THE CENTRAL Dissent

A JOURNAL OF GENDER AND SEXUALITY

Fall 2019
New Plains Student Publishing
University of Central Oklahoma
Edmond, Oklahoma

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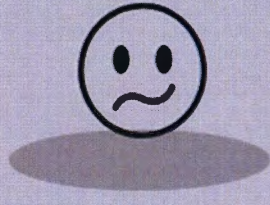
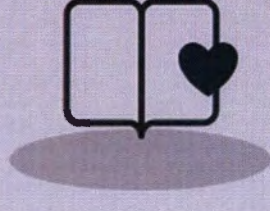


"The Rhetoric of Breastfeeding and Women's Voices about Their Experiences"
found on page 80
should include **Ashley Barrett** & **Trinni Stevens** as co-authors.

Our sincerest apologies to the authors.



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Editorial Board

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Foreword

As the world expands, so, too, does it shrink.

We live in an unprecedented era of connectivity—one which opens the doors to so many aspects of the world. As we walk into these doors, we witness the progress the world has made outside the walls in which we live. We gain exposure to the societal struggles that happen down the global road. We see. We live.

With the topic "Sexuality and the Global World," *Central Dissent* aims to open eyes and open minds. The works of art, creative writing, and research herein examine issues that affect us as a collective people. They examine the nuances of gender, sexuality and identity. They shed light on oppressive paradigms and the efforts made to shift them. They speak life to the idea that there is no Them—merely facets of Us.

And we can't wait for you to hear what Us has to say.

On behalf of the New Plains Student Publishing staff, and on behalf of UCO's Women's Research Center and BGLTQ+ Student Center, we proudly present to you the third issue of *Central Dissent*.

Jacob Jardel
Editor-in-Chief

Contents

Content Warning: The works in this journal contain explicit language, references to sexual assault, and other potentially-triggering content.

Centralizing a Community: Oklahoma City's Historic 39th Street

Savannah Waters
University of Central Oklahoma

The capitol of Oklahoma stands in Oklahoma City (OKC), located at the crossing of 23rd Street and Lincoln Boulevard. Since 2008, the capital city has been home to the NBA's Oklahoma City Thunder, drawing citizens and visitors from all over. Beyond the bigger attractions, there is a section of Oklahoma City that is worthy of a visit, day or night. OKC's 39th Street District is significant because of its vibrant and unique culture in the state of Oklahoma since its inception in the 1980s. The 39th Street District is witnessing a revival that makes it a target destination, with a vast amount of businesses and organizations surrounding it. The District is usually called "The Strip," "Glitter Alley," or simply by its most popular name, "The Gayborhood." The 39th Street District is significant and deserves a historical narrative because it acted as a magnet for Oklahoma's LGBTQ+ community while giving them a space to openly exist and celebrate themselves in the buckle of the Bible Belt.[1]

History involves not only Oklahoma LGBTQ+ community centers but also larger national community centers for the LGBTQ+. Since few scholarly works exist on the evolution of 39th Street, a comparative analysis of sources must be done that primarily focus on various LGBTQ+ epicenters, LGBTQ+ attitudes, and the attitudes of their surrounding communities. To many, Aaron Bachofer is the major scholar of the LGBTQ+ community in Oklahoma City, with his pioneering dissertation on *The Emergence and Evolution of the Gay and Bisexual Male Subcultures in Oklahoma City, Oklahoma 1889-2005*. Although he mainly focuses on gay and bisexual males, his dissertation gives a glimpse into queer spaces. His thesis informs the reader that a homosexual enclave of gay and bisexual men existed—despite lacking substantial narratives and lacking official homosexual identifiers in documents—in a mostly safe congregational location in Oklahoma City. The importance of an LGBTQ+ community history is exemplified in the dissertation *Queering Collective Memory: Public History and the Future of the Queer Past* written by Cyrana B. Wyker. These community-inspired

1 Aaron L. Bachhofer, "The Emergence and Evolution of the Gay and Bisexual Male Subculture in Oklahoma City, Oklahoma, 1889–2005" (PhD diss., Oklahoma State University, 2006), 311.

histories about their local LGBTQ+ communities serve to "uncover" the past, provide visibility, and protest the injustices layered upon them.[2] Producing a truly representative history connects the LGBTQ+ community to their past, while reshaping it as a form of protest by showing their very existence.

In *Homophobia, History, and Homosexuality: Trends for Sexual Minorities*, Michael Sullivan discusses the history of homosexuality in regions that have homophobic attitudes. Sullivan theorizes that social entities such as culture, society, and religious ideologies create "homophobia and intolerance toward" the LGBTQ+ community.[3] Before the sexual revolution, there was a period of conservatism following WWII when anything that was seen as different was considered deviant and un-American. Sullivan identifies that many people, generally, think that the gay movement began with the Stonewall Riots in 1969.[4] However, larger cities usually had a gay presence before then, but it was usually displayed only in secret due to a lack of sexual freedom.[5] These secret places allowed the gay communities of the United States to prosper after 1969, because these commercial establishments, such as bathhouses and speakeasies, catered to gay lifestyles.[6] Meeting places for gay people tended to be more secluded into the 1980s as a result of the implementation of anti-gay policies in the United States. Sullivan's history regarding the congregation sites of the LGBTQ+ community offers a look into community centers in a broader context. A dissertation titled *Queering Significance: What Preservationists Can Learn from How LGBTQ+ Philadelphians Ascribe Significance to History Sites*, written by Derek Duquette in 2018, explores how the queer community begins to consider the importance of historical LGBTQ+ spaces and how they designate them as such. His thesis asked community members what the most significant places to them were and recorded them in oral histories. This is a true representation of what an LGBTQ+ person considers important to them, evident through the excerpt, "something I consider a valuable insight … too

2 Cyrana B. Wyker, "Queering Collective Memory: Public History and The Future of The Queer Past" (PhD dissertation, Middle Tennessee State University, 2016), 42.

3 Michael K. Sullivan, "Homophobia, History, and Homosexuality: Trends for Sexual Minorities," in *Sexual Minorities: Discrimination, Challenges, and Development in America*, edited by Michael K. Sullivan (New York: Routledge, 2003), 5.

4 Ibid

5 Ibid

6 Ibid

often detached from the people their work could positively affect."[7]

To the unknowing onlooker, the 39th Street District area appears fairly inconspicuous. The development of a truly unique LGBTQ+ friendly space is astonishing. To understand why Oklahoma's LGBTQ+ population needed such a location it is helpful to consider the history of their lives starting in the Oklahoma Territory in 1889. The lawlessness that characterized the West especially influenced the beginnings of the future state of Oklahoma. The Land Run of 1889 brought an influx of immigrants to the Unassigned Lands. The occurrence of such a large, marketed land run, and the founding of Oklahoma City can be directly linked to the development of Oklahoma's gay culture. Federal marshals attempted to police the area but ultimately failed—until the Organic Act passed in 1890, officially creating Oklahoma Territory.[8] Failed policing led to the development of a "subculture of vice and violence that Oklahoma City never completely overcame."[9] Although readers must be hesitant at the inclusion of the LGBTQ+ community in a subculture characterized by vice and violence, the grouping presented by primary sources and Bachhofer puts them together because, at the time, the LGBTQ+ community was considered deviant and criminal. Obscured charges thought to have homosexual connotations include disorderly conduct or indecent exposure and were labeled as such.[10] This is not to say that same-sex love did not exist, it may have just been recorded as another crime in a historical record.

As the territory evolved and transformed into a bustling center of commerce, it entertained construction booms in the years of 1893 and 1903.[11] The booms brought in many young male workers who had no connections and were looking for amusement while away from the construction sites.[12] Cheap hotel rentals and the opportunity to find homosexual partners in the downtown Oklahoma City area were extremely accessible, which is similar to what was happening in other developing cities. Since Oklahoma City was one of the major areas of settlement, it is unsurprising that the gay subculture went underground while still remaining visible. As the years went by, periods of conservatism and openness gripped the nation's societies. The WWI and WWII

7 Derek Duquette, "Queering Significance What Preservationists Can Learn from How LGBTQ+ Philadelphians Ascribe Significance to History Sites," (master's thesis, Temple University, 2018), 7.
8 Bachofer, 31-32
9 Ibid, 32
10 Ibid, 41
11 Ibid, 32
12 Ibid

eras were characterized by nationalism and conservatism. In the interwar years, there were seemingly no gay bars or congregation places for the LGBTQ+ community in Oklahoma.[13] In this instance, the LGBTQ+ community went back into the closet and hid their true selves under the shadow of war, depression, and political unrest. The 1970s saw the rise of the anti-war movement, which was deeply connected to the sexual revolution. In 1969, the gay movement gained traction with the Stonewall Riots, when the LGBTQ+ community in New York City became exasperated with police brutality and the trampling of their civil rights. During this time, younger generations accepted openness of sexuality as the sexual revolution boomed. This began to impact the LGBTQ+ community in Oklahoma City by the early 1980s.

Oklahoma City's LGBTQ+ community saw great forward progress in the 1980s, an era characterized by growth and centralization of social settings. Nothing in Oklahoma City was home for the community besides a few establishments that lost popularity due to the fact that they were surrounded by opponents of their lifestyles (anti-LGBTQ+ churches).[14] Oklahoma City's gay center was in the downtown area before the emergence of the 39th Street District. However, a source from the Oklahoma City Pride board has found that the first ever Oklahoma gay pride event occurred in 1977, in the form of a block party predating the official start of Pride in 1988, which consists of a full week accompanied by a parade on 39th Street.[15] By the early 1980s, there were three primary LGBTQ+ clubs that drew Oklahoma City neighbors from all over the state. Two clubs known as Circa 201 and Saddle Tramps were located on 39th Street.[16] The most influential and crowd-drawing bar/club was Angles, founded in September 1982, cementing the 39th Street District as the Gayborhood.[17] Angles was unlike any other club in Oklahoma, especially in its capital city. This new and unique club generated a constant crowd, reviving the local businesses in the area. The influence of Angles was felt across the region and the nation; it brought performers such Boy George and Dead or Alive to the Bible Belt.[18]

Thirty-ninth Street was a major place of refuge for the marginalized

13 Ibid, 36
14 Ibid, 286
15 Lori Honeycutt, "OKC Pride Celebrates its History and More," last modified May 6, 2018. http://www.gayly.com/okc-pride-celebrates-its-history-and-more.
16 Bachofer, 283-284
17 Ibid, 284
18 Ibid, 285

community of LGBTQ+ people.[19] They could enjoy each other's company in a state that may otherwise show resistance and ignorance toward their lifestyle. Angles "fundamentally changed the character of the 39th [S]treet area" and incidentally created a home for LGBTQ+ in the district itself.[20] As of 1982, there were three clubs in the area geared toward the LGBTQ+ community. According to Bachhofer, "Angles brought scores of young gay and bisexual men to the area which meant an increase in business volume for the other queer clubs already located there—Saddle Tramps, The Circa, and the Outrigger."[21]

By the mid-1980s, the large crowd that Angles drew made the location behind it ready for use. The Habana Inn, located right on 39th Street directly north of Angles, became a hotspot for national gay travelers and was highlighted in various travel guides.[22] The Habana is one of the largest resorts in the Southwest catering to out of town LGBTQ+ individuals, especially during Pride and community events.[23] The Habana Inn would eventually house two clubs located across from each other on the first floor, with a gift shop in between. The 39th Street District was not only home to numerous bars and nightclubs, but it also had a deeper community tie than seen at first glance.

The Herland Sisters Resources was an organization that focused on uniting the community in that district. Founded in 1984, Herland works as a feminist-lesbian collective that operates out of Oklahoma City, right off 39th Street.[24] By 1986, they began distributing newsletters inconspicuously by mailing or brown-bagging. They sought to be a house that helped the lesbian community, along with all queer people. The Herland Sisters Resources wanted to create a tight-knit community where they could act as a resource. The newsletters began to be published regularly in 1986. The Herland Sister Resources—eventually known as the Herland Voice—advertised their meetings and local businesses, covered local and national news relevant to them, and published book and movie reviews, as well as letters to the editor. In their early newsletters, they identified the problem of bars as centralized congregational centers for the LGBTQ+ community. Entitled Visions for a Sober Community and Out from Under: Sober Dykes and our Friends, the writers stated that alcoholism and

19 Interview with Lauren Zuniga, October 17, 2018
20 Bachofer, 286
21 Ibid
22 Ibid
23 Robin Dorner, "'Join the Party' at Hotel Habana," last modified September 1, 2018. http://www.gayly.com/join-party-hotel-habana.
24 "Herland Sister Resources," *Herland Sisters Resources* 2, no 2 (1986): 1. https://hdl.handle.netg/11244/52165.

drug dependence were major problems in the lesbian community.[25] Herland Sisters focused on rehabilitating and educating with excerpts such as:

> Historically, the excessive use of alcohol and other drugs has been used to decimate potentially powerful groups. In gay and lesbian communities, the most common public gathering places allowed to exist have been bars. Alcohol has been given a central place in our culture. The inevitable effect of alcohol and drugs is to stifle the user's ability to think rationally and creatively and her ability to act.[26]

Excerpts such as this were the way Herland addressed alcoholism in their community. Alcohol played a central role in the setting of a LGBTQ+ community space. Unfortunately, that pattern is still in effect today, since aligning with an LGBTQ+ identity is often isolating. This newsletter warns that adding alcohol to an already possibly lonesome time will cause further isolation.[27]

The Herland Sister Resources wanted to improve the lives of the community, including their wellness. For instance, they have covered the topic of acquired immune deficiency syndrome (AIDS) and how to identify it. A group of Oklahoma City lesbians, a low-risk group, chose to address this topic, trying to tell readers how to identify AIDS through describing the circumstances of those who may have contracted the disease.[28] AIDS statistics were also published in the Herland newsletters informing readers that, as of March 15, 1986, one in four gay males tested in Oklahoma City was found to be a positive carrier. Twenty-five out of forty-nine who were diagnosed with AIDS died from complications of the disease.[29] They asked for newsletter recipients to volunteer their time for an AIDS House in OKC to care for those who were suffering and had no other option.[30] The reaction to this call to action laid the groundwork for the social service attitudes that characterized the following years.

In the developing years of the Gayborhood, there were bars, nightclubs, and community centers working together to create a social and helpful epicenter. Because it was a new space for queer people, there were often new businesses to replace those who left or failed. The relocation of a queer center

25 Ibid
26 Ibid
27 Ibid
28 Ibid
29 "Herland Sister Resources," *Herland Sisters Resources* 2, no 5 (1986): 1. https://hdl.handle.net/11255/52220
30 Ibid. I hypothesize that this house was the Winds House in OKC, which focused on caring for those individuals who had AIDS.

created a new "anchor for Oklahoma City's gay and bisexual(s)."[31] The LGBTQ+ community could be open about their sexuality and be comfortable in a place that was designed for them to flourish and enjoy their time.[32] The 39th Street community decided to focus on a bigger task—one that required a public celebration of their own sexualities.

Celebrations came in the form of Pride, a festival celebrating LGBTQ+ people. The first official Oklahoma City Pride Festival took place in June 1988. The first Pride parade occurred heading west on 39th Street, and that's how it continues to happen, aside from a few years where the route was altered. The slogan for their first Pride parade was "Rightfully Proud in '88!"[33] However, as discussed before, the first gay pride celebration occurred in 1977 as a block party. In 1988, the Pride festival started with the parade, marshaled by people living with AIDS from the Winds House in Oklahoma City.[34] Significantly, this showed that the LGBTQ+ community stood literally and metaphorically behind their family who had contracted AIDS. The first ever Oklahoma City Pride Parade had around 700 participants, which exceeded expectations.[35]

The Herland Sister Resources Newsletter reported on Oklahoma's first gay pride event in Oklahoma, which would happen in the state capital.[36] Along with information about Oklahoma's first ever Pride, it also listed the rules and stipulations on what would be regulated. According to the newsletter, an attendee was always asked to march, even if they had to use a paper bag to mask their identity to prevent harassment afterwards.[37] This specific rule suggests that making an effort to show unity was one of the Pride organizers' goals. At this time, queer people still faced much criticism and discrimination in their public and private lives. Adding this type of social ostracizing to the outbreak of AIDS culminates to make an already lonely community even more isolated. Putting a face to those that many Christians may despise humanized the LGBTQ+ people by showing their existence. The rest of the rules for Pride included: no alcohol, no children, no throwing anything, dress appropriately, and don't wear a hood on your head (alluding to the KKK).[38] The parade went very

31 Bachofer, 288
32 Ibid, 307
33 "Herland Sister Resources," *Herland Sisters Resources* 5, no 5 (1988): 1, https://hdl.handle.net/11255/52164.
34 Ibid
35 Honeycutt, "OKC Pride Celebrates"
36 "Herland Sister Resources," vol 5, no 5
37 Ibid
38 Ibid

well, considering that organizers thought that they would have more challenges. The seed was planted to celebrate the LGBTQ+ community in the heart of Oklahoma.

By the 1990s, the 39th Street District was a bustling mecca for the LGBTQ+ communities in Oklahoma and even in the region. However, as the years progressed, the strength of the community would be continually tested; an idea that still rings true in 2018. The State of Oklahoma has a notable history of writing and passing anti-LGBTQ+ laws, including laws opposing same-sex adoption and marriage equality.[39] In 2004, Oklahoma made it a goal to enforce "heteronormative values" by making sure marriages were exclusively between a man and a woman in their state.[40] However, the United States Supreme Court passed the Marriage Equality Act in 2015, guaranteeing that all courts in the nation were required to marry man and man, woman and woman, or man and woman. As of March 2017, in a Pew Research Center study, seventy-nine percent of Oklahomans identified as Christians.[41] With this heavy of a majority, these religious groups will likely create laws aligning with their ideologies—some of which may include bills that curb the rights of the LGBTQ+ community. In this tension, the 39th Street District continues to provide a safe haven for those who are marginalized.

The 39th Street District has been home to numerous businesses, ranging from automotive needs to event services, that create an influential association. The District was home to thirty-four businesses that make up the 39th Street District Association, focused on making the area more welcoming and influential to everyone, night or day.[42] Thirty-ninth Street is synonymously identified as a stretch of Route 66 sprinkled with bars and shops but is usually not lively in the daylight hours.[43] Brianna Bailey described the 39th Street District as a "nighttime destination," but the members of the association board have higher hopes for the area.[44] The Gayborhood, for a time, has wanted to improve the condition of 39th Street. According to The Gayly, the 39th Street District has been

39 Stephanie Allen, "Drag in Oklahoma: The Power of Performance," (MA Thesis, University of Central Oklahoma, 2017), 68.
40 Ibid
41 Ibid
42 "39th St District," 39th Street, accessed September 10, 2018. https://www.39thstreetdistrict.com/.
43 Bailey, Brianna. "Street Stories: Area of Bars, Cars Seeking Growth, New Businesses in Oklahoma City." *NewsOK*. Accessed September 10, 2018. https://newsok.com/article/5464960/street-stories-area-of-bars-cars-seeking-growth-new-businesses-in-oklahoma-city.
44 Ibid

recommended to receive street enhancements as part of a 2018 project named the Better Streets, Safer City initiative, funded by a penny sales tax.[45] A whole new aura around the 39th Street District will be accomplished by the "penny sales tax that Oklahoma City approved last year, that is expecting to generate $240 million for street resurfacing, enhancements, trails as well as full bicycle and pedestrian infrastructure."[46] Many who appreciate the nightlife the district has to offer would enjoy benefits from an upgrade to the surrounding areas, representing the vibrant, fun, wild destination that the Gayborhood means to all.

This area is not just for nightlife, there is also a beautiful array of events during the day. The Boom, a bar located in the Gayborhood, brings in daytime audiences with trivia and their famous Gospel Brunches. The bar is reported to be one of the biggest events on 39th Street every week; usually those who want to attend must make reservations.[47] Members of the District's neighborhood association continually show that they want to collaborate with organizations to shift the atmosphere to a more welcoming Gayborhood, while still maintaining its unique label as a central hub for LGBTQ+ people in Oklahoma.[48] An influx of bars and businesses into the area correlated with a massive drop in crime rates and lower populations of transients in the area.[49] As more bars and more people come to visit the 39th Street District, the success of surrounding businesses, as well as the diversity of the people, increased. It is important to note that the success of the Gayborhood was due to word-of-mouth publicity of this significant section of Oklahoma City, because "no branding or marketing" was deployed to draw people in.[50] An improvement of marketing, branding, and infrastructure can only increase the draw of this district.

Many news sources focus on the potential improvements to be made on influential 39th Street. Articles show pictures of Pride celebrations and tell the city's community about the district in the process. Slowly but surely, the era of rejuvenation of the Gayborhood is occurring. The 39th Street District Association is continually striving to revamp the area to attract outsiders and provide a more welcoming atmosphere for Oklahoma LGBTQ+ communities. Many places, such as The Boom, offer weekly events including karaoke, trivia, dinner theatres, Sunday Gospel Brunch, and even drag bingo. The Diversity

45 Elisabeth Slay, "OKC's Gayborhood is Getting a Makeover" Accessed September 27, 2018. http://www.gayly.com/okc%E2%80%99s-gayborhood-getting-makeover

46 Ibid

47 Bailey, "Street Stories"

48 Bailey, "Street Stories"; Slay, "OKC's Gayborhood"

49 Bailey, "Street Stories"

50 Ibid

Center of Oklahoma is located in The Strip and acts as a resource center for the diverse and LGBTQ+ communities that thrive in the 39th Street District. The area itself is extremely welcoming to outsiders or those looking for a simple place to socialize. Even consumers under eighteen have access to nightclubs, such as the Wreck Room, which cater to teenagers fourteen and older. These clubs provide a chance for young members of society to find a home that they might be unaware of. Consumers have access to food, drinks, and places to socialize for every person from every walk of life.

The 39th Street District is a fascinating neighborhood to explore. It offers a unique glance into Oklahoma City's day and night life. The revitalization of 39th Street will continue to push it to compete with other areas such as Bricktown and the Plaza District in Oklahoma City. Thirty-ninth Street, The Gayborhood, The Strip, and Glitter Alley all recognize the same central location in Oklahoma City that is emphasized by an exceptional look into the culture of an exciting district. The history of the 39th Street District began even before Oklahoma became a state—a time when lawlessness created a negativity associated with queer lifestyles. Society has continually tried to push the LGBTQ+ community back into the closet, allowed to exist but not thrive. However, the existence of such a district in the heart of conservative America exemplifies the resiliency of the people who continue to make the 39th Street District what it is today. Like one article states about the precious Gayborhood, "[Its] longevity speaks volumes."[51]

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Keeping the Promise

María Teresa Balogh
University of Missouri-St. Louis

Her eyes were closed as she surrendered to the sensation of her roommate's mouth slowly traveling down her nude body, still slightly moist from a shower, savoring the feeling that transported her back to the times she was alone in the waters of her beloved Caribbean Sea. It started that first time she sneaked out of the house just before dawn to go to the solitary little beach a friend had shown her. She had been twelve years old. She didn't know then what she wanted to do, only that the solitude of that beach was calling to her.

She remembers an odd feeling at the sight of the dark blue-green water when she got to the shore, and giving in to a sudden impulse to remove all her clothes and get into the sea, until the water reached her shoulders. She abandoned herself until she was floating face-up, looking at the dissipating stars. A few tiny waves lifted her limber body gently; now touching her buttocks, now her nascent breasts, awakening her sensuality.

She remembers not wanting to leave the water. She wished she could have stayed there forever, but she heard voices a short distance away. Quickly, she got out, got dressed, and hid behind some big rocks just as a young couple walked onto the little beach. She saw them undress, get into the water, and make love. Many times after that, she thought there must be something wrong with her because of the excitement she felt, both as she witnessed the couple and when she was inside the water. She had never known anyone who felt the way she did that night—or at least no one who would admit to it—until she met her roommate three years later.

~

She relives the episode at the seaside every time that knowledgeable mouth takes its descent on her body, as it was at that moment. Inma finally reached the awaited goal, so Katia opened her eyes to see her. Inma's eyes were closed. Katia grasped Inma's hands, which were on each side of her waist, let out an open-mouthed gasp, and looked up. That's when she saw four eyes looking down at them. She blinked and thought of stopping Inma, but didn't really want to.

The two boys—Lucho and Iván, she recalled—didn't seem to mind that Katia could see them. They were face-down on the thick wooden beams that supported the roof, and there was no ceiling on that part of the building. One of the boys smiled at her and the other made an obscene gesture with his tongue. They were quiet. They obviously didn't want to disturb Inma any more than she did. She would wait to confront them.

What would she say? Maybe she could invite them to come down—give them a little excitement. She doubted they could get her and Inma in trouble because what the boys were doing was against school rules. She knew that the principal had admitted the two boys into her all-female boarding school because they were young and innocent-looking. Their respective parents had begged the principal, saying that they had missed the chance to enroll them in any other school and there was no place for them anywhere else. Apparently, the two couples had moved to this city after school registrations had passed. The principal admitted the boys on the condition that they go home immediately after class every day, that they keep to academic assignments only, and that they not get involved with any activity in the boarding house. Classes had been over for a couple of hours, so they had no business hanging around.

Katia closed her eyes again and tried to forget the faces above her, although she had to admit that it aroused her to have them watch. She wondered if that couple, five years earlier on the beach, would have liked it if they had known she was watching. After Katia's climax, Inma fell face down beside her with an arm around her waist. Katia waited a few minutes to recover her breath, then called Inma's attention gently, pointing to the roof. Inma lifted herself on her elbows and looked up. To Katia's surprise, she smiled and looked down to wink at her. Katia took that as Inma's way of saying that they should have the boys join them. She shrugged and waved them down.

"This is too high," Iván whispered. "Put a chair or something, so we can come down."

"Wait," Inma said. "We'll come outside first. You climbed up from the alley, right? We'll meet you there and then sneak you in through the kitchen. The cook is watching a soap opera in her room now, so the kitchen is deserted." She winked at Katia again as she showed her the joint they'd been saving to smoke in the alley later. Katia always marveled at Inma's naughtiness. What a name for girl like that. Inma was short for María de la Inmaculada Concepción. When Katia first learned about her friend's full name, she was thankful that her own mother wasn't as devout a Catholic as Inma's mother. Katia would have hated to be stuck with a name like that. Inma just laughed at the irony of it all. It was her nature to see the humorous side of things, as Katia had come to know.

The boys went back down into the alley. Katia followed Inma outside after throwing on some clothes. She was still tingly, and marveled at Inma's rapid recovery for the sake of a new adventure. The boys were only around thirteen, and it seemed wrong to be corrupting them, but she justified it but telling herself that they had started it by spying. She wondered if that was the first time they had watched them. After all, how did they know to choose their room to spy? Walking through the kitchen, the two girls saw the dark curls of the cook's head, along with a handkerchief in her hand. She was watching television in the room next to the kitchen, facing away from them as they passed through.

The boys leaned against the wall of the empty alley eagerly waiting, as Katia could see by the look on their faces—a mixture of excitement and fear. The boys moved forward as if to go into the building right away, but Katia motioned for them to wait. Inma looked around to check the entrance to the alley and then took the joint out of her shorts pocket.

"If you boys want part of the action, you're going to have to join in every way. And the first order of business is getting high," Inma informed them. The boys looked at each other. They had apparently never done anything like that.

"And then you'll let us come into your room and do it with you?" Lucho wanted to know.

"Sure."

Katia lit the joint, took a puff, and passed it to Inma. Inma did the same and then passed it to Lucho and then Iván. Both boys choked on the smoke and coughed, but the girls wouldn't let them stop until the joint was gone. Inma peeked inside the kitchen to make sure the cook was still in place before waving everybody in. The girls pushed the boys ahead of them, quietly hurrying into their bedroom. The school year was coming to an end, and the principal was getting relaxed with the enforcement of rules. Besides, Katia and Inma suspected that the principal had started a love affair with a neighbor, and, at this time of day, she was probably paying him a visit.

Inma jumped on her bed, making it bounce. She was a year younger than Katia. Katia began to worry about what they were about to do. She would soon turn eighteen, and she was to be married at the end of this school year, shortly after her graduation. It was important for her family and her fiancé that she be a virgin on her wedding night. It was an unspoken promise when she got engaged. That was one of the reasons she had allowed Inma to seduce her. She'd figured that she could explore her sexuality without the danger of becoming unmarriageable—as her parents called a girl who was no longer a virgin. Inma didn't seem to be concerned about any of that, even though Katia knew that she had a steady boyfriend and would most likely get engaged before the next

school year. She moved closer to Inma so she could whisper to her.

"Are we really going to have sex with them?"

Inma laughed, snorting a little, "As much as they can. They're young boys, silly. We'll just let them have a little fun. Here, let's have them strip and you'll see what I mean." Inma turned toward the boys, who still hadn't moved from one corner of the room, and said waving her finger up and down at them: "Okay guys, show time—off with those clothes."

The boys had started to giggle quietly, affected by the marihuana. After hearing this command, they began to laugh and look at each other. Finally, Iván took off his shirt before Lucho did the same. They continued until they were both standing naked in front of the girls—one hand enough to fully cover their crotches. Inma had been right, Katia realized, as she saw the two hairless, smooth bodies with awkward limbs and little muscle definition. She didn't look at Inma because she knew that they would both burst out laughing, and she didn't want to humiliate the poor little tykes. There was nothing to worry about. Her virginity was safe. She began to remove her own clothes with Inma shortly following. Each girl lay down on her own bed.

"Well guys, take your pick." Inma said, and Katia could tell that she was enjoying this immensely. The boys didn't seem to know what to do. When they would stop laughing, they would start again as soon as they looked at each other. Finally, Iván cleared his throat and spoke.

"You pick."

Inma sat up and looked as if she were thinking hard while looking at the boys. She scratched her jaw and tilted her head one way and then the other. Hooking her right index finger, she her hand upside down and motioned for Lucho to come to her. He moved toward her, and Iván went to Katia. Each boy began exploring his companion's body. Iván seemed especially fascinated with Katia's breasts. He traced them with his fingers, kissing all around them before he reached the nipple—the same way Katia usually did when making love to Inma. This confirmed Katia's suspicions that they had spied on them before.

Katia let Iván do as he pleased as she kept her eyes on the other couple. The sight of Inma's golden body never tired her. She looked at Iván every now and then and felt a sort of tenderness toward the cherubic face above hers. It was fine. She would have a lifetime of beard stubble and hard lips in the future after she married. Katia taught Iván how to kiss. She touched his face and hair with the tips of her fingers as they kissed. He looked at her at one point, and she thought he looked content.

When she looked toward the other bed again, Katia saw that Inma did the same with Lucho. After a while, the boys relaxed and seemed perfectly satisfied.

Katia looked at her watch on her nightstand and jumped out of bed. The soap opera was over, so the cook should be back in the kitchen. They would have to get the boys out through the roof. Inma placed a chair on top of her desk so it would be high enough. Inma started whispering, perhaps thinking that the cook might be able to hear any loud talk.

"Okay, we'll get you out, but what about the alley? How are you going to climb down?"

"Same way we came up, using the pieces of brick that come out of the wall as steps."

"Okay, but be careful and be quiet. Most of all, swear to God that you will not say a word about today to anybody."

"Are you crazy? We'd be in as much trouble as you—you have our word." Both boys made a swearing gesture, kissing the back of their right thumbs before climbing on the desk, the chair, and finally the beams under the roof. For a second, they hung on the beams and agilely hooked their feet on the opening between the wall and the roof. They slid through the opening after turning their bodies face down and were gone.

~

Katia had to hand it to the boys—they did as they had promised, so well that they barely said "hello" to her and Inma in the halls. Only a subtle look of conspiracy when it seemed sure no one else could see. But, then again, only fifteen days had passed between the afternoon of their escapade and the conclusion of the school year. Seven of those days had been dedicated to finals, so all the students had been busy with their own studies.

On the day of her graduation, she saw the boys in the principal's office with their respective mothers picking up their report cards. She overheard their mothers say that they had found schools for them for the next school year. Lucho caught her eye for a second and risked a quick wave of his hand. She smiled and winked at him before she walked toward her room to change for the ceremony. Katia couldn't hear if the boys would be going to the same school. She hoped they would. She couldn't picture one without the other one's friendship now.

~

Katia sat in her place on stage dressed in her cap and gown, which she wore on top of her formal uniform. She could see Inma sitting in the audience. She was wearing her formal uniform, too, as all the girls were supposed to—graduating or not. The uniform made Inma look innocent and pure, like a nun. It was made of light beige linen, almost white, with a brown leather collar, belt, and cuffs at the end of long sleeves. The skirt's hem reached slightly below the knees

where white socks began. The uniform ended in white pumps.

Inma sat between her parents and boyfriend. Katia had to suppress a giggle every time she looked at Inma because the girl would make a quick obscene gesture with a finger on the palm of her other hand for Katia's benefit and then just as quickly hid her hands and bat her eyelashes, innocently smiling at her boyfriend.

Katia moved her eyes through the audience looking from her parents and fiancé, sitting on the reserved seats for families of the graduates, to Inma and her family a few aisles behind. She didn't see the boys anywhere, but then she remembered that students below ninth grade were usually not invited to attend the graduation ceremony. The principal began with the ceremony.

"Welcome ladies and gentlemen..."

Katia tried to block out the monotonous speech by thinking about what the future had in store for her. Her fiancé represented a chance to have a normal life. She did love him, and was willing to be a good wife to him.

"I am deeply grateful to the parents who..."

She could see her future self, married with a couple of kids—twins. After all, twins ran in her family. Maybe she would go to the university, but she hadn't made up her mind about that. Her fiancé had promised her that he would approve if she decided to further her education, but, then again, her sister's husband had said the same thing.

"And to our brilliant graduating class..."

Her sister had to leave her husband so she could pursue her dream of becoming a pediatric nurse. She was now living with her parents, going to classes, and raising her son on her own, because her husband decided that he didn't want her wasting time outside of the house. "Well," Katia thought, "I'm not as crazy about becoming a professional as my sister was. I could just be a happy homemaker like my mother and my grandma."

"Congratulations, and may..."

She and Inma ran in the same social circles. Who knew—maybe they would run into each other sometime and remember old times. Katia thought about how nice that would be. She was already missing Inma. After this evening, she would pack up her clothes and be gone from the school. She felt a tinge of jealousy as she thought of Inma's future roommate. The principal had already assigned her one. She was a pretty girl, though a bit shy. Katia could bet that she wouldn't be as shy by the end of the next school year. All of a sudden, her throat began to burn and her head began to ache—a turmoil of feelings contradicting inside her after she glanced at Inma and back to her smiling fiancé one more time.

A round of applause brought Katia out of her reverie. She saw her father getting the camera ready, her fiancé standing up, and her mother taking a handkerchief out of her purse. She shook her head, swallowed the lump in her throat, smoothed her robe, and smiled.

"Miss Katia Isabel Ramírez..."

Nuances and Challenges of Being Trans on the Texas State University Campus

Michelle Ramstack
Texas State University

In my first semester as a graduate student, I was assigned to a group in my oral history class. By complete coincidence, all of us were queer. When I proposed that our final semester project focus on transgender individuals, everyone was instantly on board. For our project, we interviewed Ms. Jessica Soukup, a System Analyst at Texas State, and a transgender woman who transitioned as an adult. The other interviewee was Mx. Oceanna Hart, a non-binary individual who uses the gender neutral honorific "Mx" and they/them pronouns. At the time of the interview, Hart is a junior undergraduate student double-majoring in microbiology and anthropology, and is an officer of the campus transgender club: Transcend. They are agender (a person who does not experience gender) and identify as both transgender and non-binary. They have identified as non-binary since high school—for about 4 years at the time of the interview. Ms. Soukup focuses on LGBTQ+ inclusion through her job and other pursuits. She is also the president of Alliance, an on-campus LGBTQIA organization for faculty and staff; a member of the Diversity and Equity Access Committee; a co-advisor for Transcend; and a member of the Board of Directors for Campus Pride. Both interviewees work with student groups, such as classes and Fraternities/Sororities to provide ally training, and provide resources to the transgender campus community. Two of my group members interviewed Ms. Soukup, and I interviewed Mx. Hart alone.

Given the university's location in southern Texas—the state with the infamous "bathroom bill" legislation—a common assumption is that the campus would not be transgender-inclusive. But the reality is significantly more complicated. If passed, the bill would have required all transgender individuals to use the restroom corresponding with the gender listed on their birth certificate or state issued ID in all schools and local government buildings.[1] Fortunately, the bill did not pass. In the Campus Pride Index, a

1 Montgomery, David. "Texas Transgender Bathroom Bill Falters Amid Mounting Opposition." *The New York Times*, The New York Times, 8 Aug. 2017, www.nytimes.com/2017/08/08/us/time-is-running-out-on-texas-bathroom-bill.html.

list of universities created by an organization based out of North Carolina designed to rate universities for their LGBTQ+ inclusion and protection, Texas State ranks three stars out of five. The stars are calculated by breaking down different aspects of the school, such as policy inclusion and academic life, and rating them one to five stars separately before creating an average for the total score. The highest ranking for Texas State is four stars in the categories of academic life, student life, counseling and health, and support and institutional commitment. The lowest ranking sits at two stars in the category of student housing, along with the category of recruitment and retention efforts.[2] Out of the eleven universities listed, Texas State ranks in the lower half, with six universities listed as three and a half stars or more. The University of Texas at Dallas is the only university with five stars in the state of Texas.[3]

There are significant attempts to make the Texas State University campus as inclusive and safe as possible for all students, including transgender individuals, but the attitudes of the students and professors cannot be controlled in the same manner that inclusive policies are written. For example, gender identity and gender expression are explicitly listed in the university's discrimination policy, yet Soukup and Hart state there is no accountability for professors misgendering or outing their queer students.[4] As Hart states more specifically, "there is no system to report trans-specific issues."[5] In order to make a report for discrimination, there is one standard method outlined in the university policy guide to make a formal complaint. However, not many students are willing to put in the time and energy required to file an official complaint. When questioned, Hart implied they, or at least their friend group, do not carry much faith in the campus reporting system.[6]

What many may find shocking is that the psychology department is one of the biggest offenders in the treatment of LGBTQ+ students. Due to the nature of the subject, psychology courses should include at least one lesson focusing on queer genders and sexualities. However, it should be taught in a respectful manner that is mindful of LGBTQ+ students—not an ignorant one. For

2 "Campus Pride Index." Campus Pride, https://www.campusprideindex.org/campuses/details/3478?campus=texas-state-university.

3 "Campus Pride Index." Campus Pride, www.campusprideindex.org/searchresults/display/624007.

4 Texas State University. "Policy and Procedural Statements" txstate.edu. http://policies.txstate.edu/university-policies/04-04-46.html; Soukup, Jessica Interviewed by Krista Pollet and Madison Reitler. Tape recording. San Marcos, Texas, November 30, 2017. p. 3.

5 Hart, Oceanna. Interviewed by Michelle Ramstack. Tape recording. San Marcos, Texas, December 6, 2017.

6 Hart. Ramstack. p. 20:40.

example, there have been instances of professors, specifically in undergraduate courses, teaching false information and outing students. As Soukup states:

> We still get things like psychology professors standing at the front of an Intro to Psychology course calling out a trans kid in class: first they have a slide up that has actual incorrect information or an incorrect definition … and then they point out the trans kid and they say, Hey, why don't you just tell us about yourself? … So the student is supposed to stand up and train the entire course on gender identity.[7]

Hart also recalls friends complaining about one particular professor teaching inaccurate information about queer sexualities, but they also single out one professor in the department as a person they can trust with their identity. At the very least, if professors include queer studies in their course material, they should ensure it is up-to-date with correct information. However, there are departments willing to make changes that embrace the LGBTQ+ community. According to Soukup, there are plenty of faculty and staff teaching a variety of courses, such as physics, math, and biology, who are going out of their way to include LGBTQ+ topics in their course material. Additionally, the entire college of geography has been ally trained and is what she referred to as a "safe college."[8]

When I asked Hart to describe the campus community outside of Transcend, they replied with "the short answer is *bad*."[9] Soukup was asked a similar question about her experience on campus, and she replied with a more positive answer: "My transition has been unbelievably easy compared to so many transgender people."[10] How did we receive two widely conflicting answers about experiences on the same campus? The answers provided by both Hart and Soukup about their positions shed light on this contradiction.

As a staff member, Ms. Soukup is viewed on campus as either a co-worker, an employee, or—to the students—an adult staff member. Given her position, Soukup is afforded a privilege the students on campus do not share, saying:

> The student(s) automatically will treat me with more respect than they may a fellow student. And so they tend to avoid … challenging me boldly and they tend to approach me a little more gingerly. … I've been really, very lucky on campus. The university … lists gender identity [in their non-discrimination policy] … Even though there are no consequences associated with not [respecting my gender identity] people are hesitant to do so … They may not understand, they may not be fans … but I don't get people challenging me on things generally.[11]

Soukup is able to live her life on campus with little-to-no harassment for her gender identity. She transitioned while working on campus, first telling her boss in a letter, before coming out to her department—and effectively to the school—during the beginning of the 2014-2015 school year. She fondly recalls her introduction with the rest of the divisional employees at a meeting the day after convocation, using her new name and pronouns: "Well, everybody for the previous eight years had seen me with a male presentation and had seen me use my other name. And this year, I was in a fuchsia suit, and there was no way anybody could miss me."[12]

By contrast, Mx. Hart, an undergraduate student, faces a completely different reality than Soukup. As students, Hart and their friends are not afforded the same privilege as Soukup with regards to respect from their peers. Hart notes: "I get misgendered on a regular basis. My friends get misgendered on a regular basis … I hate to say we're lucky because we haven't had stories yet of people from Transcend dying, but at the same time we are."[13] Hart stated there have not been any "horror stories" about treatment towards members of Transcend, yet they continue to face a unique form of discrimination towards their person described as a "discriminatory environment."[14]

Along with their statuses on campus, another noteworthy difference between Hart and Soukup is their gender. Soukup is a transwoman, whereas Hart is agender, one of the many non-binary genders. "One major difference between being trans and being nonbinary is there is no non-binary passing."[15] Trans men and trans women can alter their appearances to look like cisgender—individuals who identify with the gender they were assigned at birth—men and women, but there is not a particular look for non-binary individuals. One of the main reasons Hart is constantly misgendered is their feminine gender expression, most people will assume they are a woman. Even androgyny, which is stereotyped

7 Transcript. Soukup, Jessica Interviewed by Krista Pollet and Madison Reitler. Tape recording. San Marcos, Texas, November 30, 2017.
8 Soukup, Pollet, Reitler. p. 3 and 17.
9 Hart, Ramstack p. 5:15.
10 Soukup, Pollet, Reitler p. 5.
11 Soukup, Pollet, Reitler p. 4.
12 Soukup, Pollet, Reitler p. 8
13 Hart, Ramstack p. 5:58
14 Hart, Ramstack p. 6:03
15 Hart, Ramstack p. 50:00

as non-binary, is generally perceived as a masculine appearance, and people will still attempt to label them as either male or female. There are conflicting needs from both communities. For example, the assumption that a dress is feminine and anyone wearing a dress is a woman helps trans women like Soukup, but actively harms non-binary individuals like Hart.

Bathroom use is probably the most well-known trans issue to date. There are fourteen listed gender neutral or unisex ADA bathrooms on campus, which may sound like a sizable number, but on a campus of 495 acres and 215 buildings, it's severely lacking.[16] For individuals like Hart who feel uncomfortable using gendered restrooms, having only fourteen restrooms across the entire campus is simply insufficient.

> I have to use women's restrooms because...[gender neutral restrooms are] relatively inaccessible to me ... I spend a lot of time in Supple and Evans and both of those do not have single use restrooms. So I kind of have to use the women's bathroom because it's just easier ... I've basically had to force myself to get over [it]. It feels more like a chore at this point. It used to really get to me, but now it just feels like, okay I just need to do this, whatever, get it done.[17]

Even though they self-identify as having "a feminine gender expression"[18] and have not been personally harassed in the restroom, they still experience unease being forced to use women's restrooms while not identifying as a woman. Soukup described an instance from students in a classroom setting where she had to confront transphobic questions pertaining to hypothetical assault in bathrooms. However, she did not describe any personal instances of harassment, if any, she has faced on campus.

Another major issue specifically affecting transgender college students is housing. There is no gender-neutral housing on campus, but after their first year, students can move into student apartments off campus. Though these apartments could be considered gender-neutral, they are also the most expensive housing options and are not accessible for all students. According to Soukup, the Housing and Residence Department is looking into a "queer living and learning community," but at the time of this interview no decisions

16 Texas State University."Gender Inclusive Restrooms" txstate.edu. http://www.sdi.txstate.edu/Support-and-Empowerment/LGBTQIA-and-Allies/gnrestrooms.html;Texas State University. "Facts and Data" txstate.edu http://www.umarketing.txstate.edu/resources/facts.html

17 Hart, Ramstack p. 21:35.

18 Hart, Ramstack.

have been made.[19] Housing is generally separated by gender, which means transgender students are often placed according to their gender designated at birth instead of their identified gender. For example, Hart was placed on the women's floor in a dorm where the floors were separated by gender. While Hart was relatively lucky with their roommate, and was able to be out to her, a few of their friends were not. One friend, a trans woman and fellow Transcend officer, had a roommate so transphobic "she literally thought her roommate would kill her."[20] There is a means for students to transfer rooms, but according to Hart it is a difficult and daunting process that not many students wish to go through. "It is a really long process. You have to talk to housing and residential life to get moved, and I think that's one obstacle for other people who may have had this experience ... bureaucracy slows down everything."[21] As stated earlier, there is no reporting process for transgender-specific problems. As a function of Transcend, students have tried their best to negate any roommate issues by creating a housing group on Facebook for students looking for a safe person to room with.[22]

In conclusion, the transgender community is varied, consisting of many individuals with different needs. As Hart told me, "there is no one way of being trans,"[23] but there are overarching needs for protection. As a staff member and older adult, Soukup has a more hopeful outlook both for the future and ability of current transgender problems to be addressed. Hart showed a different view of the campus climate informed by their experience as a non-binary individual and undergraduate student leader. There are resources available, but they are primarily student-run or are seen as being too daunting to use. If this large of a discrepancy exists on one campus, what is it like for other institutions? I encourage everyone to re-evaluate their community's treatment of transgender individuals. Even when there is a written rule or law establishing the protection of gender identity and expression, this does not mean the rule is enforced, or that there is any viable punishment for those who violate it.

19 Soukup, Pollet, Reitler p. 2.

20 Hart, Ramstack p. 19:47.

21 Hart, Ramstack p. 20:58

22 Soukup, Pollet, Reitler p. 15.

23 Hart, Ramstack p. 0.45.

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To Name Your Monsters

Caitlin Carnall
University of Central Oklahoma

Let me tell you what I couldn't say
that dark night when a figure nibbled my soft skin
between hard teeth, tongue a dead gray.

I whispered my no & listened to a monster say it's okay
to be scared of haunted houses & your naked body's sin.
Let me tell you what I couldn't say:

I screamed at every turn, hands tangled in my hair, each strand to fray
and crack, buried in the mud & dirt. Face pressed sideways, neck flesh in
between hard teeth, tongue a dead gray.

The smell of red cinnamon candy to cover the breath of an ashtray
licked & be licked & suck the rest of the lively crevices from my shape, so weak
& thin.
Let me tell you what I couldn't say

as I didn't speak the stop. now. please clear a pathway
for my future in haunted houses. In different houses each night. In gulping gin
between hard teeth, tongue a dead gray.

I hate corpses huddled in corners, blank stares—my reflection mirrors the
decay
of voice in the grave the day a figure nibbled my soft skin.
Let me tell you what I couldn't say
between hard teeth, tongue a dead gray.

The Ethics and Medical Interventions of Patients with Diverse Sex Development Conditions in the US

Mariana Serrano
Eastern Connecticut State University

Abstract

Diverse Sex Development (DSD) entails conditions in which an individual is born with a reproductive or sexual anatomy that does not fit within the biological definition of female or male. These conditions may involve abnormalities of the external genitals, internal reproductive organs, sex chromosomes, or sex-related hormones. Until recently, genital surgery was the standard protocol of treatment for DSD patients. However, research shows that medical practices that infants with DSD have been subjected to can cause irreversible physical and psychological harm. For almost a year, I have been conducting research on both the historical and contemporary reasoning for this type of cosmetic surgery on infants with "ambiguous" genitalia, and the ethical issues involved with informed consent, parental rights, and withholding of medical information. I have interviewed medical professionals, activists, students, and members of the LGBTQ+ community about their knowledge, attitudes, and experiences with DSD surgery, intersexuality, and patient rights.

Introduction

Intersexuality has been a controversial topic for over a century. The question of what exactly qualifies as "intersex" today is still debatable. According to the Intersex Society of North America, "intersex" is an umbrella term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to "fit" the definition of male or female.[1] These conditions may involve abnormalities of the external genitals, internal reproductive organs, sex chromosomes, or sex-related hormones. Many experts recently adopted the term Diverse Sex Disorders (DSD), in an effort to provide a less stigmatizing terminology than the term intersex. In my research, I prefer to use the term Diverse Sex Development (DSD) conditions to accurately categorize these medical conditions.

An estimated 1 in 2,000 babies are born with DSD, which accounts

1 Intersex Society of North America (ISNA). "What is intersex?" (2008). http://www.isna.org/faq/what_is_intersex

for about 1.2% of the U.S. population.[2] However, this assessment may not be accurate. Individuals with DSD are not always accurately diagnosed and are not aware that they are intersex until puberty or even mid-life. Also, some healthcare professionals disagree on what exactly qualifies as a DSD condition, which contributes to the ranges of statistics regarding individuals with DSD and the lack of documentation from government agencies.[3]

The term "normal" is a conflicting label that sets DSD individuals apart from society. For many generations, these individuals were stigmatized and forced to conform by normalizing their genitals or sexual anatomy. Many visibly DSD individuals are operatively "corrected" in infancy and early childhood by healthcare professionals to make the individual's sex characteristics conform to what ideally normal or binary bodies should look like. Unfortunately, many individuals who have received these corrective normalizing surgeries are left with unanswered questions and the feeling of being mutilated.

Children with ambiguous genitalia are often assigned a gender depending on their condition. Many DSD individuals argue that they were not involved in their assigned "identity" surgery and that medical professionals did not acknowledge that, although they were minors, they still have individuality and entitlement to their own bodies. There are a number of questions and concerns about consent for treatment among those with DSD. Traditionally, physicians and parents made all medical and treatment decisions on behalf of a child. However, the concept of informed choice that has developed over the last 30 years provided additional consideration of a child's role in decision-making. For example, some feel that denying decision-making to mature adolescents is a human rights violation.[4]

The concept of categorizing gender through a gender binary system influences the need of reconstructive "normalizing" surgery. This binary system, the mainstream for most cultures and societies, dictates disciplines in all areas of life such as self-expression, lifestyle choices, and expectations. These societally constructed gender roles and expectations dictate the need to enforce gender assignment. However, in recent years, there has been greater recognition of the heterogeneity of gender and

2 Morrison, S. "Special Report: Intersex Women Speak out to Protect the next Generation." (2013). http://www.independent.co.uk/news/uk/home-news/special-report-intersex-women-speak-out-to-protect-the-next-generation-8974892.html

3 American Psychological Association. "Answers to Your Questions About Individuals with Intersex Conditions." *www.apa.org*, 2006, www.apa.org/topics/lgbt/intersex.pdf

4 "Treatment Decisions Regarding Infants, Children and Adolescents." *Pediatrics & Child Health* 9.2 (2004): 99–103.

gender roles, but there are still cases where DSD individuals are forced to receive sex assignment surgeries at young ages without consent. In my research, I have examined historical protocols on the medical approach with individuals who are born with DSD conditions. I will also be examining the ethical principles of the medical approach to intersexuality. Interviews have been conducted with medical practitioners, educators, parents, and students, in order to understand societal views on intersexuality.

Methodology: Qualitative-based research and ethnographic interviews

I examined the historical concept of medical protocols that have influenced interventions made on patients with DSD conditions with intent to seek current medical practices that are being implemented. My research includes a review of current and past scholarly materials about DSD to learn current medical practices toward DSD patients. Some questions that I have explored include:

- Are normalizing surgeries currently being performed on DSD infants?
- Is there a standard medical intervention with DSD patients?
- How are DSD patients diagnosed?
- How are DSD patients getting access to healthcare for their conditions?
- Are parents/guardians legally determining the sex of their children?

A community-based approach was used in this study. Interviews have also been conducted with medical professionals, activists, students, and members of the LGBTQ+ community, who are familiar with gender identity issues. This was to gain a perspective of DSD factors through different societal lenses. Interviews were conducted via appointment in person and by phone. The structural part of the interviews focused on ethical views of unconsented surgeries on DSD individuals. Interviewees were asked the following:

- Do physicians and parents have the right to determine the sex of their children?
- Why do you think appearance-normalizing surgeries are performed—entirely for the betterment of a DSD child, or for societal views?
- What are your thoughts on a child's right to consent to surgery, no matter the age?
- If the individuals who had unconsented surgeries performed as children had given consent or been allowed to voice their opinion at the time of surgery, do you think that these individuals would share a different story?
- Do you think "normalizing" is beneficial for DSD individuals, or is it for the benefit of the parents?

- If you were to have a child that had a DSD condition, what would be your thoughts on how to provide your child a normal life?

Healthcare professionals were asked the following additional questions:

- Do you think that physicians still stigmatize DSD individuals?
- What are your thoughts on practicing concealment-centered models of care?
- Do you think there is an age range at which unconsented surgeries may frequently occur?

Taxonomies of Intervention

Until the middle of the twentieth century, medical intervention in hermaphroditism (later known as intersexuality) remained uncommon, in part because the technological capacity to intervene—especially at birth—was limited.[5] With the lack of technological advancement to alter hermaphroditic bodies, medical practitioners were limited to seeking understanding and classification of these diverse sex conditions through both social and legal understandings of biological sex differentiation. However, due to technological advancements in surgical techniques, progress towards the discovery of "sex" hormones, new understandings of sex differentiation in embryology, and the ability to test for sex chromosomes, the consolidation of medical and scientific authority began to shape somatic sex differences and ways to modify diverse sex conditions that do not qualify as "normal." Over the past several centuries, a binary model of sex as unequivocally male or female has remained an almost universal axiom, despite evidence from human and animal biology calling this distinction into question.[6] This social historical belief of there being only two district sexes explains the discomfort and incomprehension that many experience regarding intersexuality.

In the beginning of the twentieth century, DSD conditions were not addressed with surgical practices; instead, medical practitioners worked on attempting to understand and classify these conditions. However, medical approaches have changed radically towards interventions, hormonal treatments, and cosmetic surgeries. In this effort, medical practitioners have used knowledge, instruments, and technologies to read bodies, ascribe them a sex, and—when one is not evident—attribute a sex in practice.[7] Sex is a social

5 Karkazis, Katrina. *Fixing Sex: Intersex, Medical Authority and Lived Experiences*. N.p.: Duke University Press, 2008.
6 Ibid
7 Ibid

construct made to differentiate the phenomena of only two conceived kinds of structural and functional differences in a species. In the case of intersexuality, sex is not merely conceived but enacted, thereby producing and reproducing the category of "sex" and our understanding of what males and females are.[8]

A debate has risen from the concept of sexuality: are these DSD patients both male and female, neither, or a unique combination of both? Diverse sex conditions have been subjected to intense scrutiny by social and medical speculation about cause, classification, and societal status of DSD individuals. Heightened anxiety over hermaphroditism and the urgency of addressing it are linked to societal changes in gender roles and the corresponding associations between hermaphroditism and other moral and social concerns.[9]

The birth of a child with ambiguous genitalia constitutes a social emergency. When told they have a child with a nonconforming sex, parents and guardians inevitably experience concern and emotional distress. The term "social emergency" conveys the urgency of this situation which can irrevocably damage the vulnerable child and the fragile—for newly forming—bonds between parents and children.[10] Raising a child with a nonconforming sex involves difficulty and complication, and this social urgency to normalize raises a question of the role of medicine. Is there a matter of medical urgency for care, or a social urgency to be normalized?

Thomas Laqueur, an American historian, sexologist, and writer, argued that—during pre-modern times—a one-sex model prevailed: the understanding of sex focused more on similarities than on differences and that "sex was a sociological, not an ontological category."[11] Medicine has extended sex differences to every part of the body from bones to brains, and these differences were codified by language. Male and female sex organs, which had previously shared names, are now distinguished by separate terms.[12] Sex characteristics have a new emphasis on sex differentiation through scientific expectations. The chromosomes, gonads, and internal or external genitalia in intersex children differ from social expectations; DSD babies differ enough that doctors may recommend surgical intervention to

8 Ibid
9 Ibid
10 Feder, Ellen K., Feder, Ellen K, & Project Muse. (2014). *Making sense of intersex: Changing ethical perspectives in biomedicine* (UPCC book collections on Project MUSE. 2014 Global cultural studies collection). Bloomington: Indiana University Press.
11 Karkazis, *Fixing Sex*
12 Ibid

make the body appear more in agreement with those expectations.[13] These expectations are typically for appearance rather than medical necessity. There is no evidence that many of these conditions affect the daily functions of excreting urine. However, there are two very rare instances where surgery is required on a newborn with a variance of sex development. One is to correct the placement of internal sex organs that developed on the outside of the body, and the other is to correct the absence of an external urethral orifice for urination. Any other surgical procedure on the external genitalia is instead cosmetic surgery and not medically necessary.

As biology revealed conflicting evidence in sexual anatomy, clinicians expressed uncertainty and discomfort with infants born with ambiguous genitalia. Despite the understanding of diverse sex conditions, medical advancement since the mid-nineties has facilitated the speedy diagnosis of the sex identity of babies with an intersex condition, and the correction of their sex organ abnormality via surgery and subsequent psycho-hormonal treatment from infancy.[14] In 1915, Hugh Hampton Young, one of the first to offer such surgical treatments in the United States, at Johns Hopkins, developed surgical techniques for genitourinary diseases.[15] Young's pursuit to solve surgical challenges for normalizing ambiguous genitalia led him to develop surgical techniques for "indeterminate sex" patients. He would often determine a patient's sex by assessing the gonadal tissue.[16] However, Young considered the presence of ovaries and testes alone to be insufficient for sex differentiation. He required evidence of their normal hormonal functioning, which he determined by assessing nonphysical attributes such as personality traits and sexual desire.[17] At this time, surgical interventions were not common. As a result of his expertise, Young garnered referrals of interesting or unusual cases from physicians across the country.[18] This contributed to the increase in medical intervention for infants defined as having indeterminate sex. Nevertheless, Young's therapeutic goal

13 InterACT. "'I Want to Be Like Nature Made Me' Medically Unnecessary Surgeries on Intersex Children in the US." 2017. Accessed 2017. https://www.hrw.org/report/2017/07/25/i-want-be-nature-made-me/medically-unnecessary-surgeries-intersex-children-us
14 Haneef, S., & Majid, M. (2015). Medical Management of Infant Intersex: The Juridico-ethical Dilemma of Contemporary Islamic Legal Response.
15 Karkazis, *Fixing Sex*
16 Ibid
17 Kenen, S. H. "Scientific Studies of Human Sexual Differences in Interwar America." 1998. PhD diss., University of California at Berkeley.
18 Ibid

was to fit his patients into one of the two recognized sexes.[19]

In the late 1940s, the potential conflict between psychological and gonadal sex in intersexuality triggered heightened anxiety among practitioners, who expressed their deep discomfort with the potential for social disruption produced by individuals with contradictory genitals, gonads, and gender role behaviors.[20] Despite these controversies, sex assignment and determination continued to be the standardized practice for these conditions. It was not until the 1950s, that Dr. John Money, a sexologist, introduced a systematic model of gender assignment and treatment for individuals with intersex conditions. His work was responsible for the theory of gender roles and gender identity. This protocol, which incorporated both biological and physiological variables, represented a radical departure from earlier work on hermaphroditism and intersexuality, which had been dominated by sciences such as genetics, embryology, clinical medicine, and surgery.[21] Money, through his fixation with the intersex, particularly "fixing" infants with ambiguous genitalia, helped to develop the gender of rearing model for intersex infants. His theory indicated that intersex children have the potential for a "normal" gender which can be maximized by aligning each child's body, upbringing, and mind. According to Money's theory, once sex assignment was made, surgery should be done as soon as possible so that the genitals could be made to match the assigned sex.[22] Money and Young first introduced principles and protocols for the medical management of intersexuality; however, these protocols led to adverse consequences for intersex children for generations to come.

Over time, increasing numbers of medical specialists in pediatric endocrinology, urology, and gynecology implemented these protocols in their institutions. Later, these institutions would alter these protocols to match their better understanding. In the 1980s, DSD infants received operations on their genitals based on their phallus. Money suggested that clinicians thoroughly assess the extent to which gender role has been established and maintain the sex of rearing with appropriate surgical and hormonal interventions.[23] Giving primary consideration to genital configuration in

19 Karkazis, *Fixing Sex*

20 Redick, A. "American History xy: The Medical Treatment of Intersex, 1916-1955." 2004. PhD diss., New York University.

21 Karkazis, *Fixing Sex*

22 Money, J., J. G. Hampson, and J.L. Hampson. "An Examination of Some Basic Sexual Concepts: The Evidence of Human Hermaphroditism." 1955. *Bulletin of the John Hopkins Hospital 97: 284-300.*

23 Karkazis, *Fixing Sex*

gender assignment, Money also argued that many DSD individuals with more feminine-appearing genitalia would be infertile. According to the protocol, an infant with more feminine-appearing genitalia should be assigned female; however, genitals could not be surgically enhanced to appear more masculine.[24] Therefore, infants with ambiguous genitalia were constructed to appear more feminine and assigned female. A surgical procedure known as a clitorectomy would then be performed to decrease the size of the phallus of the infant.

In the late 1990s, Suzanne Kessler, a social physiologist, wrote a book called *Lessons from the Intersexed*, detailing the medical treatment of intersex children including a summary of the range of medically acceptable infant penis and clitoris sizes.[25] Kessler states that standardized normative tables for clitoral length appeared in the late 1980s, while normative tables for penis length appeared more than forty years before that. She combined those standard tables to demonstrate an "intermediate area of phallic length that neither females nor males are permitted to have"—that is, a clitoris larger than 9mm or a penis shorter than 25mm.[26] Therefore, clitorises and penises that fail to meet these respective guidelines required interventions. Her findings sparked a visual representation called the Phall-O-Meter by Kiira Triea, an intersex advocate. The Phall-O-Meter is a satirical measurement that represented clinician's implementation of medical standards for normal male and female phalluses (Figure 1). These measurements are based on the kind of decisions doctors actually make to determine the gender of DSD infants. If doctors decide that a penis is "too small" or a clitoris is "too big," an infant would be corrected cosmetically.

When bodies do not fit into pre-existing notions of male and female, society will force them to—even if it involves a knife.[27] Surgical interventions may vary depending on the patient's medical condition and assigned

Figure 1

24 Ibid

25 Kessler, Suzanne. "Lessons from the Intersexed." 1998. New Brunswick, New Jersey: Rutgers University Press. p. 43.

26 Ibid

27 Wade, PHD, L. "The Phall-O-Meter." (2008). https://thesocietypages.org/socimages/2008/09/04/the-phall-o-meter/

a sex. Typically, if the female sex rearing is chosen, then a vaginoplasty is performed. The timing and nature of vaginoplasty depends on whether the vagina is required for menstruation or solely for intercourse.[28] For example, those with congenital adrenal hyperplasia require a vagina for menstrual flow, whereas XY females (excluding those with gonadal dysgenesis, who will usually have a uterus and vagina) will require a vagina only for intercourse.[29] With androgen insensitivity, the vagina may be of normal length, shortened, or completely absent. Because of the belief that it is harder to surgically engineer a boy than a girl, most intersex children are made as feminine as possible, utilizing surgery, endocrinology, and psychology. In some cases, gonads are completely removed from the infant's bodies, resulting in infertility.

A "successful" patient is one judged to be stable and "normal" (i.e., heterosexual) in the assigned gender. In July 2017, three former U.S. Surgeons-General wrote that they believed that, "Babies are being born who rely on adults to make decisions in their best interest, and this should mean one thing: When an individual is born with atypical genitalia that poses no physical risk, treatment should focus not on surgical intervention but on psychosocial and educational support for the family and child."[30] Despite limited data on outcomes and significant evidence of the irreversible harms that surgeries can inflict on intersex people for a lifetime, some doctors and parents continue to justify conducting the operations. Currently, doctors are giving different reasons as to the continuation of these practices, particularly due to the frequent belief that "normalizing" surgery will ease children's socialization throughout childhood and life as adults. Many doctors feel that there is a lack of evidence showing that these normalizing surgeries result in negligible psychological and bodily harm. One urologist, in his discussions of surgical reversibility, explained that clitoroplasties are not irreversible with regards to the ability to transition to male later in life.[31] He said:

> There's nothing to support that if we leave the clitoris intact and it's almost a phallus, is it more likely that they'll become or that they'll identify as male. We have no information on that, but I would say that in either event, it's not an irreversible surgery. So, for example, one of the things I can tell you with a clitoroplasty

28 Creighton, Sarah. "Surgery for intersex." Journal of the Royal Society of Medicine. 2001. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1281452/
29 Ibid
30 InterACT, "I Want to Be"
31 Ibid

> to a degree is that if the 18-year-old comes back and I've done a clitoroplasty ... and they say, 'That was really unnecessary, I want to be the other [gender].' I've done nothing that isn't reversible.[32]

Some doctors argue that early surgery yields better physical outcomes. Others agree with Money's logic that early intervention can serve children psychologically. Conversely, there is insufficient evidence that growing up with atypical genitalia leads to psychosocial distress. These protocols of care for DSD infants result in harmful practices that are non-consensual and potentially violating human rights laws. These unregulated and largely controversial surgeries continue to be performed but often result in unintended consequences. However, there is no clinical definition for "normalcy," leaving considerable discretion to doctors when advising parents. Despite wide disapproval from DSD communities and supporters, irreversible surgical interventions for DSD children remain commonplace among medical specialists. Some irreversible side effects include psychological scarring, reduced sexual sensitivity, sterilization, and non-sequential hormones that are correlated with their assigned sex and not always correlated with their gender.

Post-Intervention Outcomes

Studies now show that infants who are subjected to these unconsented surgeries are dissatisfied with the decisions that were made by medical providers. Birgit Kohler's study titled "Satisfaction with Genital Surgery and Sexual Life of Adults with XY Disorders of Sex Development" details the levels of sexual satisfaction experienced by 46 DSD adults in Germany who had undergone constructive genital surgery. This article emphasizes the importance of providing better care to DSD patients. There was a high percentage of dissatisfaction rates (approximately 50-60%) with function, sexual anxieties, and dyspareunia in these individuals.[33] It was concluded in this study that constructive genital surgeries in individuals with ambiguous genitalia at birth might correlate with the dissatisfaction in their sex lives, along with a lack of psychological support leading to factors such as shame of abnormal appearance, secrets about conditions, and infertility.

In 2013, a study on the "Long-Term Evaluation of Patients Undergoing Genitoplasty" in China was conducted. The operative procedures, gender of

32 Human Rights Watch "Interview with a Urologist," February 15, 2017.
33 Köhler, Birgit, et al. "Satisfaction with Genital Surgery and Sexual Life of Adults with XY Disorders of Sex Development: Results from the German Clinical Evaluation Study." *The Journal of Clinical Endocrinology and Metabolism (JCEM)*, 16 Nov. 2011.

rearing, surgical outcomes, and psychosocial and family adjustments of 262 DSD patients were evaluated over a 14-year period. Of the patients who underwent female sex assignment, 136 (approximately 83%) had favorable psychosocial adjustments; while, of those who underwent male sex assignment, 54 (54%) experienced similar favorable results. Patients with female sex assignment had no urinary incontinence or difficulty. Vaginal dilation was performed in 35 patients with postoperative vaginal stenosis; 5 patients (3%) underwent a second surgery; while 12 patients (7.4%) experienced unsatisfactory outcomes.[34] For patients with male sex assignment, the median length of the penis was 2.2 cm in prepubertal patients, 4.2 cm in pubertal patients, and 5.0 cm in adults; 39 patients (39%) developed post-void dribbling; 21 patients (21%) underwent a second surgery; urethral dilation was performed in 28 patients (28%) due to urethral stricture; 38 patients (38%) were unsatisfied with their outcomes.[35] Furthermore, these results indicate that patients with male sex assignment have more surgical complications and difficulties then female sex assigned patients.

Two studies have been conducted recently regarding the quality of life and satisfaction levels among DSD patients following cosmetic surgery. In 2016, a study on the "Quality of life among postoperative patients with disorders of sex development" compared healthy, 46,XX women to patients with DSD. There was a significantly lower mental health score ($P<0.05$) for patients with DSD.[36] This study confirms that there is a need for psychological treatment of patients with DSD to improve their quality of life. In 2017, a study on the "Prospective assessment of cosmesis before and after genital surgery" was conducted on 37 children in the U.S. who had feminizing genitoplasty. Pre-operatively, 63% of mothers, 48% of fathers, and 100% of surgeons stated that they were dissatisfied or very dissatisfied with the appearance of the child's genitalia.[37] Surgeons rated the appearance of the genitalia significantly worse than both mothers ($P < 0.001$) and fathers ($P \leq 0.001$) did at baseline. Post-operatively, 94% of mothers, 92% of fathers, and 88% of surgeons reported

34 Zhang, Heng, Jinhong Pan, and Yongquan Wang. "Long-Term Evaluation of Patients Undergoing Genitoplasty due to Disorders of Sex Development: Results from a 14-Year Follow-Up." 2013. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3858889/

35 Ibid

36 Tang, Xiaoyan, Ning Zhang, Jingxin Ding, and Keqin Hua. "Quality of life among postoperative patients with disorders of sex development: a long-term perspective." 2016. http://www.ijcem.com/files/ijcem0045721.pdf

37 Nokoff, N. J., B. Palmer, and A. J. Mullins. "Prospective assessment of cosmesis before and after genital surgery." 2017. http://www.sciencedirect.com/science/article/pii/S1477513116302790

either a good outcome or satisfaction (Figure. 2); there were no significant between-group differences in ratings. There was a significant difference between parents and surgeons on the unfavorably rated appearance of the genitalia before surgery, with surgeons giving worse ratings than parents. However, cosmetic ratings improved significantly after surgery, with no between-group differences. Despite wide disapproval from DSD communities and supporters, irreversible surgical interventions for DSD children continue to be standard protocol among medical specialists. Currently, the National Institutes of Health (NIH) has facilitated a study on the crisis of clinical management on medically unnecessary genital surgery on DSD infants.

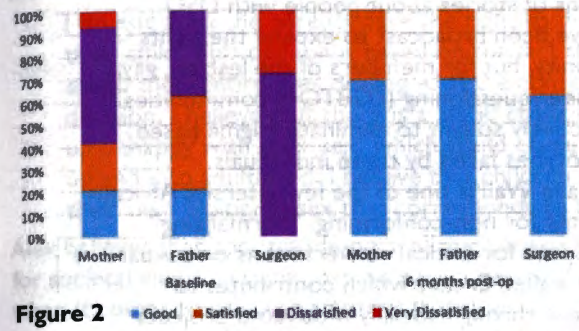

Figure 2

DSD activists are advocating for informed consent regardless of age and the reconfiguration of medical protocols in response to intersexuality in infants. Accordingly, Human Rights Watch and InterACT are urging a moratorium on all surgical procedures that seek to alter the gonads, genitals, or internal sex organs of DSD children who are too young to participate in the decision, when those procedures both carry a meaningful risk of harm and can be safely deferred.[38]

InterACTivity

The terminology to describe these developmental conditions has been altered to promote a less stigmatized representation of these various conditions. In 2006, experts proposed a new term—"disorders of sex development"—in order to align these conditions with emerging medical knowledge.[39] However, many individuals do not find their conditions to be disordered, rather a difference of (diverse) sex development. Over the last several decades, many social advocates and medical professionals adopted the term "intersex" to describe this

38 InterACT, "I Want to Be"

39 Hughes, A., Houk, C., Ahmed, S., & Lee, P. (2006). (n.d.). "Consensus statement on management of intersex disorders." *Journal of Pediatric Urology.*

development.[40] Furthermore, the terms "intersex" and "disorders of sex development" continue to be debated within the community as not representative of people's experiences or stigmatizing and pathologizing.[41]

In recent years, the media interest in DSD has increased. Intersexuality was once an obscure topic, contradicting what society conceives as normal. Now, it is becoming a pervasive issue in medical journals and research. Millions of stories about people with DSD who have been mutilated have been broadcast to expand the rights not only of the DSD community, but for members of the lesbian, gay, bisexual, transsexual, and queer/questioning (LGBTQ+) communities.[42] Activism for intersexuality actively sought to eliminate stigma based on the sex and gender stereotypes faced by these individuals.

Intersex activist Sean Saifa Wall is one of the few intersex African-American males who advocates for non-conforming, "normalizing" surgeries. He has created a space for critical conversations on sexual inequality through a platform called Emerge which contributes to both local and national dialogue through socially motivated projects that raise awareness of inequity and juxtapose that with resilience.[43] Intersex movements such as Emerge develop in an effort to reduce and ultimately eliminate the practice of medically unnecessary (cosmetic) genital surgeries being performed on infants and adolescents.

While the media focuses on equality and terminology in the intersex community, few mainstream media sources focus on the non-consensual surgeries performed across the United States on infants' genitals. One source indicates that, "Doctors have chosen with overwhelming frequency to ignore the principles of informed consent and patient-centered models, instead choosing to follow concealment-centered models of care."[44] Doctors perform these surgeries after evaluating only the infant's genitals to determine whether their surgical interventions should be aimed toward normalized male genitalia or to normalized female genitalia.

40 Topp, S. (2013). "Against the quiet revolution: The rhetorical construction of intersex individuals as disordered." Sage Journals.

41 Ibid

42 Greenberg, J. A. (2012). Intersexuality and the Law: why sex matters. New York, NY: New York University Press.

43 Wall, Sean Saifa. "Emberge" Last modified 2017. https://www.astraeafoundation.org/stories/emerge

44 Polish, J. Infant Intersex Surgery: Genital Mutilation in the U.S.? (2015) https://lawstreetmedia.com/issues/health-science/intersex-genital-mutilation-overview/

Bodies that violate these prescribed gender rules require intervention due to societal-cultural needs for a binary normalcy of genders.

Interviews

Alexander Jeremiah, Undergraduate at Tufts University, Member of the LGBTQ Community

> I do not think the parents have the right to determine the sex of their child. This opinion is based on the fact that these children must spend their entire lives dealing with the consequences of their parents' decision. I believe that there is a 50/50 chance that the child will grow up unhappy with their sex, which could cause emotional stress growing up and into adulthood. I believe that children should be able to choose their own biological sex that corresponds to their gender identity.

Alex believes that appearance-normalizing surgeries are largely performed for societal views. "I think that we have a severe dichotomy in society when it comes to sex, and anything that does not fit into the binary is seen as taboo or different when, in reality, DSD individuals were simply born that way and corrections aren't necessary. By performing surgery to assign a child to one sex at birth, you are conforming to societal norms, not necessarily [to] … what the child would want for themselves."

When asked about his thoughts on child rights to consent to surgeries, Alex explained that he feels there should be an age requirement. "I am not an expert, and cannot offer a specific age, but it is necessary that it is at an age where the child fully understands the importance of the situation and can make a completely informed decision. It would be just as bad to have a four year old consent to a surgery and regret it six years later as it would be for a parent to choose the wrong sex for their child."

The interest of the DSD individual is largely undermined, due to a focus on alleviating parental distress. "For most, I think it is safe to say parents would not know how to deal with a DSD child, as it would pose many challenges for gendering, clothing, schools, and many other factors of life that are so dependent on strict gender and sex binaries. I think it is a lot easier for a parent to choose the sex of their child at birth than it is for them to raise a child with such uncertainty, waiting for the child to be at an age to consent to surgery." Alex explains that there are social pressures that make it difficult for parents to advocate for their child's diverse sex conditions.

"Honestly, I think normalizing surgeries are performed for the benefit of both DSD individuals and their parents." Alex feels that choosing to

conform and "normalize" their bodies is a method for DSD individuals to decrease the chances of being stigmatized. However, this should not be the case. "DSD individuals who did not receive surgery at birth should feel less stigmatized by society. Parents should be given the option … to wait to perform surgery until after their child is ready to consent." Alex states that, if these individuals had the right to consent to their surgeries, there would likely be a decrease in postoperative dissatisfaction.

"I personally would have no problem raising a child with a DSD condition, but I would fear that they would feel a great deal of stigmatization from the rest of society. I would try to raise them in a way in which they could actively gender themselves in the way they wanted, even if that changed from time to time. However, when I thought they were old enough, I would let them choose to have surgery." He continues, stating:

> Physician[s] should, if anything, help to normalize DSD conditions. It is very easy to view them as medical conditions that need to be treated, and especially so in the eyes of the parents. Also, if surgery can be completed at another time, the doctor should let the family know that it is always an option for later and does not have to be done right away. This may encourage parents to wait until the children themselves can provide consent to the surgery.

Dinora Carter, Social Work Undergraduate,
Eastern Connecticut State University

> If physicians and parents are not causing any harm or danger or lifetime effects to a child, I do not see why a parent does not have the right to determine the sex of their children. In an effort to normalize, it is a harm to a child'[s] emotional and physical health. Appearance-normalizing surgeries are associated with the betterment of societal standards [regarding] our sexual anatomy. Everyone is guilty of conforming to societal views of sexuality (even members of the LGBTQ community) at one point throughout their lifetime. Parents are conforming without consciousness and also [are] given the power to determine the sex of their child no matter the internal sex their child might display.

When asked about child rights to consent to surgeries, Dinora responded, "It depends on the circumstance. Children are human and born with human rights. They also have dignity no matter the age. A child's opinion is entitled to carry weight, especially if it is regarding their sexual anatomy."

Dinora agrees that the interest of DSD individuals is largely undermined, due to a focus on alleviating parental distress. "They are more concerned

with societal views on a binary societal infrastructure, normalizing more for society and not for the individuals who are diagnosed with these conditions."

"If the individuals who had unconsented surgeries performed as a child [had] consented or [were] allowed to voice their opinion at the time of surgery, I am not sure if they would have a completely different story to tell, because [formation of] gender identity may take up to [the] adolescent years. Many of these surgeries are occurring during infancy or toddler years."

"If I were to have a child that had a DSD condition, I would … give them a gender-neutral name. I would allow my child grow up and determine their own gender, and [I would] educate them on their condition. I know my child may face some stress or the feeling of shame once they acknowledge that societal norms don't seem to accept other gender types. However, I will instill confidence in my child to be who they are internal[ly]."

Dinora's thoughts on the role a physician should take when dealing with DSD patients underscore the importance of validating the patients' intrinsic normalcy. "If the condition is not life-threatening, they should not be able to determine the sex of infants who are born intersex. They should educate parents on … [necessary] psychological measures … and that these conditions do not always need surgeries."

"I do not think appearance-normalizing surgeries improve DSD individuals' health [out]comes at all. It only causes dysphoria in these individuals rather than improvements. There is a need for more statistical data regarding these conditions, because I do believe that DSD is much more common than it is documented."

Michael Vidal, Youth Programs Educator,
National Conference for Community and Justice (NCCJ)

> I do not think people have the right to determine the sex of another individual—no matter their position. I think we conflate caretaking with being an owner. It is apparent that in our culture we reject youth from making their own decisions.

Michael believes that appearance-normalizing surgeries are intended to prevent DSD individuals from being stigmatized in our society:

> We are led to believe that sex and gender are one [and] the same. I think a part of it has to do with adults not being educated on gender diversity and also not knowing how to not conform to societal norms. As a culture, we need to be more educated on what gender is. We need to give children options. We tend to instill our own biases in them. They are entitled to freedom of choice. It is hard to explain

to a child a medical condition; however, the language is important. In most occasions, we are robbed of a choice. This is why we are unable to be who we truly are in society because of others' biases.

Michael found the question—"If the individuals who had unconsented surgeries performed as a child had consented or been allowed to voice their opinion at the time of surgery, do you think that these individuals would share a different story?"—difficult to answer. "It is a hard question—how does someone grow into their sexual identity? We live in a place where there are a lot of cisgendered individuals in our culture. Socially, we confirm our personal identity and gender solely to what gender we are assigned at birth."

"If [I] was to have a child with a DSD condition, I would not treat my child different from any child. I would be very thoughtful and use proper pronouns and terminology. I would have them be aware of options that are only made by them, and have them acknowledge that there are different bodies. Language is a powerful tool to build awareness and support!"

M'Liss DeWald, Director of Youth Programs, National Conference for Community and Justice (NCCJ)

"Gender has been constantly evolving over the decades. European countries have recently eliminated gender from being a mandated requirement to identify. [R]esearch on sexuality [is concluding] that … some individuals know a sense of their sexual identity as early as the age of four."

"I do not believe that physicians [or] parents have the right to determine the sex of their children. However, historically this has been the case. Biological sex is complex: internal genitalia and external genitalia, chromosomes. No one has the right to determine the sex, because it can be inaccurate."

"A lot of the appearance-normalizing surgeries are being performed for societal standards of sexuality. We live in a society that is gender binary and insists on the need to categorize babies at birth into a male or female. Parents are exposed to societal pressures of knowing if their child is a boy or a girl."

"All people, no matter of age, have rights. There tends to [be] this oppression of young people being excluded from conversations … about their bod[ies]. There should be guidance and an awareness for these children regarding their condition. Setting a pronoun for these individuals can be an alternative for conforming to our binary societal standards of gender."

M'Liss believes that if these individuals who had unconsented surgeries performed on them had consented or been allowed to voice their own opinion at the time of surgery, they would have shown more of an acceptance of their surgery. M'Liss indicates, "I think that, [if] they had the right to be involved in their surgeries, they [wouldn't] feel as though the body was mutilated. However, the practice of normalizing is not beneficial for anyone. Nothing is normal—normalcy is the product of oppression and is the reason why we can't look beyond a binary gender."

"If I were to have a child with a DSD condition, I would first … assign a non-gender specific name and a pronoun (they, them) until they are able to provide their own. No one is going to know how their genitalia is going to look … other than immediate family. We as a society tend to complicate external features of our anatomy."

Yvonne Gomez-Carrion, M.D., F.A.C.O.G. Director of the Obstetrics-Gynecology Resident Surgical Service, Beth Israel Deaconess Medical Center

"No, I do not believe that physicians or parents have the right to determine the sex of their children. Just because there is a micropenis or excessive clitoral tissue, the default gender should not be female. Our societal norm is that it is better to be assigned a female than to have a small penis."

When asked about the purpose of appearance-normalizing surgeries being performed, Dr. Gomez-Carrion stated, "To not have the sex of your baby determined at the time of birth is devastating to most families. In our binary society, in most physician and parental minds, the answer must be determined—is my baby a boy or a girl?"

"I would advise that in intersex kids, no operative decision should be made until puberty. The child needs to be involved in the decision-making in regard to what sex he or she would like to identify [as]. I would agree that the interest of the DSD individual is undermined due to alleviating some parental distress and social stigmas. Furthermore, 'Normalizing' is more beneficial for the parents than the DSD individuals." Dr. Gomez-Carrion emphasizes the importance that individuals who are DSD be able to consent and allowed to voice their opinion at the time of surgery. "Because the default sex is female, many of these individuals have had sexual issues. If they had a voice in the operative decision-making, I believe that postoperative results would be more positive for the affected individuals."

"If I were to have a child with a DSD condition, of course, [I] would have mixed and complicated feeling[s]. However, I would not make any permanent operative procedures without the input of my child. We would wait and allow my child to develop, socially and sexually, and make the decision."

"Physicians should encourage the parents to do nothing regarding

requesting surgery, [and] identify resources and support groups for the child as he/she matures, as well as for the parents. These DSD children have to deal with their self-identity while growing and dealing with peer and adult pressures and various feeling around sex and gender identification."

Dr. Gomez-Carrion was asked a series of additional questions regarding health professional aid in care for DSD patients. "I do think that DSD is much more common than [is] accounted for. There [are] a variety of conditions that are associated with being Intersex that [are] not always identified." When asked about ways that appearance-normalizing surgeries may improve psycho-social or health outcomes, she states, "well, when the DSD child has the correct sex chosen and has sex confirming surgery, these children will do well. But, if the incorrect sex is chosen, there will be life-long issues regarding their sex identification and sexual satisfaction."

"Unfortunately, I am not aware of any protocols regarding diagnosing and treating DSD individuals, except that an operative procedure cannot be performed prior to [age] 18 without parental consent, unless the individual is an emancipated minor." It would seem that, when dealing with DSD patients, healthcare professionals would be mandated to understand psychosocial issues and be accepting of patient advocacy. However, Dr. Gomez-Carrion explains that educating parents regarding their child's condition is complex and may lead to confusion. Healthcare providers as well as parents need better education in regard to the psychosocial impact that "normalizing" surgery may have on their child.

She confirms,"I do think that physicians may still hold their own biases against DSD individuals." Many healthcare professionals may refuse care to patients who are DSD, because of their own societal standards. "I think the concealment-centered models of care [constitute] malpractice—DSD individuals are not pathologic. Often, their 'ambiguous' genitalia are a result [of] an underlying metabolic condition. They should not be made to fit into a preconceived 'normal'-appearing mode. The affected individual needs to be the main decision maker in any decisions about her/his genitalia."

Conclusion

We are taught that sex is dimorphic. However, sex is a spectrum—with a majority of humans conforming to one end or the other. There are key ethical concerns identified in the standard practice for DSD patients. Firstly, the well-being of the child, both mentally and physically, is undermined. Surgical intervention on ambiguous genitalia has yet to be proven necessary for a child's health or well-being. A child born with a DSD condition appears to be at risk

to their bodily integrity, particularly with their reproductive capability, as well as the ability to experience sex. The freedom for a child to develop their personality is a standard of parental practice for these interviewees. Secondly, interviewees identified the need for a child to be informed about their DSD condition, including all interventions that may be carried out. Parental rights for participating in the decision of self-determined gender identities appeared to be a gray area. Parents are entitled to freely raise their children according to their own cultural or religious beliefs; however, children are entitled to protection from practices harmful to their bodily autonomy as well as their physical and mental integrity. Health professionals should be obligated to provide adequate information about DSD conditions to parents with children with DSD conditions. Thirdly, the interviews revealed views about societal standards of power that clinicians and parents have regarding decision-making abilities. Parents are socially pressured to determine the sex of their child before the child is able to self-identify. Parents need professional guidance to aid them in coping with a child who does not fit our binary social views.

Some societal influences were mentioned in the interviews. Some interviewees feel like parents are influenced to conform by assigning a sex, due to distress felt when clinicians imply that their baby is anything less than perfect. However, other interviewees felt that parents should have the right to establish the gender of their child.

There are two surgical interventions for DSD patients: constructive and cosmetic genital surgeries. Theoretically, at birth, constructive surgery should be made on medically necessary conditions. However, cosmetic surgery has been made the standard practice for DSD patients at birth, regardless of condition. Surgical interventions should be performed only if necessary. However, I believe that genital surgery should be performed only during adolescence or adulthood, when patients are fully informed of their condition. In addition, I would also recommend that multidisciplinary care with psychological and nonprofessional support be mandated for children who receive these surgeries.

Furthermore, the effort to normalize DSD individuals through interventions has been common practice for almost a century. The standard practice for DSD individuals continues to model the originally implemented protocols. With the effort to educate and advocate for DSD, there have been some cases of parents not conforming to normalizing their children. With the lack of knowledge about DSD, parents will continue to be swayed by doctors to normalize their children. There is no substantial evidence supporting that children with ambiguous genitalia experience childhood differently

than those with "normal" genitalia—moreover, there may be surgical complications and psychological outcomes that result from these mutilations.

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Artist Spotlight

Corrie Reagan
BFA, University of Central Oklahoma

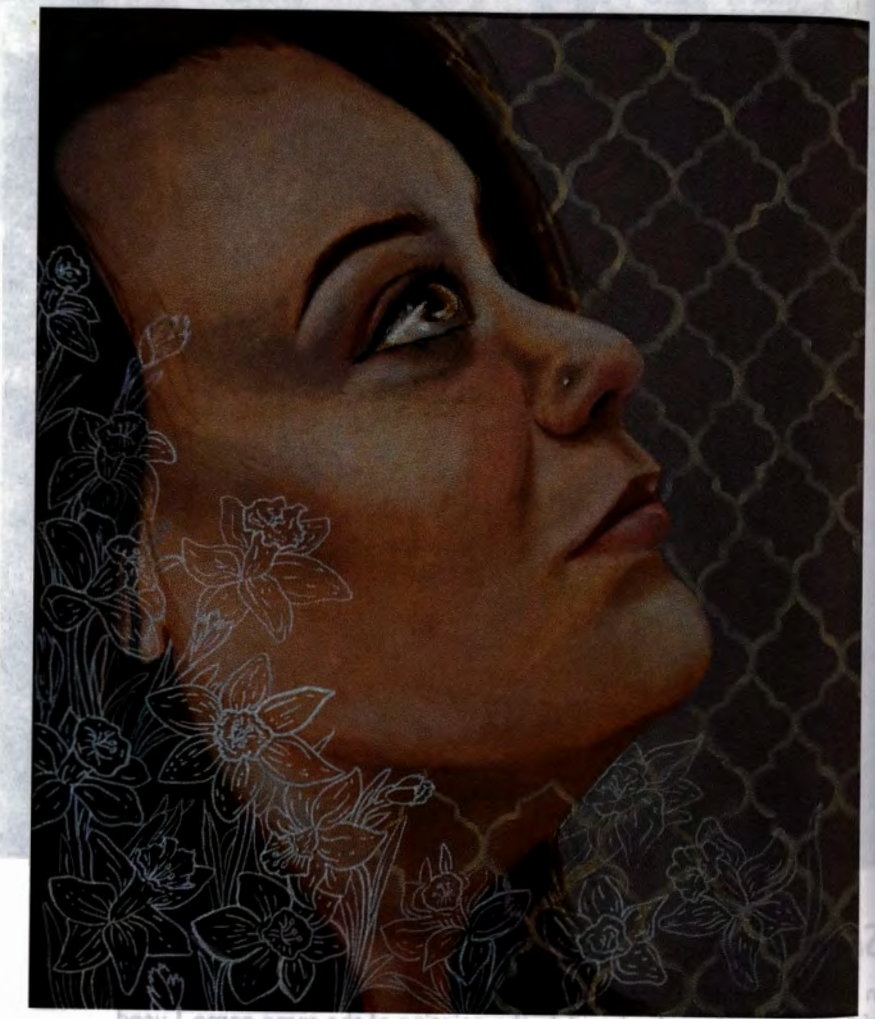
For centuries, the self-portrait has been an avenue for artists to tell their personal stories, discuss emotions and identity, and even immortalize themselves through artistic conventions. The self-portraits in this series are both a record of my life and an avenue for discussion about the emotions all humans experience, a topic to which every person can relate.

Each of these self-portraits has a unique floral motif, selected for its meaning according to the western tradition of assigning symbolism to flowers. This tradition originated during the Victorian Era and continues to find popular usage today, and assigns every type of flower a unique meaning. I incorporate these floral elements for the beauty they add to the portraits, and I utilize them as important visual cues that solidify or enhance the emotional content.

I take inspiration from a quote by Australian poet and activist Judith Wright: "Feelings or emotions are the universal language and are to be honored. They are the authentic expression of who you are at your deepest level." This universal emotional experience joins us. This body of work creates a connection and cultivates a bond of shared emotional experience across time and preconceived societal boundaries.

Sunflower (oil on canvas)

In many examples through art history, sunflowers are seen as a symbol of mothers and motherhood. In the painting of the same name, I used these flowers as a symbol of my own motherhood. The sunflowers cover the eyes of the self-portrait, signifying that these maternal emotions have changed how I see the world and how I view others as well as myself.



Blooming Daffodil (oil on canvas)

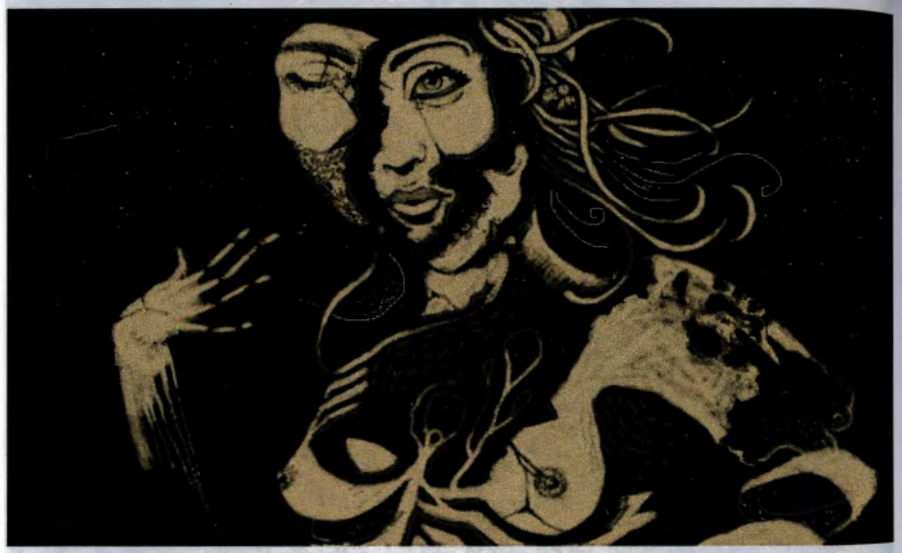
In "Blooming Daffodil" I use the titular flowers, commonly seen as a symbol of spring and rebirth, to represent changes in my life, the growth and rebirth I have experienced in my life. I also have chosen to paint the self-portrait in this position of an upward gaze to tie in with the theme of growth, illustrating forward movement past the old and toward the new.

Echinacea (oil on canvas)

I combine the floral elements with the patterned backgrounds both to add visual interest and, in some cases, to add directly to the symbolism of the portrait. For example, "Echinacea" utilizes a honeycomb pattern to represent structure and order. The pattern is broken, which contradicts the structure and creates visual disorder. Echinacea blossoms are generally associated with spiritual healing and awareness of self-image. Combining the spiritual nature of these flowers with the broken honeycomb pattern represents the disarray I have occasionally felt surrounding my spiritual and religious identity.

Artist Spotlight

Sophia Kirby
BA, Northeastern State University



Cast (landscape version; Microsoft Paint)

It is, for me, the smell in the air to which any southerner can reply: something's on its way. Cast is the change I made on December 15, 2018, when, for the first time in my life, I could be a little more me. My name is [different than it was] before. I'm trans-questioning—still questioning. For which roles am I cast? Is my name, identity a mold to heal something that which is barely holding together? Cast is a fractured self—one face, male, has his eyes closed to the woman on the other half. There are eggs in her hair on the verge of hatching and a handprint to stain her bicep. A yonic heart sits closely by the faint noose above her right (our left) breast. There was no plan. I drew, and that was as far as the plan had gone. I'm a woman now, still without a plan.

Identifying as a Myth

Alyssa Diamond
University of Central Oklahoma

Once upon a time, my childhood began. In this tale, there is no prince, no damsel, no knight, no walking into that white ever after, wedding bells and children in the distance.

Once upon a time, my childhood fell short of fairytale expectations. I never considered it strange to not want romance or sex. I was not going to fit into a sweet cookie-cutter tale. So the world decided to write my story as something far more timeless and enigmatic, something that defies understanding—a myth. An asexual.

I was not prepared for all the ways society has conditioned the people in my life to try and write my story for me.

"You just have to find the right one," says my mother, a statement she vehemently denies making to this day.

"You know, it's a bit of a contradiction that you teach sexual health. Being ace and all," my coworker says.

"How do you know you won't change your mind?" says the other.

"I bet I could change that."
And the rest of the world hasn't been trying to rewrite my narrative since the beginning, either.

"You're heartless, then."
And I haven't been coughing up my bleeding heart to prove to the world I am still capable of a love so strong it pains me.

"So, uhhhhh, do you, like, not get sex?"

I am in disbelief when strange men tell me my existence is hard to accept.
"Because you're so pretty," they say.
Because I—a woman—should always want children and be available for male pleasure.

"That sounds lonely."
So is living in a world where I am the only one who believes my existence isn't.

The people in my life cannot claim to ally themselves with me if they don't even know the name of my identity. I want to know why they name me a myth, like my presence in front of them is open for debate. I am tired of explaining my existence.

"I."
A monosyllabic word. Yet, when I pronounce I give voice to my existence. A visible, audible form of defiance in a world that would sooner write me into myth than acknowledge my existence.

No, I do not have to make sense to you. No, I am not lonely. I am not heartless. I am not unique. I am not an oddity. I AM NOT A MYTH.

I am asexual, and I live in a world that believes I don't exist.

Sexism and the Indian Political Psyche

Swati Sucharita Nanda
DAV PG College, Varanasi (India)

Sexism in politics is, by no means, a new phenomenon. Many feminist scholars have exposed the existence of sexism both in the disciplinary conception as well as in the practice of politics. In her pathbreaking book *Women in Western Political Thought*, Okin (2013: 72-96) has argued that Aristotle, celebrated as the father of Political Science, integrated sexism into the discipline by validating a perceived natural position of inferiority of women as compared to men in society. Pateman (1991:54) has effectively shown that even political thinkers such as Hobbes thought women to be submissive and, therefore, endorsed their subjection as wives. With roots such as these, it is not surprising that male-bias is commonplace in politics as a real-world phenomenon across the globe.

Traditionally, Indian politics has been a male bastion reflecting the larger societal system of which it is merely a part. Debates on inclusion of women in politics are being upgraded to an advanced stage. There are demands for the reservation of seats for women at all levels of democratic representation, with requests to look at the level of gender sensitivity of both politicians and the populace. In the absence of gender consciousness, seat reservations could become mere tools in the hands of patriarchal politicians, wielded to score over the opposition. The phenomenon of women's "proxy" candidature in Indian politics has been in debate for more than two decades. It has brought into focus the gendered nature of political class in India (The Hindu, 7th March, 2015).

This paper delves into the gendered nature of political narratives in India by focusing on the campaign speeches of politicians belonging to various political groups during elections. Campaign speeches during elections are significant to democracies, as they set the stage for discussion among the public about the issues that should matter to their respective societies. These speeches, in other words, are also a mark of the politician's ability to use language to communicate with the voters. Ideally, such speeches should focus on informing the voters about the ideologies and programmes of their respective parties to enable the voters to make informed choices. The use of popular idioms and phrases, often seeming to be loose talk, dominates the campaign

speeches. Ostensibly, the focus of such loose-talk rhetoric is to score points over the opposition. However, a slight scratch on the surface exposes the real idea of such rhetoric as manipulation of the psyche of the populace, either inveigling them towards a specified political course, or facilitating their choice in crucial political decisions. These are also methods of speaking peoples' languages and orienting their understandings towards a specific party or perspective. After all, "politics is a process of contestation, involving contests over alternative understandings. The way to capture this process is to become 'rhetorically impertinent'" (Shapiro cited in Mihas, 2005).

This loose talk in political rhetoric is, by no means, gender neutral. If, at one level, they reflect existing popular political narratives of a society, prevailing at a particular point in time, at another level they are also about building a certain persona of the candidates in the fray. As Katz (2012) suggests, when Americans voted for Barack Obama in the U.S. Presidential election, they were focusing not merely on his political merit, but also on a candidate they believed to be the most successful embodiment of American masculinity. His cool, cerebral style of manhood appealed to them. Thus, political rhetoric is also about building the image of a "real (wo)man" and about the model of "(wo) manliness" that the so-called mainstream society prefers.

An analysis of political campaign speeches of some leaders of both national and regional political parties during the run-up to the 2014 Lok Sabha elections clearly indicates the way men and women in politics are to be imaged. These elections have been unique for a number of reasons. To begin with, they discarded the prediction that there is no longer an escape from coalition politics at the national level. They have very effectively minimized the dependence of the central government on regional parties, which have influenced government formation since late 1980s. They were also unique for bringing a political party to power that is typically viewed with skepticism by most of the religious minority groups of the country. Much has been debated on the aspects and implications of the election since the formation of the new government in 2014. However, one aspect that has not drawn sufficient attention is the way the obsession for the "real man" as the ideal political leader was blatantly expressed throughout the 2014 election campaign. It is true that men dominate politics in most countries of the world, and India is no exception to this. Political speeches in this election by leaders of different generations from across national and regional political parties clearly reflect the Indian political psyche—which brazenly maintains and reinforces the idea of masculinized politics.

Politics as a sphere of "masculinity"

The campaigns of the 2014 Lok Sabha elections amply demonstrate that politics in India is all about "real men" and "manliness." As one campaign leader of a national-level political party declared: "It would take a '56-inch chest' to convert UP [Uttar Pradesh] into Gujarat" (Times of India, January 24, 2014). As the statement indicates, the leader who can take the responsibility of turning an underdeveloped state into a developed state must be a "real man"—a strongly built, fearless, chest-thumping man. This statement clearly marks the sphere of "politics" as one belonging to "real men" who are physically masculine and not to "feminine men." It set the stage for public discussions distinguishing the varying models of masculinity that male electoral candidates belonged to.

Throughout the election campaign, the "real man" and his "manliness" were projected in various ways through the medium of electoral speeches. For example, with a view to appease the "real men" of a particular community, a patriarch of a regional political party announced that: "Rape accused should not be hanged. [Boys] make mistakes" (Times of India, April 11, 2014). This statement came after some boys belonging to the constituency of the same politician were prosecuted on the charges of rape. Very clearly, it legitimized rape in public debates as a "mistake" that boys may commit. This set the stage for discussions that ranged from "how boys of a particular community are to be controlled" to "how girls actually invite rape through their dressing styles." The statement was evidently aimed at a constituency of voters who were also generalized as men. Also concealed in this statement is the notion of women's voting behaviors as dependent and guided by the men of their respective families.

Campaign speeches aimed at women candidates from opposition parties often point towards their femininity. On one occasion, a leader publicly confessed his confusion by stating, "I do not know how to address her—sister, Missus or spinster daughter." (Business Standard, April 30, 2014). Aimed at an unmarried female leader, this statement clearly questions her character. In a society where the public sphere is not considered to legitimately belong to women, character assassination is the easiest weapon to humiliate them in public eyes

Sexism and male bias are not new in Indian politics. The beginning of the Women's Reservation Bill in the 1990s was witness to a number of sexist remarks. But such innuendos seem to have increased in recent times, as women from non-political backgrounds are assertively participating in politics. Evaluated on the basis of her looks, a female candidate was described as, "cute but not politically astute" (Hindustan Times, 13 April, 2014). This was not merely an

echo of the saying that beauty and brains do not go together, but also that to be political one should look tough—like a "real man." While the entry of men into politics is above question, women's participation in electoral politics is typically met with "why's" and "how's."

Sexist comments in elections aren't exclusively a male bastion either. A female politician, for instance, demanded that a woman leader belonging to the opposition camp should get her virginity tested before she claims to be referred to as "Miss" (Dainik Bhaskar, April 30, 2014, my translation). This demonstrates the woman politician's keenness of the woman politician to prove herself to be part of "normal political campaign narrative" and, therefore, a legitimate member of the masculinized politics. In fact, public/private dichotomy is so ingrained in the minds that when asked to imagine a politician, most people visualize a man. While many women have made their presence felt in Indian politics, very few of them have done so without being connected to powerful political men or families. Women from non-political families still remain significantly under-represented in Indian political life. Even after the passage of the 73rd and 74th constitutional amendment bills ensuring women's political participation in local governments, women still have to struggle within traditional social institutions to justify their presence in public spaces.

Politics, however, is not merely about women and their place in politics. They are also about the kind of women and men who ought to be at the helm of affairs. Politics as a profession, demands a person who can be forceful in making others concede to her/his wishes. Political success relies on stereotypically masculine traits including influence, courage, and silencing the opposition. In the statistically unlikely event that a politician is a woman, she must exemplify all these characteristically masculine values. Therefore, it is not surprising that Prime Minister Indira Gandhi was routinely referred to by many associates as "the *only man* in her Cabinet" (Natarajan, Jayanthi 2016, my emphasis). The same logic could be applied to male political aspirants. In India where feudal mindsets still pervade, the common Indian public either needs a patronizing father figure or a powerful, de-sexualized mother figure, or even a non-feminine sister figure. It is not strange that J. Jayalalitha was seen as "Amma" (powerful mother who can protect) by most Tamilians, while Mayawati is called "Behenji" (powerful sister who can protect) in common parlance in Uttar Pradesh.

The gendered orientation of popular language

Campaign speeches are written for public consumption. Therefore, they are written and spoken in language styles that would be appreciated and accepted by the public. Given the fact that women have been historically deprived of education and isolated from the public sphere, they have been kept away from expressing their experiences in their chosen words. This, in turn, has legitimized the hegemony of men's chosen words in the public sphere. It is not unnatural to find language, especially popular language used for interaction in the public sphere, to be gendered. Thus, when politics use popular language as a tactical weapon to catch public imagination, it often reinforces the already existing gendered nature of language. As a consequence, this strengthens the masculinized nature of politics and shrinks space for feminine debates.

Constructing the masculine and gendered notion of politics

Debates on masculinity have been under feminist examination since the 1980s. By now, it is well-established that masculinity is no monolith. It is as much a product of the society as femininity is. Every society has its own way of legitimizing what it means to be a "man" or to have "manly" values. While not all men conform to the conventional values of masculinity, most men will not challenge these values.

A number of scholars have delved into the ways images of masculinities are crafted within communities in India. Kulkarni (2008) discusses a study by Kakar which "probes the specificity of the normative matrices, family structures and socialization processes which shape the psyche of upper caste Hindu men." At the same time, he also indicates the existence of not only one, but many conceptualizations of masculinities in India. In this context, Kulkarni (2008) also mentions a study by Ashis Nandy which discusses at least two strands of masculinities in India during the colonial period—the "concept of manliness valorized the Brahmana in his cerebral asceticism" in the pre-colonial period, and "the violent and active Kshatriyahood" during the colonial period.

It may be argued that the characterization of women is also very important to the construction of masculinity, not merely in terms of validating the binary division of manly vs. womanly, but also in deciding which community is to be glorified.

> Women are posited as the carriers of the community honour and thus any violation of the women of one community by the men of another implies the dominance of the latter, and posits the men of the former community as effeminate and unable to protect their women. Such formulation has resulted in the construction of the discourse of the violent, lecherous Muslim male who desires and desecrates the pure, chaste Hindu woman, and it is from this that Indian (Hindu) men are exhorted to protect their women (CSCS, 2006).

Thus, the construction of the masculine is clearly contingent upon the existing notions of caste and religion.

Conclusion

In the contemporary age of information technology, the cameras capture each and every movement of political campaigners. The personalities of leaders becomes contingent not only upon how they behave but also upon what they say and how they say it. What matters most is the cultural acceptability of the image that the leader depicts through their language. To achieve political success, politicians need to tap into the persona that people think can solve their problems. This indicates continued desirability with political idioms of the time and of a persona who is simultaneously closer to the image of a "protective father" and an "aggressive enemy-crusher."

Sexist comments in political campaigns cannot be seen in isolation. They are all about what the public wants out of its leaders—to be "man enough" to protect the country from external and internal threats without the slightest sensitivity to the so-called enemy lives lost in such operations. These comments may also be explained with reference to the cultural imageries that speak of existence of personalities, at various points in history, who seem to have answers and solutions to all the problems that the world confronts. Politics is about the realities in which we live, and the need is to understand that the problems and solutions have to come from these real situations and from real women and men who participate in politics. And therefore, until citizens revise their political psyche, obsessed with illusory notions of leaders based on cultural constructions, sexism in politics will remain intact.

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"A Doll to Be Proudly Exhibited": Antillean Women and Transnational Connections in Interwar Paris

Bridget Cuadra
University of Central Oklahoma

Abstract

Black people from across the diaspora converged in Paris during the interwar period, with women of color engaging in the literary and salon culture of the metropole. From Martinique, the Nardal sisters opened a salon located in the suburbs of Paris, where they hosted several prominent literary figures from the Harlem Renaissance and the Francophone world. Paulette Nardal also acted as a translator for the black diasporic publication *The Review of the Black World*. Through the journal, she articulated gender in the metropole through a middle-class perspective and discussed the development of race consciousness among Antillean women. In this paper, I argue that the meetings at the Nardals' literary salon established transnational connections in a cultural setting dominated by women of color. Additionally, I contend that the work of the Nardals and other women in *The Review of Black World* allowed women of color to explore their intersecting identities, while participating in black literary culture, including the establishment of the Negritude Movement. Women of color are often overlooked in the historiography of the Negritude Movement; however, historians such as T. Denean Sharpley Whiting have begun to explore the role that women played in the formation of the movement. Based on a reading of *The Review of the Black World*, my paper contributes to this scholarship by further exploring the experiences of black women in the metropole, examining the diasporic connections at the Clamart Salon, and providing further analysis on Antillean women's writings in *The Review of Black World*.

Martinican author Roberte Horthe wrote the short story "A Thing of No Importance" for the Black diasporic publication *The Review of the Black World*.[1] Horthe's narrative followed Lea, an Antillean woman, who moved to Paris to pursue an education. At the end of her narrative, Horthe concluded:

> In this country, she will never be a woman like the others, with a right to a woman's happiness, because she will never be able to blot out, for the others the absurdity of her soul fashioned by Occidental culture but concealed by an objectionable skin. She sighed; she had only overlooked one little fact, a thing of no importance, the simple irony of her mixed blood.[2]

Horthe's story addressed race, gender, and Western culture. Although Lea attended a university in the metropole, she faced racism and fetishization by French society. Not seen as a respectable woman, but as a "doll to be proudly exhibited to guests, a strange fruit that flattered the taste of the discoverer," Lea's experience abroad centered on "a thing of no importance, the simple irony of her mixed blood."[3]

Horthe's narrative represents an example of the woman-centered writings found in *The Review of the Black World*. Middle-class Antillean women, particularly the Martinican Nardal sisters, wrote in the publication about their experiences in the Parisian metropole between the wars. They expressed feelings of isolation and dislocation, alluding to their marginalized status as not only Black, but also women. *The Review of the Black World* existed as part of a feminine, diasporic discourse fostered at the Nardal sisters' Clamart Salon. At the salon, black people from across the diaspora transcended gender, race, and borders to establish transnational connections. Additionally, during the gatherings at Clamart, women of color forged a distinct feminine racial consciousness which, along with their writings in *The Review of the Black World* and experiences in the metropole, provided the intellectual foundation for the Negritude Movement.

1 For a definition of diaspora see: Tiffany Ruby Patterson and Robin D. G. Kelley. "Unfinished Migrations: Reflections on the African Diaspora and the Making of the Modern World." *African Studies Review* 43, no. 1 (2000): 11-45.

2 Roberte Horthe, "A Thing of No Importance," *The Review of the Black World*, 1, no. 1 (November 1931) Digital Collections: Bibliothèque nationale de France, accessed December 8, 2018, https://gallica.bnf.fr/ark:/12148/bpt6k32946v/f87.item; Jennifer Boittin, *Colonial Metropolis: The Urban Grounds of Anti-Imperialism Feminism in Interwar Paris* (Lincoln: University of Nebraska Press, 2010). Boittin also uses this quote at the beginning of her chapter, "In Black and White: Women, *La Depeche Africaine*, and the Print Culture of Diaspora."

3 Horthe, "A Thing of No Importance," *The Review of the Black World*.

Brief Literature Review and Defining Negritude

Aimé Césaire, Leopold Senghor, and Leon Damas often receive credit for the founding of the Negritude Movement. Lilyan Kesetloot's work, *Black Writers in French: A Literary History of Négritude*, for instance, examines the lives and poetry of Césaire, Senghor, and Damas. The first comprehensive study of the Negritude Movement, Kesteloot's book evaluates the origins of the movement through the 1960s, using interviews with the triumvirate. However, it overlooks women's contributions to the founding of the movement.[4]

Since the early 2000s, scholarship on the role that the Nardal sisters and other black women intellectuals played in the formation of the Negritude Movement has expanded.[5] In 2003, historian T. Denean Sharpley-Whiting wrote *Negritude Women*, the only full-length study concerning the Nardal sisters and the Negritude Movement. In the book, Sharpley-Whiting positions the Nardals as central to the origins of the movement. In *Colonial Metropolis: The Urban Grounds of Anti-Imperialism and Feminism in Interwar Paris*, scholar Jennifer Boittin describes Paris as a "colonial space," where Paulette Nardal established alliances with white feminists to oppose French colonialism.[6] Additionally, literary scholar Brent Hayes Edwards argues in his book *The Practice of Diaspora: Literature, Translation, and the Rise of Black Internationalism* that the Nardals conceptualized a feminist incarnation of Negritude.[7]

Césaire coined the term *Négritude* in an article for the Parisian journal, *The Black Student*, a publication he established in 1935 along with Césaire, Damas, and Senghor in conjunction with students from the Antilles and Francophone

4 Iyan Kesteloot, Black Writers in French: A Literary History of Negritude (Washington, D.C.: Howard University Press, 1991).

5 Brent Hayes Edwards, *The Practice of Diaspora: Literature, Translation, and the Rise of Black Internationalism* (Cambridge University Press, 2003); Jennifer Boittin, *Colonial Metropolis: The Urban Grounds of Anti-Imperialism and Feminism in Interwar Paris* (Lincoln: University of Nebraska Press, 2005); T. Denean Sharpley-Whiting, *Negritude Women* (Minneapolis: University of Minnesota Press, 2002) Also see: Robert P. Smith, "Black Like That: Paulette Nardal and the Negritude Salon," *CLA Journal* 45, no., 1 (2005): 53-63; Imaobong D. Umoren, *Race Women Internationalists: Activists-Intellectuals and Global Freedom Struggles*. Oakland: University of California Press, 2018; Claire Oberon Garcia, "Black Women Writers, Modernism, and Paris," *International Journal of Francophone Studies*, 14 (2011): 27-42; Hardin, Tayna L, "Discursive Encounters: Dance, Inscription, and Modern Identities in Interwar Paris," *Journal of Transatlantic Studies* 14, no. 2 (2016): 176-87.

6 Jennifer Anne Boittin, *Colonial Metropolis: The Urban Grounds of Anti-Imperialism in Interwar Paris* (Lincoln: University of Nebraska Press, 2010), xiv.

7 Edwards, *Practice of Diaspora*, 119.

West Africa.[8] As a nascent literary, political, and social movement, Negritude espoused pride in blackness and African cultures while also displaying anti-assimilationist sentiments. However, the Negritude poets embraced French culture and employed the French language, using it as a revolutionary tool. They did not want to return to the African past, rather aiming for a future with greater self-determination and autonomy for people of color.

The Nardal Sisters

Born in François, Martinique, the Nardal sisters grew up in a household with parents who valued education. Fortunately for the sisters, their parents' passion for learning extended to their seven girls.[9] Although the Nardal family occupied a position in the upper stratum of Martinican society, their privilege remained relative. Living under French colonial rule, the Nardals dealt with issues of racism and colorism. In an interview, Paulette Nardal discussed her father's inability to earn a promotion as a construction engineer for the colonial government. She recalled, "It is said that if he would have been a mulatto the government probably would have appointed him; but being a pure Negro, they considered it bad policy for him to hold such a position."[10] The Nardals sisters' class status in Martinique shaped their experiences in the metropole and their writings in *The Review of the Black World*. Paulette Nardal and her sisters left Martinique for Paris in the early 1920s, arriving in the metropole during a period of heightened racial consciousness and transnational activity, with Paris acting as a central location for these cultural and political interactions.

Gender, Race, Transnational Connections, and Interwar Paris

In the preface of *The Review of the Black World*, Martinican scholar Louis Thomas Achille discussed the convergence of people of color in Paris, exploring

8 Robin D.G. Kelley, "Introduction: A Poetics Of Anticolonialism," In *Discourse on Colonialism*, by Aime Cesaire and translated by Joan Pickman (New York: NYU Press, 2000), 12. L'Étudiant noir translates to *The Black Student* in English.

9 Emily Musil Church, "In Search of Seven Sisters: A Biography of the Seven Nardal Sisters of Martinique," *Callaloo* 36., no. 2 (Spring 2013): 380. Read this article for a biographical sketch of the Nardal sisters.

10 Eslanda Goode Robeson, "Black Paris," Challenge (June 1936), Schlesinger Library: Digital Collections, Radcliffe Institute for Advanced Study Harvard University, accessed November 1, 2018, http://schlesinger.radcliffe.harvard.edu/onlinecollections/west/search?names[]=Robeson,%20Eslanda%20Goode. For an excellent academic biography on Robeson, see: Barbara Ransby, *Eslanda: The Large and Unconventional Life of Mrs. Paul Robeson*. (New Haven: Yale University Press, 2013).

the gendered and transnational elements of the black presence. He wrote:

> During fifteen years or so, in post-war Paris, successive waves of Jazz music and Charleston dance occurred and the musical called Revue Nègre, which took place in the Champs Élysées theater revealed to the European public: Joséphine Baker, the future queen of the Parisian cabaret music hall Folies-Bergère and Casino de Paris, who was the inimitable incarnation of black femininity; the negro-spirituals of Roland Hayes; Antillean orchestras and creole biguine from the Bals Nègres; African sculptures that shook up the beauty standards of classic art; publications from Black Antillean French individuals including a prize in French literature (Prix Goncourt); and rare copies of the Anthology of Black writers coming from the United States, gathered by Professor Alain Locke.[11]

African-American scholar Eslanda Goode Robeson added to Achille's observations when she wrote the article "Black Paris" for the publication *Challenge* in June 1936. Robeson interviewed black people from the Antilles, West Africa, and the United States, including Paulette Nardal. She wrote that people of color "play[ed] an important and recognizable role in the political, educational, intellectual, literary, and the theatrical life of Paris."[12] Her interview with Nardal revealed a gendered dimension of the black experience in Paris, demonstrating considerable differences between the lives of men and women. Although men of color faced racism, black women contended with multiple oppressions, based not only on their race but also on their gender. Nardal commented on black women's predicament, noting that women of color "did not have a happy time in Paris."[13] As Nardal later asserted in The Review of the Black World, black men came to racial awareness later, unlike women, whose gender and race hastened their need for solidarity.[14]

11 Louis Thomas Achille, Préface, *La Revue du Monde Noir*, 1, no. 1 (November 1931), Digital Collections: Bibliothèque nationale de France, accessed December 8, 2018, https://gallica.bnf.fr/ark:/12148/bpt6k32946v/f87.item Achilles's observations in the preface are presented like a memoir. The Nardal's cousin, Achille took part in the cultural and political activities of interwar Paris. His preface is one of the only sources that I could locate where the Clamart salon is discussed in detail.

12 Robeson, "Black Paris," *Challenge*.

13 Ibid

14 Paulette Nardal, "The Awakening of Race Consciousness among Black Students," *The Review of the Black World* 6 (April 1932), Translated by T. Denean Sharpley-Whiting in *Negritude Women* (Minneapolis: University of Minnesota Press), 122.

Clamart: A Diasporic Women's Space

Prior to the founding of *The Review of the Black World*, the Nardals established the Clamart Salon, which became known for its feminine character and transnational connections facilitated by the Nardal sisters.[15] In 1931, France hosted the massive Colonial Exposition in Paris. Although the displays were primitivist, attendees of the Nardal's Clamart Salon argued that the demonstrations of African cultures at the exposition—including art, dance, and music—fostered a sense of racial awareness and an appreciation of colonial cultures both among people of color and among the white populace in the metropole.[16] The establishment of the Clamart Salon coincided with the Colonial Exposition. As one of the only guests to write a detailed account of the salon, Achille recorded his observations in the preface of *The Review of the Black World*. He remembered the atmosphere of the salon noting:

> The sisters from Martinique were wonderful hostesses and the way they welcomed people would encourage people's creativity in the most joyous way —particularly with young individuals and students—and reflected the mundane traditions of the "little country" into this Paris suburb.[17]

In this inviting atmosphere, black intellectuals gathered, including African-Americans Claude McKay, Langston Hughes, and Countee Cullen. Future Negritude poets Senghor, Césaire, and Damas also visited the salon at least once.[18]

The atmosphere at the Nardal Salon radiated femininity. Achille described the role of women at the gatherings, writing, "Women were the dominant voices during those rites taking place on friendly afternoons in contrast with masculine clubs and circles."[19] As hostesses, women played an active role in salon culture during the interwar period. The Nardals' crossing of racial, gender, and national lines, however, made the Clamart Salon distinct when compared to the salons run by white women in Paris. As Sharpley-Whiting noted, white women frequently permitted only French men and Americans at their gatherings.[20]

The sisters referred to their guests as "the circle of friends" who met to examine literary works, perform music, and discuss issues of race across the

15 Achille, Preface, *The Review of the Black World*.

16 Sharpley-Whiting, *Negritude Women*, 52.

17 Ibid

18 Umeron, *Race Women*, 15-22

19 Achille, Preface, *The Review of the Back World*

20 Sharpley-Whiting, *Negritude Women*, 53-54.

diaspora.[21] For example, visitors read and evaluated Martinican author René Maran's monumental work Batouala and explored Alain Locke's theory of the New Negro.[22] Guests also discussed politics and racism in the metropole. Achille further remembered that, "People would think on the colonial as well as interracial problems, on the growing rate of colored men and women in the French life, they'd also prepare themselves to fight any signs of racism with appropriate means."[23] These conversations about racism and ways of combating its presence in the metropole demonstrate the central role that the salon played in the development of racial consciousness among black intellectuals. Transnational connections made at the salon led to the establishment of *The Review of the Black World*.[24] For Nardal, the publication meant the coming together of the intellectuals from the salon to produce a magazine for both white and black audiences to read and to contribute perspectives.[25]

A Feminine Voice: *The Review of the Black World*

With Nardal and African-American scholar Clara Shepard as translators for the bilingual publication, the staff of *The Review of the Black World* published their first edition in fall 1931. In the preface of the journal, Achille included Paulette Nardal's perspective on the the journal's first edition. The magazine, according to Nardal, constituted a "movement" and a "new political reality."[26] Paradoxically, Nardal insisted that the journal was apolitical, unlike the pan-African movements of the period. She argued that the contributors' aims were cultural and sociological. Through the magazine, Nardal noted that they hoped to establish "not a people, a black *nation*, but a culture, a soul, a black humanism, a *black World*, that is diverse and open to all men and women desiring to gain knowledge from this culture or simply to discover it."[27] Through her emphasis on locating a black culture, soul, and humanism, Nardal emphasized three of the tenets of the later Negritude Movement.

Nardal wrote in her article "The Awakening of Race Consciousness among Black Students" that "the aspirations that were crystallized around

21 Edwards, *Practice of Diaspora*, 155; Achille, Preface, *The Review of the Black World.*
22 Edwards, *Practice of Diaspora*, 155
23 Achille, Preface, *The Review of the Black World.*
24 For more information about the Nardal's salon, an informative article is: Robert P. Smith Jr, "Black like that: Paulette Nardal and the Negritude Salon," *CLA Journal* 45, no. 1 (September 2001): 53-68.
25 Achille, Preface, *The Review of the Black World.*
26 Ibid
27 Ibid

The Review of the Black World asserted themselves among a group of Antillean women students in Paris."[28] As indicated by this statement, *The Review of the Black World* provided women of color a space to produce writings from a feminine perspective, which also emphasized pride in their overlapping gender and racial identities. Achille further emphasized Antillean women's contribution to *The Review of the Black World*, describing the publication as being produced by "young francophone women from the Antilles" in the metropole studying at the Sorbonne.[29] Like her sisters Jane and Paulette, Andrée Nardal provided her perspective on Black Parisian culture through a gendered lens. In her article "Notes on the Biguine Creole," she explored the appropriation of Antillean dance culture by Parisians. Additionally, Nardal scrutinized African-American activist Josephine Baker, suggesting that she contributed to the appropriation of the biguine and the exoticization of women of color in French culture.

Nardal observed in the article that, upon Baker's arrival in Paris, "Negro cabarets" began to "spring up like mushrooms in Montparnasse."[30] Throughout the piece, she compared the biguine as performed in the Antilles to the version danced by Baker in the metropole. She described Baker's rendition of the biguine as "nothing more than a rhythmic exercise."[31] To Nardal, the authentic beguine "could not be presented to Parisians under an obscene interpretation."[32] She used strong language, stating that she "deplored" the Parisian interpretation of the dance. To conclude the article, Nardal declared:

> The romance of the guitars and mandolins, the garrulous shashas, the tinkling triangles, the simple accordion of the country-side, the wailing clarinet, the blaring trombone, the staccato of the strings, the muffled beats of the bass-drum, transform the dreariest winter day into the dazzling tropical sunshine flooding the palms.[33]

Nardal's examination of Antillean dance indicated to the reader its power and beauty, since, according to Nardal, the authentic biguine could "transform the

28 Paulette Nardal, "The Awakening of Race Consciousness among Black Students," *The Review of the Black World* April 1932, translated by T. Denean Sharpley-Whiting in *Negritude Women* (Minneapolis: University of Minnesota Press, 2002), 119.
29 Achille, Preface, *The Review of the Black World.*
30 Andree Nardal, "Notes on a Biguine Creole," *The Review of the Black World* 1; no. 1 (November 1931) Digital Collections: Bibliothèque nationale de France, accessed December 8, 2018, https://gallica.bnf.fr/ark:/12148/bpt6k32946v/f87.item.
31 Ibid
32 Ibid
33 Ibid

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29 Achille, Preface, *The Review of the Black World.*
30 Andree Nardal, "Notes on a Biguine Creole," *The Review of the Black World* 1; no. 1 (November 1931) Digital Collections: Bibliothèque nationale de France, accessed December 8, 2018, https://gallica.bnf.fr/ark:/12148/bpt6k32946v/f87.item.
31 Ibid
32 Ibid
33 Ibid

dreariest winter day into the dazzling tropical sunshine."[34] By writing this article Nardal displayed pride in her Antillean identity. Her attempt to ascertain the beguine from dance in the metropole indicated that Nardal sought to preserve an element of Antillean culture.

When Nardal wrote "Notes on the Biguine Creole," she responded to the erotization of Antillean women. French literary and popular culture sexualized women of color, with Baker perpetuating that image. For instance, Jane Nardal wrote about Baker's role in solidifying harmful stereotypes of Black women in her article "Exotic Puppets" for the publication *The African Dispatch*. She noted that Baker "leaps onstage with her shellacked hair," in her banana skirt.[35] Andree Nardal's insistence that the partners never embraced during the biguine in the Antilles, like they did in the metropole, demonstrated her attempt to present the dance as non-sexual, the opposite of Baker's performances. The Nardals also examined politics in *The Review of the Black World*, such as Paulette Nardal's essay, "The Awakening of Race Consciousness among Black Students."

Conclusion: Paulette Nardal and "Awakening of Race Consciousness among Students"

Paulette Nardal wrote her article "The Awakening of Race Consciousness among Black Students" for the April 1932 edition of *The Review of the Black World*. At the time Nardal wrote the article, she noted that people of color, specifically young people, were beginning to take an interest in their Black identities. In the article, she discussed the emergence of race consciousness among Antillean students in the metropole and in Martinique noting, "A mere few years ago, one might not even say a few months, certain subjects were taboo in Martinique. Woe to those who dared broach them! One could not speak of slavery nor proclaim pride in being of African descent without being considered a fanatic or at the very least eccentric."[36] Significantly, Nardal emphasized Antillean women's role in the development of this race consciousness.

With this article, Nardal centered the experiences of women of color in the metropole, removing them from the periphery. The piece challenges the male-centered narrative of the Negritude Movement. Nardal declared:

> The women of color living in the metropolis, who until the Colonial Exposition were less favored than their male compatriots, who have enjoyed easy success, felt long before the latter the need for a racial solidarity that would not be merely material. They were thus aroused to race consciousness.[37]

She continued by encouraging Antillean women to pursue degrees in history and geography to produce scholarship which explored not only their Blackness, but also their identities as women. The Nardal sisters' work in The Review of the Black World and their diasporic activities at the Clarmart Salon allow for a divergent reading of the development of race consciousness in the Parisian metropole and the emergence of the Negritude Movement. The Nardals' articles in the publication set the foundation for the movement through a feminized lens. As Paulette Nardal declared in a letter referring to Senghor, Cèsaire, and Damas in 1963, "We were, but women, real pioneers, let's say we blazed the trail for them."[38]

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The Rhetoric of Breastfeeding and Women's Voices about Their Experiences

Laura Dumin, Ashley Barrett, and Trinni Stevens
University of Central Oklahoma

Abstract

Over the last few years, we have become more concerned about the rhetoric and stigma surrounding breastfeeding. We kept hearing stories from women who wanted to breastfeed, but their doctors or families told them that it was too difficult and that they should switch to formula. Alternatively, we would hear the flipside, women who wanted to breastfeed some, or not at all, and were being shamed for formula or combination breast milk/formula feeding. These stories led Laura to work with Ashley Barrett, an International Board Certified Lactation Consultant (IBCLC), to design and distribute a survey asking women to answer both qualitative and quantitative questions about their breastfeeding experiences and the information that they had received from doctors, support groups, IBCLCs/LCs, friends, and family pertaining to breastfeeding. We wanted to gain an understanding of the larger picture of what women are being told and to codify those anecdotal stories. This paper discusses the respondents' demographic information and some of the findings from that survey, with the hopes of empowering women to ask questions and seek help in order to have the feeding experience that works best for them.

This project began at the start of 2017, as Laura was in the process of breastfeeding her second child. She had faced some misinformation from doctors and from women in Facebook mom groups along the way. Ashley Barrett, an International Board Certified Lactation Consultant (IBCLC), came on for the Institutional Review Board (IRB) process to develop an online survey (IRB #17080). We posted the link in some local and national breastfeeding and mom's groups, and hoped for the best. Less than 3 weeks after the survey first went live, we closed it with over 4,000 responses. The survey even reached women outside of the United States, giving us a small window into breastfeeding challenges around the world. We were amazed by how many women wanted to respond to questions about their breastfeeding journeys.

As we developed the survey, we anticipated that many women were getting advice from their doctors. We also anticipated, based on anecdotal evidence from our local mom groups, that women were not hearing the most up-to-date information from those doctors. Although, in 2012, the American Academy of Pediatrics (AAP) had reaffirmed the recommendation for exclusive breastfeeding during a baby's first 6 months, "followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby," this did not match up with what women said they were being told by their doctors. The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) also have similar statements (CDC, 2018b; WHO, 2018).

This paper focuses on the methodology of our study, some of the demographic and occupational information of these women, and information about where they looked for advice about breastfeeding outside of any breastfeeding classes that they took prior to the birth of their child or children. We look specifically at Question 11: "Where, aside from this [breastfeeding-related] class, did you go for information about breastfeeding?" because this question seemed to give some interesting insight into the how behind where women were getting advice. We believe this information to be extremely valuable for IBCLCs, LCs, nurses, and doctors, because without knowing how and where women are receiving breastfeeding information, professionals are less able to combat the transfer of incorrect information. We also discuss some of the implications of our findings.

Methods

We designed an anonymous survey with 47 total questions, 29 of which asking where women were obtaining breastfeeding information; the other questions were demographic in nature. We included a mixture of quantitative and qualitative questions in order to better understand the issues. While all of the questions required a response of some kind, the option of "Prefer not to answer" was given on all questions, leading to missing answers in some places.

We searched Facebook (FB) to find mostly American-based groups related to breastfeeding, and contacted the administrators of those groups for permission to post the survey. We also posted the survey in a few central Oklahoma mom groups. Participants were invited to take the survey and encouraged to share it to other groups where they felt that it would be of interest. Participation was limited to women assigned female at birth who had children. We did not specify birth parent, stepparent, or adoptive parent.

To increase the reliability of our codes, we brought in Trinni Stevens as a research assistant. We coded the answers separately and then came back together to discuss responses that we had not coded in the same way. Demographic information and quantitative questions were processed by an outside researcher using SPSS v. 24.

Results

A total of 4,052 people participated in the survey in some capacity. Not all respondents answered every question.

General Demographics

We received responses from women in 29 countries with over 93% of respondents living in the United States. Canada, the United Kingdom, and Australia made up the largest portion of the other countries, combining to make just over 5% of total respondents.

The women's ages ranged from 19 to 77 years, with almost 87% of the total respondents being between 24 and 40 years old. We were most interested in the women with children aged three and under, as these women were most likely to either be currently breastfeeding or to have more recently finished breastfeeding. After removing the women whose children were age 4 or older,

Table 1: Are you now married, widowed, divorced, separated, or never married?

Marital status	Attempted to breastfeed	Percent	Attempted to breastfed; youngest child under 4	Percent
Married	3,309	89.75	2,929	90.49
Widowed	10	0.27	6	0.19
Divorced	85	2.31	56	1.73
Separated	37	1.00	29	0.90
Never Married	229	6.21	205	6.33
Prefer not to answer	17	0.46	12	0.37
Subtotal	***3,687***	***100.00***	***3,237***	***100.00***
Missing	***365***		***815***	
Total	**4,052**		**4,052**	

the largest group of women were in their 30s (63.95%), followed by women in their 20s (29.84%). The majority of respondents who attempted to breastfeed were married (89.75%) and white/Caucasian (91.25%). (See Table 1 and Table 2.) Those numbers remained similar when we removed the women whose youngest child was over four years old.

Table 2: Ethnicity

Ethnicity	Attempted to breastfeed	Percent	Attempted to breastfed; youngest child under 4	Percent
American Indian or Alaska Native	21	0.59	19	0.60
Asian	31	0.87	28	0.89
Black or African American	36	1.01	33	1.05
Hispanic	104	2.92	97	3.08
Middle Eastern or Arab	70	1.96	61	1.94
Native Hawaiian or Pacific Islander	5	0.14	5	0.16
White/Caucasian	3,255	91.25	2,869	91.11
Other, please specify	16	0.45	12	0.38
Prefer not to answer	29	0.81	25	0.79
Subtotal	***3,567***	***100.00***	***3,343***	***100.00***
Missing	***485***		***903***	
Total	**4,052**		**4,052**	

Of the women who attempted to breastfeed at least one of their children, incomes ranged from "Less than $10,000" to "$150,000 or more" (see Table 3) at the time they completed the survey in 2017, with "$100,000-$149,999" being the most common answer (20.04%). When we removed the women whose children were 4 years or older, we found that the percentages did not change much. The "$100,000-$149,000" range was still the most common answer (19.93%).

Table 3: Household income in 2016 before taxes.

Income level	Attempted to breastfeed	Percent	Attempted to breastfed; youngest child under 4	Percent of category
Less than $10,000	54	1.46	47	1.45
$10,000 to $19,999	101	2.74	92	2.84
$20,000 to $29,999	189	5.13	164	5.07
$30,000 to $39,999	245	6.64	217	6.70
$40,000 to $49,999	267	7.24	238	7.35
$50,000 to $59,999	301	8.16	271	8.37
$60,000 to $69,999	297	8.06	259	8.00
$70,000 to $79,999	354	9.60	319	9.85
$80,000 to $89,999	277	7.51	246	7.60
$90,000 to $99,999	295	8.00	260	8.03
$100,000 to $149,999	739	20.04	645	19.93
$150,000 or more	450	12.21	384	11.46
Prefer not to answer	118	3.20	95	2.93
Subtotal	***3,687***	***100.00***	***3,237***	***100.00***
Missing	***365***		***815***	
Total	**4,052**		**4,052**	

More than half of the women who attempted to breastfeed were working in some capacity (57%), with "working full-time" being the most common response (32.38%), followed by "Not working (other)" (26.32%). Many of the women in the "Not working (other)" category indicated that they were currently stay-at-home mothers. When we removed the women whose youngest child was over age 4, the women who were reported to be working full time increased slightly (37.16%), as did the "Not working (other)" category (28.19%).

Women who attempted to breastfeed at least one of their children had an education level ranging from "less than high school degree" to "professional degree" or "doctoral degree," with the most common response being a bachelor's degree (37.12%), followed by a master's degree (22.56%). (See Table 4.) If we look at the women whose children were under the age of four, we find that—aside from a jump back up with a professional degree—the higher the education level, the lower the attempt to breastfeed.

Table 4: What is the highest level of school you have completed or the highest degree you have received?

Education level	Attempted to breastfeed	Percent of total	Attempted to breastfed; youngest child under 4	Percent of category
Less than high school degree	16	0.43	16	100.00
High school graduate (high school diploma or equivalent including GED)	163	4.42	150	92.02
Some college but no degree	640	17.35	577	90.16
Associate's degree in college (2-year)	413	11.23	351	84.78
Bachelor's degree in college (4-year)	1,369	37.12	1202	87.80
Master's degree	832	22.56	727	87.38
Doctoral degree (PhD, PsyD)	93	2.52	70	75.27
Professional degree (JD, MD)	154	4.18	139	90.26
Prefer not to answer	7	0.19	5	N/A
Subtotal	***3,687***	***100.00***	***3,237***	***N/A***
Missing	***365***		***815***	
Total	**4,052**		**4,052**	

Table 8: Women who saw doctors also checked with these sources

Source	Doctor (not specific)		Doctor (pediatrician)		Doctor (family practice/OB)	
	#	%	#	%	#	%
Books	1	3.73	2	4.44	3	9.38
Breastfeeding support groups (not specific)	0	0	1	2.22	1	3.13
Class	0	0	0	0	1	3.13
Doula	0	0	1	2.22	1	3.13
Dr. (not specific)	N/A	-	1	2.22	0	0
Dr. (pediatrician)	1	3.73	N/A	-	5	15.63
Dr. (family practice/OB)	0	0	5		N/A	-
FB group/Online mama group/forum	4	14.81	1	2.22	2	6.25
Friends/Family/Peers (other mothers), Colleagues	6	22.22	6	13.33	3	9.38
Internet sources	2	7.41	10	22.22	3	9.38
Kellymom.com	3	11.11	1	2.22	2	6.25
LC/IBCLC/CLC or unspecified "lactation consultant"	4	14.81	10	22.22	5	15.63
LLL	0	0	3	6.67	2	6.25
LLL media	1	3.73	0	0	0	0
Mama group (not specific)	1	3.73	0	0	1	3.13
Midwife	1	3.73	2	4.44	1	3.13
Nurse-RN/Hospital staff	1	3.73	0	0	1	3.13
WIC/Public health	1	3.73	2	4.44	0	0
YouTube/Video	1	3.73	0	0	1	3.13
Total	***27***		***45***		***32***	

Women who saw midwives. The number of women who sought help from a midwife (59) was similar to the number who sought help from a doctor (50). Of those women, eight of them did not seek help from any other source. (See Table 9.)

Women who saw a midwife had moderate levels of speaking with Friends/Family/Peers (19.64%), of using all combined Internet sources (33.04%), and of speaking with a lactation consultant of some kind (13.39%).

Table 9: Women who saw a midwife also checked with these sources

Source	Number of responses	
	#	%
Blogs	1	0.89
Books	9	8.04
Breastfeeding support groups	4	3.57
Class	3	2.68
Doula	5	4.45
Dr. (not specific)	1	0.89
Dr. (pediatrician)	3	2.68
Dr. (family practice/OB)	1	0.89
FB group/ Online mama group/forum	9	8.04
Friends/Family/Peers (other mothers), Colleagues	22	19.64
Home visit nurse/Specialist	1	0.89
Internet sources	17	15.18
Kellymom.com	9	8.04
LC/IBCLC/CLC or unspecified "lactation consultant"	15	13.39
Leaky Boob	1	0.89
LLL	5	4.45
LLL Media	4	3.57
Nurse-RN/Hospital staff	1	0.89
WIC/Public health	1	0.89
Total	**112**	

Women who saw a lactation consultant of some kind. There were 415 women who indicated that they saw a lactation consultant of some kind. These women also used a wide variety of sources for breastfeeding information. (See Table 10.) They most often also used Friends/Family/Peers (18.80%) and the Internet (17.99%). Combined Internet sources were, by far, the most consulted source (41.50%).

Women who looked to the Internet for advice. Women used Internet sources for breastfeeding help at the highest rates of any source. Looking at all Internet sources taken together, the women who responded to this question used Internet sources of some kind a total of 1,301 times. (See Table 11.) While some women used multiple types of Internet responses, many of these were separate individuals.

Table 10: Sources also used by women who saw a lactation consultant

Source	Number of responses	
	#	%
Blog	5	0.81
Books	57	9.24
Breastfeeding hotline	1	0.16
Breastfeeding support groups	52	8.43
Class	4	0.65
Doula	15	2.43
Dr. (not specific)	2	0.32
Dr. (pediatrician)	11	1.78
Dr. (family practice/OB)	9	1.46
FB group/Online mama group/forum	76	12.32
Friends/Family/Peers (other mothers), Colleagues	116	18.80
Home visit nurse/Specialist	4	0.65
InfantRisk/LactMed	4	0.65
Internet sources	111	17.99
Kellymom.com	55	8.91
Leaky Boob	1	0.16
LLL	53	8.59
LLL Media	22	3.57
Mama group (not specific)	7	1.13
Midwife	15	2.43
Nurse-RN/Hospital staff	19	3.08
Other	6	0.97
Other reading material	4	0.65
Phone app	1	0.16
Pinterest	1	0.16
Podcasts	1	0.16
Self/Own credentials	4	0.65
Store	5	0.81
WIC/Public health	8	1.30
YouTube/Video	2	0.32
Total	**617**	

Table 11: Types of Internet sources used for advice

Source	Number of responses	
	#	%
Blogs	26	2.00
FB group/Online mama group	383	29.44
InfantRisk/LactMed	6	0.46
Nonspecific Internet sources	640	49.19
Kellymom.com	192	14.76
Leaky Boob	17	1.31
Pinterest	10	0.77
Podcasts	2	0.15
YouTube/Video	25	1.92
Total responses	**1,301**	

Women who asked Friends/Family/Peers/Colleagues for advice. The next most common place for women to seek breastfeeding information was from Friends/ Family/Peers/Colleagues, with 549 women utilizing those sources. While the women who used Friends/Family/Peers/Colleagues for advice used a wide variety of other sources, they supplemented this advice most often with information from Internet sources, FB group/Online mama group, LC/IBCLC/CLC or unspecified "lactation consultant," and Books. (See Table 12.)

Discussion

This section contextualizes our results.

General Demographics

Looking at an overall picture of the women who responded to the survey, we find some interesting correlations and differences between our population and the general U.S. population. Most of the respondents with children under the age of 4 were born between 1978-1997, meaning that they were in their 20s and 30s (cumulatively 3,307 or 93.79%). The women were also predominantly religious (62.22% combined), married (89.75%), white/Caucasian (84.33%), often working full-time (39.35% combined), and they attempted to breastfeed (90.8%).

These demographics begin to paint a picture of a respondent who is in some ways similar to the general population of the United States, but in other ways, starkly different. (See Table 13.) Our respondents are ethnically, religiously, and economically similar to the general population. However, our respondents

Table 12: Women who asked Friends/Family/Peers/Colleagues for advice

Source	Friends/Family/Peers/Colleagues	
	#	%
Blogs	10	1.12
Books	112	12.56
Breastfeeding hotline	2	0.22
Breastfeeding support group	34	3.81
Class (not a dedicated breastfeeding class)	3	0.34
Doula	13	1.46
Dr. (not specific)	6	0.67
Dr. (pediatrician)	7	0.78
Dr. (family practice/OB)	5	0.56
FB group/Online mama group	127	14.24
Home visit nurse/Specialist	4	0.45
InfantRisk/LactMed	3	0.34
Internet sources	217	24.33
Kellymom.com	66	7.40
LC/IBCLC/CLC or unspecified "lactation consultant"	116	13.00
LeakyBoob	3	0.34
LLL	58	6.50
LLL media	25	2.80
Mama group (not specific)	5	0.56
Midwife	22	2.47
Nurse-RN/Hospital staff	16	1.79
Other	3	0.34
Other reading material	8	0.90
Pinterest	4	0.45
Podcasts	1	0.11
Self/Own credentials	7	0.78
Store	2	0.22
WIC/Public health	5	0.56
YouTube/Video	8	0.90
Total	**892**	

Note: Because women could choose more than one category, the total number of responses is greater than the number of women who responded.

Table 13: Overall demographic statistics of the respondents versus general US population

Dominant traits of respondents	Percentage from survey	Percentage of U.S. population
From the United States	93.46	N/A
White	84.33	76.66[1]
Married	89.75	43.01[2]
Born between 1978-1987	63.95[3]	--
Religious	62.22	80.03[4]
Working full-time	39.35	20.58[5]
Income level above $100,000	31.77[1]	29.20[6]
Obtained at least a bachelor's degree	66.08[1]	33.40[7]
1 or 2 children	77.27	--
Youngest child under 1 year	46.28	5.06[8]
Attempted to breastfeed	90.80	83.20[9]

were more than twice as likely to be married, almost twice as likely to be working full-time, almost twice as likely to have a college education, and were eight times as likely to have a child under the age of one year in their homes.

Looking at income ranges at the time the women took the survey, we found that the largest category of respondents fell into the $100,000-$149,000 range, and that the second largest category was the $150,000+ range. These two categories comprised 32.24% of the total responses. When we excluded the women whose youngest child was over 4 years old, or who did not answer this question, we found that the women at the higher end of the income range still made up almost one third (32.23%) of the responses.

1 Source: https://www.statista.com/statistics/183489/population-of-the-us-by-ethnicity-since-2000/
2 Source: https://www.statista.com/statistics/242030/marital-status-of-the-us-population-by-sex/
3 Adjusted to remove women whose youngest child was 4+ years old
4 Source: https://news.gallup.com/poll/187955/percentage-christians-drifting-down-high.aspx
5 Source: https://www.bls.gov/cps/cpsaat08.htm
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7 Source: https://thehill.com/homenews/state-watch/326995-census-more-americans-have-college-degrees-than-ever-before
8 Source: https://datacenter.kidscount.org/data/tables/100-child-population-by-single-age?loc=1&loct=1#detailed/1/any/false/871/42,61/418
9 Source: https://www.cdc.gov/breastfeeding/data/reportcard.htm

It is interesting that women at the higher end of the income range made up approximately one third of the women who chose to respond to the income question, considering that the average U.S. household income as of 2015 was $65,565 (Frankel, 2017). This difference in our respondents as compared to the general population could have to do with a number of factors, such as access to the Internet and a knowledge that breastfeeding groups or mother's groups exist online. This income demographic may have skewed our results somewhat, since awareness of breastfeeding help is one of the key factors in seeking help from sources other than a doctor or public health department. We assume that women at the higher end of the income range would be more likely to be aware of the multitude of options for breastfeeding help.

In contrast to the general U.S. population, the respondents also leaned more heavily toward having completed college at the time they completed the survey, with 66.38% of the women who responded indicating that they had obtained at least a bachelor's degree. These results seem to agree with other studies that correlate education levels with attempting to breastfeed (Acharya & Khanal, 2015; Heck, Braveman, Cubbin, Chavez, & Kiely, 2006).

Interestingly, with the exception of women with a professional degree, the more education a woman had obtained, the less likely she was to have attempted to breastfeed any of her children. This could have to do with a number of factors. It is likely that gaining more education means that a woman will be outside of the home in some capacity (often working), which can make it harder to maintain a breastfeeding relationship. Some women do not have access to a private pumping area or a place to store their pumped milk at work. Other women may not respond well to a breast pump. Still others may not wish to deal with the hassle of pumping and storing milk.

We also found that, when considering the women whose children were under the age of four, the percentage of women working and attempting to breastfeed went up. This may have to do with Affordable Care Act requirements that women have access to a breast pump through their insurance company as of January 1, 2013 (Kliff, 2013). Our survey circulated in early 2017, meaning that the oldest children potentially affected by this law would have been four.

With regard to the number of children a woman had and her likelihood to have attempted to breastfeed any of them, we found that the likelihood of attempting breastfeeding decreased as the number of children increased from one to four. This decrease could be due to a variety of factors, such as feeling pressed for time with toddlers and young children around, not feeling comfortable with the idea of nursing or with their own nursing ability, time it takes to pump (especially for exclusively pumping mothers), or wanting to have someone else help with feeding the baby (preference for formula over breast milk). However, with the addition of the fifth child, the rates of attempted breastfeeding increased again, but dropped slightly with the addition of the sixth child. This increase could be due to a variety of factors including the cost of formula versus the cost of breastfeeding, comfort with the idea of nursing, comfort with nursing ability, or determination to try (or try again).

Because the women in our survey overwhelmingly tended to be married, our results may have been skewed somewhat. Women who are in committed relationships may have more breastfeeding support or may have more access to a variety of resources through that expanded family network. Several international studies have been done showing that rates of breastfeeding and satisfaction with breastfeeding increase when a woman has family or partner support (Abbass-Dick & Dennis, 2018; Ekström, Windström, & Nissen, 2003; Tohotoa, Maycock, Hauck, Howat, Burns, & Binns, 2009). Aside from the high rates of marriage, our respondents also had very high rates of attempting to breastfeed. (See Table 14.) According to the CDC 2018(a) report card on breastfeeding, across the United States, 83.2% of women attempt to breastfeed, which is lower than both our overall rate (90.99%) and our rate of women with a child under age 4 (90.80%).

Q11 discussion

Overall, we were surprised by the breadth of sources that women used when they had questions about breastfeeding. We had originally hypothesized that women would primarily speak with their doctors, but it turned out that

Table 14: Marital status and the attempt to breastfeed

Marital status	Attempted to breastfeed		Attempted to breastfed; youngest child under 4	
	#	%	#	%
Divorced	85	2.31	56	1.73
Married	3,309	89.75	2,929	90.49
Never married	229	6.21	205	6.33
Separated	37	1.00	29	0.90
Widowed	10	0.27	6	0.19
Prefer not to answer	17	0.46	12	0.37
Subtotal	***3,687***	***100.00***	***3,237***	***100.00***
Missing	***365***		***815***	
Total	**4,052**		**4,052**	

the top choices for breastfeeding advice were Internet sources of some kind (47.23%), with Facebook and online groups making up 11.10% of the total, followed by Friends/Family/Peers (15.90%). The large number of women using the Internet for advice about breastfeeding is perhaps not surprising, given that the majority of our respondents were in their 20s and 30s, and most likely had access to smartphones. Today, advice is readily available to women through their phones at all times. Peer-to-peer sharing seems to be an important part of the breastfeeding journey, based on how many women are looking to friends, family, or online groups for advice. Breastfeeding can be a challenging process, and hearing stories from other women about their journeys can help women to see the range of "normal" when it comes to breastfeeding.

Given that our respondents were well-educated and likely to be upper-middle-class (58.06% as defined by having an income of $70,000+ annually) (Kochhar, 2018), the results from Q11 start to take on more meaning. Over half of the respondents indicated that they received some advice about breastfeeding from their doctors (59.16%), but only 50 (2.99%) women later indicated that they had sought out advice from their doctors. This response, in solitude, was one that we were surprised to find. However, as we look back at our demographics, that response begins to make more sense. Women with higher educations and higher salaries are probably more likely to have access to other means of advice.

Women who used Family/Friends/Peers for advice on breastfeeding were the most likely to also use the Internet. This was perhaps not surprising, since women are likely to receive conflicting advice from different personal connections. They might want to double-check advice to ensure that they are doing the best for their baby. Table 15 shows which sources were most often used by women who also used Friends/Family/Peers, all combined Internet sources, and lactation consultants of some kind.

Perhaps unsurprisingly, women who saw a lactation consultant of some kind also had very high Internet usage (41.50%). Until they have done some Internet searching, many women may not realize that lactation consultants are available to them. Women may also not realize that they have an identifiable problem with feeding, or a potentially solvable problem, until they have looked for answers to their concerns.

Of the women who used a doctor of some kind, those who went to a pediatrician had the highest rates of looking for answers elsewhere, with the Internet (37.33%) being the most likely place for them to look. We had expected that most women would also look to the Internet or Friends/Family/Peers in conjunction with asking a doctor for help, and were surprised to see

Table 15: Most often used sources compared as percentages

Source	Friends/Family/Peers (other mothers), colleagues	Internet sources combined	Lactation consultant
Dr. (not specific)	14.81	40.74	14.81
Dr. (pediatrician)	13.33	37.77	22.22
Dr. (family practice/OB)	9.38	25.01	15.63
Friends/Family/Peers (other mothers), colleagues	--	49.22	13.00
Lactation consultant	18.80	41.50	--
Midwife	19.64	33.04	13.39
WIC/Public health	10.00	38.00	16.00

that those numbers were so low. However, given that so many women rated the information that they received from their doctor as favorable (64.91%), this could be less surprising.

Women who saw a midwife had moderate levels of speaking with Friends/Family/Peers (19.64%) and moderate levels of using all combined Internet sources (33.04%), as well as levels of speaking with a lactation consultant of some kind (13.39%). We had anticipated that the number of women also using lactation consultants might be higher, since we tend to think of midwives as providing more holistic mother/baby care than doctors do. It was surprising to see that women using a midwife had the next-to-lowest percent of also using a lactation consultant.

Of the women who spoke with a doctor for help with breastfeeding, five of them did not seek information anywhere else. However, the other 45 women did seek other advice. Our original hypothesis led us to believe that the number of women primarily using a doctor might be higher; we were pleasantly surprised to find this number so low, as this meant that most women were likely either receptive to seeking information from multiple sources or were aware that this was also an option.

Conclusion

The number of responses that we received to this survey suggests that discussing breastfeeding is something that many women want to do. As health professionals search for ways to increase overall breastfeeding rates in the United States, more studies could seek to ask women what they need in the way of advice and support in order to meet their breastfeeding goals. Further research might focus on determining which sites women turn to first, to ensure

that women are reaching correct information quickly. Perhaps by asking women about how to best support them, we can find better solutions for encouraging every mother to meet her personal goals in regard to feeding her baby.

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Appendix A, Table 16: List of categories for coding Q11

Category	Comments
AAP/WHO/CDC	
Blogs	
Books	
Breastfeeding hotline	
Breastfeeding support groups (not specific)	
Class	
Doula	
Dr. (not specific)	
Dr. (pediatrician)	
Dr. (family practice/OB)	
FB group/Online mama group/forum	
Friends/Family/Peers (other mothers), Colleagues	
Home visit nurse/Specialist	
InfantRisk/LactMed	
Internet sources	Not including podcasts
Kellymom.com	
LC/IBCLC/CLC or unspecified "lactation consultant"	
Leaky Boob	
LLL	
LLL media	
Local breastfeeding event	
Mama group (not specific)	Not LLL
Midwife	
Nurse-RN/Hospital staff	
Other	Infant specialist; occupational therapist; yoga; Mother/baby clinic; walk-in clinics; parenting center; Birth Right
Other reading material	Magazine, pamphlets, literature, newsletters, etc.
Phone app	
Pinterest	
Podcasts	
Self/Own credentials	
Store	
WIC/Public health	
YouTube/Video	

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Book Review, *Manufacturing Urgency: The Development Industry and Violence Against Women*

Julie Marzec
University of Cincinnati

Manufacturing Urgency: The Development Industry and Violence Against Women, Corinne L. Mason, University of Regina Press, 2017, 229 pages.

In her book *Manufacturing Urgency: The Development Industry and Violence Against Women*, Corinne L. Mason explores how violence against women has become a "flavour of the day" in the neo-colonial development industry (3). By analyzing the discourse of U.S. foreign policy, the World Bank, and the United Nations, Mason reveals how the issue of violence against women is coopted by international actors in order to achieve more conventional development goals, such as national security and neo-liberal economic growth (29). She draws heavily upon transnational feminist theory, crip theory, critical race theory, and decolonial feminist theory to critique the international development industry in a comprehensive and engaging manner. The depth and broad scope of *Manufacturing Urgency* makes it appealing and approachable to a wide range of audiences, particularly those interested in feminist development studies.

Mason's methodology is highly influenced by transnational feminist thought. By conducting a discursive analysis of official documents, coupled with interviews with development "experts," she is able to critically evaluate the construction of violence against women within the development and security industries (5). Mason examines documents, images, reports, interviews, policies, campaigns, and legislation to uncover how these industries employ rhetoric against violence against women to manufacture a sense of urgency in order to promote their own objectives and political agendas (20). The result is a refreshing interdisciplinary and intersectional analysis of international governance.

Manufacturing Urgency is divided into three main sections: an introduction, three analytical chapters, and a conclusion. The introduction clearly establishes Mason's motivations for examining urgency in the development industry and lays the foundation for the book. She includes information about her research

methods, case studies, theoretical framework, and motivations for this project.

The first chapter explores the connections between violence against women and US international security objectives that aim to "make everyone more secure" (43). Mason's first case study examines how US foreign policy, particularly the "Hilary Doctrine," obscures gender inequality in the United States by focusing on violence against third-world women as a more urgent area of interest, emphasizing violence against women as a problem for "other" women outside of the United States (57).

Chapter two examines the rhetoric surrounding the global economic cost of violence against women and focuses specifically on the World Bank, a significant knowledge producer and powerful influence on international development policy (79). Mason concentrates on the continuation of the colonial legacy of racialized ableism within the international economic development industry and the consequences of this agenda on vulnerable women. She uses disability, crip, and feminist theories to critique current approaches to combating violence against women and the ways in which these approaches further eclipse the complexities of the epidemic.

The third chapter focuses on two United Nations initiatives that aim to combat violence against women: UNiTE to End Violence against Women and the Say No campaign. Mason draws upon affect theory to expose how development campaigns are "stealing the pain of others" to promote "telescopic feelings" of Western superiority over the global South and eschewing feelings of accountability (164).

The conclusion briefly summarizes the main objectives and findings of the book, as well as the book's limitations. She recapitulates the arguments of each chapter, highlighting how nationalism, anti-terrorism, and economic jargon have distressing consequences for women and anti-violence movements. She also uses this section to re-emphasize the "laborious discursive manoeuvers" leading to current sense of urgency in the development industry around violence against women (183).

Mason seamlessly ties each chapter together by drawing comparisons between distinct development strategies. One major contribution to the book is her intersectional critique of the sexist, ableist, racist, and imperialist nature of the international development industry. She provides enough historical context for her argument without obscuring it, an arduous task given the scope of her research. She also employs an accessible, engaging writing style that would appeal to a wide range of readers, academic and activists alike, one of the many strengths of her book.

While Mason's book has strong, well-supported arguments, it also has

limitations. Her view of the international development industry is notably grim—perhaps rightfully so—but I argue that her thesis would benefit from a deeper comparative analysis of successful, grassroots development and anti-violence initiatives. Although she briefly touches upon a handful of promising movements, readers may be left with a sense that all efforts to combat violence against women are in vain, discounting the decades of demanding work done by local women. By integrating the perspectives of advocates, "femocrats," and third-world feminist activists, as well as studying the impacts of current initiatives on the ground, she could identify possible strategies to improving responses to violence against women (195).

Manufacturing Urgency offers a unique perspective into the development industry and the recent push to combat violence against women. Mason boldly critiques a development objective that is seemingly beyond reproach by examining the neo-colonial nationalist motivations behind initiatives combating violence against women. She successfully demonstrates how the manufactured sense of urgency around violence against women has not been matched by financial investment and has caused greater harm than good to vulnerable women, particularly those in those in the global South. Mason's book is an honest, decisive, and absorbing examination of the seemingly benevolent development industry and the disturbing consequences of neoliberal policies on the lives of women worldwide.

Contributors

María Teresa Balogh is a bilingual, bicultural poet, fiction writer, Caribbean folkloric dancer, occasional doodler/painter, and educator. She has a book of poetry in Spanish by a Spanish publisher, and an English collection of poetry and fiction by Cool Way Press. María has done just about everything everywhere, including building rural aqueducts while in the Peace Corps. She now teaches Spanish, specializing in Latin American literature and culture, and creative writing at the University of Missouri St Louis

Caitlin Carnall is a graduate of the University of Central Oklahoma with a Bachelor's degree in English-Creative Writing. Her genres of focus include poetry, flash fiction, and short story. She takes pride in writing on and about issues of inequality of all sorts, sexual assault, and mental illness.

Bridget Cuadra is a History graduate student with a BA in History (minor in Gender and Sexuality Studies) at the University of Central Oklahoma. Her research interests are the African Diaspora and Gender history. Bridget works at UCO's Women's Research and BGLTQ+ Student Center, where she researches women's reproductive rights and topics related to sexual health.

Alyssa Diamond is a History and Museum Studies major at the University of Central Oklahoma. A former Sexual Health Ambassador, she is working towards stopping queer erasure from her chosen fields of study. She lives by one mantra: everyone has a place in history and deserves to be recognized for who they were. No one is a myth.

Laura Dumin is an Associate Professor at the University of Central Oklahoma where she is the Director of Technical Writing and the MA Composition and Rhetoric Advisor. She believes that women deserve evidenced-based care and that women's voices are powerful. Much of her current research surrounds breastfeeding, including resources for mothers and the stigma surrounding the practice.

Sophia Kirby was born in Muskogee, Oklahoma, in December 1993. She graduated in 2014 from Connors State College, then again in 2016 from Northeastern State University in Tahlequah, where she majored in English. Sophia's long-time passions include creating art, writing poetry, reading, playing video games by Nintendo, and encouraging her friends as they encourage her—with hugs, hilarious and very humble humor, and unyielding reassurance. She wasn't always 'Sophia,' but the name is now her umbrella in the rain.

Julie Marzec is pursuing her PhD in Social Policy at the Humphrey School of Public Affairs at the University of Minnesota where she is a fellow at the International Center for Global Change. She earned her MA in Women's, Gender, and Sexuality Studies and her BA in International Affairs at the University of Cincinnati.

Dr. Swati Sucharita Nanda teaches Political Science at DAV PG College, Varanasi (India). She has a doctorate in International Relations Theory and specialises in Feminist International Relations. A feminist practitioner, she has worked in the Indian Development sector for a few years and is committed to gender equality in different spheres of life.

Michelle Ramstack is a current graduate student in Texas State University's Public History program. Their academic work focuses on queer history, oral history, and cultural resource management. Michelle plans to graduate this December and hopes to continue working towards their goal of preserving queer history and making it more accessible to the public.

Corrie Reagan currently lives and works in Edmond and Oklahoma City. Originally from Denton, Texas, she received her BFA in Studio Art from the University of Central Oklahoma in 2017. An interdisciplinary artist, Reagan primarily works in oil paint and utilizes traditional surfaces and techniques. Her work focuses on emotions and personal identity, drawing inspiration from her personal experiences trying to balance life as an artist with motherhood and familial responsibilities. Her artwork has been featured in several galleries and public exhibition spaces in the Oklahoma City area, including the Melton Gallery, the University of Central Oklahoma Student Gallery, and the Inasmuch Foundation Gallery.

Mariana Serrano graduated from Eastern Connecticut State University, where she studied Health Sciences, Biology, and Anthropology. She is obtaining her MPH with a concentration in healthcare policy and law with the intent of becoming a reproductive health physician. Her goal is to practice and implement policies around gender and sexual fluidity while uplifting barriers on social injusticies and challenging societal norms. She devotes her time to mentoring both high school and college minority students, conducting anthropological research and implementing diversity, equity, and inclusion in her spaces.

Savannah Waters has an M.A. in history from the University of Central Oklahoma. Currently, she is pursuing her history PhD at Oklahoma State University. Savannah's research interests include United States History, American Indian History and Gender and Sexuality.

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