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Bodies on the Line

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About

Gender forum is an online, peer reviewed academic journal dedicated to the discussion of gender issues. As an electronic journal, *gender forum* offers a free-of-charge platform for the discussion of gender-related topics in the fields of literary and cultural production, media and the arts as well as politics, the natural sciences, medicine, the law, religion and philosophy. Inaugurated by Prof. Dr. Beate Neumeier in 2002, the quarterly issues of the journal have focused on a multitude of questions from different theoretical perspectives of feminist criticism, queer theory, and masculinity studies. *gender forum* also includes reviews and occasionally interviews, fictional pieces and poetry with a gender studies angle.

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Editorial

by Olga Tarapata, University of Cologne

1 For a long time the relationship between gender and disability has been viewed in a subtractive or additive fashion, often pointing to the emasculation of men or double discrimination against women, often limiting itself to binaries. The portrayal of disability annihilating gender and exacerbating systems of oppression can be found in mainstream media and disciplinary scholarship alike. While identity is commonly explored through the axes of race, class, and gender, this issue of *Gender Forum* chimes in with arguments that have been put forward to include the category of the body or more explicitly disability. Be it Rosemarie Garland-Thomson's assertion of 'feminist disability studies' or Tom Shakespeare's, Russell Shuttleworth's, and Thomas Gerschick's work on 'disabled masculinities,' or approaches within Queer Studies by Rober McRuer or Mark Sherry, the shared objective is to catalyze a negotiation of the interlocking of identity markers in subject formation and the resulting particularities of oppression that permeate all of these discourses. In tackling these questions, conceptualizations of bodily difference similarly move to address the construction of normalcy, heteropatriarchy, and privilege.

2 With a pointed interest in gender and disability, *Bodies on the Line* investigates the relationship between these analytical categories, their representation in the Arts, and their influence on lived experience. In this regard, the title of this issue speaks to the ways in which gendered and disabled bodies are compromised in Western societies of the twenty-first century. As this question cannot but be approached from an interdisciplinary angle, this issues' focus is threefold in that the contributions address manifestations of the interplay between gender and disability on a cultural, medical, and ideological level. The title also plays on Kimberlé Crenshaw's analytical framework of intersectionality that illuminates how systems of power around individual identity categories interlock and thus provides the background beat for the following essays.

3 In her contribution "Fabulous Fetishization: Kylie Jenner's *Interview* Cover and Wheelchair Identity Politics," Jessica Benham discusses a series of photographs taken by Steven Klein in which media star Jenner is clothed in black leather and latex, and positioned in a golden wheelchair. In her analysis of the visual rhetoric of the

photographs, Benham examines the function of the wheelchair as a fashion prop in Klein's photographic compositions and studies the photographs' references to Allen Jones' provocative sculptures before she approaches the relationship between the hyperfeminine non-disabled body and the wheelchair from a disability studies perspective. Via the concept of *cripping up* and theories of disability simulation and performance, Benham argues for the wheelchair to serve as a visual narrative means that, in effect, glosses over the lived experience of wheelchair-use. In line with Garland-Thomson's observation that the "history of disabled people in the Western world is in part the history of being on display, of being visually conspicuous while politically and socially erased," Benham highlights how wheelchair-users' have politically contested the trivialization of wheelchair-use in Klein's photographs by posting counter photographs on social media thereby demanding the social acceptance of people with disabilities (56).

4 Emerson Parker Pehl's essay approaches the question of the gendered disabled body from a distinctly medical angle. By historicizing the medical classification of gender dysphoria, Parker Pehl offers a detailed account of how changes in medical diagnostic systems affect trans individuals particularly when they are simultaneously diagnosed with psychiatric disorders or cognitive disabilities. In their essay "Hierarchies of 'Treatment:' The Influences of Comorbid Psychiatric Diagnoses on Individuals with Gender Dysphoria," Parker Pehl problematizes the access to medical methods of gender affirmation in cases of comorbid diagnoses thereby illuminating the real life consequences of hierarchies of treatment for marginalized bodies. When Jasbir K. Puar explains how "the emergence of 'disability' and 'trans identity' as intersectional coordinates required exceptionalizing both the trans body and the disabled body in order to convert the debility of a nonnormative body into a form of social and cultural capacity" that comes into effect in the medical industrial complex, Parker Pehl provides a lucid concretization of what this means for trans individuals with comorbid psychiatric diagnoses (77).

5 Nikila Lakshmanan's essay "The New Eugenics of Transhumanism: A Feminist Assessment" examines strategies of human enhancement as suggested by members of the transhumanist movement with regard to their ideological stance. Lakshmanan considers transhumanists' positions on gender and disability through a disability studies lens arguing that it is particularly the female disabled body that is under attack. In this way Lakshmanan's contribution on bioethics accords with

Melinda Hall's observation that "at the center of the debate over human enhancement is the question of disability – that is, a calling into question of disability, its value, and its meanings" or Dan Goodley's criticism that the "uneasy transhumanist dance between the binaries of disability/normalcy, deficiency/capacity, essentialism/freedom of choice demonstrates the ethically questionable ambitions of human enhancement when the erasure of disability is implied" (ix, 25). Lakshmanan comes to the conclusion that the tenets of transhumanism significantly (and worryingly) resemble those of the eugenics movement of the late nineteenth and early twentieth century.

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Fabulous Fetishization: Kylie Jenner's *Interview* Cover and Wheelchair Identity Politics

by Jessica Benham, University of Pittsburgh

Abstract

Wearing a shiny black bodysuit, Dior shoes, and a collar, Kylie Jenner stares aimlessly downward, her unflexed arms lending no movement to the luxuriously golden wheelchair in which she sits. Because Jenner is able-bodied, this appearance on a December 2015 *Interview* cover incited critical reactions from the disability community. Disabled bodies are not generally associated with high fashion, making the use of a wheelchair in a fashion shoot is rare. While my work, like previous research on the Jenner family, considers Jenner's role as sex symbol, here I am also interested in her performance of *cripping up* and disability simulation, in which Jenner appropriates the wheelchair from communities who see it as a symbol of access and independence. Jenner's position in the fashion industry as a beautiful, sexualized woman is an interesting juxtaposition with her appropriation of the wheelchair, given that disabled individuals are so often portrayed as asexual. In this work, I position disability as a performance contextualized by culture, a perspective characterized by an understanding of disability as an embodied, enacted identity that is institutionally enforced. Understanding disability as performance allows a perspective on Jenner's use of the wheelchair as part of a dramatic scene, while understanding that Jenner does not have the same societally-enforced or embodied experience of a person who uses a wheelchair because of physical need. I argue that Jenner's performance, photographs taken in response to her shoot, and the discourse surrounding the controversy construct boundaries of what ethically acceptable wheelchair use should be, particularly with regard to media portrayals.

1 In my Instagram feed, Kylie Jenner's photograph did not necessarily seem out of place, blending in with the myriad photos of other designers, models, and actors. Garbed in black, with bling'd out BDSM-esque jewelry, Jenner's appearance on a flashy *Interview* (December 2015/January 2016) cover, photographed by Steven Klein, seemed almost modest by comparison to some of the other photographs in my Instagram feed. Not noticing anything unique about the chair in which she sat due to the artful cropping, I scrolled past the bling, onto Gigi's eyebrows, Gucci's new line, and Marvel's advertising for a new *Agents of Shield* episode. Reflecting my interests in both fashion and in sci-fi/fantasy, my Instagram feed is an amalgamation of potential food for my critical eye. Yet, the Jenner *Interview* cover did not attract my particular attention until my Facebook, filled with activist friends, exploded in protest over the details of the image unnoticed in my hurried scrolling. I returned to the photo: that chair in which Jenner sprawled, her lanky limbs positioned just so, was a wheelchair, and the complaints of my friends became contextualized.

2 While there have been several recent instances of the use of wheelchairs in fashion shoots or related settings, such as during New York Fashion Week (Freleng) or in Lady Gaga's music videos and performances (Grossberg), the *Interview* cover incited the most substantial reactions, including response photographs and critical articles. The nature of the reactions to the photograph, as well as Jenner's position as fashion icon and member of the already-controversial Jenner-Kardashian family, make the cover rhetorically intriguing. The Jenner-Kardashian family is famous for a variety of reasons, including their TV show *Keeping Up with the Kardashians*, Kim Kardashian's sex tape, Caitlyn Jenner's Olympic medal and transgender identity, relationships with other celebrities like Kanye West, and Kendall and Jenner's careers as models.

3 Jenner's cover, meant to be a recreation of Allen Jones' 1969 sculptures *Hatstand, Table, and Chair* (sculptures of submissive naked women as furniture), initiated a discourse about the appropriateness of using wheelchairs as fashion props, sparking debate about which bodies may legitimately use wheelchairs, and centering on the ethics of mobility device usage. This cover was for the art issue of *Interview*, which honored the work of Jones, a controversial British artist who, though he claims to be a feminist, has frequently been critiqued for the supposed misogyny of his work. *The Guardian* describes a variety of responses to his work:

They were the subject of a celebrated Spare Rib essay by film-maker Laura Mulvey, "You Don't Know What Is Happening, Do You Mr Jones?", which drew on Freudian theory to brand the work as fetishistic and to essentially claim it was the result of a castration complex about which Jones was unaware. At the ICA in 1978 protesters let off stink bombs at a Jones exhibition, and on International Women's Day in 1986 a demonstrator poured pain stripper over *Chair* in the Tate in an attempt to literally deface it. ("Allen Jones..." para. 1)

Jones responded to these attacks:

Anything I said to try to explain just came out as an excuse or a lame apology. I can see they are perfect images for an argument about the objectification of women, and if someone thinks that, it is very difficult to gainsay it. But it is a coincidental and unfortunate reading that has nothing to do with the work....I think of myself as a feminist and I don't need to defend my political stance. ("Allen Jones..." para. 2)

It is understandable, then, why a modern work honoring Jones might similarly inspire controversy. Though the cover photo clearly plays homage to *Hatstand, Table, and Chair*, the other photos from the series reference his other iconic works as an avant garde artist, including his 1972 *Waitress* series and a photograph of Kate Moss, wearing a golden body cast Allen had

designed in 1978, for *Pop Magazine* in 2013. Jones revisits the work with Kate Moss in November 2015, which is immediately before this issue of *Interview* was released. In this new work, Jones sculpted Kate Moss in stainless steel wearing a low-cut gown made of spray painted cast resin. When asked about the *Interview* cover, Jones responded, “This is fantastic! I have a drawer full [of] variations on the furniture sculpture idea...I’ve heard about this person [Kylie Jenner] and her family. The business of transgender, that’s the flavor of the moment isn’t it?” (McDermott, para. 31).

4 While there are clearly gendered elements within the work of Jones that are also present in the *Interview* shoot, photographer Klein also incorporated a reference to disability: a wheelchair. Klein explains that the use of the wheelchair was inspired by another source, a shoot he did with Tom Ford for *W* (November 2005). Klein recounts:

We used very human-like dolls. Kylie and I discussed treating her like a doll. What happened when I show them for *W* with Tom was that the dolls were too heavy to carry, so I had to put them in a wheelchair to get them around. I often revisit pictures I’ve done before...to me, it was just playing with the idea of this pseudo-living doll, the different positions and setups I could do with her” (Brett, para. 3).

The Tom Ford shoot, titled *Fordbitten*, featured naked or mostly naked dolls in a variety of sexualized positions: kissing Ford, Ford watching them swim, dancing, in bathtubs, or in bed. The *Interview* cover photo is clearly inspired by the only photo featuring a doll in a wheelchair; the doll is being pushed by Ford, who wears a bathrobe. The doll, like Jenner, wears a corset, though the corset does not cover the breasts of the doll. The photo looks like it was taken through a window. Thus, the cover photo combines hallmarks of the work of both Jones and earlier work by Klein.

5 The use of the wheelchair seems eye-catching, as the disabled body is generally associated with medical discourse, not with high fashion. Thus, the use of a wheelchair, especially by an able-bodied model, in a fashion shoot, is rare (Phillips). To understand how the use of the wheelchair functions in this photoshoot, I begin by positioning both disability and gender as a performance contextualized by culture, a perspective characterized by an understanding of both disability and gender as embodied and institutionally enforced. I understand performance through the lens of Judith Butler, particularly from *Bodies that Matter*, where she outlines the complex relationship between bodies and the discourse that constrains and impels their materialization. Butler argues, that bodies are

“indissociable from the regulatory norms that govern their materialization” (2). In working from a Butlerian notion of performance and performativity, I build upon the work of disability studies scholars such as Deanna Fassett and Dana Morella, Carrie Sandahl, Jeffrey Brune and Daniel Wilson, Lennard Davis, and Robert McRuer. Disability studies scholars have long considered disability as performance. For instance, Lindblom & Dunn (2003) wrote, “Disability stems not from physical defect in particular human bodies, but rather from social constructions of ableness that inform categories such as ‘normal’ and ‘disabled’” (p. 169). Sharon Snyder and David Mitchell reference Butler and then argue, “in the case of disability, we exist in bodies by negotiating a cultural repertoire of images that threaten to mire us in debilitating narratives of dysfunction and pathology” (169). Robert McRuer writes, “Butler’s theory of gender trouble might be resignified in the context of queer/disability studies as what we could call ‘ability trouble’ – meaning not the so-called problem of disability but the inevitable impossibility, even as it is made compulsory, of an able-bodied identity” (94).

6 As Rosemarie Garland-Thomson writes: “To deal with images and narratives...is to focus on issues of representation . . . In this sense, disability is a story we tell about bodies” (523). Physical disability may appear to be a material reality, but just as Butler argues about sex and gender, “there is no reference to a pure body which is not at the same time a further formation of that body” (10). Physical disability is not stable, and many wheelchair users do not need to use a wheelchair all the time and may carefully evaluate when and how to use their chair. Michael Rembis argues, “disabled people feel a tremendous pressure to appear as nondisabled as possible and whenever possible to mask the extent of their impairment(s)” (117). Simi Linton, in *Claiming Disability*, recounts:

Many people have told me that when family pictures were taken as they were growing up, they were removed from their wheelchairs, or they were shown only from the waist up, or they were excluded from pictures altogether. The messages are that this part of you, your disability or the symbol of disability, your wheelchair, is unacceptable, or, in the last case, you are not an acceptable member of the family. (20-21)

Just as not all gender performance is drag, so not all disability performance is ‘crippling up,’ a performance in which an able-bodied individual uses a mobility device as a prop. Such ‘crippling up’ has been, at times, understood to be offensive, analogous to blackface. Carrie Sandahl writes, “Casting non-disabled actors as disabled characters is called pejoratively ‘crippling up,’

referencing the outdated practice of white actors ‘blacking up’ to play African American characters” (236).

7 Understanding disability as performance and compulsory able-bodiedness as performativity allows a perspective on Jenner’s use of the wheelchair as part of a dramatic scene, while also understanding that Jenner, in her assumed able-bodiedness, does not have the same societally-enforced or embodied experience of a person who uses a wheelchair because of physical need. Here, I work from Tobin Siebers’ notion of ‘disability as masquerade’. I assume, based on other photographs from the same shot in which Jenner is shown standing as well as the family’s enhanced media presence, that she is not does not have a walking impairment and therefore had no physical reason to be using the wheelchair. As a result, the theoretical constructs of ‘cripping up’ and ‘disability simulation’¹ are relevant.

8 To facilitate my examination of the Jenner *Interview* cover, I collected the Jenner cover shot, other images from the same shoot, various images created and posted online in response to the Jenner photographs, articles and social media posts about the cover, including critiques, and the response from *Interview* to the criticism. Interestingly, while many of the photos from the same shoot remain on Jenner’s Instagram, the wheelchair shot has been removed. Examination of these artifacts will allow me to develop an understanding of the controversy surrounding the photographs, critique of the use of wheelchairs by able-bodied, wealthy, famous individuals, and provide an examination of the construction of visual representation of disability. Ultimately, I argue, the way bodies are situated in wheelchairs or otherwise matters, and performance of wheelchair use is an identity politic which constructs boundaries of what acceptable wheelchair use looks like. The way in which Jenner’s body and the bodies of individuals who created response photographs exist in these images, performs a certain kind of embodiment, first, by creating connections between ‘cripping up,’ failure, and disidentification; second, by reinforcing common tropes of passivity and victimization; and third, by revealing that the wheelchair is a contested space over which agency is exerted.

¹ Crippling up: In which an able-bodied individual ‘crips up’ by using a mobility device as a prop; Disability simulation: In which the purpose of using the wheelchair might be an attempt to better understand disabled experiences

Crippling Up, Failure, and Disidentification

9 Wearing a shiny black Tableaux Vivants body suit, Dior shoes, and a collar by Dawnmatrix, Jenner stares downward, positioned diagonally to the camera. The wheels of the chair slightly askew, the image has an air of aimlessness, as Jenner's relaxed arms and downward gaze suggest no move to an ultimate destination. The wheelchair itself is glamorous, marked by a luxurious golden hue. Jenner is lit from the front, her shadow obvious on the institutional white wall behind her. In an alternative take of the photo, one which did not appear on the cover of *Interview*, Jenner has her left leg raised in the air, her eyes now focused on her foot. In all the images from the shoot, she seems almost doll-like, her skin a pale, deathly alabaster, echoing the otherworldly nature of many of Jones' portrayals of women. In yet another shot, Jenner wears shoes on both her hands and feet, wearing a black latex body suit with no material covering her buttocks, a hallmark of the work of Jones, reminiscent of assless chaps. Another series of shots has Jenner posing as a waitress, carrying a tray with a glass of wine on it, or sensually eating an ice cream cone. Because Jenner is able-bodied, her performance can be read as crippling up; thus, considering the *Interview* photo shoot through the lens of performance and embodiment reveals places of tension where the role-play falls apart, where Jenner's performance of disability is in tension with her apparent able-bodiedness.

10 The phrase *cripping up* is generally used to refer to able-bodied actors playing disabled characters on television or film. Considering the connection between blackface and affecting a crippled gait in this history of minstrelsy, *cripping up* has historically problematic implications. Additionally, as I have argued in an earlier work, "despite being a common practice in Hollywood films, the portrayal of a disabled character by a non-disabled actor usually results in a performance that does not fully embody disability" (175). In this paper, I more broadly use this term to apply to the performance, in any context, of disability by a non-disabled body.

11 *Disability simulation* is also a relevant concept, referring to exercises, generally meant to be educational, in which people attempt to mimic, for a short time, the experience of being disabled. These simulations might include, for instance, using a wheelchair or walking around with a blindfold on for a day. Though meant to have a positive impact on how people view disabled individuals, simulations have been criticized for their ineffectiveness as well as their problematic implications. For instance, Silverman et al. finds, "the results of two experiments indicate that experiential simulation of blindness causes people to judge blind people as less

capable . . . these results suggest that disability simulation may increase stigmatization of blind people” (469). Sally French similarly notes, that not only is “there little evidence that simulation exercises bring about positive attitude change,” but also that they “do not simulate the experience of disability. Simulation exercises give a totally false impression of what it is like to be disabled” (259). Further, Emily Ladau argues, “Herein lies the problem with disability simulation. It may make a person more aware of another person’s experiences, but it doesn’t dig deep to the root of discrimination against people with minority identities” (para. 4). In this sense, Jenner’s use of a wheelchair can be read as simulating the experience of disability, research on simulation exercises in relevant. However, based on the public statement given by *Interview* for the photoshoot, I doubt that the intention of the photographs was to be educational.

12 The position of Jenner’s legs in the secondary shot of her in the wheelchair, as well as the photographs of her standing, creates a tension between the wheelchair use and her lived, embodied experience. While, on one hand, there exists the possibility for a wheelchair-using person with a disability to identify with Jenner in this photograph, this possibility is undermined when other photographs in the same series demonstrate that Jenner does not have a mobility impairment. José Esteban Muñoz uses ‘disidentification’ to “be descriptive of the survival strategies the minority subject practices in order to negotiate a phobic majoritarian public sphere that continuously elides or punishes the existence of subjects who do conform to the phantasm of normative citizenship” (4). Muñoz was specifically referring to the experiences of queers of color, “subjects whose identities are formed in response to the cultural logics of heteronormativity, white supremacy, and misogyny” (5). In discussing disability in conversation with disidentification, I echo McRuer’s assertion that compulsory heterosexuality and compulsory able-bodiedness are mutually constitutive. McRuer writes, “the system of compulsory able-bodiedness that produces disability is thoroughly interwoven with the system of compulsory heterosexuality that produces queerness” (89). Thus, I argue here that disidentification can also be practiced in response to the cultural logic of compulsory able-bodiedness.

13 In the second wheelchair photograph, Jenner’s body is contorted with her leg held up in the air; she still wears the collar and appears almost entrapped by the chair, revealing a contradiction between Jenner’s apparent able-bodiedness in lifting her leg and her position on the chair. This could be read as a more ambivalent portrayal of disability, as not all wheelchair users are paralyzed, yet alternatively, the way her body is contained by the chair suggests immobility.

Further, because of the inclusion in the collection of photographs of her standing, the wheelchair is revealed to be a prop, and the illusion of disability breaks down. Perhaps this is a productive form of failure; the tension between disability and ability evident in this series of photographs creates a moment of possible disidentificatory desire predicated on visibility. Muñoz further argues that, “identities-in-difference emerge from a failed interpellation within the dominant public sphere” (7). There is a possibility here that a wheelchair user could both simultaneously disidentify with the portrayal of wheelchair use in these photos by a woman read as white, able-bodied, straight and cisgender, while also desiring to be like Jenner; this tension between disidentification and desire, in response to this photo and other mass media portrayals of disability, is what, according to Muñoz, allows for the formation of a counter public sphere. Jenner’s white femininity facilitates a reading of her as vulnerable, but also as an innocent, as delicate but also as safe, not threatening

14 McRuer, too, speaks of impossibility and failure, though he is more interested in the impossibility of both able-bodied and heterosexual identities than in failed interpellation. He argues:

Think...of how many institutions in our culture are showcases for able-bodied performance. Moreover, as with heterosexuality, this repetition is bound to fail, as the ideal, able-bodied identity can never, once and for all, be achieved. Able-bodied identity and heterosexual identity are linked in their mutual impossibility and in their mutual incomprehensibility” (93).

Certainly, the portrayal of Jenner as both disabled and abled in the same photo shoot emphasizes the impossibility and incomprehensibility of able-bodied identity, but the same can, perhaps, be said of her portrayal of heterosexual identity. In other images from the shoot, Jenner wears a golden bodycast, corset-like in structure, which is reminiscent of the costume made by Jones for Kate Moss for the 2013 ‘Body Armour’ shoot. In several of these, she poses with a man, who, crouching on all fours, performs a supportive function to Jenner, who sits on or above him. In both, he stares at the ground, while she maintains an even gaze forward in one while staring downward in the other. Though posing with a masculine figure would seem to underscore her supposed identity as heterosexual, she never looks at him, undercutting any presumption of desire or object choice. Like the wheelchair, the man seems to be only a prop, faceless, and wearing a nondescript black suit. Nevertheless, the inclusion of a male figure in the photographs of Jenner when combined with her position as sex symbol suggests a heteronormative lens. The

lack of any gaze toward the other, however, hints at the impossibility of certainty. The positioning of the man also disrupts the comparison to the work of Jones: here, the male figure is the furniture upon which Jenner poses, rather than Jenner being positioned as the furniture. This reversal of position suggests a possible reversal of agency: Jenner has power here. Perhaps there is something rather queer about this reversal, in the sense that Butler means when she writes, “The term ‘queer’ emerges as an interpellation that raises the question of the status of force and opposition, of stability and variability, ‘within’ performativity” (226).

15 Jenner, positioned as empowered, sexualized agent rather than furniture, departs from traditional depictions of wheelchair-using bodies as asexual. In all the pictures from this shoot, Jenner is explicitly sexualized, both inside and outside of the wheelchair; given that Jenner had just turned 18, she may have wanted to break the image of the child she was when the TV show first began to air. Beyond the shoot, Jenner, as a member of the Jenner-Kardashian family, has sex symbol status (McClain). The popularity of the Kardashian and Jenner women is due, at least initially to Kim’s sex tape and the resulting sexualization of all the women in the family (Sastre). While this portrayal has the potential to challenge stereotypes connecting wheelchair use and asexuality, Jenner’s able-bodiedness complicates the message; like the waitress outfit and the collar, the wheelchair is just another prop in Jenner’s role-play. Thus, the connection between the wheelchair and sexuality in this shoot seems also to fall apart. Given that people whose actual lived experience involves wheelchair use are often deprived of sexual agency, a concern noted by Kay Inckle, Paul Longmore, and Aristotle Nicolaidis, the use of the wheelchair as a prop has the potential to cause offense. Therefore, the disconnect between the performance of disability and the ease of Jenner’s return to a compulsory able-bodiedness complicates positive readings of her wheelchair use.

Glitzy BDSM: Tropes of Passivity, Victimization, and Impoverishment

16 Calling wheelchairs “the archetypal symbol of disability” (6), Gerald Goggin and Christopher Newell write that wheelchairs are simultaneously liberating and controlling and further argue, “in a different set of social circumstances the meanings and structures associated with the wheelchair might be different, and it is worth asking whether a more liberating form of mobility might exist for people who currently use wheelchairs if they constituted some of the more powerful members of society” (11). Now a phrase considered offensive but at one time

more commonplace, ‘wheelchair bound’ underscores a social narrative in which the wheelchair is seen as solely confining and controlling, rather than liberatory. To demonstrate the disconnect between disability and independence in common cultural understandings, Petra Kuppers uses the example of *The Living Museum of Fetishized Identities* by Guillermo Gómez-Peña, whose installation features a non-disabled person sitting in a wheelchair; she argues, “in his mobilization of the wheelchair, Gómez-Peña brings together two contradictory images that merge, leaving spectators with a sense of cultural unease: the independent and strong guy and the wheelchair user” (135). Simi Linton, in *Reassigning Meaning*, argues, “Language that conveys passivity and victimization reinforces certain stereotypes when applied to disabled people” (168). Linton continues:

The ascription of passivity can be seen in language used to describe the relationship between disabled people and their wheelchairs. The phrases ‘wheelchair bound’ or ‘confined to a wheelchair’ are frequently seen in newspapers and magazines, and heard in conversation...the various terms imply that a wheelchair restricts the individual, holds a person prisoner. (169)

17 Because of the use of BDSM gear in the shoot, the cover shot plays into these stereotypes by positioning Jenner as bound in a wheelchair. Literally bound by her collar, Jenner does not use the chair, but rather poses upon it; Jenner’s shoes have a strap around the ankle, making them appear, at first glance, to be bound directly to the chair. Similar to what Beth Haller and Sue Ralph found in their analysis of US and UK advertising campaigns, these advertising images promote body ideals as Jenner is tall, thin, and normatively attractive as well as being able-bodied, but the use of BDSM gear plays into the fears held by able-bodied individuals of becoming wheelchair bound. Paul Longmore wrote, “What we fear, we often stigmatize and shun and sometimes seek to destroy. Popular entertainments depicting disabled characters allude to these fears and prejudices, or address them obliquely or fragmentarily, seeking to reassure us about ourselves” (132). If Jenner was actively using the chair, as opposed to sitting doll-like upon it, perhaps her portrayal would lend itself less to interpretations of fear.

18 Related to passivity and victimization are stereotypes of the impoverished disabled individual, a common trope noted by Linton in her book *Claiming Disability: Knowledge and Identity*, among others. Jenner’s performance of disability is anything but impoverished. The wheelchair, a gilded gold, does not feel real but rather seems a glamorous fiction. The glitz of this scene, underscored by the carefully curated wealthy image of the Jenner-Kardashian family,

ignores the barriers to economic success faced by disabled individuals. One of the many barriers to success is lack of physical accessibility to places of employment. Goggin and Newell write, “While the wheelchair in the abstract may be theoretically regarded as an aid to mobility, it is only when the real world is designed to enable equitable access for people in wheelchairs that the wheelchair can be seen as an effective enabler. Without the necessary pavement, curbs, ramps, and funding of so-called access, the wheelchair as a system has different meanings and effects” (8). At the time of the publication of this issue of *Interview*, concerns regarding accessibility in the United States would have been particularly salient, given the consideration of H.R. 3765, the ADA Education and Reform Act of 2015, by the US Congress. This bill would have limited the scope of accessibility requirements under the ADA and further limited enforcement; an updated version of this bill, H.R. 620, is under consideration at the time of writing. But even without legislative threats to accessibility, disabled people in the US who need wheelchairs may face many barriers to receiving one. Goggin and Newell note that literature rarely questions, “who controls access to the wheelchair, and who are the gatekeepers of ownership of the wheelchair” (9).

19 Given that the United States has some of the best protections for disability rights in the world, the relatively privileged position of disabled people in the US pales in comparison to the experiences of people with disabilities in other countries. For example, in *The Right to Maim*, Jasbir Puar notes that, in Palestine, liberatory disability rights narratives do not resonate. She writes: “Becoming disabled is not a before-and-after event but an ongoing navigation with quotidian forms of blockage that draw populations in and out of debilitating and capacitating experiences. Efforts to claim disability as an empowered identity and to address ableism in Palestine will continue to be thwarted until the main source of producing debilitation – the occupation – is ended” (160-161). We cannot talk about gender or about disability without also understanding how race, class, culture, and context, among other elements, permit and constrain certain readings of gender and disability. Yet, rather than framing this nexus through the lens of Intersectionality, Puar suggests, in *Disability*, that we should move beyond Intersectionality to consider ‘assemblages,’ a way of thinking about bodies and contexts that does not separate one identity from another; in *The Right to Maim*, Puar argues that one way in which we can employ ‘assemblages’ is to think about ways in which certain bodies are more often debilitated while others are capacitated. Thus, rather than thinking merely about tropes of passivity and

victimization, we might think of the ways in which those tropes come together to capacitate some, while debilitating others.

20 Jenner's performance occurs in an economically-privileged, Western context, though how it was disseminated beyond this context is difficult to determine. Yet, even in this context, it is troubling that Klein is able to procure wheelchairs for fashion shoots, while disabled consumers must rely on doctors to prescribe its medical necessity and hope that their insurance, if they even have insurance, will pay. As a multiply disabled person myself, with many disabled friends, the amount of *Go Fund Me's* for wheelchairs that come across the feeds of my social media is disheartening. The glamorous appearance of Jenner's wheelchair, combined with the reality of the expensive, and at times out-of-reach, nature of wheelchairs, suggests that the 'assemblage' at play, on one hand, potentially capacitates disabled people by making the use of a wheelchair in fashion appropriate yet on the other hand does nothing to disrupt the ongoing debilitation of disabled people in the US and elsewhere. Elements of capacitation and power are suggested by the public statement offered by *Interview* regarding the use of the wheelchair in the shoot. An *Interview* spokesperson, when asked about the negative response to the photo, said:

At *Interview*, we are proud of our tradition of working with great artists and empowering them to realize their distinct and often bold visions. The Kylie Jenner cover by Steven Klein, which references the British artist Allen Jones, is a part of this tradition, placing Kylie in a variety of positions of power and control and exploring her image as an object of vast media scrutiny. (para. 7)

If Jenner's position in the wheelchair is meant to be one of power and control, the successful fulfillment of this intention would disrupt the social narrative associating the wheelchair with passivity and victimization. Yet, the use of equipment that explicitly bound Jenner in the chair seems to counteract the intended message.. Even as we acknowledge the role of consent and the agency and empowerment of subs within BDSM, we cannot assume that all viewers of the photos understand BDSM as anything other than subjugation, especially given the popular culture portrayal of BDSM in *Fifty Shades of Gray*. Further, the photo shoot establishes a metaphorical connection between dolls and Jenner, as acknowledged by Klein when he discussed treating Jenner "like a doll" (Brett, para. 3) and by Jenner when she talked about her make-up for the day. Rebecca Rose, for *Cosmopolitan*, drew attention to captions on one of Jenner's Instagram photos from the shoot: "Plastic doll vibes ;) pulling my face back with tape all day was much worth it for this amazing art cover...so dope!" Given that dolls do not move of their

own accord, even metaphorically positioning Jenner as a doll in a wheelchair has implications that disrupt the claim that this shoot was meant to position Jenner as powerful. In this way, the very particular styling of the photo shoot, combined with the aforementioned usage of the wheelchair as a mere prop, establishes a connection between dolls and people who use wheelchairs, again returning to a trope of passivity.

Agency: The Wheelchair as Contested Space

21 The tension between passivity and power in the Jenner photos suggests that we might understand the wheelchair as contested space. The shoot ends with a series of photographs which make explicit the doll metaphor; in one, Jenner is motionless and stiff, placed in a box marked “fragile” while wearing lingerie. In the two images that follow, Jenner, with arms and legs unnaturally bent, is held like a doll by a man who is either almost off camera or hidden behind her body. Whether positioned in a wheelchair, as a doll, or sexualized as a waitress, the photographs of Jenner allow her no movement beyond how she is posed. Frustrated with this portrayal, some wheelchair users responded with supposedly more realistic photographs. While I acknowledge that Klein’s photography is not intended to be an authentic portrayal of disability, since his style is to create a fiction or disrupt our perception of reality, many of those who responded seemed to desire a more realistic portrayal. For example, Arden Lee, a student born with spinal muscular atrophy who uses a wheelchair, wrote:

When I saw Kylie Jenner’s photoshoot, I was upset. I became even angrier when I realized the wheelchair was supposed to represent the struggles she’s gone through. I’m sure she’s gone through some struggles in her life, but that’s no excuse to use a wheelchair as the metaphor. People stare at me because I’m different, not because I’m making a statement. It’s difficult to believe that Jenner- someone who is the stereotypical version of Western beauty and probably has not had to work very hard to get to where she is now – will have the same struggles as someone in a wheelchair. She used it to be edgy whereas real people with physical disabilities are seen as pitiable. (Warren, para. 4)

22 Arden’s photograph is a mirror selfie; she smiles, looking into the cell phone, and is wearing glasses and polka dot navy dress. She raises her left arm in a gesture that seems to say, “what’s up with that, Jenner?” Perhaps one reason for the desire for a more realistic portrayal in Klein’s photographs is the relative lack of such portrayals in society at large. Arden’s statement that “real people with physical disabilities are seen as pitiable” echoes concerns in disability theory about the tropes discussed above. Arden’s frustration, here, seems to be the very

disconnect between Jenner's capacity to use the wheelchair as a place of power and the ways in which people who use wheelchairs out of physical need are generally debilitated in society. Yet, Jenner's use of a wheelchair created an opportunity for Arden, who in posting a response photo to social media, which was then picked up by mass media, challenges these tropes. Without Jenner's photo shoot, this opportunity would not have existed. Ophelia Brown, who tweeted a similar wheelchair selfie in response to Jenner, stated,

Having an able-bodied person pose in a wheelchair like it's a fashion accessory, it trivializes the concept of a wheelchair...it's not a prop, it's not something that I can easily get in and out of. It's not something that I want. It's something that I need to get to school, to go out with friends, to live a normal life ("Ophelia Brown's..." para. 5-6).

Ophelia's concern, here, seems to be about the use of the wheelchair as a temporary prop, rather than a capacitating mobility device which enables engagement with the world.

23 Gemma Flanagan, a disabled model, recreated Jenner's photoshoot a little more precisely than Arden and Ophelia by wearing a similar bodysuit, collar, shoes, and hairstyle, with a slight change: she is photographed next to her wheelchair, but not in it. On this choice, Flanagan states, "The Kylie shoot didn't make sense to me . . . it seems an able-bodied woman is more acceptable than a disabled woman. So I asked Bri to photograph me without my wheelchair. I thought maybe that would be more 'acceptable'" (Blott, para. 15-16). Flanagan seems to be challenging the potential for Jenner's shoot to facilitate greater acceptance of wheelchair users in fashion shoots.

24 Model Lauren Wasser, an amputee, recreated the cover photograph almost exactly, including the golden wheelchair. She added sunglasses and propped her non-prosthetic leg on a pile of fashion and celebrity magazines featuring the Jenner-Kardashian family. Her act of stepping on the photographed faces of the Jenner-Kardashian family suggests defiance. She posted the photograph to her Instagram, with the caption "real life" (Mazziotta, para. 3). The caption, again, indicates a desire for more realistic representations of disability in the media.

25 Erin Tatum, born with cerebral palsy, also created a response photograph using a black bodysuit, similar shoes, and a similar haircut. Her wheelchair, unlike Jenner's, is motorized and she looks up, rather than down, her hands are on her legs rather than on the wheels of the chair. Her skin is less starkly white than Jenner's and she wears red nail polish. Tatum states, "I can barely get people to make eye contact with me, let alone land a cover shoot. If being in a wheelchair is trendy now, I've apparently been a trendsetter since before Kylie was born" (Blair,

para. 6-7). Tatum's photo sparked a series of copycat photos on Tumblr, including Jordyn Taylor and Annie Elaine who posed in their wheelchairs in a black tank top and black lingerie respectively (Blair).

26 As the response photographs demonstrate, the wheelchair is a contested space over which agency may be exerted and the meaning of its use may be negotiated, interpreted, appropriated, and reappropriated. Despite its historic associations, the wheelchair, conceptually and legally, cannot be owned by those who use it daily, those who use it out of physical need, or those who do so out of a need for attention, among any other reasons. However, given the ways in which this photoshoot reinforces common tropes and stereotypes, I argue that there are more and less ethically acceptable ways to be photographed in a wheelchair. Cassandra Phillips asserts, "Acceptable disability imagery derives from lived experience. Persons with disability need the space to tell their story, the journey of their body" (206). As long as the able-bodied models are the norm, disabled individuals are not as privy to the storytelling, artistic space of fashion; thus, because of historic discrimination against disabled bodies in fashion, the use of a wheelchair by an able-bodied, wealthy model continues to be problematic. However, as Arden, Ophelia, Gemma, and Erin demonstrated, Klein and Jenner gave them a platform to share their own journeys and stories; while this does not make the Jenner photo shoot less problematic, it suggests that wheelchair users have the agency to reclaim the symbol of their movement. Certainly, disabled models are becoming ever so slightly more common in the world of fashion: Danielle Shekpuk at NY Fashion Week 2014 (Freleng), FTL Moda NY Fashion Week 2015 Show (Amos), Tokyo Fashion Week 2015 (London), and the Hooligans & Kardashian Kids clothing line (McGlensey) are all examples. However, the use of disabled models is not without problematic implications either. Maria MacKinney-Valentin writes "While this tendency to use disabled models may appear to be a move towards greater tolerance, there might also be an element of taking subversive images and using them in marketing on a more symbolic level where what is *foul* becomes fair because of the potential for distinction, regardless of the social reality of the images" (19). Garland-Thomson acknowledges that "the juxtaposition of the elite body of a visually normative fashion model with the mark of disability forces the viewer to reconfigure assumptions about what constitutes the attractive, the desirable, and the livable life," but calls this practice "cripsploitation" (525-6). High fashion modeling is all about having

something unique to offer; when a person's uniqueness is constructed as their disability, seeing the disability rather than the person as a whole is a likely result.

Conclusion

27 Jenner's performance of wheelchair use, and the response photographs claiming to more authentically perform the same, challenge us to consider how the representation of wheelchair use functions in a high fashion context. An intriguing combination of elements from the work of Jones and Klein, Jenner's performance inspires a disidentificatory response from disabled audience members, a desire to recreate the performance while also distancing oneself. Though Jenner often plays a part in the production of compulsory able-bodiedness and heterosexuality, this photo shoot suggests the impossibility of performing either perfectly. Though Jenner's sexualization within the wheelchair has the potential to disrupt the connection between disability and asexuality, the use of the wheelchair as merely a prop in her role play troubles such a positive reading. Because of the use of BDSM gear in the shoot, Jenner's performance reinforces social narratives that connect disability with passivity and victimhood. In this context, the glitz and glamor of the set and the golden wheelchair does not correspond with the lived reality of most disabled individuals, both in the US and beyond. Jenner propagates a glamorous vision of wheelchair use which, like the Jenner-Kardashian reality TV shows, is not realistic, but ignores the lack of job opportunities and economic assistance given to disabled people in the USA. Though Jenner's use of the wheelchair is intended to place her in a position of power, social discourse surrounding wheelchair use, the use of the wheelchair as a prop, and the positioning of Jenner as doll-like, do not facilitate such a reading of these photographs. Nevertheless, Klein's photographs of Jenner resulted in an opportunity for disabled wheelchair users to respond, granting them a platform through which to challenge common tropes and stereotypes of disability. Furthermore, though a chair with wheels on it is not a concept that can be legally owned by any one group, it is symbolically associated with the independent living movement, a marginalized group, and their calls for freedom and mobility, making the use of a wheelchair in a bondage fashion photo shoot disconnected from the lived experience of disabled wheelchair users.

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Hierarchies of ‘Treatment’: The Influences of Comorbid Psychiatric Diagnoses on Individuals with Gender Dysphoria

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Abstract

Since the introduction of the gender dysphoria (GD) diagnosis, previously marginalized trans individuals, such as emancipated minors, incarcerated individuals, and individuals with cognitive disabilities that are deemed able to participate in their various medical treatments, have been invited to have an autonomous role in their decisions to access medical methods of gender affirmation. It is important to note that trans individuals with psychiatric diagnosis/es in addition to GD are prohibited to this sense of autonomy since they are deemed to be incompetent due to these comorbid ‘psychiatric’ diagnoses. I investigate the creation and consequences of a hierarchy of treatment that is created by conceiving of the trans phenomenon as a psychiatric disorder which prioritizes effective management of the non-GD diagnosis/es before validating the gender identity through both social and medical methods. This hierarchical creation invariably leads to a pathologization of the trans phenomenon as medical professionals attempt to prove through causation the actual ‘true’ diagnosis embedded within the comorbidity. The consequences of this hierarchy of treatment denies a trans person with a multiplicity of psychiatric diagnoses access to gender affirming medical methods in favor of uncovering the truth of their pathology, which can exacerbate emotional distress, distress that can potentially have lethal physical manifestations, that an individual is already experiencing. The medical institution needs to reevaluate the principle “first, do no harm,” to understand how their resistance to grant autonomy to trans individuals with comorbid diagnoses can, in actuality, create the most harm. In order avoid further marginalization of this sub-population within the trans community, I propose an eradication of any diagnosis that attempts to depict the trans phenomenon in favor of a new reimagining of reimbursable medical methods of gender affirmation that privileges the autonomy of trans individuals.

Introduction

1 The medical community has historically misunderstood trans identity. Since the late 19th century, this identity has been conflated with intersexuality and homosexuality through the medical community’s invention of the term “sexual invert” (Dreger, 2003). Conflations with intersexuality, homosexuality, and “transvestitism” in addition to stigmatizing misconceptions about the trans population as a whole have created historically inaccurate diagnoses for “transsexualism” as well as subjective and ineffective standards of care for trans individuals seeking medical methods of gender affirmation¹ (American Psychological Association). While

¹ The term medical methods of gender affirmation is used here to describe the medical technologies, interventions, and procedures used for gender affirmation such as hormone replacement therapy and a variety of gender affirming surgeries.

the diagnosis and the criteria to characterize the trans population have changed over time in the American Psychiatric Association Diagnostic and Statistical Manual (DSM), a hierarchy of treatment has been embedded into the medical community's standards of care since the initial publication of the DSM, where it states

The condition which most urgently requires treatment should be listed first. For example, if a patient with simple schizophrenia was presented to the diagnostician because of pathological alcohol intoxication, then the order of diagnoses would be first, Pathological intoxication, and second, Schizophrenia, simple type. (American Psychological Association, 4)

While these hierarchical standards of care effect all individuals with comorbid psychiatric diagnoses, for trans individuals this presents a unique conundrum when individuals have a psychiatric diagnosis for a mental phenomenon in addition to the current diagnosis characterizing trans identity, gender dysphoria (GD). Additionally, the World Professional Association for Transgender Health's (WPATH) seventh edition to Standards of Care (SOC) insists that individuals' mental illnesses be "well controlled" before proceeding with medical methods of gender affirmation, which enacts barriers, potentially life-long barriers, for trans individuals with a comorbid psychiatric diagnosis. This historical influence of medicalization of trans people has led to the current construction of the mandatory GD diagnosis that trans individuals are required to be diagnosed with before being granted access to medical methods of gender affirmation. Access, though, is contingent upon meeting additional, and often subjective, medical criteria which includes marginalizing parameters that most individuals with a psychiatric diagnosis cannot meet.

The History of the Medicalization of Trans Identity

2 Before an official diagnosis that characterized trans identity emerged in the third edition of the DSM in 1980, a diagnosis which was distinctly different than the "transvestitism" diagnosis within the two prior DSM editions, trans bodies were already being medicalized in the United States. In the mid-twentieth century, numerous academic gender clinics were established across the country and effectively replaced "on-demand" surgeries that some financially established trans people had utilized in the past (Stryker & Sullivan). The Stanford Gender Dysphoria Program was established in 1968 to collect historical information about "transsexualism", provide diagnostic criteria for medical professionals to reference, and to

determine the appropriate methods of care for trans individuals (Stone). The research conducted by medical professionals consistently had skewed population samples of trans individuals since they had a convenience sample from nearby psychiatric clinics instead of utilizing a simple random sample across a broader population. Despite this methodological anomaly, which was even addressed within disclaimers by the researchers themselves, the consequent data was used to describe the entire trans population;

[Leslie Lothstein] concluded that [transsexuals as a class] were depressed, isolated, withdrawn, schizoid individuals with profound dependency conflicts. Furthermore, they were immature, narcissistic egocentric and potentially explosive, while their attempts to obtain [medical professional assistance] were demanding, manipulative, controlling, coercive, and paranoid. (Stone, 282)

While these results were concluded from questionable methodology or exceptionally marginal data, ultimately “they came to represent transsexuals in medicolegal/psychological literature, disclaimers and all, almost to the present day,” (Stone, 283). This problematic research led to the characterization of all trans individuals as being “sick”, which has initiated incredible barriers to accessing desired medical methods of gender affirmation. Before academic gender dysphoria clinics, such as Stanford’s Gender Dysphoria Program, began to monopolize on trans bodies, there were some earlier clinics which were not academically affiliated that would perform surgeries on demand (Stone; Stryker & Sullivan). The change from non-academic to academic gender clinics came when American medical professionals began to demand that there be an objective test to ‘verify’ the trans person’s subjective understanding of themselves since performing surgeries on demand was believed to involve too many professional risks for the medical staff who were providing “experimental surger[ies] on ‘sociopaths’,” (Stone, 290; Stryker & Sullivan).

From Transsexualism to Gender Dysphoria: The Construction of Diagnoses in the DSM

3 Over the past six decades, the DSM has added, eliminated, and changed, both subtly and dramatically, a variety of diagnoses. The original DSM included the sexual deviance diagnosis as a new classification than what was formerly categorized, prior to the first publication of the DSM, as “psychopathic personality with pathologic sexuality,” (American Psychological Association, 1952). As stated in the diagnostic criteria, “the diagnosis will specific the type of

the pathologic behavior, such as homosexuality, transvestitism, pedophilia, fetishism and sexual sadism (including rape, sexual assault, mutilation),” (American Psychological Association, 1952). In both the first and second versions of the DSM, there were limited diagnostic criteria of sexual deviation beyond what was previously stated, which made understanding trans identity all the more challenging for medical professionals since transvestitism did not accurately describe what their trans patients, who were overwhelmingly trans women, were reporting as their experience. As academic gender clinics continued to treat the trans population, they struggled to find an objective method to measure the presence and validity of that experience so they dedicated significant research to create a differential diagnosis or objective test (Stone). Even though, “after considerable research, no simple unambiguous test for gender dysphoria syndrome could be developed,” by medical professionals, they were successful in creating the official “transsexualism” diagnosis, which was introduced into the third edition of the DSM (Stone, 290). The diagnostic criteria for transsexualism in the DSM III-R was described as,

... a persistent sense of discomfort and inappropriateness about one’s anatomic sex and a persistent wish to be rid of one’s genitals and to live as a member of the other sex. The diagnosis is made only if the disturbance has been continuous (not limited to periods of stress) for at least two years, *is not due to another mental disorder, such as Schizophrenia*, and is not associated with physical intersex or genetic abnormality. (emphasis added; American Psychological Association, 261)

As evidenced by the diagnostic criteria, medical professionals were already concerned that trans people, usually already regarded as being mentally ill for being trans, could also be suffering from delusions about their gender identity due to underlying mental illness. This fear of causation, where trans identity is ‘truly’ caused by mental illness as articulated in the DSM III-R, continues to permeate in subsequent editions of DSM diagnoses that attempt to characterize trans identity.

4 Within the DSM IV, the revision changed both the name of the diagnosis from transsexualism to gender identity dysphoria (GID) as well as the diagnostic criteria. The revision seemed to recognize the fact that trans people are at a higher risk for some other psychiatric diagnoses such as anxiety, depression, and suicidal ideation, but mentioned how some psychiatric diagnoses, like schizophrenia, could be a comorbid factor. The criteria states that “there may rarely be delusions of belonging to the other sex” due to schizophrenia and insistence of ‘other sex’ identification should not be considered to be a delusion, “because what is

invariably meant is that the person feels like a member of the other sex rather than truly believes that he or she is a member of the other sex. In very rare cases, however, Schizophrenia and severe Gender Identity Disorder may coexist,” (American Psychological Association, 537). This diagnostic criterion recognizes that comorbid mental illness in addition to the GID diagnosis can exist in some cases, but does not automatically exclude an individual from being ‘authentically’ trans. The recognition of comorbid potentiality, though, seems limited to mental illnesses that are not considered, by medical professionals, to be “severe” as it is stated that in “rare” cases that schizophrenia can cause delusions about gender as well as the “very rare” instances of diagnosable comorbidity of GID and schizophrenia.

5 In the DSM V, published in 2013, the diagnosis changed from GID to GD. During the revision process, medical professionals, trans advocates, and members of the trans community came together to constructively critique how the transsexualism and GID diagnoses have functioned. Since both of these diagnoses have historically pathologized trans identity, the creation of the GD diagnosis was meant to address the “real problem” that trans individuals face, which is dysphoria caused by gender incongruence. Similar to the DSM IV, the fifth edition emphasizes that there may be rare instances where schizophrenia or other psychotic disorders cause delusional desires to be “the other gender,” but there are instances where those two diagnoses can co-occur (American Psychological Association). Additionally, it is clearly stated that “in an absence of psychotic symptoms, insistence by an individual with gender dysphoria that he or she is of some other gender is not considered a delusion,” (American Psychological Association). Within the section about comorbidity possibilities, the DSM-V recognizes that comorbid diagnoses can exist while citing anxiety and depressive disorders as being the most common type.

6 The DSM is typically only referenced in order to make a psychiatric diagnosis for transsexualism, GID, and now, GD, but WPATH’s SOC are guidelines that professionals refer to when trans individuals are seeking medical methods of gender affirmation. The SOC was first created in 1979 and have had frequent revisions between the first and the seventh edition, which is the latest version that was published in 2011, only two years before the publication of the DSM V. A section in the SOC, titled “Mental Health”, provides guidelines for any professionals who may have concerns about working with trans people with mental illness. Within this section it is stated that,

Addressing these [mental health] concerns can greatly facilitate the resolution of gender dysphoria, possible changes in gender role, the making of informed decisions about medical interventions, and improvements in quality of life... The presence of co-existing mental health concerns does not necessarily preclude possible changes in gender role or access to feminizing/masculinizing hormones or surgery; rather, these concerns need to be optimally managed prior to or concurrent with treatment of gender dysphoria. (WPATH SOC, 25)

The above passage initially reinforces a fear about causation, where it is believed that the mental illness causes GD, as it implies that treating the mental illness first might help a trans person to revert back to a cisgender identity. Shortly after mentioning the fear mongering possibility of causation, it is stated that the comorbid psychiatric diagnoses with GD and another mental illness does not necessarily have to result in denial of access to medical methods of gender affirmation, but instead that a hierarchy of care needs to be implemented where the mental illness is ‘optimally managed’ before the person’s gender identity is validated.

7 Within the seventh edition of the SOC there are explicit criteria that need to be met before beginning various medical methods of gender affirmation. For hormone replacement therapy and chest surgery there is four criteria that needs to be met, but two are of particular interest. These two criteria are listed as “capacity to make a fully informed decision and to consent for treatment” and four being listed as “if significant medical or mental health concerns are present, they must be reasonably well-controlled,” (WPATH SOC). What is implied with these two statements is that trans individuals have the ability to consent unless they have ‘significant’ mental health concerns, which then strips them of their own bodily autonomy and requires for them to address the mental phenomenon before being given access to medical methods of gender affirmation. Additionally, these standards are left inherently vague with terms and phrases such as “significant” and “reasonably well controlled,” which allow for professionals to have subjective interpretation of the meaning of these vague terms (WPATH SOC).

8 For the past 40 years, trans identity has been medically categorized as a psychiatric disorder as evidence by its diagnostic presence since the third edition of the DSM. While this was initially intended by medical professionals as being beneficial to the trans community in order to finally recognize and safely treat trans people suffering from gender dysphoria and desiring medical methods of gender affirmation, the classification of trans identity as a psychiatric diagnosis continues to marginalize trans people who have a comorbid psychiatric

diagnosis in addition to their GD diagnosis. This marginalization occurs since a hierarchy of care is implemented by medical professionals that privileges treatment of the other psychiatric diagnosis before validating the individual's gender identity both socially and medically. The two case studies presented by Mizock and Fleming and Donnelly-Boylen reveal how the hierarchy of care endorsed by WPATH can actually be detrimental to trans people with a comorbid psychiatric diagnosis.

Case Studies Analysis

9 The four case studies presented in the article *Transgender and Gender Variant Populations with Mental Illness: Implications for Clinical Care* are used to argue for gender validation amongst trans and gender variant individuals presenting with mental illness while being with psychiatric inpatient units. The fourth case presented by Mizock and Fleming examines how the hierarchy of treatment, where mental illness is addressed before validation of gender variant identity, can be detrimental to an individual. A person identifying himself to be a man named George Johnson III, which Mizock and Fleming rename to the initials E.C., was admitted to the emergency room after he disclosed his suicide plan to the staff at his homeless shelter (Mizock & Fleming, 211). To the inpatient staff, "E.C. appeared identifiably female-bodied, and the majority of the inpatient staff referred to him by a female alias that was given to him by the shelter," (Mizock & Fleming, 211). Even though E.C. expressed continuous "humiliation he [that] suffered in responding to this female name," he also feared that he would appear to be noncompliant with his treatment plan and subsequently extend his hospitalization if he did not allow the inpatient staff to call him by this 'female alias', (Mizock & Fleming, 211). It appeared to inpatient staff that E.C. was experiencing delusions, as evidenced by his beliefs that there was an ongoing governmental conspiracy, one where the government had not only successfully "butchered" his male genitalia but, that they were also attempting to poison him through his blood tests. In addition to these aforementioned statements, he also claimed that he was a retired biochemist with two doctoral degrees. These claims led inpatient staff to believe that E.C. was experiencing delusions and the staff expressed concern that validating his gender identity would 'reinforce' these delusions (Mizock & Fleming, 211). The clinical team maintained this theory despite the fact that, "he sustained his gender identity presentation over the course of his hospitalization," which also manifested in discomfort and agitation as he was

repeatedly misgendered by the inpatient staff and was given numerous referrals to gender segregated women's homeless shelters. Mizock and Fleming conclude that while it is standard practice when working with individuals with serious mental illness to avoid struggling with or validating delusions, they posit that validating the gender identity of people with serious mental illness should take precedence in order to show respect for that person, which helps to foster a treatment alliance and reduce potential barriers and stress that often result from chronic and purposeful misgendering.

10 Gender validation of trans and gender non-conforming individuals with mental illness is an imperative part of inpatient treatment because "supporting the individual in the gender identity that is currently presented or being explored is essential to avoid contributing to stress and stigma that interfere with recovery from acute symptoms of mental illness," (Mizock & Fleming, 212). These case studies, though, only pertain to incidents where trans people are hospitalized due to acute symptoms of mental illness where gender validation simply includes using the individuals correct name, pronouns, and gendered nouns. For the trans and gender non-conforming people with mental illness who are seeking medical methods of gender affirmation, only gender validation is not sustainable. Additionally, I argue that, for some, mental illness cannot simply be 'overcome' or even consistently 'well-managed', notions which are popularized in mainstream American culture. This coupled with the fact that medical histories, including psychiatric, have the potential to be authenticated by various medical care providers continues to deny trans people with mental illness access to medical methods of gender affirmation since their mental illness have historically been poorly managed and/or will never be 'well-managed'.

11 In *Gender Dysphoria, Serious Mental Illness, and Genital Self-Mutilation: A Case Report*, the attending psychiatrist and author, Donnelly-Boylan, reconsiders the hierarchy of care that had been continuously imposed on a trans woman presenting with a multifaceted psychiatric medical history. The forty-three-year-old woman was admitted to the emergency room after having self-inflicted several severe lacerations to her penis and scrotum (Donnelly-Boylan, 376). Once the woman's condition had been stabilized, she was asked by her attending medical professionals to explain why she had self-injured and she lucidly rationalized her actions by stating, "that she wished to be rid of her genitals and to possess female secondary sex characteristics. She stated that she had been repeatedly denied any form of sex-reassignment

treatment, including both hormonal and surgical interventions” (Donnelly-Boylan, 377). After a comprehensive medical history had been gathered during her time in the hospital’s inpatient unit it was realized that this was not her first incident of self-injury to her genitals. At the age of fourteen she had used a nail gun to drive several nails through her scrotum (Donnelly-Boylan, 377). With this additional patient history, it comes as no surprise that she listed this constant denial of access to desired medical methods of gender affirmation, a denial that as lasted for nearly thirty years, as a chronic stressor that triggered her most recent incident of genital self-injury.

12 The medical community’s justification to deny this trans woman any gender affirmation, despite obvious symptoms of dire gender dysphoria, is a result of her various psychiatric diagnoses of severe mental illnesses. Her extensive psychiatric history dated back to her early twenties when she was hospitalized after an unsuccessful suicide attempt by overdose with illicit drugs (Donnelly-Boylan, 377). The multiple proposed diagnoses included, “bipolar disorder with psychotic features, schizoaffective disorder, bipolar type, in addition to PTSD and cognitive impairments following a traumatic brain injury 15 years prior,” (Donnelly-Boylan, 377). The symptoms of these illnesses resulted in multiple hospitalizations as well as numerous incarcerations. Donnelly-Boylan takes note that her most recent incarceration was a result of her committing arson while “reportedly manic and paranoid”, (Donnelly-Boylan, 377). There were substantiated reports that, “she responded well to antipsychotics while incarcerated, but had a consistent history of disconnection from psychiatric care when living in the community,” (Donnelly-Boylan, 377). The limited access to mental health care was suspected to have contributed significantly to her psychiatric and legal recidivism. Within his discussion, Donnelly-Boylan reveals problematic treatment requirements within both the DSM’s GD diagnosis as well as WPATH’s Standards of Care. With this particular case study in mind, he concludes that,

experts in care of transgender patients [WPATH] emphasize providing medical treatment for gender dysphoria when underlying psychiatric disorders are well controlled... However, limitations in access to treatments for transgender patients may ultimately serve to worsen outcomes in transgender patients suffering from SMI (severe mental illness). (Donnelly-Boylan, 380).

13 I use the aforementioned case not to say that all trans people engage in genital mutilation when being barred from medical methods of gender affirmation, since this is actually very rare

(Donnelly-Boylen, 380), but instead it should be used as an example of medical abuse against trans people where, in this particular instance, a trans woman experienced blatantly consistent and severe gender dysphoria for over thirty years without being given the opportunity to begin her desired medical methods of gender affirmation whereas E.C.'s case might have been considered by medical professionals as example of a more subtle form of gender dysphoria.

14 Within these two case studies, there is clear evidence of a hierarchy of treatment where mental illness is addressed before validating gender identity since there is perceived, but unsubstantiated, causation due to comorbid psychiatric diagnosis/es with GD. Both of these individuals were admitted into emergency care due to intended or successful self-harm and given psychiatric diagnoses from those observable symptoms. Despite their clear identification as being trans, their medical professionals did not even think it would be beneficial to socially validate their gender identity by using their correct name, pronouns, or gendered nouns nor were either of them given the opportunity to undergo any desired medical methods of gender affirmation since these two particular trans individuals had comorbid psychiatric diagnosis/es in addition to GD.

Conclusion

15 While the psychiatric classification of trans identity was intended by the medical community to be beneficial for trans people, it has inevitably led to the marginalization of trans people who have another diagnosed mental illness in addition to a diagnosis characterizing trans identity. Within WPATH's SOC they reinforce a hierarchy of treatment that strongly suggests through a fear of causation and emphasizes the need to 'reasonably well control' a trans person's mental illness before validating their gender identity, both socially and medically. As Donnelly-Boylen argues, though, this hierarchal standard of care can exasperate symptoms of both gender dysphoria and symptoms of mental illness. For this reason, the WPATH's SOC in particular needs to be amended so that trans and gender non-conforming people with mental illness(es) can regain their autonomy for both social and medical gender affirmation.

16 A serious inquiry into the purpose of a psychiatric diagnosis that characterizes trans identity needs to be had. As stated before, many medical professionals, advocates, and trans people worked to maintain a psychiatric diagnosis in the DSM-V instead of proposing an eradication of the diagnosis. A popular argument for maintaining a psychiatric diagnosis in the

DSM is that being diagnosed with a psychiatric diagnosis, which is currently GD, makes it possible for medical methods of gender affirmation to be covered, usually through reimbursement, by insurance. While a different paper should be dedicated to the validity of this claim as well as interrogating the inherent classism imbedded within a reimbursement model, the question still needs to be asked; is it still reasonable that some trans and gender non-conforming people are facing challenges and, in some instances, outright denial to desired medical methods of gender affirmation due to psychiatric comorbidity with GD?

17 It is imperative that this current model of medical gender affirmation be entirely reimaged. Currently, there are trans and gender non-conforming people with comorbid psychiatric diagnoses facing challenges or barriers to accessing their desired medical methods of gender affirmation as well as many trans and gender non-conforming people facing financial difficulty funding these desired medical methods. Stated simply, the current system in place is insufficient since it marginalizes many and may even be chronically detrimental to those trans and gender non-conforming people.

18 Since an entire repurposing of this current system of medical gender affirmation is not currently feasible, I propose two revisions to WPATH's SOC, the 'gold standard' in trans health care. First and foremost, immediate social validation of a trans and/or gender non-conforming person's gender identity regardless of their mental ability status needs to happen consistently. Secondly, the informed consent model, a model that reinstates trans and gender non-conforming people's autonomy, needs to expand its implementation to all states in the country and beyond go just hormone replacement therapy (HRT). The aim of these revisions is to first alleviate any distress that occurs from misgendering and then address the challenges to accessing medical methods of gender affirmation, which can be some of the repercussions of this hierarchy of treatment. Since trans and gender non-conforming people with mental illness experience medicalization that enforces cisgender, patriarchal control of their bodies, it is crucial that these doubly marginalized individuals have autonomy to their bodies and identities that is independent of this problematic hierarchy of treatment.

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The New Eugenics of Transhumanism: A Feminist Assessment

by Nikila Lakshmanan, Paralegal

Abstract

Transhumanists are futurists who aim to upgrade the human into a posthuman species by supporting the use of reproductive technologies. The transhumanists Nick Bostrom, John Harris, and Julian Savulescu are bioethics scholars who identify as “new” eugenicists. They disavow the beliefs and practices of the late nineteenth, early twentieth century—here referred to as the “old” eugenics. They claim that contrary to these outdated eugenic principles it is individuals, not governments, who should determine the use of biotechnology. However, the new eugenicists insist that human beings are obligated to pursue the posthuman. In this paper, I contend that the principles of the new eugenic movement are not identical, but still worryingly similar to those of the old eugenics. The individualism of the new eugenics does not change the fact that its implications are strikingly similar to the old eugenic ideal of the able-bodied person. The new eugenicists suggest that the posthuman state aspires for the transcendence of the human body, and the elimination of dependence and chronic pain. Hence, they argue for a moral obligation to use biotechnology to prevent the births of many people with conditions that they consider to be disabilities. The new eugenicists defend their claims by supporting an antiquated medical model of disability that solidifies their connection to the old eugenics, and conflates disability with genetics, disease, and impairment. The feminist disability theorist Melinda Hall has challenged their contentions with a cultural model of disability. This paper will use the feminist disability theorist Jackie Leach Scully’s position on vulnerability to lend support to Hall’s argument. Hall and Scully show that the new eugenic position on disability is ableist and untenable, and much closer to the ideals of the old eugenics than Bostrom, Harris, and Savulescu admit.

Introduction

1 Transhumanism is a futurist philosophy and global movement that is increasingly popular among scientists, scientifically literate philosophers, and social thinkers. Transhumanism is an extension and partial derivation of humanism. In “The Transhumanist FAQ”, the transhumanist Nick Bostrom, and other transhumanists, define humanism as a philosophy that values the human species and human individual. They claim that humanism involves a moral obligation to improve humanity with “rational thinking, freedom, tolerance, democracy, and concern for . . . fellow human beings” (Bostrom et al 4). However, Bostrom and the other transhumanists do not restrict their advocacy to humanistic methods, such as education and cultural development. Transhumanists endorse the use of “enhancement” technology to upgrade humans into “posthuman” beings with physical, cognitive, and moral faculties that supposedly exceed those of the humanist conception of humanity (Bostrom et al 5). Transhumanism is distinct from posthumanism, a philosophy that has roots in postmodern feminism and is also known as post-anthropocentrism. Posthumanists criticize humanist conceptions of humanity, on the grounds that they are hierarchical and specieist social constructions. The posthumanist concept of the

posthuman is one that transcends these hierarchies (Ferrando 29). The transhumanist concept of the posthuman on the other hand postulates a being with capacities that are (by transhumanist standards) so far superior to those of the humanist conceptions of humanity, that one cannot consider it a clear part of the same species (Bostrom et al 5).

2 Transhumanist visions of the posthuman are both conflicting and ambiguous. Bostrom and other transhumanists write that “[p]osthumans could be completely synthetic artificial intelligences, or they could be enhanced uploads . . . or they could be the result of making many smaller but cumulatively profound augmentations to a biological human” (Bostrom et al 5). Nevertheless, many of these visionaries believe that seeking the posthuman is not only permissible, but morally obligatory. Transhumanist conceptions of human enhancement can be as ambiguous as their accounts of the posthuman. Many transhumanists claim that human enhancement requires increasing capacities that are “intrinsically valuable” in humans, which they define as “health, cognitive abilities, and emotional well-being” (Bostrom et al 22). The enhancement technologies that interest the transhumanists range from artificial intelligence to biotechnology. In the twenty first century, many have focused on the recent developments in reproductive biotechnology, such as in-vitro fertilization (IVF) and preimplantation genetic diagnosis (PGD). IVF involves artificially creating embryos and implanting them into a person’s womb for gestation and birth. The pregnant person could be the resulting child’s intended parent, or a surrogate. PGD is a process by which potential parents screen the embryos they create through IVF for various traits before choosing the ones that they will implant in the womb (“Procreative Beneficence” 413).

The New Eugenicists

3 Bostrom famously supports a moral obligation to seek the posthuman through the use of IVF and PGD. John Harris and Julian Savulescu are two of the most influential transhumanist scholars to concur with him on this point (Hall xvi, xxviii). Bostrom is Professor of Philosophy and Director of the Future of Humanity Institute at Oxford University (Hall xxii). Harris is a Professor of Bioethics at the University of Manchester (Harris, “One principle”; Hall vii). Savulescu is editor-in-chief of the Journal of Medical Ethics, and director of the Oxford Uehiro Centre for Practical Ethics (Hall xxxi). In several works, Bostrom, Harris, and Savulescu admit to being “new” eugenicists (Sparrow 32). They all disavow what they term the “old” eugenics, a collection of pseudoscientific, perfectionist philosophies that sought to improve the health of the

human “race” and subjected people to state-sponsored reproductive coercion in the United States and Nazi Germany (Sparrow 32). One of the most violent atrocities that the old eugenicists committed in the name of their ideal was the forced sterilization of people considered “unfit” to reproduce, including disabled people (Hall 1: 5). The historical strains of the old eugenics were united in their visions of the ideal human being: a tall, able-bodied white man with blonde hair and blue eyes (Sparrow 35). The new eugenicists attempt to distinguish themselves from their predecessors by claiming that the use of enhancement technologies should be a matter of individual discretion. Governments and other entities cannot force people to use them. The new eugenicists present their case for individual choice as though it promotes the values of freedom, genetic diversity, and experimentation (Bostrom, “Transhumanist Values”).

Thesis

4 In this paper, I argue that the new eugenics is not identical, but still worryingly similar to the old. This paper uses feminist disability theory to explore the implications of the new eugenics for disabled people. The implications of the new eugenics mirror the old eugenic ideal of the able-bodied person, and the individualism that the new eugenicists espouse does not mitigate this ableism. The body of this paper opens with an overview of Bostrom, Harris, and Savulescu’s positions; it will highlight the resemblance between the new eugenics and the old. The second section discusses the feminist disability theorist Melinda Hall’s critique of the new eugenics. The final section uses the feminist disability theorist Jackie Leach Scully’s work on vulnerability to support Hall’s position and underscore the fact that the new eugenics is ableist.

5 The new eugenicists seek to transcend many limitations of the human body. They are averse to dependence and chronic pain and use a medical model of disability to support selection against embryos with conditions they see as disabilities. The medical model is essentialist and outdated, but prevalent in popular culture (Hall 2: 60). Feminist disability theorists have challenged it with social and cultural models of disability. The social and cultural models both hold that disability is a social construction (this paper will discuss their differences). Hall is a proponent of the cultural model. She uses it to critique the new eugenics (3: 121-130). This paper shows that Scully’s work on vulnerability lends support to Hall’s case against the new eugenics.

Bostrom, Harris, and Savulescu's Positions

6 An oft-neglected but important chapter in the history of the old eugenics is the deep commitment of some of its adherents to a particular kind of “transcendence of the body” (Hall 1: 4). In fact, the term “transhumanism” was coined in 1927 by Julian Huxley, a brother of Aldous Huxley, a biologist, and a staunch proponent of the old eugenics (1: 19). Huxley did not revoke his support for the old eugenics after World War II; he denounced the practices of the Nazi regime but sought to rehabilitate the image of the old eugenics. Huxley defended the old eugenics on the grounds that it was paramount and very possible for human beings to transcend their current parameters (1: 19-20). For Huxley, transhumanism was a principle within the old eugenic tradition that would realize the hitherto untouched possibilities of the human species (1: 20). The concept of transhumanism itself connects the new eugenics with the old. Like Huxley, the new eugenicists seek a particular kind of transcendence. Hence, they are averse to dependence and chronic pain.

7 Of the new eugenicists that this paper discusses, Bostrom provides the clearest illustration of the new eugenic quest for transcendence and aversion to dependence. Bostrom defines human enhancement as the “radical extension of human health-span, eradication of disease, elimination of unnecessary suffering, and augmentation of human intellectual, physical, and emotional capacities” (“Transhumanist Values”). A form of mind-body dualism undergirds this stance and emphasizes Bostrom’s discomfort with dependence. Bostrom has written many bioethics papers in favor of this position; however, in “Letter from Utopia” he makes his case through the medium of fiction. (Unlike the majority of transhumanist scholars, Bostrom does not restrict himself to academic writing. His works of fiction are seminal texts in transhumanist philosophical literature. They have been critiqued in the past by Hall and other disability theorists) (Hall xxviii, xxx). In “Letter from Utopia”, Bostrom writes to humanity from the perspective of a posthuman being. The posthuman claims to have transcended the dependent conditions of the human body and attained a blissful state. The posthuman urges humanity to become like it:

Your body is a death-trap . . . You are lucky to get seven decades of mobility; eight if you be Fortuna’s darling. That is not sufficient to get started in a serious way, much less to complete the journey. Maturity of the soul takes longer . . . In time, you will discover ways to move your mind to more durable media (“Letter from” 3).

Bostrom uses the terms “soul” and “mind” almost interchangeably, suggesting that the mind can exist outside the body. The body bogs the mind down, with its gradual loss of what he calls

mobility, and its tendency to become more obviously dependent with age. The mind can transcend the “biological shortcomings” of the dependent body, which for Bostrom include not only aging, but diseases and “feeble” memories and intellect (“Transhumanist Values”). Bostrom does not consider that the assumed independence of individuals without the dependent conditions he decries is a function of social forces. However, he suggests that even if the independence he observes in these individuals is an illusion, he wishes them to attain it through the use of enhancement technology. Bostrom holds that technologies can give human beings greater control over their bodies, including their metabolic rates. He claims that technologies can replicate the chemical and computational processes of the human brain and transform the mind into a computer upload. An uploaded mind may lengthen its life by duplicating itself, travel at the speed of light, and inhabit real and virtual worlds by controlling a robot proxy (“Transhumanist Values”).

8 Bostrom endorses an ethic of consequentialism that reveals a hostility to chronic pain. The posthuman being in “Letter from Utopia” entreats humanity to “[e]levate well-being!” by maximizing pleasure and minimizing pain (“Letter from” 6). Implicit in the words of the posthuman is a horror of chronic pain:

I will not speak of the worst pain and misery that is to be got rid of; it is too horrible to dwell upon, and you are already aware of the urgency of palliation . . . The roots of suffering are planted deep in your brain. Weeding them out and replacing them with nutritious crops of well-being will require advanced skills and instruments for the cultivation of your neuronal soil. But take heed, the problem is multiplex! All emotions have a natural function. Prune carefully lest you reduce the fertility of your plot. (“Letter from” 7)

Bostrom does not recommend eliminating pain that serves a discernible purpose in the human body. However, he thinks that human beings are programmed for other kinds of unnecessary pain—including chronic pain—and suffering. The feminist disability theorist Susan Wendell defines chronic pain as that which does not serve a purpose, and promises to persist indefinitely, intermittently, or unpredictably. Wendell finds that people sometimes cannot be rid of chronic pain (118-119). The conditions that Bostrom (and other transhumanists) wish to eliminate through gene therapy (including embryonic screening) can have symptoms that meet Wendell’s definition of chronic pain. They encompass conditions like cystic fibrosis, sickle cell anemia, and Huntington’s disease (Bostrom et al 8). Bostrom suggests that the human mind can transcend embodied experiences of chronic pain, as well as dependence. Bostrom’s quest for transcendence

is continuous with Huxley's old eugenic position. The new eugenic approach to disability stems directly from this desire to transcend the body. The next part of this section will discuss Harris and Savulescu's contributions to the new eugenic medical model of disability.

9 In "One principle and three fallacies of disability studies", Harris solidifies the connection between the new eugenics and the old, by revealing the essentialist and outdated aspects of the medical model. Like Bostrom, Harris is a consequentialist, and he is disturbed by the notion of gratuitous pain and suffering. Much like the old eugenicists, including Huxley, Harris insinuates that there is a moral obligation to prevent the births of disabled children, on the grounds that their conditions are guaranteed to increase the amount of "unnecessary suffering in the world" (Sparrow 34-35). Harris is also troubled by what he considers to be harm against human beings. Harris suggests that there is as strong a consequentialist obligation to prevent "harm" as there is to counteract pain and suffering. Harris refers to his version of the medical model as a "harmed condition" model of disability ("One principle" 384). He defines disability as "a condition that someone has a strong rational preference not to be in and one that is in some sense a harmed condition" ("One principle" 384). Harris defines a harmed condition as one which "if a patient was brought unconscious into the emergency department of a hospital in such a condition and it could be reversed or removed the medical staff would be negligent if they failed to [do so]" ("One principle" 384). This model of disability reflects the old eugenic assumption that disability is, by definition, an exclusively and inherently negative experience (Sparrow 34; Hall 1: 23). It is both essentialist and broad; it collapses the categories of disability, impairment, and disease into one. According to Hall, impairment is an experience associated with a particular medical condition, which may—or may not—lead to disability (Hall 2: 118, 122). Harris's portrayal of disability and impairment as pathologies reinforces the social stigma that many disabled people face.

10 Harris argues that a disability or harmed condition is "relative to one's rational preferences, conditions which one might define as harmful, and possible alternatives" (One principle" 384). By Harris's reasoning, a posthuman world could have very different definitions of normalcy than the human societies of today. However, Harris still downplays the role that social factors play in determining conditions that are defined (or even experienced) as harmful. Harris insinuates that deafness harms deaf people by preventing them from hearing spoken language and music. Deafness harms deaf people in his view, even if they live well and do not sense the harm (One principle" 384). Harris's perspective on deaf people is as outdated as the old

eugenic tendency to essentialize disability. Harris misrepresents the capacity ranges of many deaf people, who can and do experience spoken language and music. He also overvalues the actions that able-bodied people can perform and undervalues those which many deaf people engage in within their range of capacities. Able-bodied people have constructed the world to reward themselves, and disadvantage those who deviate from their norms (Lennard Davis 10). The harm that deaf people experience often stems not from their conditions, but from societies that pathologize and stigmatize them for deviating from normative standards. Harris reinforces the normative standards of the human body that generate this stigma. Thus, potential parents in a posthuman society that subscribe to his definition of harm might well select against conditions that have historically (and unfairly) been stigmatized, and eventually produce a world that is “remarkably” similar to the ideals of the old eugenics (Sparrow 35).

11 Savulescu concurs with Harris on the definition of disability, and further establishes the similarity of the new eugenics to the old (Savulescu & Kahane 1). Namely, Savulescu focuses more than Harris does on justifying a moral obligation to prevent the births of disabled children. In “Procreative Beneficence: Why We Should Select the Best Children”, Savulescu introduces an explicitly eugenic principle he calls Procreative Beneficence: “[potential parents] should select the child, of the possible children they could have, who is expected to have the best life, or at least as good a life as the others, based on the relevant, available information” (413). Savulescu claims that potential parents have a moral obligation to use IVF and PGD and select against what he terms “disease” genes (415). For Savulescu, “disease” genes cause “genetic disorders” or predispose people to the development of “diseases” (415). Savulescu’s position on disability is more explicitly essentialist than that of Harris. Savulescu places a great deal of emphasis on genetics, which he conflates with disease, impairment, and disability. He suggests that it is possible to rank the impact of different genomes in the environments in which they manifest (Sparrow 36).

12 Savulescu underscores the ableist associations that Harris and Bostrom make between harm, dependence, and chronic pain. Savulescu describes asthma as “bad” on the grounds that it is a lifelong condition and may require lifelong treatment with drugs such as steroids (417). He states that asthma can make people “wheel chair bound” with chronic obstructive airways disease (417). He assumes that people with dependent, chronically painful conditions like asthma experience them as harmful. Like Harris, he does not provide enough evidence that these conditions are harmful in ways that are unmitigated by society, especially where the people that

have them do not perceive them as such. The fact that Savulescu uses the ableist expression “wheel chair bound”—when wheelchairs increase accessibility for many people—solidifies the ableism of his position.

13 However, Savulescu (like Harris and Bostrom) denies sanctioning disability discrimination (417). His moral opposition to having children with disabilities does not translate to support for state mandates against doing so. Savulescu endorses the legal right of potential parents to decline selection against embryos that have what he denigrates as “disease” genes (417; Sparrow 32). He even claims that deaf people should have a legal option to use PGD to select for deaf children (Savulescu & Kahane 277, 288-289). Savulescu unwittingly establishes that the new eugenics dovetails with the old. The tactics of the new eugenics do not have to endorse state intervention to resemble those of its predecessors. As the bioethicist Robert Sparrow points out, the “Eugenics Societies” that emerged around the world in the early twentieth century did not involve state-sponsored coercion; they were organizations of ordinary people that used non-coercive strategies to encourage fellow citizens to exercise reproductive choice “responsibly” and have “superior” babies—those without disabilities (37). These old eugenicists were arguably successful in persuading people to act upon their ableist agenda (37). The new eugenics is not identical to the old, insofar as it does not advocate for state intervention. Nonetheless, Savulescu reveals that it is disconcertingly similar to the old in the ends that it aspires for, and at least some of the means that its proponents use to bring about these ends. Unsurprisingly, many bioethicists have criticized Savulescu and charged him with ableism. Hall is one of the most recent to do so.

Hall’s Position

14 In “Transhumanist Utopias: Rethinking Enhancement and Disability”, Hall endorses a cultural model of disability, which defines disability as a complex interaction between the social world and human embodiment (3: 61, 129). The cultural model resembles the social model, in that it challenges the tendency of the medical model to essentialize disability (3: 124). Both the cultural and social models hold that for many disabled people, ableism is at least as much of a problem as the embodied symptoms of their conditions. Both see disability is a social construction (3: 131). The social model was formed as a direct response to the medical model, and Hall does not fully reject it. However, Hall finds that the social model has two potential pitfalls that stem from the ways that it frames its critique of the essentialism of the medical model

(3: 121-122). One is that the social model “swings the pendulum” too far in the other direction; some versions that stress only social factors can de-prioritize discussion of the body, and the ways that embodied experiences of limitation and pain can cause real difficulties in people’s lives (3: 121, 124). The other is that some forms of the social model distinguish between disability and impairment by essentializing impairment and portraying it as immune to social influences. With the cultural model, Hall attempts to find a “third way” between the social and the medical models (3: 130). The cultural model highlights both the body and the social world, suggesting that they impinge upon each other. Ableism and stigma may have adverse effects that are directly experienced by the body, or the body may viscerally respond to these forces in negative ways. The cultural model holds that the body can be a direct source of difficulty (in at least some social contexts), but it does not automatically associate negative embodied experiences with genetics or impairment. It also does not assume that negative embodied experiences are always immutable. For this reason, the cultural model’s position on the body departs from the essentialist stance of the medical model, as well as the tendency of some types of the social model to obfuscate the body (3: 130). The cultural model accepts that disability and impairment are distinct concepts but maintains that both are social constructions. For example, Hall suggests that Savulescu socially constructs impairment, by depicting fetuses with traits that he portrays as impairments as defective and deviant (2: 99).

15 Hall uses the cultural model to make two salient claims against Savulescu’s position. One is that Savulescu’s argument does not account for synecdoche, the tendency to reduce an embryo’s life prospects to the genes that predispose it toward conditions that many societies consider to be disabilities (2: 72). Another is that it presumes that capabilities determine wellbeing among individuals; namely, the greater their number of capabilities, the larger their opportunity range and the better their life. Hall suggests that emphasis on the capability ranges that disabled people do not have obfuscates their possibilities for meaningful lives within the ranges that they do have (2: 61). Although Hall grants that some embodied experiences of impairment and disability can be negative, she does not assume that all are so, and she rejects the notion that attention to negative experiences should overshadow the social forces that construct disability (3: 132).

The New Eugenics and Vulnerability

16 Hall is not the only feminist disability theorist to grapple with the relationship between the social construction of disability and the human body. In “Disability and Vulnerability: On Bodies, Dependence, and Power”, the feminist disability theorist Jackie Leach Scully makes a number of notable observations about the vulnerability of the human body. Scully argues that dependence can be a form of vulnerability, which according to her definition is “the state of being more than usually likely to experience the bad things that can happen to humans” (212). She posits that dependence is necessarily about need, and that needing other people or services for something makes one vulnerable in their absence (212). Scully suggests that some chronic illnesses and disabilities are associated with long-term degenerative processes, fatigue, and reduced lifespans (207). Some of these processes may require assistance to manage chronic pain. Some forms of vulnerability, including dependence and chronic pain, can shape the power dynamics (especially around caregiving) that develop between people (216).

17 According to Scully, conditions that societies consider to be disabilities can sometimes involve impairment-related “inherent” vulnerabilities, such as dependence and chronic pain (207). These vulnerabilities stem directly from the material conditions of impairments themselves. Scully suggests that at times, genetic syndromes entail multiple impairments, such as the so-called cardiac defects associated with Down syndrome (207). There is a limited, but palpable strain of evidence to support Scully’s claim. It dovetails with Hall’s cultural model of disability, and the position that people’s bodies in general can be a real source of difficulty (Hall 3: 124). Thus, the new eugenicists are not entirely implausible to suggest that some conditions, such as cystic fibrosis, can directly generate dependence and chronic pain that negatively affect people’s lives (Bostrom et al 8; Savulescu 415). However, the cultural model shows that they are mistaken to assume that such conditions have exclusively negative effects, and that they are the sole determinants of people’s life prospects (Hall 3: 129). The new eugenicists also erroneously insinuate that these conditions make people “especially” vulnerable (Scully 217). Scully does not argue that all human beings have impairment-related inherent vulnerabilities, but she strongly suggests that everyone is inherently vulnerable and dependent in other ways. All human beings (regardless of impairment and dis/ability) depend on one another to some extent for many kinds of care (such as food and housing). In the absence of this care, human bodies may not flourish and humanity might not survive. Scully posits that these dependencies do not stem directly from impairment, but that they are intersubjective and (most likely) intrinsic to humanity. Societies

permit them because they impact able-bodied people who conform to their norms, and unfairly malign the impairment-related inherent vulnerabilities that tend to affect people seen as disabled (214-218).

18 Scully suggests that it may not be possible, even by challenging ableism, to eliminate all negative effects that impairment-related inherent vulnerabilities have on the lives of disabled people (207). Socio-political change in “medical care, insurance, public policy, transportation, accommodation, and schools” may help to eliminate most, but perhaps not all of them (Hall 2: 72). Like Hall, Scully emphasizes that societies and states have a moral responsibility to do what they can to make this change (Scully 207). Scully’s suggestion has merit to some extent, but it is not only applicable to the inherent vulnerabilities that she attributes to impairments. The line she draws between impairment-related and permitted vulnerabilities is significantly blurred. This ambiguity fits with Hall’s assertion that impairment (like disability) is a social construction (3: 123). On Scully’s account, vulnerabilities that fall under either label are in some ways inherent to humanity. Depending on the context, both impairment-related and permitted vulnerabilities have the potential to directly generate negative, neutral, and positive effects in the body. It is difficult to quantify their effects in any individual, regardless of impairment or dis/ability, and assess how these effects may change in the absence of ableism. Scully’s views on both types of vulnerability are consistent with Hall’s cultural model, which does not automatically equate negative embodied experiences with genetics and impairment. By Hall’s reasoning, ableist societies that conflate disability with impairment may deem certain medical conditions to be impairments, stigmatize the vulnerabilities that come from them, and ignore the chance that they can have neutral or positive effects. The new eugenic model of disability, and impairment, closely resembles the old. However, societies may not have monolithic ideas of what constitutes impairment-related and permitted vulnerabilities. Attention to shifting social constructions of disability and impairment is important, in light of the fact that Bostrom’s quest for transcendence, mind-body separation, and posthumanity denigrates potentially inherent vulnerabilities of dependence in all human bodies (Hall 1: 4-5). The new eugenics disparages the vulnerabilities of dependence that societies currently permit, even as the new eugenicists are more likely to target those that stem from conditions they see as impairments.

19 The new eugenicists suggest that the potentially negative aspects of impairment-related inherent vulnerabilities—in conditions that they conflate with disability—generate an obligation to select against embryos that have them. It is not at all apparent that these vulnerabilities justify

this position, and it would not be even if the definitions of impairment were static across different societies. Scully buttresses Hall's critique of the new eugenics. In addition to impairment-related vulnerabilities, Scully argues that disabled people experience contingent and ascribed global vulnerabilities. Contingent vulnerabilities stem from social and environmental factors like ableism. For Scully, the overall proportion of vulnerabilities that are purely inherent—and have no social or environmental factors mediating them—is much lower than traditional disability models suggest (207-208). Ascribed global vulnerability is the tendency to extrapolate a genuine (possibly inherent) vulnerability in one area of a disabled person's life to one stretching over the entirety of that person's life. It is an oppressive stereotype that disabled people are “unusually” open to exploitation by other, more powerful, and unscrupulous people (209-210). Scully corroborates Hall's critique of the new eugenic tendency for synecdoche, and its scant attention to social forces like ableism (Hall 2: 72). By the consequentialist reasoning of the new eugenicists themselves, one could improve many disabled people's life prospects more by challenging ableism than by preventing the births of children with their conditions.

20 The new eugenic position is unjustifiable and would remain so, even if its ableist assumptions about inherent vulnerabilities were true. Suppose that impairment-related inherent vulnerabilities did, in fact, unilaterally worsen the life prospects of disabled people. It would not follow that there is a moral obligation to select against embryos with traits that predispose them to conditions considered to be impairments or disabilities. Bostrom, Harris, and Savulescu do not make a watertight metaethical case that their brand of consequentialism is the most fruitful approach to the ethics of enhancement. Among bioethicists, consequentialism does not enjoy universal acceptance. Even if all bioethicists subscribed to it, the possibility remains that it is not the best framework with which to approach the ethics of enhancement. Deontology (the oldest rival of consequentialism) posits that people must act from rules and duty (Delk 1-5). Natural law ethics are premised on the idea that moral laws stem from natural ones (Deeney 355). Virtue ethics postulate that a person's character traits—not the consequences of their actions or the rules that they must respect—are the key to ethical conduct (Olesen 29). Feminist ethics of care hold that interpersonal relationships and care are virtues central to moral action (Hall and Scully sympathize with this framework, but do not discuss it in detail) (Kittay 53; Hall 4: 171; Scully 216). None of these traditions accept that the consequences of actions determine their morality alone, or at all. Their adherents may balk at the notion that negative effects produced by impairment-related inherent vulnerabilities, in conditions deemed to be disabilities, justify an

obligation to select against embryos with these traits. One or more of these traditions may have greater insight into moral truth than consequentialism. This paper does not attempt to determine which of these complex frameworks—even the feminist ethics of care—is the best ethical approach to the new eugenics. However, it underscores that there are both consequentialist and non-consequentialist reasons to doubt the new eugenic claims about disability, which parallel those of the old eugenics and are disturbingly ableist.

Conclusion

21 The new eugenics of Bostrom, Harris, and Savulescu is not identical, but still worryingly similar to the old. For disabled people, the consequences of new eugenic reasoning would be a deeply ableist world. The main inhabitants of this world would be posthumans that closely resemble the old eugenic ideal of able-bodied people who have transcended the human experiences of dependence and chronic pain. Further research on the new eugenics should focus on identifying the most promising metaethical framework to evaluate the questions that it raises. Feminist disability theorists should consider which ethical traditions, from consequentialism to the feminist ethics of care, provide the most fruitful insights into the questions around the new eugenics.

22 Finally, another important topic for further research is the palpable link between the new eugenics of transhumanism and the alt-right. Hall observes that self-identified transhumanists are overwhelmingly white men, and tend to give cursory attention the potentially ableist, sexist, and racist impacts of their ideologies (4: 179). The alt-right is a strain of right-wing populism that is infamous for its bigotry. Outside academia in the United States, transhumanism attracts a significant number of Silicon Valley libertarians. The techno-libertarianism of these futurists has calcified into a form of far-right authoritarianism. The transhumanists seem to think that if technological progress makes humanity obsolete, there is an unprecedented opportunity for them to impose and entrench social hierarchies. Posthumanity and egalitarianism are irreconcilable for them. The transhumanist Peter Thiel has claimed that he no longer believes that freedom and democracy are compatible (O’Connell, “The Techno-Libertarians”). When the *New Yorker* asked him whether the kinds of life-extension technologies he invested in might exacerbate social inequalities, Thiel said: “Probably the most extreme form of inequality is between people who are alive and people who are dead” (Packer, “No Death”). Thiel has notable social ties to the alt-right. The alt-right blogger Curtis Yarvin has described Thiel as “fully enlightened, just plays it

very carefully” (Kircher, “4 Key”). The transhumanist connection to the alt-right fits with the concerns outlined in this paper. Feminist disability theory can offer timely commentary on the trajectories that the transhumanist movement is taking, in the United States and throughout the world.

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***The Beguiled* (Focus Features, 2017)**

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1 In the opening sequence of Sofia Coppola's *The Beguiled*, the camera pans slowly down through the top of a canopy of oak trees, their branches dripping with Spanish moss. When it reaches the trunks, the camera zooms out to gradually reveal the dirt path they line and down which a young girl saunters. A child of about twelve or so, she hums a melody that hovers hauntingly in this secluded, bucolic space. The persistent, pulsing buzz of cicadas fills the air, and the faint but distinctive sounds of rifle fire echo in the background, a distant and vaguely ominous metronome that measures the rhythm of her song. Mist—presumably smoke from those distant rifles—rolls through the trunks of the oaks. The scene is incredibly atmospheric, yet it also serves as a very pointed metaphor for what is really the film's central concern: the diffuse and sometimes impalpable ways that men's actions can seep into the everyday lives of women.

2 This metaphor comes into sharper focus as the scene continues. A flash of text at the bottom of the screen tells us that the setting is 1864 Virginia, three years into the Civil War. The young girl, Amy (Oona Laurence), is foraging for mushrooms when she discovers an injured Union soldier named Corporal John McBurney (Colin Farrell), whom she reluctantly agrees to bring back to the Farnsworth Seminary for Young Ladies. There are no men about, Amy tells McBurney, and "the slaves left"; now, all that remain are headmistress Martha Farnsworth (Nicole Kidman), teacher Edwina Morrow (Kirsten Dunst), and five students. Though Martha's initial instinct is to tie a blue cloth to the gate to alert Confederate soldiers of a captured enemy in their midst, the students agree that "the Christian thing to do" is to at least make sure he does not die first. Instead, they nurse his leg wound and let him convalesce. At first, McBurney is to the girls a mere curiosity, an unfamiliar masculine energy that permeates their wholly feminine space. Martha reminds McBurney, "You are not a guest here. You're but a most unwelcome visitor, and we do not propose to entertain you." However, as his stay at the Farnsworth Seminary carries on, McBurney's masculine energy proves insidious, stirring the girls' erotic desires, enflaming jealousies, and wreaking havoc on the school's previously peaceful, all-female dynamic.

3 A.O. Scott's review of *The Beguiled* for *The New York Times* calls the film "in part an essay on the nuances and paradoxes of femininity," and certainly, as in many of her other films

(*The Virgin Suicides*, 1999; *Lost in Translation*, 2003; *Marie Antoinette*, 2006), it is a very specific kind of femininity that interests Coppola—willowy, porcelain, and blonde. *The Beguiled*'s extant, Southern Gothic source material gives Coppola a notable stock image by which to further explore what Angelica Jade Bastién calls her “obsession” with “the beauty and fragility of white women”: the Southern Belle. As Bastién writes in a review for *Vulture*, “Overwrought, opulent, and obsessed with their own lineage, they are an easy archetype to romanticize [...] With their delicate disposition and ritualistic approach to beauty, they embody the decadence and sense of tradition that the South likes to believe about itself.” This, of course, is assuming “you maintain a blinkered perspective on America’s history with race”; as Bastién also points out, “Southern belles are cinema’s clearest and most evocative demonstration of the ways white women’s status is built upon the subjugation of black women.” Sam Biddle similarly writes that, despite the “cheery name,” Southern Belles were “a few very specific things: white, bourgeois, and almost certainly beneficiaries of the slave trade, married to the plantation owners whose wealth was secured through black chattel.”

4 Since its premiere, *The Beguiled* has been criticized for its racial politics, lambasted as yet another instance of Hollywood whitewashing. To be sure, for a “narrative that relies on the existence of slavery as an institution” and that claims to interrogate “the gender-based power dynamics of the Confederacy,” as Sonia Rao of *The Washington Post* observes, the conspicuous absence of any characters of color is significant. As Rao writes, many critics have remarked that *The Beguiled* “doesn’t tell the whole story if black women are left out of the narrative altogether, considering the role their labor played in the Southern social hierarchy at the time.” Others, however, disagree. Bastién wonders if *The Beguiled* could have offered a more thorough examination of Civil War history and “its lingering scars that affected black people most acutely,” but recognizes that Coppola “isn’t the filmmaker to do so.” Rather, as critic Ira Madison has argued for *The Daily Beast*, we should be giving that platform to black filmmakers instead of “white people who don’t fully grasp our stories and will portray them horribly.” What’s more, Bastién suggests, in purposely erasing the stories of black characters, “Coppola has also accidentally created a film that acts as an indictment of the very brand of womanhood she’s been enamored with throughout her career—white, privileged, and unable to see the world beyond their own desires.” Bastién cites an instance from the film in which Alicia (Elle Fanning) sluggishly works in the garden—petulantly dragging a hoe through the dirt and whining about

the difficulty of the task—and sees in this scene “the posturing of a young girl only recently aware of the labor black people were forced to do and the privilege she used to enjoy.”

5 If *The Beguiled* offers a commentary on the cloistered egoism of privileged white women, then it is especially critical of toxic white masculinity. From the first moment Amy encounters McBurney in the woods, the threat of rape looms heavy. As she bends down to pluck a mushroom from the ground, she is startled when she catches a glimpse of McBurney, slumped against a neighboring oak, out of the corner of her eye. McBurney asks Amy if she is frightened. Of course she is; she now finds herself alone with a strange older man—a Union soldier, no less—in a remote part of the woods, too far removed from anyone who could hear her cries for help, should she need it. The other girls feel similarly threatened when Amy somehow manages to carry the now nearly unconscious McBurney back to the Farnsworth house. “He could be dangerous, Miss Martha,” cautions one of the girls. “You know they rape every Southern woman they come across,” says another, finally vocalizing Amy’s earlier unspoken fear. Despite his seeming kindness, there is still a suggestion of his violent potential, seen when the camera cuts between a shot of Alicia and a shot of McBurney, sprawled prostrate on the porch and delirious in his agony, that shows his hand grabbing under the hem of her dress, subtly foreshadowing how that threat will continue to circulate for the duration of McBurney’s stay.

6 It takes McBurney no time during his recovery to launch a one-man charm campaign on every single inhabitant of the Farnsworth Seminary, cleverly stoking the fires of romantic design in each one of them. He makes Amy feel important by telling her she is his best friend, plays the part of the helpless patient to Martha’s ministering angel, and nurtures Edwina’s vain fantasies of starting a new life. He knows fully well what he is doing, too. When invited to dine with Martha, Edwina, and the girls at the dinner table for the first time, he praises the apple pie they serve for dessert and all of them take this opportunity to clamor, and not delicately, for his attention: “I hope you like apple pie,” Alicia demures, batting her eyelashes at McBurney. Edwina follows up by asking Alicia, “Is that my recipe?” “I picked the apples,” Amy interjects. McBurney smirks, clearly amused by the display, but in that expression is also a show of smug accomplishment, like he is proud of himself for pitting these women against one another. Perhaps he believes his actions are innocuous or, more likely, if he knows the potential harm in what he is doing, he certainly does not care. To McBurney, the women of the Farnsworth Seminary are not people,

but objects, playthings, bodies to which he feels entitled while he passes the time during his recuperation.

7 Things change when Edwina—angry at discovering McBurney has visited Alicia one night instead of her—pushes him down the stairs, which knocks him unconscious and ruptures his wound. The commotion wakes everyone, and Martha (also anticipating a nighttime visit from McBurney) insists that McBurney will die unless they immediately amputate his leg. When he comes to and discovers his missing limb, the quiet threat that had been simmering under the surface explodes; McBurney becomes violent, accusing the women of punishing him out of spite because he chose Alicia over them. Yet even Alicia is not safe from McBurney’s wrath, as she learns when he grabs her forcefully by the hair and demands she help him escape his locked room. In another scene, the women—now terrified of McBurney—sit around the table and discuss his intent to harm them when he comes loudly crashing into the kitchen on his crutches, shouting at them and threatening them with a revolver. Here is perhaps the best example of how Coppola’s film takes on a decidedly female gaze, telling the story “through the filter of women’s frustrated desires” (Coppola qtd. in Rickey). Through this perspective, Coppola’s film then offers a careful meditation on the damages, both subtle and overt, that patriarchal society inflicts on the lives of women. McBurney and the ways in which he insinuates himself into the lives of Martha, Edwina, and their students, manipulating each one with cunning precision, embodies this concept on a small scale. The Civil War, hovering in the periphery, provides another example writ large, a symbol of the global systems that fight to maintain institutional hierarchies of race and gender that victimize and oppress women.

8 As I watched the conclusion of Coppola’s film, wherein Martha and her students agree that their best recourse is to poison McBurney by feeding him some mushrooms—“some especially for him”—I could not help but be reminded of another notorious Southern Gothic cautionary tale of the gender-based power structures of the South, William Faulkner’s “A Rose for Emily” (1930). I see in Coppola’s film what feminist critic Judith Fetterly memorably saw in Faulkner’s story: “a story of the patriarchy North and South . . . and of the sexual conflict within it” (35). Like Faulkner’s story, Coppola’s *The Beguiled* “is an analysis of how men’s attitudes toward women turn back upon themselves; it is a demonstration of the thesis that it is impossible to oppress without in turn being oppressed” (35). Surely, in limiting her subject to white women, Coppola missed a great opportunity to explore how gender and race intersect and shape the

different ways individuals experience oppression. In one way or another, however, Coppola's *The Beguiled*—and the conversation it has provoked regarding gender, race, and representation—proves to be an important story for our current time.

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Kirsten Dunst, Elle Fanning, and Oona Laurence, Focus Features, 2017.

Kay Cannon's *Girlboss*. Netflix, 2017.

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1 *Girlboss* (2017), created by Kay Cannon (writer of *Pitch Perfect* and *30 Rock*), is an American comedy distributed by the streaming platform Netflix. The first and only season was released on April 21, 2017, having been canceled the following June. The show is based on Sophia Amoruso's autobiographical book *#Girlboss* (2014) and it follows a fictional Sophia (her last name was changed to Marlowe) as she begins a career as the founder of the Ebay store Nasty Gal Vintage. Talking to *The New York Times*, Kay Cannon highlighted her objectives: "I wanted to tell the story of a flawed woman that is not a fairy tale". Adding "rough edges" freed Cannon up to more "interesting storytelling". Working with Netflix and its binge-able mode of distribution (making an entire season available at the same time) allowed Cannon to feel less restricted when it came to presenting, as she put it, an "off-putting" protagonist.

2 In *We Were Feminists Once* (2016), feminist and pop culture writer Andi Zeisler states that "premium cable became the place to watch a new paradigm (...): topical, well-written shows about complex, not-always-likable, often straight-up immoral people" (97). She reminds readers that *Sex and the City* (1998-2004), for instance, "while tarnished by time", was effectively "feminist television because its characters were so polarizing, flawed, even unlikable". In fact, her argument in favor of "polarizing" and "unlikable" characters includes the need to allow women to fail as spectacularly as often as anyone else". Zeisler also adds: "we have definitely entered the age of the female antiheroes" (99), which she attributes to the emergence of new distribution and exhibition channels that offer televisual content, such as Netflix. Consequently the platform would seem to be the ideal space to house a show featuring a flawed female character.

3 However, the reviews of the series were mixed to negative, with questions rising from the lack of a strong comedic voice, to the glaring aspect of how unlikeable the protagonist was, with critics slamming the show's apparent feminist message on display due to Sophia's selfishness and rudeness. The show's strong points (such as visually inventive representations of online forum discussions) were quickly drowned under a deluge of criticisms denouncing it as having a harmful point of view when it comes to how a feminist show should present itself. Zeisler sums up the criticisms surrounding *Girlboss* as the show equating capitalism with feminism. The core of Zeisler's counter-argument is easily pinpointed: "The theme of *Girlboss* is that building a blockbuster business is a feminist act". Ultimately, Zeisler claims

that “defending Sophia as a deliberately unlikeable character itself seems a little out of date”, an argument that seems to not take into consideration that to portray is not to condone.

4 Writing about a similar type of character, women studies scholar Imelda Whelehan, on her chapter “Hating Hannah: Or Learning to Love (Post) Feminist Entitlement” in *Reading Lena Dunham’s ‘Girls’* (2017), describes *Girls’* protagonist, Hannah, in comparable fashion to how Sophia Marlowe was presented: “there is little room for audience empathy gained through Hannah learning to understand her place in the post-recessionary New York milieu” (31). Whelehan’s “Hating Hannah” chapter focuses on discussing how this character from *Girls* can challenge “what has become the stock postfeminist trope”¹ (32). There is no empathy elicited by Sophia Marlowe or by her configuration as a similar trope, which may be a failing of the show’s ability to accurately represent what it seeks to. One could make an argument in favor of how the shunning of Sophia Marlowe has less to do with equating capitalism with feminism, and more to do with equating Marlowe’s portrayal to real-life Sophia Amoruso’s message of capitalist empowerment or the actions during her tenure as CEO of Nasty Gal², as well as with the inherent difficulty in producing a “popular feminist text in any era”, given that it will inevitably “assume a number of implicit moral responsibilities, not least the mission to represent women in a diverse and positive but realistic light” (33). In *Feminism and Pop Culture*, Zeisler does acknowledge that “feminism and pop culture will always be uneasy bedfellows”. Independent from its potential quality as a television show, the issue with *Girlboss’s* feminist agenda may be that it does not have one – none of the marketing materials or in-text clues indicate such a tone – while critics seem to interpret it through precisely an imposed feminist lens.

5 Due to its flaws, or perhaps despite them, *Girlboss* would be an interesting case study for an undergraduate class dealing with female representation in media or television, specifically. It can be used as a tool to discuss the shortcomings of postfeminism, the conflation between television and feminism, the problematic issues regarding capitalism and feminism, as well as navigating necessary discussions regarding the portrayal of unlikable, difficult women and other antiheroines in television, especially when it concerns the depiction of success and failure. It can also be a useful example of the thorny issues regarding adaptation

¹ In “Remaking Feminism: Or Why Is Postfeminism So Boring?” (2010), Whelehan argues that postfeminism “displays a certain schizophrenia in the way women are often portrayed as enormously successful at work and simultaneously hopelessly anxious about their intimate relationships”, as well as it “equates with excessive consumption, while at the same time expressing sentiments of empowerment and female capability” (156).

² While *#Girlboss* the book was about building an image of Amoruso as a feminist who was also a successful business woman, she was swiftly dogged by reports of disgruntled former employees terminated over pregnancies, and other rumors, that further colored the fiasco of Nasty Gal’s eventual bankruptcy.

and the nature of telling a story that has not had a definitive end. It is essential that instructors critically discuss *Girlboss*' reception, especially when it comes to contemplating whether the show espoused a feminist ideology.

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Casselberry, Judith. *The Labor of Faith: Gender and Power in Black Apostolic Pentecostalism*. Duke UP, 2017.

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1 In *The Labor of Faith: Gender and Power in Black Apostolic Pentecostalism*, Judith Casselberry, Associate Professor of African Studies at Bowdoin College, provides an ethnographic analysis of the ways in which women simultaneously support a gendered hierarchy and exercise their own power within an African-American Holiness-Pentecostal congregation. Although there have recently been a number of studies of African American Pentecostalism (see, for example, Peter Marina's *Getting the Holy Ghost: Urban Ethnography in a Brooklyn Pentecostal Tongue-Speaking Church* [2013] and William Turner's *United Holy Church of America: Study in Black Holiness Pentecostalism* [2006]), as well as multiple and powerful theological analyses of African-American women's experience (see, for instance, M. Shawn Copeland's *Enfleshing Freedom: Body, Race and Being* [2009]), Casselberry's anthropological work fills a gap in focusing on the experience of African-American women within a particular denomination, the Church of Our Lord Jesus Christ (COOLJC).

2 COOLJC was founded in 1916 as a more conservative offshoot of the Pentecostal Assemblies of the World by Robert and Carrie Lawson. Holding to oneness theology (God, the Holy Ghost and Jesus are one, rather than separate entities), the denomination accepts two baptisms, one by water and the other by the Holy Spirit, as evidenced by glossolalia, or speaking in tongues. At the time of Casselberry's research, it counted 55,000 members in about 300 churches. Approximately three-quarters of the members are women. Casselberry performed two years of participant-observation, along with interviews, oral histories, and surveys at a Queens, NY, congregation, True Deliverance Church (TLC).

3 Following a history of the COOLJC and TLC, Casselberry examines the role of women in the congregation, looking at their contributions to the daily running of the church, as well as their active part in helping members and prospective members in prayer and conversion. Finally, she describes the ways in which the church uses women's bodies to differentiate members from the rest of society by insisting on strict dress codes and emphasizing women's seductive power.

4 Drawing on the work of sociologists Cheryl Townsend Gilkes and Patricia Hill Collins, ritual studies scholar Catherine Bell, and others, Casselberry centers her analysis of women's participation in TLC around the notions of emotional, intimate and aesthetic labor, demonstrating

the ways in which women's work supports the male-led hierarchy, while creating avenues for the expression of women's spiritual authority. From the start of COOLJC, various women's auxiliaries provided horizontal networks, both within the denomination and the individual congregation. Opportunities for leadership are available through these organizations locally and nationally, which support the daily work of churches, organizing activities, running educational programs, and providing all types of practical assistance to individual members and at church events such as an annual Women's Day.

5 Women are also involved in the spiritual activities of TLC. As well as participating in services and prayer groups, they sing, they pray publicly, and they perform the intimate labor of "altar work," praying with seekers, exhorting them to acceptance of Jesus, sometimes for hours at a time. Although they cannot preach, they may occasionally "speak as a missionary" (63), particularly within women's groups. All members are expected to engage in daily personal prayer and in the multiple activities of the church, both during the week and on Sundays, when women may spend the entire day at church.

6 Aesthetic labor – modeling a modest appearance, providing music for services – is also performed by female members. Maintaining an appearance "according to the standards" (160) falls primarily upon the women. Although some accept and observe the rules – no sleeveless tops, no skirts at or above the knee, no pants, bare legs or open-toed shoes – others see it as a matter of male control, which can be resented (161). The church's formal male dominance is negotiated by the women of TLC: a senior member may subvert the pastor's orders (111), as long as she does not do so openly, women may protest and reject a message reminding them of "the standards," but not within the public service. A wry acceptance of male authority, which can be countered by informal authority in those spheres run by women, was observed by Casselberry. At the same time, a woman's power is understood to be rooted in her choice to lead a holy life that involves submission. That submission, however, is more nuanced than it appears. Casselberry calls on Patricia Hill Collin's analysis in asserting that gender relations within the church are complicated by the reality that the congregation is understood less as a nuclear family, with a single patriarch, and more as "kin-structured local networks" (108), in which multiple spheres of influence are present, and where women's authority can be quietly exercised. The subtlety of the resistance, and its public invisibility, is perhaps over-nuanced by Casselberry.

7 Casselberry's analysis of the women-centered/male-led TLC complicates the popular understanding of African-American Pentecostal women as accepting male dominance. The female members of TLC are far from mindlessly submissive: while supporting male leadership and accepting the limits placed on women within COOLJC, they create a horizontal network of empowerment. In *The Labor of Faith*, Casselberry has provided a deep and ethnographically sound case-study for black feminist sociology.

Contributors

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