narratives about types of experiences involving distinct types of characters” that become “ways of interpreting and conveying experience... virtual templates for how lived experiences may be defined” (Loseke 2001:107). In this section I investigate what I term the trans(ition) formula story employed by authors within GoFundMe top surgery campaigns. I investigate how the individual having top surgery is constructed, what their character is like, and what are the ramifications of how this story is told. I argue that this formula story relies upon overlapping understandings of transition as a narrative of pride and of medicalization. In doing so, I follow previous literature investigating the use of coming out formula stories and the constraints they create (Crawley and Broad 2004). I begin this section by exploring how medical need is constructed within GoFundMe top surgery campaigns, and then discuss how authors produce narratives of pride. I conclude this chapter with an analysis of the overlapping logics used by these two narratives, and how authors use them in conjunction with one another to employ a trans(ition) formula story.

Constructing Medical Need

The GoFundMe campaigns studied in this project were all raising money for a medical procedure, thus creating medical need was a central aspect of the campaigns. How individual

authors actually accomplished this, though, differed. Medical need was created through the use of medical vocabularies and understandings of the medicalization of breasts and binding and the invoking of medical expertise. These strategies rely upon larger symbolic and emotion codes regarding the authority of medical professionals and their role in “fixing” those who fall outside of the norm in a myriad of ways.

Invoking Medical Authority

One way that individuals create medical need is through directly or indirectly referring to medical authority. This is perhaps unsurprising considering the power that medical professionals have in determining the legitimacy of trans individuals’ identities. For example, nearly half of the authors mentioned the surgeon that they are planning on having perform their surgery within their campaign. In JP’s campaign, the author wrote “(JP)¹⁶ has found a surgeon in (*Medium Southern City*) who respects him and has a lot of experience in this kind of surgery. Dr. (X) will be doing this procedure.” This quote exemplifies how discussing the surgeon and surgery plans simultaneously supports an individual’s readiness and preparedness for top surgery, they¹⁷ had done the research and preparation to seek out a surgeon and reinforces their medical need by drawing upon the surgeon’s legitimacy. This can also be seen in Zack’s campaign where the author--a friend--states, “He has his surgeon picked, the surgery approved, all of his letters, & even has his date finalized!” Their statement shows how preparedness and need for top surgery is reinforced by the citation of approval of medical authorities.

¹⁶ In all quotes that mention individuals’ names (including the author, individual having top surgery, and/or the physician performing the top surgery) I have replaced them with their pseudonym (if it is the individual having top surgery) or with a simple “X.” If the quote mentions a specific place or city, I have replaced its reference with a reference to the general type of place they were referring to.

¹⁷ I have used the generic “they” throughout this piece to refer to individuals whose campaigns did not employ pronouns to refer to the individual having top surgery. I have done this in an attempt to avoid misgendering authors.

Another way that individuals directly invoked medical expertise to support their own medical need was through describing their gender transition as directed by a medical professional. For example, Davor explained:

My medical story started with an awkward conversation with my general physician. Not yet feeling comfortable enough to say transgender, I stumbled around my words and finally got it out. She linked me up with the transgender care unit in (*Large West Coast City*). From there, I attended a transgender orientation and had monthly sessions with a physiologist until they cleared me to meet with a surgeon. The amount of happiness when I got that phone call is unexplainable.

In this quote Davor's trans identity is not only understood in medical terms, but the medical expert actually provides them with the necessary words to describe their experience and the proper course of treatment, underlining the legitimacy of this procedure and their medical need.

Another way that medical expertise was employed was through a discussion of the author's history of medical transition. This often included a discussion of their experience on testosterone, which was employed to construct medical authority in two reinforcing ways. First, some authors wrote about the length of time they had been on testosterone. For example, Lee writes, "I'm a trans man that's been on hormones since June 2017. The next step, the biggest step, of my transition is getting top surgery," showing that they both have had a consistent identity and have been medically transitioning for a long period of time. Secondly, some authors used their positive experience on testosterone to emphasize the positive impact top surgery will have on their relationship with their body. Carson states, "I feel so authentically me and whole with the changes from hormones but my chest makes me feel alienated in my own body," describing how top surgery will alleviate the continued discomfort in their body that testosterone began to combat.

The way that time on testosterone is conceptualized in these campaigns can be understood through Horak's (2014:579) concept of "hormone time." Through their analysis of transition videos uploaded to YouTube, Horak (2014:579-578) argues:

Most transition videos operate according to a progressive temporality we might call 'hormone time.' Time begins with the first shot of testosterone or HRT pill (hormone replacement therapy) and is measured against that date, even years afterward... Hormone time is linear and teleological, directed toward the end of living full time in the desired gender. It borrows a Christian temporal structure—time begins with moment of rupture and points in a particular direction.

While "Hormone Time" (Horak 2014) may be useful to understand some individuals' experiences, the use of this narrative as *the* understanding of transition is limiting and damaging to those whose gender identity falls outside of a male/female binary and/or those who choose not to medically transition (Miller 2019; Johnson 2016). For instance, the genderqueer author Rae described in detail their need for top surgery and its relationship to hormone therapy stating:

For me, this surgery is helping me to move towards the body that more aligns with my cognitive understanding of self. I am a genderqueer person, which means that I don't identify as a man or woman, and use they/them/theirs pronouns... This is something I have thought about deeply and thoroughly, with the help of family, friends, and healthcare professionals. Getting this surgery will allow me to live as my full self, and is a decision that I do not take lightly... For those interested in the continuation of my journey, I do not plan on going on hormone therapy, or seeking any further medical interventions beyond this surgery.

Interestingly, even though Rae is not planning on going on hormone therapy, they still reference "hormone time." They still refer to hormones as what is expected as the "continuation" of their "journey." In addition, their quote serves as an example of how respondents who were not binary trans men explained their need for top surgery in greater detail, often describing at length how they had thoroughly thought through the decision to have top surgery, something binary trans men might not need to do to the same degree.

The Medicalization of Breasts and Binding

Medical need was also created through the medicalization of breasts and binding. One way that breasts were medicalized was by describing health complications caused by having large breasts. For example, Sammy's story revolved around the need for top surgery not only in order to provide them an embodiment that better matched their gender identity, but to alleviate health problem associated with their "HHH sized breasts." They describe this saying:

I have permanent indentations on my shoulders from holding up 20 pound breasts. I have scars on my torso from bras ripping into damp skin, I also have scars from the constant yeast infections and rashes I develop under and between my breasts due to moisture being trapped closed to my skin.

Describing several ways that their large breasts constitute a medical problem, which created the need for medical intervention.

In a different but related theme, many individuals describe the negative impact of binding on their body in a way that medicalizes the practice. As a verb, "binding" is any process in which individuals constrict their breasts in order to present a more stereotypically masculine looking chest. This process is often very important for trans-masculine and nonbinary individuals, not only for their gendered appearance to better fit how they would like to be seen by others, but also in order to live safely. A binder (n.) is a piece of clothing, rather like a very tight tank-top or sports bra that constricts a person's breasts either by pushing them tightly against the individual's chest, or by pushing them downwards, to create a flat appearance. Although there is a relative lack of research on the overall safety of binders (for instance it is recommended that individuals only wear them for 6-8 hours a day, though there is limited data on the impacts of wearing them beyond this timeframe), they are still considered much safer than other alternative methods of binding, such as the use of Ace bandages which is known to cause rib fractures which in turn can lead to punctured lungs.

Many campaign authors mentioned the negative impacts of binding on their health and overall wellbeing. These problems ranged from overheating (binders are very tight to the skin and do not allow much airflow), back problems, shortness of breath, rashes, bruising, and general skin irritation. These problems associated with binding were often described and framed as symptoms, created by the condition of binding. For example, in Jackson's campaign the author (their partner) stated, "Symptoms of chest binding can include pain in different areas of the body, shortness of breath, bruising and other skin changes. Many people who bind their chests experience severe back pain, over-heating, and itching." In this quote it can be seen how the author medicalizes binding, understanding the process of wearing different clothes to alter one's gendered appearance through medical logics and vocabularies.

The problems that authors associated with binding were often drawn on in a way that emphasized both the medical need for top surgery and the urgency of that need. For example, Andrew wrote about their need saying, "While still having a large chest I still have to wear binders and sports bras that are uncomfortable. All while they are causing damage to my body because my skin is sensitive and leaving awful scars. My dermatologist suggested getting surgery ASAP." In this quote you can see that Andrew is not only medicalizing binding, but also drawing upon medical expertise by describing how their dermatologist "diagnosed" their acute need for top surgery due to their skin irritation from binding. In their campaign, Archer also drew on medical expertise in their description of binding stating "Binding for more than 6-8 hours is not recommended. It has implemented a chronic back and neck problem that has resulted in extreme pain and discomfort. This, in turn, has caused the need for both acupuncture and a chiropractor, on a weekly basis." These two campaigns are interesting in that both Archer and Andrew draw upon medical expertise to emphasize the medicalization of binding, but in different

ways. While Andrew emphasized their medical need by describing how a medical professional told them they needed to quickly get top surgery, Archer emphasized their medical need by describing how they needed the services of multiple new medical providers in order to combat the symptoms of binding.

Individuals also understood binding as a medical problem because of the way that it interfered with their ability to live what they considered to be a healthy lifestyle. For example, Bennett explained:

The binder allows me to have as flat a chest as possible, but it has taken a negative effect on my health as it has affected my ability to take in full breaths and lead an active, healthy lifestyle. From the smallest of tasks— walking quickly or climbing a flight of stairs I struggle consistently to breathe.

This quote shows that beyond the impacts of binding itself, medical need was also constructed by describing what binding kept individuals from doing. Importantly, although many campaigns discussed the negative medical implications of binding, some also highlighted the possibilities and increased livability that binding brought to their lives. For example, Isaac stated:

Binding has been an incredible tool for alleviating much mental anguish and dysphoria. It has given me confidence, safety, and reassurance to participate in social activities, use public restrooms, and go to job interviews while recognized outwardly as who I am at my core. Binding is not a longterm [*sic*] solution, however, as it is damaging to my body. Some things I have experienced from binding include rib damage, prolonged lung compression, under arm bleeding and bruising, postural issues affecting my whole body, fatigue and the inability to carry out many day to day activities.

In this quote Isaac emphasizes how binding was an imperfect solution to the dysphoria they were facing, but overall had a positive impact on their life, enabling them to live in a way that would be impossible without binding.

Employing Medical Vocabularies

Finally, an important way authors construct medical need is through the deployment of medical vocabularies and logics. Importantly, these deployments are always intertwined with the power the medical system broadly, and specifically the power it has over trans lives. One way these medical understandings manifest is through seeing top surgery as a medical emergency. For example, Elijah describes his need for top surgery stating, “From a medical stand point [*sic*] it is needed. With my weekly take of testosterone, breast tissue can take the testosterone in my body and turn it into estrogen. Too much estrogen can unexpectedly (and rarely) cause cancer. I would not like to take the risk. So please help me!”¹⁸ In this statement Elijah describes their need for top surgery as a medical emergency by drawing upon a potential cancer diagnosis if medical action is not taken. Interestingly, in this way Elijah’s narrative is similar to those employed by medical professionals in describing why intersex individuals require surgical intervention (Davis 2015). This understanding of transness is at odds with description often employed by medical doctors who understand trans healthcare as non-emergency and necessitating long waits to “ensure” identities (Davis Dewey and Murphey 2016).

Another way that medical vocabularies were invoked was through a discussion of dysphoria. Dysphoria can be understood as “a sense of unhappiness (the opposite of *euphoria*, a sense of joy or pleasure) over the incongruence between how one subjectively understands one’s experience of gender and how one’s gender is perceived by others” (Stryker 2017:17). Since the update of the DSM in 2013 and removal of Gender Identity Disorder, partly due to trans activism, gender dysphoria is the main way in which trans identities are medicalized (American

¹⁸ This is an illustration of a common myth that individuals on hormone therapy have increased risks of breast and reproductive cancer than their cisgender peers. In general, the impact of hormone therapy on individuals’ health is understudied, but there is no evidence to support the claim that being on testosterone leads to an increased risk of breast cancer (Deutsch 2014).

Psychiatric Association 2013; Stryker 2017). Dysphoria as a concept was employed by authors across gender categories/identities. While some authors mentioned dysphoria as a self-evident explanation for need, others included a description of its impacts on their daily lives, or how its impacts are reinforced by other health problems. For example, Avi begins their campaign by stating:

Hey ya'll my name's (Avi) &
first things first I'm
d
y
s
p
h
o
r
i
c...

I started hormone therapy around 2 and a half years ago. While it has allowed me to become more associated with my body it has also made me slowly realize [how] much I need top surgery to fully associate with my body. The past year has been full of dysphoria induced panic attacks and depression.¹⁹

In this quote it can be seen how a discussion of dysphoria is central to Avi's construction of need for top surgery and how their need for top surgery is intertwined with relieving not only dysphoria, but also other coexisting health concerns, including mental illness. For example, Owen described the way their mental health and dysphoria co-create their acute condition for need stating, "I was diagnosed Bipolar at 12 years old and my mental health has been a constant battle ever since. What compounds this is the feeling of gender dysphoria that drowns me in anxiety to the point where I cannot function." Similarly, Sammy describes their experience with dysphoria and anxiety reinforcing each other stating:

I experience so much anxiety at night (knowing that I am going to have to get up and put a bra on, that no binder will ever flatten my chest enough for me to not constantly be thinking about how awkward and inadequate as a person they make

¹⁹ Original formatting was kept in order to maintain the author's emphasis.

me feel, I often find myself having to take Xanax just to turn my dysphoria down a notch so that I can sleep.

Throughout these examples it can be seen how dysphoria can be combined with other health issues to construct medical need.

Accessing and Contesting Medical Approval

Although the construction of medical need was a process authors were engaged in throughout the data, several authors described how their bodies were considered by medical authorities ineligible for top surgery, or complicated common understandings of who top surgery is for. For example, Ian describes how their ability to get top surgery was impeded by a surgeon's decision that they needed to lose a significant amount of weight prior to having top surgery. As Ian explains:

The surgeons of [*Large Midwestern City*] want me to have a certain BMI²⁰ requirement. At first I was like, Game On Eating Disorder Who, so I tried losing weight for a month... The crazy thing about BMI is it doesn't matter if it's fat or muscle. It feels like I am in a hole in the ground and right where I think I can grip the edge to pull myself up someone steps on my hand. I don't want to put myself through reliving weight loss trauma/lose weight in the first place if I don't have to.

In an "update" following this original post, Ian described seeking out another surgeon. After the original consultation, the surgeon decided they also had a BMI requirement, setting back their top surgery plans, leaving them feeling "extremely heartbroken!" Though they had been denied by two previous surgeons, Ian was still raising money in the hopes that another surgeon would be willing to do their top surgery. Ian's experience shows not only how the ability to gain medical approval depends on being perceived as a "healthy" body by medical authorities, but also how

²⁰ BMI refers to Body Mass Index, a scale sometimes used by medical authorities to determine "proper" weights in relation to an individual's height.

this can come at the expense of other health concerns, such as Ian's struggle with eating disorders and compounding mental health struggles.

While BMI restrictions by the surgeons created difficulties for individuals like Ian, they also compounded other barriers to accessing top surgery, as can be seen in Hudson's story. Hudson writes, "I have no health insurance, and if I did my surgery would likely not be covered as I have to go to a specific surgeon that specializes in top surgery for people with higher BMIs." Hudson was the only author within my sample who stated being uninsured. Within their statement you can see how the barrier of being uninsured was exacerbated by being restricted to certain surgeons that will perform surgeries on higher BMI patients. Ian and Hudson's cases also show how conveyors of medical authority have the ability to be constructed both as providers of opportunity and legitimacy, as well as antagonists, using their authority to deny or hinder access to top surgery.

While Hudson and Ian described how medical providers created barriers to them receiving access to care, Max understood medical providers as a primary cause of their medical need. Max is an intersex man who underwent "normalization" surgeries as a child and was forced to take estrogen as an adolescent. Max describes this experience stating:

Think about it for a moment. Forget my name, and place; think of the situation. A happy five year old is told that their body is a freak of nature that needs to be fixed. My question is, how were they able without my consent to decide who I would be? Did they have a right to make that decision for me?... My hope is that one day that the standard medical care for intersex kids/babies with ambiguous genitals is just to leave us alone; and let us have sovereignty over our own body.

In this quote Max describes both the abuse to their body by medical providers, but also offers a structural critique to the medical system more broadly, and how they treat intersex children. In this way, Max both faced increased difficulties because of how they had been treated by the

medical establishment and used their individual experience to inform a critique of how the medical system “treats” intersex bodies, particularly intersex infants and children.

While Max’s story shows possibilities for critique of medical authority, it also shows some of the constraints that meet individuals who do not match the embodiment or individual history expected for those that need top surgery. Max went into great detail regarding the abuse they suffered from the nonconsensual surgeries performed on their body, the impact of these surgeries on the appearance of their genitals, and the psychological/emotional difficulties that resulted from this malpractice. Overall, Max’s campaign was one of the longest in the dataset consisting of over one thousand words. In this way, although Max’s story can be seen as a questioning of medical authority, or at least a questioning of its ethical use, both in the length of their narrative and the intimate details of their experience they shared, they may have needed to go to greater lengths to show their medical need. Throughout their narrative Max also describes their involvement in the intersex and trans communities and how it shaped their self-understanding, relying upon narratives of pride.

Narratives of Pride

Authors of GoFundMe top surgery campaigns are not just creating medical need, but rather, creating medical need for a specific type of gendered change in embodiment. In order to do this, authors often employ narratives of pride, which along with the creation of medical need, form a trans(ition) formula story which many rely upon to make their story understandable. In understanding these narratives of pride, I rely upon Plummer’s (1995) conceptualization of the dominant coming out narrative. The narratives of pride that I found within GoFundMe top surgery campaigns rely upon many of the same assumptions and narrative strategies that

Plummer describes in their dominant coming out narrative. Although some campaigns discussed coming out experiences, the narratives of pride I discuss goes beyond what I understand as coming out, emphasizing not just how authors come to their identity, but rather how top surgery will allow them to embody their identity in a more “authentic” way. Although Plummer’s work describes the storying of gay and lesbian coming out experiences, I believe it lends itself well to understanding stories of transition, both in the overlap between these two experiences, and in articulating the differences between them.

Plummer (1995:83) understands dominant coming out stories as examples of “modernist tales,” meaning “they use some kind of causal language, sense a linear progression, talk with unproblematic language and feel they are ‘discovering a truth.’” Plummer (1995) describe key aspects of the dominant coming out story as first, starting in early childhood, understanding childhood as an unhappy time marked by difference, then a “crucial moment” occurs leading to the discovery of being gay/lesbian, after which problems are resolved, and finally a sense of identity and community is built. Plummer argues that coming out stories flourished, particularly in the 1970’s and 1980’s, because there was a community to hear them, and reflexively, that there was a community because of the story telling. While Plummer saw the utility of the dominant coming out story waning when they were writing in the mid-1990’s, I would argue that the same general premise can be seen in the transnormative coming out stories used within GoFundMe campaigns.

Queer Dreams and Dangers

For Plummer, the first aspect of the coming out formula story is a focus on childhood, which is “usually seen as an unhappy time, often the source of being gay or lesbian” (1995:83).

For Plummer the dominant coming out story relies upon an unhappy childhood both as the beginning of the story, and a point of contrast for an out and happy adult life. Similar contrasts were used within GoFundMe top surgery campaigns between an author's unhappy childhood and their out/happy adult life (or the potential of one if able to have top surgery). In addition, this ideal of an out and happy post top surgery (and/or other forms of medical transition) was used by some authors as a point of contrast to discussions of the dangers of trans/queer life.

For example, some authors described the importance of top surgery in reference to the possibility of trans suicide. River explained "The continuous support and generosity from my friends and loved ones has been fuel for me to keep moving forward and take larger, more meaningful steps towards my physical transition. If not for their support, I wouldn't be here today." In this quote River shows the importance of community and support, but also the dark alternative of queer/trans death to which the out and proud future the pride narrative creates in contrast. James' narrative also mentions possibilities of past suicides in relation to current livability saying:

Things are so different from when I was twelve years old at all girls Catholic school writing a suicide letter with a red gel pen. I'm married. We have a cat... Each day, I am, quite literally, overwhelmed with my good fortune. But then I look in the mirror after I get out of the shower, and I'm twelve again. I've made myself physically ill looking at my chest in the mirror too long. Only now that my life is so good am I able to see this suffering as unnecessary. I am only recently able to believe the joy so often available to cis people can be mine.

In this way it can be seen how James' narrative posits their dreams and hopes in a life post top surgery, where greater joy is available. Interestingly, in James quote the line between the darkness of childhood and their current livable life fades in relation to their chest, emphasizing their need for top surgery in order to exist beyond this.

Another way the dangers of queer existence were emphasized in relation to the dream of top surgery was through a discussion of how authors' embodiment prior to top surgery threatens their safety. Skye explains this stating:

This surgery is not only for my top dysphoria, but for my safety...My chest has also outed me many times since I started hormone replacement therapy, and I have been in multiple dangerous situations. While being cis-assumed is not my goal, the safety of me and my loved ones is.

In this quote Skye emphasizes that fitting into cisnormative assumptions about what bodies should look like is not their goal, but rather that not fitting into this mold is a threat to their safety. Similarly, Tobin describes how their chest outs them as trans stating, "my chest immediately gives me away to strangers which can be dangerous and especially dehumanizing." Casey follows a similar sentiment stating, "It causes immense anxiety and fear someone could attack or discriminate against me because they saw my chest." In these three quotes it can be seen how individuals understand themselves to be held accountable to embodied gender expectations, regardless of their individual gendered hopes. Importantly, in these narratives the danger authors are presented with are from others and how they perceive them, rather than the internal danger of suicidality described by River and James.

This framing of the need for top surgery in relation to possible violence relates to previous scholarship in trans vulnerability and the impact of safety in constructing trans masculinities (Westbrook 2008; Abelson 2014; Abelson 2019). Previous research has described how transgender individuals are often framed as inherently vulnerable, including in the context of anti-hate crime legislation and Trans Day of Remembrance (TDOR) vigils (Westbrook 2008; Abelson 2019). Drawing on this understanding of trans vulnerability, Abelson (2019:129) describes how safety comes to shape trans masculinities stating, "Trans men face a contradiction: as men they are not supposed to be vulnerable even though men are actually more

likely to experience physical violence than women, but as trans people they are supposed to be inherently vulnerable.” In Abelson’s (2019) work as well as in Skye, Tobin, and Casey’s narratives, it can be seen how perceptions of vulnerability can come to hold an important place in shaping both trans masculinities and the need for trans masculine changes in embodiment.

Consistency and the Linear Progress Narrative

In the dominant coming out story, Plummer (1995:83) highlights their “linear progression” explaining, “Many gay narratives come to assume the same sequences, causal, rational and linear pattern that is a feature of much modern biography.” I found that the pride narrative constructed within GoFundMe top surgery campaigns were premised on a similar timeline of linear progress. Sometimes this theme showed itself in subtle ways, such as phrasing top surgery as the “next step,” “next chapter,” or “next milestone,” of their transition and/or life. In other instances, a linear progress narrative was shown through a discussion of the individual’s past, often including a discussion of their childhood, in which an “essential truth” about the author was shown. Although the linear progress narrative manifested in a variety of ways, a central logic underlying its deployment is an essentialist understanding of one’s gender being an innate and individualized essence. For example, this can be seen in Ty’s campaign where they describe their childhood stating, “I’ve always wanted to be shirtless. Since I was a little kid I’ve always had mostly male friends, I have no sisters and only have two older brothers and everyone around me never wore a shirt to play outside.” In this quote, Ty not only illustrates an emphasis on childhood in order to show a consistent identity, but also equates maleness with having close affinities with other males.

Another important aspect of the pride narrative, as can be seen in Ty and Miles' narratives, was the creation of a stable identity and/or a progressive identity. For example, Sawyer described their past stating:

All of my life, I have felt like I was different; like there was something wrong with me. I thought it was normal to hate the gender that you were and dream about being the other. I never spoke out about it cause [*sic*] I felt it was the average way to feel. When I came out as transgender at 15, I finally felt like there was hope... It's been almost five years now, and i'm ready to take it to the next step. Being able to have the body that matches who i am.

In their quote it can be seen how Sawyer is describing their identity as stable and consistent across time, and their transition as a linear progression, first describing coming out to their friends and family, and now seeking top surgery as the "next step" in their gender journey.

Jessica is a butch lesbian crowdfunding for top surgery, although in some ways their gender story might differ from individuals like Sawyer, who employs a more traditional binary trans narrative, they still rely upon narratives of consistency. For example, Jessica states, "For the last 15 years, I've done everything I can to try and hide my body," emphasizing this point by exploring childhood antidotes of their freedom before having breasts. Throughout the campaigns, individuals with varying gender identities and understandings of coming out rely upon similar tactics of describing their gender and experience through narratives of consistency and progress.

Gaining Language and Community

In this section, I argue that another aspect of the pride narrative is the gaining of knowledge and the creation of queer/trans community. Following an unhappy childhood that allows for the focus on a linear narrative of progress, Plummer (1995:83) sees the next step in the dominant coming out narrative to be a "crucial moment... often in early adolescence" at which

point “problems appear that lead to a concern— or discovery— of being ‘gay.’” This process of gaining language was explained through many of the campaigns. For instance, Eli writes:

When I first moved out of the house I learned what being trans was. That you don’t have to be miserable the rest of your life. That you aren’t crazy or a liar. It was the first time someone told me you could get chest surgery. It was the first time I learned what hormones were. It was the first time I found a queer family and a trans community. I remember asking people to use they for the first time.

In Eli’s quote it is also evident how the gaining of language is intertwined with being exposed to queer community.

Plummer (1995) understands this process of gaining community as following the crucial moment of coming out, and that finding gay and lesbian community solidifies both self-identification and community identity. Importantly, Crawley (2002) draws attention to how the language individuals use to describe themselves and their experience depend on the community they see themselves as a part of, or rather the audience to which their gender is performed. The relationship between having language and creating community can be seen in Aaron’s story, where they write “I am fortunate enough to have found the language and platform to embrace and embody my identity. In the same spirit, I aspire to make space for those next to me.” While both Eli and Aaron’s understanding of community seem to be referring to individual personal relationships, some authors pointed to the importance of broader cultural narratives and/or media representations to bring them towards their self-identity and place within broader queer/trans communities. For instance, Cam described their experience of gaining queer community first through a local queer performance group, and after they state, “I felt like I was starting to understand who I was and where I fit in,” describing how they then “started paying more attention to AFAB (assigned female at birth) nonbinary people, I followed Asia Kate Dillon, Lachlan Watson, and Ash Hardell and realized who THIS is the type of artist I am.” In this quote

you can see the relationship between local level individual relationships and broader cultural figures in the crafting of shared community.

Authenticity

Another dimension of the pride narrative is authenticity, or being who you “really” are.

Authenticity relates to Plummer’s (1995) understanding of the dominant coming out story in that authenticity relies upon an understanding of an “essential truth” that the author later comes to know. Maku draws upon this theme heavily in their story stating:

For those who may not know, I came out as transgender back in 2017 and have since taken steps to live a freer, more authentic life as a trans guy. A year ago, I started testosterone hormone therapy replacement and wearing a binder to flatten my chest; this surgery would be a giant, wonderful step towards finally manifesting my true self!

In their narrative Maku emphasizes authenticity, their need to become their “true self,” and that top surgery will allow this to be possible. In Maku’s story you can also see how understandings of authenticity and pride are supported by a linear progress narrative, Maku shows how they had gone through first hormone replacement therapy and started binding and how, finally, can take the step towards top surgery.

Narratives of authenticity throughout the data were often steeped in essentialist understandings of gender. For example, Jack described their surgery stating, “I’m excited to finally announce that I am preparing for a life changing procedure. that’s right—top surgery! after 24 years on this planet, I am finally growing into the human I was born to be.” Relying upon similar ideas of authenticity and essentialism, Jackson’s partner describes their top surgery as:

Brave steps to transform his outer shell, the only change in the person we know and love has been that he has gained more confidence, and has begun to pursue new hobbies and interests that were not available to him as a woman. In his

words, ‘Now I feel like I’m actually becoming a man, the world sees me for who I am, and it’s become clear to me that I am the creator of my own masterpiece.

Although relatively few campaigns explicitly relied upon what could be considered the “stuck in the wrong body” narrative of transness, in which someone who is in essence male is “stuck” in a “female” body, there were still often essentialist logics throughout. For example, although few campaigns used phrases like “stuck in” or “born with the wrong body,” it was very common that individuals would comment on how top surgery would make them their gender identity, rather than already being a certain gender regardless of surgery or medical tools of transition. Of course, it is important to not separate these stories from their context and the platform for which they were written. If the individuals writing these campaigns were asked about their gender identities in other social settings or for other purposes, it could yield very different results. Rather, the way that essentialism supports the pride narrative constructed within these campaigns is important in itself because of the work this story does in describing trans experiences.

Outness and authenticity were often accompanied by a commitment to community and sharing their story with others. For example, this pattern can be seen in Jude’s story where they say:

I have always been very vocal about my journey. I have the privilege of working with children all across Chicago and surrounding areas. I’ve never hidden who I am from them. I continue to choose roles that highlight my identity and strive to create more inclusive theatre for those in the LGBTQ+ community. I am an advocate and a damn proud one. This surgery is going to make me a stronger human on the inside and out, a human that will continue to fight front and center for those in this community.

In Jude’s story it can be seen how they support their own need for top surgery and worthiness for financial support through emphasizing the importance of their story as an “out” role model for younger LGBTQ+ individuals. In a similar theme, some individuals mentioned how important representation was for them to be able to understand themselves and their gender identity.

Sometimes this included more reflections on childhood and how the queer possibilities currently available to them would not have been understandable in their worlds at that time. In some campaigns, this reflection on their childhoods was combined with discussions of the inability to live in the future without top surgery and/or other types of medical transitions.

In addition to an understanding of being out as being true to an authentic self, some campaigns included means for possible donors to contact them in order to receive more information on them, or their transition. For instance, Wyatt states “If you want more information on my transition, direct message me or follow me on tumblr [*@Tumblr handle*].” Others pointed to other information they had already released regarding their transition. Brandon exemplifies this stating “I’ve been out as a trans male for just over a year now and I have a whole splurge about my personal history on my youtube channel, which you can check out here. (It’s my first video),” linking possible donors to their YouTube channel within the GoFundMe campaign. In these messages there is an underlying assumption that the authenticity of individual’s gender and/or transition might be questioned or deemed unauthentic. Hugh takes this assumption a step further, combating the expectation that they are not real at all stating, “If you cannot donate, please help by sharing or by commenting. I have met many people at conventions like [*X-Con*], and it always helps to have the testimony of friends that I’m ‘real.’” This quote in particular highlights the interesting intersection of both questions of trans and/or queer authenticity and broader questions of realness within online spaces.

Euphoria

A final aspect of the pride narrative is a sense of gender euphoria. If gender dysphoria is understood as the “sense of unhappiness” regarding “the incongruence between how one

subjectively understands one's experience of gender and how one's gender is perceived by others, then gender euphoria is just the opposite—a sense of happiness and joy at being recognized by others (or oneself) as the gender you understand yourself to be (Stryker 2017:17). This aspect of the pride narrative relates back to Plummer's (1995) understanding of the dominant coming out story as serving as part of the “resolution” that the “problem” of queer identity presents.

While dysphoria was used to construct the medical need for top surgery, euphoria was used to emphasize the linear progress narrative and to show the possibilities of happy lives with the right transition tools. For example, Isaac states, “The euphoria and peace I have achieved through hormonal transition has as many have seen, changed me for the better.” Euphoria can also reinforce other aspects of the pride narrative including gaining language and linear progress as Owen shows saying:

These past three years of being seen and identified as who I want to be has made me feel a sense of gender euphoria I didn't even know I was missing. Starting testosterone in the beginning of June was a huge, amazing first step but my chest has now become my biggest barrier to feeling like the man I know I am.

In both of these quotes, the centrality of medical transition in creating gender euphoria can be seen. While euphoria in some ways could be seen as a counter to medical discourses of dysphoria, it can also work as an extension. While gender euphoria has the potential to emphasize trans livability and trans thriving, when employed only in relation to binary medical transition, euphoria can serve to reinforce both medicalized understandings of transness and other aspects of the pride narrative, helping to construct a trans(ition) formula story.

A Trans(ition) Formula Story

Medical understandings of transness and the normative pride narrative within GoFundMe top surgery campaigns come together to create a trans(ition) formula story. Formula stories allow audiences to understand people or experiences beyond their own biography by minimizing complexities and relying upon symbolic and emotional codes that reflect how they understand the world (Loseke 2012). For example, both the medical model and the pride narrative rely upon symbolic codes of individualism which understand each person as having an individual and unchanging essence, as well as emotion codes which describe how one *should* feel before and after being able to embody this essence. A trans(ition) formula story allows GoFundMe campaign authors to make their transition understandable to audiences of possible donors. Although the trans medical model and the normative pride narrative focus on different aspects of transition, they rely upon similar logics, symbolic and emotional codes, understandings of how the world does and should work, allowing them to be used in conjunction and in reinforcing ways. Below I have included nearly all of Nathan's campaign²¹ in order to exemplify how the trans(ition) formula story comes together through the construction of medical need and the pride narrative. Nathan states:

Hello! My name is [*Nathan*], and I am a 19 year old transgender individual. Although this same story has been told many many times by many many people, I feel that reiterating it is necessary, considering. I discovered the term transgender in my early middle school years, and my life simultaneously clicked into place and fell apart at the same time. I was amazed to find out that what I had been feeling for so long wasn't just me going crazy but was something that could actually be fixed, it also led to the pain of trying to cope with it alone, as I was really young and really scared of friends and family not supporting me. I did a lot of research on my own for quite a few years, realizing that transitioning was something that I could not live without. I have been struggling with dysphoria my

²¹ I have removed the section of Nathan's campaign in which they were discussing the specific information regarding their specific surgery plans (what surgeon, location, etc.)

entire life, and the time has come where I am finally able to become the person I was always meant to be. The next step of my journey is top surgery... I've always had a difficult time asking for help, and without your support this opportunity to begin the next chapter of my life in a body that enables me to be myself is not possible. I ask, not only on my behalf, but also for others out there in my situation. If you can help, or even just share this I would be extremely grateful. Thank you to everyone for helping make this dream come true!

One aspect of both the pride narrative and the medical model that can be seen in Nathan's campaign is an understanding of trans as a condition, as "something that could be fixed" with the proper treatment. While the pride narrative may change the authority figure from medical professionals to the trans individual or the trans community, it still revolves around an understanding of transness as a condition to be dealt with in a linear way. This relates to Pearce's (2018:9) understanding of the "discourses of trans as condition" which "frame 'trans' as fixed and fixable, 'trans' in this sense is also resolvable: whether as medical condition or social condition it can be clearly defined and delineated, while the problem it addresses can be managed in a particular way." Although it is in some ways easier to see this in the medical model, where the condition of dysphoria is "treated," the pride narrative also relies upon an understanding of trans identities as fixable. Rather than being fixed through medical intervention though, trans identities become "fixed" through using knowledges produced by the community to describe who authors always authentically were, leading to both a sense of shared community and sense of euphoria.

In addition, both the medical model and the pride narrative rely upon a progressive and linear understanding of trans experience. In Nathan's campaign this can be seen both the linear way they describe coming to their identity through the pride narrative (starting the story with their childhood and describing how they came to language and community) and their medical need (starting with dysphoria and then

continuing to the “next step,” top surgery). While the medical model understands there to be a linear relationship between diagnosis, treatment, and then possible recovery, the pride narrative is founded on a similarly linear timeline moving from suffering to finding understanding and community, to finally being able to live authentically and euphorically. Both of these conceptualizations brush over the complexities of individual biographies, and understandings of transness that run counter to these logics.

Importantly, the way these stories are written have consequences. In contemplating the reality of the medical model in understanding some individuals’ experiences but recognizing the harm it can do as the only available tale Spade (2006:326) argues, “I do not doubt that the existence of the transsexual narrative informs the self-understanding of many people, as it is part of an overall construction of normative gender that naturalizes dichotomous gender categories and labels transgression of such categories an illness.” While the trans(ition) formula story allows for some individuals to make their story understandable, it also has consequences regarding both what stories are seen as possibilities, and the possibilities available for those that do not fit within the formula. Finally, both the medical model and the pride narrative rely upon individualism to varying degrees. Although community is an important aspect of the pride narrative, it is not an understanding of structural change or world building through the community, nor taking on a shared burden the community faces. Rather, community is understood as reaffirming individual identities. In the next chapter I interrogate this individualism that crowdfunding relies upon, and analyze how it reifies systems of deservingness and transnormativity.

CHAPTER FOUR:

NORMATIVITY AND THE LIMITS OF CHARITY

“Hi, I’m [Riley]! On the outside, I’m an average nerd: I’m 22, I work full-time; I like camping, drawing, and hiking. My cat is my best friend. I’m a Taurus. I am also a transgender male.”

-Riley

While GoFundMe helps some individuals raise the funds they need for top surgery, it also tends to individualize structural problems. In this section I explore how moral worthiness and financial need are co-constructed within GoFundMe Top Surgery campaigns. Specifically, how financial need is reinforced by descriptions of why authors are morally worthy of financial assistance, including through descriptions of their commitment to work and economic productivity. I then describe how the idea of community is implicated in creating moral worthiness. Finally, I interrogate how financial need and moral worthiness are created within systems of transnormativity.

Constructing Financial Need

GoFundMe is a fundraising platform, and thus authors are involved in processes of crafting financial need. In this section I explore two ways that authors describe this need: through a general lack of resources and through a discussion of how their insurance falls short in covering the cost of top surgery. Both of these strategies are supported by symbolic and emotion codes regarding what it means to be deserving of assistance, constructed within capitalist understandings of morality.

General Need

One way that financial need was created was through a discussion of a general lack of recourses. In order for the individual to be seen as morally worthy, this need is often accompanied by a discussion of their status as a good worker, or as someone who is doing their best to advance their financial situation. For example, Oliver states, “Im [*sic*] a poor kid who works a part time minimum wage job at a movie theatre. I am in desperate need of top surgery, specifically key hole [*sic*]. My insurance will not cover any of it unfortunately. Due to my current situation saving money is almost impossible.” Oliver’s quote illustrates their general financial need, while simultaneously emphasizing their identity as a good worker. Similarly, Parker’s campaign emphasizes their financial need in relation to their status as a good worker stating, “I only work as a server and make barely enough to pay my bills and eat. I try to save when I can, but it's rough and I need all the help I can get.” In both Oliver and Parker’s campaigns they construct their financial need through descriptions of how their jobs are low paying, but without reference to structural forces leading to their low pay or any questioning of the logic healthcare costs should be financed individually.

Another way authors create financial need while reinforcing their moral worthiness is through descriptions of how they financially support their families. In Joshua’s campaign, their partner describes how they and Joshua, “both work but have two children and most months are just struggling to stay above water. This means [*we*] are unable to raise the necessary funds for this life affirming procedure ourselves and are humbly asking you for help at this point in our lives.” In this quote, their partner describes how Joshua and themselves are in need of assistance for top surgery because of their financial support for their children, emphasizing not only their status as hard workers, but also as good parents. In Carson’s campaign they describe how the

reason they are turning to crowdfunding is that “I [*Carson*] don't have the same type of financial family support (I helped my mom with her taxes this year and had to pay to fly her out for the holidays, she's my only true support in this process but all emotionally and mentally).” In this quote, Carson creates their financial need by describing how they do not have the same access to family financial support they imagine others having, rather they provide financial support for their elder family members.

Financial need was also constructed by pointing to reasons why the author could not work. For example, River, Jayden and Ari, all described how their disabilities have impacted their ability to work. River explains, “I have not been able to consistently work full-time over the years because of chronic health conditions related to Lyme disease and high medical costs associated with chronic Lyme, which has affected my ability to save for this surgery.” In this quote, River explains their financial need by describing how their disability impacts their ability to work, but also keeps in-tact the presumption the ability to access healthcare, and specifically trans healthcare, should be determined by one’s employment status. This general pattern of focusing on individual rather than structural failures leading to a lack of available resources can be seen throughout campaigns.

“Insurance But...”

Financial need was also constructed within the top surgery campaigns through a discussion of how individuals’ health insurance falls short of covering all costs associated with top surgery. There were several ways this theme manifested, including discussions of high premiums, the cost of travel to a surgeon, providers not accepting insurance, and the financial burden of taking time off of work. The cost of missing work was especially large for individuals

working in physically demanding jobs such as food service, where the recovery time can be much longer. For instance, Cyd explains:

I am so excited about these next steps and over the next three weeks I will be teaching lots of dance classes to keep my body active in preparation for surgery and to make a little extra cash but I will need some additional support. In most jobs, I could be back at work in just a few weeks, but since I rely on my body for income (and teach a super high-impact dance fitness class), I will need to take two months off of work while I recover.

In this quote, you can see how Cyd stories themselves as a hard worker and someone who is in need because of this procedure's impact on their ability to work. Another illustration of using the limits of insurance to create financial need can be seen in Aiden's campaign, where they state, "I'll be undergoing top surgery on [date] and was approved by my insurance to cover the actual surgical procedure. However, the anesthesiologist fee and the surgeon's fee comes out to \$6,000 out of pocket." In this quote, you can see how Aiden describes their financial difficulty through a discussion of the limits of their health insurance plan and at the same time supports their claim to worthiness of financial assistance through storying themselves as independent, financially supporting themselves as much as possible, and humbly accepting any help that is provided.

The limits of insurance in covering top surgery was also discussed in relation to instabilities in being insured. These instabilities in individual's insurance status were caused by a variety of factors, including switching jobs and/or aging out of a parent's policy. Rin's campaign is one example of this theme where they state, "I'm trying to have the surgery done with before I move in July because otherwise my insurance won't cover most of it and I'll have to pay for all of it out of pocket which is not really an option for me as a trans person living below the poverty line." Similarly Rob describes the urgency of having their surgery before ageing out of their parents' insurance stating, "Part of my push to make sure I have surgery this year is because after

finally getting back on insurance, I now have a limited window until I turn 26 next year and age out of my eligibility to be included under my parent's policy.” In both Rin and Rob’s campaigns it can be seen how financial need was constructed based on the instability of their insured status.

Very few authors directly mentioned discrimination or anti-trans policies in their campaigns, though a significant amount of the campaigns reported that their insurance would not be covering the procedure. Throughout the sample there was only one campaign (JP’s) that directly described trans medical coverage, including top surgery, not being covered as discriminatory. In JP’s campaign the author (a friend of JP) states, “[JP’s] health insurance won’t pay for top surgery on a transgender man even though it is a medically necessary procedure. This is unacceptable because he pays a large premium and has a comprehensive healthcare plan, so excluding trans health from coverage is discrimination.” The author of JP’s campaign described top surgery not being covered through insurance as discriminatory, but did so through emphasizing capitalist logics of individualism. They considered top surgery not being covered as discriminatory because of the large premium JP pays, rather than discriminatory against trans individuals in its own right, similar to broader themes of individualization throughout how individuals storied their financial need.

Creating Moral Worthiness

In asking for donations, story authors described how and why they were morally worthy of financial support. In constructing this sense of worthiness authors depended upon neoliberal logics of individualism. These logics draw attention away from structural inequalities, rather putting the onus on individuals to be able to financially support themselves, and viewing it as a moral slight if they could not. In some ways asking for money through crowdfunding can be seen

as not living up to this ideal of complete financial independence, but authors mitigated this negative impact by describing their beliefs in this capitalist system of morality. In this section I review several ways that moral worthiness is created through top surgery campaigns.

Production and Capitalist Morality

One way that moral worthiness was constructed within campaigns was by explaining how the author is a productive citizen, understood through capitalist logics. This can be done through an emphasis on how, even though the author is financially in need due to the cost of the surgery, they are employed and working hard at their job. For example, Adrian stated:

While I feel very blessed to have a ‘day’ job that I love, working in the publishing industry, and have enjoyed some success with my own writing, I am not at all wealthy. I rely solely on my own income, and not having insurance that will cover transgender surgery has put me in an unfortunate position.

In this quote, Adrian demonstrates their financial need, while emphasizing their status as a good and productive worker. Similarly, in their campaign, arvo relies upon their status as a productive worker, but also on their potential as a future productive worker through their status as a student, to describe their worthiness for financial assistance stating, “I am a full time student, and I work five part time jobs (four of which require physical labor). When I wear my binder, I frequently have to keep it on for 15 hours or more, because I leave my home early in the morning and don't get home until late.” In this quote it can also be seen how creating moral worthiness can be used in conjunction with the creation of medical need, which, in arvo’s case, is done through the medicalization of binding.

Moral worthiness is also constructed thorough what kinds of jobs authors have. For example, many authors emphasize how they work in helping professions, doing work deemed morally good, but that is often financially undervalued. For example, Adrian described that, “as a

teacher money is a barrier for me,” showing that they are worthy of support not only because they are a productive worker, but also because of how their work is not well compensated. Similarly, the author of Jamison’s narrative constructs him as morally worthy of support through his work stating, “He is a wonder to be around and is always looking to be a help, as he works in a therapy clinic for those who are disabled and never hesitates to give people a loving hug.” In both of these examples it can be seen that moral worthiness is able to be constructed not only through emphasizing how the author is a productive worker, but also through the moral goodness of their actual work.

While descriptions of authors’ jobs and their corresponding economic productivity help to construct worthiness for top surgery, there are other ways that logics of individualization and independence were employed. For example, other types of independence were also used to construct worthiness, including planning for the surgery independently, especially among younger²² individuals getting top surgery. The author of Terry’s campaign (his mother) exemplifies this saying:

He [*Terry*] has taken a lot of time to consider the pros and cons of top surgery and has taken on the responsibility of consulting with surgeons himself. He has done his research (and I have followed up on it) and he has been in contact with a surgeon who has a lot of experience with the procedure.

The author of campaign #48²³ (an assumed friend of the individual getting top surgery), similarly casts the young subject of the campaign as independent through both his preparation for surgery (like Terry) and his *striving* for financial independence, even if it was out of reach for him. The author writes, “This young man only has his friends and himself to rely on; but is a kind and caring force either way...He has been saving up, he has scheduled it all practically himself, and

²² To the best of my ability I did not use campaigns that were written about individuals under the age of 18.

²³ I am using the campaign number from my own records because this is the only campaign in which the subject (the person having top surgery) was not named.

has taken the legal and medical steps to figure everything out.” Emphasizing independence in ways beyond successful financial independence (including independently becoming ready for surgery) may be particularly important for students and others in economically precarious positions. In this way, moral worthiness for financial assistance was created through an acceptance of capitalist moralities emphasizing the importance of work and independence, through which authors were to be striving, whether or not it was within reach for them.

Apprehension and Appreciation

Another way that worthiness was constructed by authors was through being appreciative for anything donated, in conjunction with showing apprehension regarding asking for money at all. These two interlocking themes can be seen in Marcus’ campaign where they state:

Every penny matters to me! I normally hate asking for help only because I was raised that if I wanted/needed something I had to go and get it myself. I don't feel right doing this but one person can only do so much on their own, at some point help is needed. I appreciate all of you. Anything helps!

In this quote you can see how Marcus both saw asking others for money as morally dubious, and was appreciative of any amount of financial support, grateful for “every penny.” Themes of apprehension and appreciation relate back to the centrality of independence within capitalist logics, in which you *should* feel guilty for not meeting the standard of financial independence. While asking for money can be considered in contrast to capitalist ideals of independence, by discussing how they feel uneasy regarding asking for financial help authors can still construct themselves as morally worthy by subscribing to and reinforcing these ideologies, even though they are unable to live up to their standard.

This theme of apprehension regarding crowdfunding manifested in several ways, one of which was describing the author as not the “type” of person that would ask for help from others.

Davor describes themselves this way saying, “I’m not the type of person who likes to ask for help but like we all know, money doesn’t grow on trees. I write this today feeling very vulnerable and a little stressed.” Campaigns like Davor’s rely upon broader notions of *who* it is okay for to ask for help. In Davor’s conceptualization, they rely upon their own support capitalistic logics of independence to demonstrate their own moral worthiness for financial assistance. Similarly, Wyatt distances themselves from the “type” of person that would ask for financial help stating, “I hate asking people for money. I really do, but this is something that is becoming a problem to my health.” Similar to arvo, Wyatt also shows how medicalization can be used with appeals to capitalist logics in order to construct worthiness and need. Finally, Nathan also relies upon apprehension regarding asking for help in describing how they are morally worthy of assistance stating:

I've always had a difficult time asking for help, and without your support this opportunity to begin the next chapter of my life in a body that enables me to be myself is not possible. I ask, not only on my behalf, but also for others out there in my situation. If you can help, or even just share this I would be extremely grateful.

In Nathan’s quote you can see not only a description of how they are distancing themselves from those desiring assistance from others, but also relying upon an understanding of shared queer/trans community, that they are helping by asking for assistance.

Charity and Community

In this section I explore how moral worthiness was created through invoking a feeling of shared community. I investigate how moral worthiness is created through discussions of authors’ providing for their community and plans of supporting their community with additional funds. Throughout this section, I argue that, although a sense of shared community was often invoked

within campaigns, that it was invoked in a way that often reinforced processes of individualization.

Providing for Community

One way that worthiness was created through shared community was through descriptions of how the individual raising money served their community and, thus, was worthy of support in their own time of need. For example, Rae described the work they do for the queer/trans community stating:

My studies and work focus on supporting queer and trans students, as well as all historically disenfranchised people, in out of school settings. Part of my work is supporting LGBTQI youth across [*Southern State*] as they develop and implement campaigns to make their schools and communities safer for queer communities across the state and country.

In a similar way, Max described how they support their community through organizing efforts stating, “I try my best to fight for those that are marginalized, especially those in the intersex community. I am a Co-Founder of [*Name of Intersex Organization*] We have educated: med students, colleges students, attorneys, parents, teachers, doctors, and even judges.” In both of these examples, the authors show how they have put in work for the LGBTQI/Intersex communities, and thus are morally worthy of financial support.

While both campaigns that were self-authored and those authored by others mentioned ways that the individual getting top surgery gave back to their community, those that were authored by others were able to more directly state how this community support should result in donations. For example, in JP’s campaign the author, a friend, describes how he supports the LGBTQIA community saying:

[*JP*] is an incredible human being and a dynamic community leader...He asks and answers questions that concern the LGBTQIA community, makes referrals, and

connects people with resources, social groups, entertainment and political actions...Many know [JP] for the work he has done in the LGBTQ community, especially the trans community. [JP] has a difficult time asking for help, so a group of friends and community members have banded together to fundraise on his behalf. Now is time the for us to come together to help [JP]. He needs top surgery.

Although this quote refers to being engaged in very similar activities to Max and Rae, in JP's campaign the author directly makes the argument that because of the work JP has done to support the community, the community now needs to financially support JP. Although not directly speaking of services to the queer and/or broader trans community the author in Kyle's campaign (assumed to be their partner) urges individuals to donate based on Kyle's investment in the community stating, "For those of you that know [Kyle], think of the last time he babysat your child, lent a hand in yard work/house work, or even just offered emotional support. For those of you that don't know him personally, rest assured that he would give the shirt off of his back for a stranger." Although the community JP and Kyle's campaigns are referring to might be a bit different (LGBTQIA vs. general community) the authors of each campaign were able to make the argument that their story subject was morally worthy of assistance because of how they helped their respective communities. In campaigns authored by those having top surgery, and authored by others, appeals to community still existed within processes of individualizing need. Although authors mentioned community, it was not in reference to community wide support, nor improving the material well-being of the community at large, but rather in relation to how their individual worthiness for donations was reflected in the work they had done as individuals for the community.

A Point of Pride

Several authors pointed to a shared sense of community by describing that they would donate funds beyond their goal to trans community organizations and/or individuals. For example, Robin described supporting other trans folks' surgery funds with any extra donations writing, "Any left over [*sic*] funds from my recovery will be donated to another trans brother's top surgery fund." Whereas Robin was planning on supporting specific trans individuals with any extra donations, others planned on donating any extra funds to organizations that helped trans folks, including Point of Pride²⁴, Trans Lifeline²⁵, and a local organization supporting trans youth. Skye was the only individual who mentioned donating any extra donations, but not to trans or broader LGBTQ individuals/organizations, instead choosing to support a local zoo. Of the trans-serving organizations mentioned, Point of Pride was the only one more than one author mentioned, being the chosen donation site for three different authors.

In total, out of the one hundred campaign sampled, eight authors mentioned planning on donating any extra funds raised. Of the eight, two exceeded their goal amount, Jude who raised a little under \$200 dollars over their goal amount²⁶, and Sebastian who raised just under \$100 over their goal amount²⁷. These two campaigns though were far from the average. They not only raised much more than the average and median amount for campaigns, but the other campaigns that discussed donating their funds not only did not exceed their goal amount, but were very far

²⁴ Point of Pride is a volunteer organization which works to support trans individuals through providing free chest binders/trans femme shapewear, and financially supporting the cost of electrolysis and transition related surgeries (Point of Pride 2020).

²⁵ Trans Lifeline is a trans-led nonprofit that operates a crisis hotline for trans folks (Trans Lifeline 2020).

²⁶ Jude's campaign raised in the range of \$5001-\$6000.

²⁷ Sebastian's campaign raised in the range of \$5001-\$6000.

from it. In total, the six campaigns that did not reach their goal amounts were, collectively, \$20,330 short of their total goal amounts.

Although on the surface this practice of planning on donating extra funds to LGBTQ individuals/organizations seems like a possible way to combat the hyper-individualization process created by crowdfunding, the vast difference between the “extra” money raised among campaigns engaging in this practice, and the amount still needed for all campaigns in this sub-sample to reach their goal points to the inadequacies of this method. Some individuals mentioned this unlikelihood that they would exceed their goal amount, such as Kai who stated, “If by some magic I manage to raise more than the cost of surgery, I will be donating the remainder of the money to Point of Pride, a 501(c)(3) non-profit organization that does great work for trans* identified people around the world. Wow!” At the time of data collection Kai was around \$500 from their goal. While showing support for trans and/or queer organizations and individuals through planning on donating any extra funds, overall this tactic fell short of having much of a material impact because of how few individuals exceeded their fundraising goal, and the individualized set-up of crowdfunding.

Color-Blind Charity

In this section I interrogate how GoFundMe campaigns exist within and support a system of colorblind charity. Color-blind racism can be understood as, “the racial ideology (Bonilla-Silva 2013) based on the superficial extension of the principles of liberalism to racial matters that results in ‘raceless’ explanations for all sorts of race-related affairs” (Bonilla-Silva 2015:1364). The implication of colorblindness in GoFundMe campaigns is perhaps unsurprising considering the broad appeals to neoliberal logics of individual economic progress removed from structural

inequalities that can be seen throughout the campaigns. As previously discussed, no authors described themselves as white, and only campaigns written by authors of color explicitly mentioned race in their campaigns.

Out of the eight campaigns written by folks of color who self-disclosed their race, only two individuals did so in a way that went beyond individual understandings. For example, Tae states “DONT [*sic*] FORGET ABOUT MY TRANS SISTERS OF MF COLOR IN THIS TIME PLSSS [please].” Similarly, Aaron writes “Please consider donating to gender affirming campaigns for black, indigenous and other trans people of color as well.” In both of their quotes Aaron and Tae bring our attention to the acute need of trans folks of color, encouraging the reader to think about and/or donate to the campaigns of other trans folks of color. As can be seen in the previous section, this strategy of donating extra funds or encouraging donations to other individuals’ GoFundMe campaigns, while not calling attention or combating the structural reasons necessitating crowdfunding in the first place may have little impact.

Importantly, understandings of both social and medical transness are created within racialized systems of meaning making. Vidal-Ortiz (2014:264) describes the impact of whiteness in the trans community stating “while it is tempting to see whiteness as skin color, whiteness is a structuring and structured form of power that, through its operations, crystalizes inequality while enforcing its own invisibility” showing its relation to the trans community stating “forms of access to transitioning (surgical procedures in particular) and forms of visibility for trans* people operate within whiteness as an ideal”(p. 265). In this way the reinforcement of other understandings of transness, including the medical model and the trans(ition) formula story it allows, are also based on color-blind assumptions of whiteness.

Transnormativity

In this chapter I have outlined how financial need and moral worthiness are constructed within GoFundMe Top Surgery campaigns. Now I turn my attention to how these themes are implicated by systems of transnormativity. I began this chapter with a quote from Riley where they state:

Hi, I'm [Riley]! On the outside, I'm an average nerd: I'm 22, I work full-time; I like camping, drawing, and hiking. My cat is my best friend. I'm a Taurus. I am also a transgender male... While I work two jobs, I am still struggling to come up with the cash to pay for this procedure because I have a short window in which I can do so. I also need to pay for prescriptions, recovery supplies, rent, bills, and food during the healing process.

In Riley's quote you can see not only appeals to financial need and moral worthiness, but also to transnormativity.

Johnson (2016:466) understands transnormativity as “both an empowering and constraining ideology that deems some trans people's identifications, characteristics, and behaviors as legitimate and prescriptive (e.g., those that adhere to the medical model) while others' are marginalized, subordinated or rendered invisible.” This system of transnormative accountability is built upon a medical model of transition, specifically one that relies on “the wrong body discourse and a discovery narrative of trans identity” (Johnson 2016:468). Rather like homonormativity, transnormativity “assumes a hierarchy of transness that privileges trans people who display attributes valued by and thus privileged in U.S. society, regardless of personal identity (e.g., binary or nonbinary) or desire for medical transition” (Miller 2019:816). Transnormativity relies upon assimilationist strategies in which trans individuals reflect attributes privileged by the broader culture, including individualism and the moral goodness of hard work under capitalism (Miller 2019). In this way, transnormativity is constructed within symbolic codes, which understand the world as working under capitalist logics of individualism,

and emotion codes, which dictate that people *should* feel badly when they do not live up to the standard of financial independence and success these logics produce.

Throughout this chapter I have outlined how GoFundMe top surgery campaigns individualize both structural inadequacies and discrimination against trans communities, emphasize authors' investment in capitalist morality, and even when a discussion of community is fostered, it is done in a way that reaffirms individualization. Through transnormativity authors are able to make their story understandable through appealing to be "just like" the audiences they are soliciting funds from by reinforcing ideas that are morality privileged within U.S. culture. Following Malatino (2019:639), in discussing the transnormativity reproduced within GoFundMe campaigns, I do not mean to dismiss the important worldbuilding they do for those whose medical transitions they fund, but rather to "call attention to the limits of these narratives only because I believe that other, additional forms of support, solidarity, and intimacy are needed". I believe the importance of this work is not in the critique of individuals who describe themselves in transnormative ways, but rather how thinking beyond transnormative logics would allow for the creation of different possibilities.

For example, in contrast to the individualized notions of transition employed by GoFundMe top surgery campaigns, the Black Trans Travel Fund (Lowe 2020) understands themselves as a:

Mutual aid project developed to provide Black transgender women with the financial resources needed to be able to self-determine safer alternatives to travel... This project was created out of direct response to the relentless and unacceptable violence Black transgender women across the country have been experiencing.

This organization uses donations²⁸ to pay for private car rides (often through apps like Uber and Lyft) so that Black trans women can safely travel within New York and New Jersey. Similar to GoFundMe campaigns, the Black Trans Travel Fund relies upon social media to share information regarding the project and request donations. Although existing in the same realm of online fundraising, the Black Trans Travel Fund differs from GoFundMe in that it is a community-based project in which funds raised are distributed among those in need on a first come, first serve basis, rather than to individuals based on their ability to crowdfund. Instead of focusing on understandings of individual worthiness for assistance, organizations such as the Black Trans Travel Fund point towards the immorality of a social system in which Black trans women are not able to safely travel via public venues, and use their energy and resources to address this problem directly.

Similarly, shifting the focus from individual claims of worthiness and need for top surgery (and other aspects of medical transition) to the inadequacies of a system in which healthcare, especially trans healthcare, is not available to everyone could provide opportunities to fund transition related costs without relying upon claims of transnormativity and the inequalities it both obscures and perpetuates. Raising funds for medical transition through a model such as the Black trans travel fund would still exist within and be constrained by capitalism and the structure of the US healthcare system, but it may allow for different possibilities if individuals' fundraising prospects were not informed by their ability to appeal to notions of transnormativity.

²⁸ For more information and links to donate visit <https://devinmichaellowe.com/black-trans-travel-fund> (Lowe 2020).

CHAPTER FIVE:

THE LIMITS OF CROWDFUNDING LIVABLE FUTURES

Crowdfunding creates possibilities for certain individuals to fund their medical transition, but also has the ability to reinforce inequalities based on the types of stories it facilitates. In this project I have investigated how medical and financial need, and moral worthiness are created within GoFundMe top surgery campaigns through the use of a trans(ition) formula story and transnormativity. While throughout this piece I have outlined the different ways these two processes manifest, they both restrict the types of trans possibilities that are seen as legitimate and understandable. In this way it also brings into question the ethics of crowdfunding and the ethics of whose story is legitimate.

Barcelos (2019B) calls for a revolutionary ethic in crowdfunding trans healthcare, utilizing Danger and Nepon's (2014) "revolutionary etiquette of crowdfunding". Danger and Nepon describe this etiquette as a set of tenants to employ when crowdfunding in order to minimize its tendency to reify existing inequalities. These included being transparent regarding what the money is needed for and how they will be spent, as well as centering a critique of capitalism, and remaining clear that crowdfunding is but a temporary solution. Barcelos (2019B:7) adapts this "revolutionary etiquette of crowdfunding" to the specificities of trans medical crowdfunding stating:

Employing this etiquette would mean foregrounding a discussion not only of the healthcare inequalities facing individual trans people, but also an action plan that centers redistribution of financial and social benefits. This etiquette would prioritize a decentering of individual, normative transition narratives in favor of a collective vision of transgender liberation.

While Barcelos' etiquette aims to question some of the processes of individualization and transnormativity that I have investigated throughout this piece, the utility of this framework may still be limited because of how GoFundMe is constructed. Even among those campaigns discussed that specifically mention donating extra funds to others and/or organizations, the material impact was negligible. Although Barcelos' (2019B) etiquette might fall short of remedying the problematic aspects of crowdfunding transitions, they point us towards questions of how community-based solutions could be reached and the negative impacts of crowdfunding mitigated.

My study is limited both by the types of campaigns I decided to use and the general limit of data present in GoFundMe campaigns. I chose to focus on a specific type of top surgery campaigns, the removal of breast tissues in order to create more gender-affirming embodiment, meaning that I was focused on how a trans-masculine group of authors were describing their medical and financial need, rather than a broad trans experience. As discussed earlier, a general limitation of content analysis is the inability to ask questions of those whose stories you are analyzing. Because of this there is no way for me as a researcher to know if the authors in my study understand their gender, their embodiment, their experience etc. differently outside of the context of GoFundMe, or how they made decisions regarding what to put in their campaigns.

In addition, although I believe scholarship centered around trans experiences is of great importance, I also believe it is necessary to critically examine the processes I have described within this piece, including claims of "essential" identity, the medicalization of gender, and the individualizing financial need among cisgender populations. As Garrison (2018:634) states, "If we aspire to 'undo' gender, we should start by turning our attention

to *cisgender* people, asking them to take up the task of undoing gender in their own day-to-day lives...long-term change to the gender order cannot and will not take shape without the sustained, intentional investment of the actors that have the most to lose.” In this way, attention should be paid not only to how trans individuals understand themselves through trans(ition) formula stories and claims of transnormativity, but also how cis individuals are implicated in the enforcement of these ideals, and how they also rely upon narrative strategies to make their genders and lived experience understandable.

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APPENDIX A:
SAMPLE GOFUNDME CAMPAIGNS INFORMATION

Table 1A: Sample GoFundMe Campaigns Information

Pseudonym²⁹	Launch Year	Total Raised	Author	Gender	Label
<i>Aaron</i>	2019	\$1001-\$2000	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Adrian</i>	2019	\$2001-\$3000	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Aiden</i>	2018	\$3001-\$4000	Self	Trans Non-Binary	Medical
<i>Alex</i>	2018	\$3001-\$4000	Self	Transgender	Wishes
<i>ali</i>	2018	\$6001-\$7000	Self	Trans	Medical
<i>Alo</i>	2018	\$10001-\$11000	Parent	Transgender Man	Family
<i>Andrew</i>	2019	\$601-\$1000	Self	Ftm Transgender	Medical
<i>Archer</i>	2017	\$3001-\$4000	Self	Transgender Male	Medical
<i>Ari</i>	2018	\$1001-\$2000	Self	Trans Nonbinary	Medical
<i>arvo</i>	2018	\$2001-\$3000	Self	Transgender	Medical
<i>Ash</i>	2018	\$4001-\$5000	Self	Transgender Man	Medical
<i>Asher</i>	2019	\$2001-\$3000	Self	Trans	Medical Illness and Healing
<i>Avi</i>	2018	\$4001-\$5000	Self	Transmasculine Guy	Medical
<i>Beck</i>	2019	\$101-\$500	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Bennett</i>	2016	\$5001-\$6000	Self	Not Explicitly Mentioned	Medical
<i>Brandon</i>	2017	\$2001-\$3000	Self	Trams Male	Other
<i>Cam</i>	2019	\$1001-\$2000	Self	Nonbinary	Medical
<i>Cameron</i>	2019	\$1001-\$2000	Self	Transman	Medical Illness and Healing
<i>Carson</i>	2019	\$8001-\$9000	Self	Not Explicitly Mentioned	Medical
<i>Casey</i>	2019	\$1001-\$2000	Self	Trans	Medical Illness and Healing
<i>Cole</i>	2019	\$101-\$500	Self	Transgender	Medical, Illness, and Healing
<i>Cooper</i>	2019	\$1001-\$2000	Self	Transmasc Nonbinary	Medical, Illness, and Healing
<i>Cyd</i>	2019	\$3001-\$4000	Self	"Trans-Masc Queerdo"	Medical, Illness, and Healing
<i>Davor</i>	2019	\$4001-\$5000	Self	Transgender	Medical
<i>Don</i>	2018	\$1001-\$2000	Self	Transgender Man	Medical

²⁹ Pseudonyms were chosen for the individual whose top surgery the campaign is being launched for, rather than the author of the campaign since across the sample they were the main subjects of the campaigns.

Table 1 A (Continued): Sample Campaigns Information

Pseudonym²⁹	Launch Year	Total Raised	Author	Gender	Label
<i>Dylan</i>	2018	\$3001-\$4000	Friends	He/Him Pronouns*	Medical
<i>Eli</i>	2018	\$4001-\$5000	Self	Mentally as Genderqueer/Nonbinary And Physically As A Boy	Medical
<i>Elijah</i>	2017	\$1001-\$2000	Self	Not Explicitly Mentioned	Medical
<i>Emmett</i>	2019	\$1001-\$2000	Self	Transgender Man	Medical, Illness, and Healing
<i>Everett</i>	2018	\$9001-10000	Self	Not Explicitly Mentioned	Medical
<i>Felix</i>	2019	\$3001-\$4000	Partner	Trans Non-Binary	Medical, Illness, and Healing
<i>Gabriel</i>	2019	\$2001-\$3000	Self	Trans Man	Medical, Illness, and Healing
<i>Hudson</i>	2013	\$2001-\$3000	Self	Transgender Man	Medical
<i>Hugh</i>	2016	\$1001-\$2000	Self	Ftm	Medical
<i>Ian</i>	2019	\$2001-\$3000	Self	Trans	Medical Illness and Healing
<i>Isaac</i>	2019	\$3001-\$4000	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Jace</i>	2019	\$101-\$500	Self	Not Explicitly Mentioned	Dreams Hopes and Wishes
<i>Jack</i>	2019	\$601-\$1000	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Jackson</i>	2019	\$4001-\$5000	Partner*	Man	Medical
<i>James</i>	2019	\$5001-\$6000	Self	Transgender Man	Medical Illness and Healing
<i>Jamison</i>	2017	\$2001-\$3000	Husband	He/Him Pronouns**	Medical
<i>Jay</i>	2019	\$2001-\$3000	Self	Non-Binary	Celebration and Events
<i>Jayden</i>	2019	\$101-\$500	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Jean</i>	2019	\$4001-\$5000	Friend*	Friendly Trash Boy	Medical, Illness, and Healing
<i>Jessica</i>	2018	\$2001-\$3000	Self	Nonbinary	Medical
<i>Jonah</i>	2019	\$101-\$500	Self	Trans Male	Medical, Illness, and Healing
<i>Jordan</i>	2019	\$3001-\$4000	Self	Genderqueer	Medical Illness and Healing
<i>Joshua</i>	2019	\$4001-\$5000	Partner	He/Him Pronouns**	Medical Illness and Healing
<i>JP</i>	2019	\$7001-\$8000	Friend	He/Him Pronouns**	Medical, Illness, and Healing
<i>Jude</i>	2019	\$5001-\$6000	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Jules</i>	2019	\$601-\$1000	Self	Not Explicitly Mentioned	Medical Illness and Healing
<i>Julian</i>	2018	\$1001-\$2000	Self	Queer	Medical
<i>Kai</i>	2018	\$10001-\$11000	Self	Trans	Medical, Illness, and Healing
<i>Kens</i>	2019	\$16001-\$17000	Self	Transgender Non-Binary	Medical, Illness, and Healing

Table 1 A (Continued): Sample Campaigns Information

Pseudonym29	Launch Year	Total Raised	Author	Gender	Label
<i>Koda</i>	2019	\$601-\$1000	Self	Genderqueer	Medical Illness and Healing
<i>Kyle</i>	2017	\$601-\$1000	Partner*	He/Him Pronouns**	Medical, Illness, and Healing
<i>Lee</i>	2018	\$4001-\$5000	Self	Trans Man	Medical
<i>Levi</i>	2019	\$2001-\$3000	Self	Transgender	Medical, Illness, and Healing
<i>Maku</i>	2019	\$4001-\$5000	Self	Trans Guy	Medical, Illness, and Healing
<i>Mandy</i>	2018	\$1001-\$2000	Self	Not Explicitly Mentioned	Medical
<i>Marcus</i>	2019	\$3001-\$4000	Self	Ftm Transgender	Medical Illness and Healing
<i>Martin</i>	2018	\$601-\$1000	Partner	"Husband"	Medical
<i>Mason</i>	2017	\$4001-\$5000	Self	Trans Man	Medical
<i>Max</i>	2016	\$4001-\$5000	Self	Intersex Man	Medical
<i>Micah</i>	2019	>\$100	Self	Transgender Male	Medical Illness and Healing
<i>Miles</i>	2017	\$3001-\$4000	Self	Transgender Man	Medical, Illness, and Healing
<i>Nathan</i>	2018	\$3001-\$4000	Self	Transgender Individual	Medical
<i>Nico</i>	2019	\$7001-\$8000	Self	Trans	Medical Illness and Healing
<i>NO NAME</i>	2019	\$2001-\$3000	Friend*	FTM Male	Medical, Illness, and Healing
<i>Oliver</i>	2018	\$3001-\$4000	Self	Not Explicitly Mentioned	Medical
<i>Ollie</i>	2018	\$2001-\$3000	Partner	Non-Binary Trans Human	Wishes
<i>Owen</i>	2019	\$1001-\$2000	Self	Man	Medical Illness and Healing
<i>Parker</i>	2017	\$1001-\$2000	Self	Trans Man	Medical
<i>Peter</i>	2019	\$3001-\$4000	Partner and Self	Trans	Medical Illness and Healing
<i>Phyllis</i>	2018	\$10001-\$11000	Self	Trans	Medical
<i>Rae</i>	2019	\$4001-\$5000	Self	Genderqueer Person	Medical, Illness, and Healing
<i>Riley</i>	2019	\$3001-\$4000	Self	Transgender Male	Medical Illness and Healing
<i>Rin</i>	2019	\$1001-\$2000	Self	Trans Person	Medical, Illness, and Healing
<i>River</i>	2019	\$5001-\$6000	Self	Genderqueer	Medical, Illness, and Healing
<i>Rob</i>	2019	\$1001-\$2000	Self	Trans	Medical Illness and Healing
<i>Robin</i>	2019	\$601-\$1000	Self	Not Explicitly Mentioned	Medical Illness and Healing
<i>Rubin</i>	2019	\$1001-\$2000	Self	Nonbinary Trans Guy	Medical, Illness, and Healing
<i>Ryan</i>	2018	\$2001-\$3000	Self	Female To Male Transgender	Medical
<i>Sammy</i>	2019	\$2001-\$3000	Self	Trans Non-Binary	Medical, Illness, and Healing

Table 1 A (Continued): Sample Campaigns Information

Pseudonym²⁹	Launch Year	Total Raised	Author	Gender	Label
<i>Sawyer</i>	2019	\$1001-\$2000	Self	Transgender	Medical, Illness, and Healing
<i>Sebastian</i>	2017	\$5001-\$6000	Self	Not Explicitly Mentioned	Medical
<i>Skye</i>	2019	\$3001-\$4000	Self	Not Cis	Medical, Illness, and Healing
<i>Sloan</i>	2019	\$2001-\$3000	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Spencer</i>	2018	\$2001-\$3000	Self	Not Explicitly Mentioned	Medical
<i>tae</i>	2017	\$7001-\$8000	Self	Trans Non Binary	Medical
<i>Taylor</i>	2019	\$2001-\$3000	Self	Transgender Man	Medical, Illness, and Healing
<i>Terry</i>	2016	\$5001-\$6000	Parent	Trans Man	Medical
<i>Theodore</i>	2019	\$3001-\$4000	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>TJ</i>	2018	\$7001-\$8000	Self	Boi	Medical
<i>Tobin</i>	2019	\$601-\$1000	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Ty</i>	2018	\$2001-\$3000	Self	Transmasculine Person	Medical
<i>Walt</i>	2019	\$6001-\$7000	Self	Not Explicitly Mentioned	Medical Illness and Healing
<i>Weston</i>	2019	\$1001-\$2000	Self	Not Explicitly Mentioned	Medical, Illness, and Healing
<i>Wyatt</i>	2017	\$2001-\$3000	Self	Transgender	Medical
<i>Zack</i>	2018	\$1001-\$2000	Friend	Trans Masc	Medical

* Authors did not explicitly state their relationship to the author. The relationship is assumed based on the content of the campaign story, comments, and/or updates.

** In these campaigns the authors used gendered pronouns to refer to the individual getting top surgery, but did not explicitly say the gender identity of the individual.