

ON STICKY ENCOUNTERS WITH TRANSMEDICALISM

A trans nonbinary autoethnography

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Keywords

Transmedicalism, truscum, transgender, transnormativity, stickiness, affect, trans ethics, autoethnography

Summary

In this article, I build on my master's thesis research on transmedicalism and truscum boundary construction around the category of trans (Amm 2022). Transmedicalism is a strand of trans discourse that draws on the biomedicalization of transsexuality to delegitimize non-normative and gender expansive trans experiences. Truscum, an online iteration of transmedicalism, combines "scum" with "true transsexual" and is both an epistemology of boundary making and a subject position. Written as a trans autoethnography, I recount the temporalities of my sticky encounters with transmedicalism and truscum. I present my shifting affective engagements with truscum across different time spans: before, during and after the formal completion of my master's thesis research. I use Sara Ahmed's (2004) "stickiness" to explore how my truscum encounters have continued to affectively reverberate during these different time spans. To help me balance both the ethical and political discomfort I experienced in relation to my sticky truscum encounters, I also draw on Hil Malatino's (2022) discussion of María Lugones's (2003) "ginger reflections". Through my trans autoethnographic practice, I arrive at the ethical/political position of both/and. Ethically, I remain committed to those I spoke with for my thesis. Politically, I continue to be committed to trans studies as a discipline of openings and blurring. I propose that the tensions that come with striving to inhabit a position of both/and offer valuable insights to conversations on relationality and ethics in trans studies. Ultimately, I remain in a sticky relationship with truscum.

Original article; received: 21/06/2023; accepted: 07/11/2025.

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Citation: *Tidskrift för genusvetenskap* 45 (2-3): 70–89

<http://dx.doi.org/10.55870/tgv.v45i2-3.13942>

Transmedikalism (*transmedicalism*) är en diskurs som föreskriver att en person endast räknas som trans 'på riktigt' om den upplever könsdysfori och genomgår medicinsk könsbekräftande behandling. Truscum är en onlinevariant av transmedikalism som konstruerar trans och transpersoner utifrån strikta, medikaliserade gränser. I den här artikel vidareutvecklar jag forskningen från min masteruppsats om transmedikalism och truscum. Jag återger hur jag har tänkt och känt kring mina möten med truscum genom olika tidsperioder: före, under och efter skrivandet av min masteruppsats. Genom denna trans-autoetnografiska forskningsmetodik kommer jag fram till en både-och-position: etiskt sett har jag ett ansvar inför de transpersoner jag intervjuade i samband med min masteruppsats; politiskt sett har jag ett ansvar att värna transstudiefältets ambitioner att teoretisera öppningar och nyanser. Spänningarna som denna både-och-position ger upphov till bidrar med viktiga insikter till diskussioner om etiska frågor inom transstudiefältet.

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To be trans online is to plug into a dizzying array of discourses, images flashing, bodies re-imaged, identities re- and undone. I came of age and into my own trans subjectivity mediated by digital platforms. As someone transitioning

medically in both his early twenties and in the 2020s, my trans experience is intricately tied to various online practices. To re-blog queer content on Tumblr, to spend sleepless nights illuminated by trans vloggers who shared their transition timelines on YouTube, or to seek DIY transition guidance on transmasculine subreddits are some of my practices of being trans online.

But to be trans online is also to be vulnerable. Vulnerable, for instance, to techno-capitalist ownership of the very platforms upon which we build community (cf. Bronstein 2020; Haimson et al. 2021). And vulnerable to lines of “horizontal hostility” (Malatino 2022: 97) articulated from *within* trans communities. These lines can reach from our phone displays all the way into our bedrooms where one, like myself years ago, might in turn wonder how to best approximate the narrow idealisation of transnormative transition. Trans studies scholar Hil Malatino (2022: 8) calls these kinds of transition narratives “transnormative structures of feeling”. Narrowly focused on the wrong body narrative, gender dysphoria, and social recognition as cisgender, these narratives “reproduce hegemonic, intensely stereotypical accounts of what it is to ‘feel like’ a man or a woman” (Malatino 2022: 8). As imports from “white bourgeois gendered norms and mores”, Malatino finds them to “fit strangely, if at all” into trans realities and lives (Malatino 2022: 8). Nonetheless, these strange imports are regular and plentiful encounters online. They are relentless repetitions of “a set of racialized, gender-normed limitations” that, according to Malatino, “come to shape and delimit what it means to transition at all” (Malatino 2022: 8). However, we become vulnerable not only to these seductive, albeit redundant and racializing, transnormative narratives circulating online to define the *meaning of transition* (Horak 2014; Raun 2016). We also become vulnerable to how these transnormatively infused discourses, and the people who adopt them, seek to pin down the *very meaning of the category of transgender*.

The past five years have been characterized by my own affective and intellectual encounters with *transmedicalism* – a strand of trans discourse that draws on the biomedicalisation of transsexuality to delegitimise non-normative, gender expansive trans experiences (Jacobsen et al. 2021). Transmedicalism has served as the constant background noise against which I began using medical transition technologies to tap into a masculinity detached from the gender binary idealisation of cis manhood. And I have found myself unable to unplug from transmedicalism online, more specifically the category of *truscum*. Truscum, a predominantly online iteration of transmedicalism, combines the derogatory “scum” with “true transsexual” and is a positive self-identification that simultaneously seeks to disidentify with transgender as an umbrella term (Jacobsen et al. 2021: 8).

In my master's thesis, I was moved to explore how truscum operates as a boundary making project of trans and I interviewed three self-identified truscum trans men via Zoom (Amm 2022). At the time of working on this thesis, I formulated a series of questions in anticipation of my interview encounters. Anxiously and uncomfortably, I let these questions guide me also during and after my interviews. "What conversations can I have with other trans people while disagreeing?" Conversations riddled with a complexity of empathy, vulnerability and danger. "How will I be read?" Differently – sometimes as too transnormative for my own comfort. "What will it do to me to subject myself to truscum thoughts intellectually and emotionally for months?" Truscum would get stuck to me.

This article is written as a trans autoethnography that grapples with the discomfort produced by sitting with, and doing research on, other trans people I disagree with. Throughout the article, I will return to the above questions. I did not expect them to stick to me still, but they do, and so does truscum as a category. This article is structured as a reflexive discussion about the temporalities of my sticky encounters with truscum. With *temporalities of my sticky encounters*, I mean my shifting affective engagements with truscum across different time spans: before, during, and after the formal completion of my master's thesis research. I draw on Sara Ahmed's (2004) "stickiness" in order to explore how my truscum encounters have affectively reverberated during these different time spans. To help me balance both the ethical and political discomfort I experienced in relation to my sticky encounters, I also use Hil Malatino's (2022) discussion of María Lugones's (2003) "ginger reflections". Throughout this article, I seek to treat my truscum encounters "gingerly" and with care for and consideration of the stakes of intra-communal disagreement.

I begin with a discussion on the medicalization of trans, on transnormativity and on how the category of truscum emerged online with strong ties to the 20th century medical construction of transsexuality. I then go on to discuss my trans autoethnographic practice as the methodology of this article. In the sections about the time spans *before*, *during* and *after*, I recount my encounters with truscum through the interviews and in conversation with people in my life. I end on a (perhaps) final conversation between my competing accountabilities of ethics and politics in writing about the truscum. Through my trans autoethnographic practice, I arrive at the ethical/political position of both/and. This means that, ethically, I remain committed to those I spoke with/to for my thesis. Politically, I was and continue to be committed to trans studies as a discipline of openings and blurring.

Ultimately, I remain in a sticky relationship with truscum. This propels me to give an account of the sticky history of this category in the following section.

Medicalization, transnormativity, and truscum

Truscum as a trans category is intricately connected with the transnormatively charged category of the true transsexual. The “true” transsexual in truscum draws legitimacy from the medical model of trans that is rooted in early 20th century sexology, which constructs the trans(sexual) subject as a treatable, albeit pathological, category. In *How Sex Changed*, historian Joanne Meyerowitz (2002) describes the emergence of Euro-American sexology and endocrinology as investigating “crossgender identification”. In the late 1920 to early 1930s, Magnus Hirschfeld used the term “transvestism” for crossdressing, distinct from homosexuality. By the early 1950s, “transsexualism” had found its way into medical textbooks, with Harry Benjamin and David Cauldwell popularizing the term in the US context. Transsexuality, and the attendant search for aetiology – the very cause of transsexuality –, thus became a distinctly medical category. As such, this framing of transsexuality warranted biomedical transition technologies, gender binarism and heterosexuality.

Certainly, no history of trans(sexuality) is complete without mentioning “Ex-GI Blonde Beauty” Christine Jorgensen who had been produced by 1950s American popular culture as “an exceptional figuration of trans embodiment” (Snorton 2017: 139). Highly sensationalized, Jorgensen rose to fame as a stylized rendition of transnormative white womanhood after returning to the US from her gender affirming surgery in Denmark, becoming one of Harry Benjamin’s patients. In *Black on Both Sides*, cultural theorist C. Riley Snorton (2017: 142), traces how Jorgensen’s whiteness was central in the “racial order of things”, giving rise to the first trans celebrity precisely through marking it as different in contrast to the unfreedom of Black trans temporalities. Jorgensen as the historical epitome of the “good” transsexual is significant precisely because, as Snorton (2017: 144) illustrates, media narratives of Black trans figures had been circulating in “the shadows of History” already in the decades before Jorgensen’s rise to fame. Emmett Harsin Drager (2023), similarly, demonstrates how the first university-based gender clinics in the early 1960s to 1980s in the US context consisted of many patients, often people of color, from state psychiatric hospitals or the criminal justice system. Offering a reading of both Robert Stoller, who popularised the term “gender identity”, and Daniel Patrick Moynihan’s report on the supposed pathology of Black family structure due to gender deviance, Harsin Drager maps the connection between transsexual medicine, eugenic theory and racial science in the US. Against the dominant medical narrative that established the normative transsexual patient as white, middle-class and heterosexual while preoccupied with finding the cause of transsexuality, “there was no stone left unturned, except for what is glaringly

missing from this list: race” (Harsin Drager 2023: 16). This is to say, the thorny discipline of sexology birthing the “true transsexual” has always already been implicated in the racialization of gender (Kahan and LaFleur 2023).

After transsexuality had been established by medical professionals and, as Marta V. Vicente (2021: 430) notes, intimately linked to the medicalization of the trans body, the term “transgender” became increasingly used by those wishing to distinguish themselves from the medical category of transsexual (Stryker 2008: 19). Celebrated in the 1990s as a category of fluidity, inclusion and “as an attempt to forge a politics and sense of community around the demedicalized desire to be differently gendered” (Amin 2022: 111), transgender has become the dominant umbrella term for gender variance and expansion. However, around six decades after the coining of transsexuality as a medical category, the category of “truscum” is now emerging online as a critique of transgender.

As a category, truscum rests on the legitimacy bestowed by the medical model of trans and imports stereotypical, transnormative accounts of gender binarity (Malatino 2022). *Transnormativity* is a central tenet of truscum boundary making around the category of transgender. It can serve as a script through which some trans narratives and experiences become culturally intelligible (Vipond 2015; Johnson 2016; Bradford and Syed 2019). While (binary) trans identities can be (partly) legitimized, transnormative scripts simultaneously continue to pathologize transness. Tethered to the “wrong body” narrative (Bettcher 2014; Engdahl 2014), transnormative logics fold the trans subject into a linear timeline along the stereotypically medicalized axis of dysphoria-diagnosis-treatment-cure. Transnormative boundary making, further, continues to put fuel to the fire of the “trans enough” narrative (Catalano 2015; Garrison 2018; Darwin 2020; Sutherland 2021). Gender binarism articulated from within trans communities, thus, produces ontological insecurity and community membership vulnerability for nonbinary people whose “validity” as trans might be put to question. Against the backdrop of how biomedical transition technologies have historically been offered only as a final compromise in curing gender deviance, I read the truscum’s upholding of gender dysphoria and medical transition as trans legitimacy test as sinister.

Truscum is both a category, as outlined above, and a subject position inhabited by some trans people (Amm 2022: 29). I am interested in how the horizontal hostility articulated from truscum subject positions no longer relies solely on medico-juridical gatekeeping that trans patients have had to contend with since the start of the 20th century. Trans social media cultures increasingly function to create places for administering trans legitimacy tests, for reproducing (Horak 2014; Jones 2019) as well as for resisting transnormative narratives (Miller 2019;

Bruns 2023). Reddit is, to date, the platform on which self-identified truscum people most prominently contest dominant understandings of transgender as a category with no fixed meaning and as inclusive of all gender-variant people. Additionally, truscum articulates a critique of the social construction of gender, hence drawing on transsexuality as both a medical and corporeal category (Amm 2022: 35). Contestations of trans(gender) as a category have a long history within trans studies (Davidson 2007) and are, similarly, negotiated on social media (Dame 2016; Darwin 2017; Sutherland 2021), illustrating both the legacy and contingency of trans medicalization to which truscum is tied.

While the trans in dominant strands of *trans studies* often remains necessarily open and relational (Stryker et al. 2008), the trans in *truscum boundary making* calls for closure, uncannily echoing early sexological systems of categorization and taxonomy (Amin 2023). Truscum, as aforementioned, can be understood as a transnormative subject position. But also, as an epistemology of boundary drawing: a way of (only) knowing trans-as-medicalized that eclipses the possibility of thinking trans differently (Amm 2022: 14). Truscum is able to construct further legitimacy through the rendition of the nonbinary, non-dysphoric figure of the “too cute to be cis” *tucute* as dialectically opposed to the true transsexual (Amm 2022: 52). Within this dichotomous position, the transnormatively charged category of the true transsexual becomes indeed the only category worthy of the name trans.

As a nonbinary transmasculine researcher that navigated these seemingly distinct and binary *either* (true trans) *or* (fake, hence not trans) positions, I kept asking myself the nonbinary question: Where, according to the truscum, can I be located? In the following section I go on to discuss how I approach my encounters with truscum as simultaneously sticky and in need of being treated gingerly.

Sticky encounters, ginger reflections

My sticky encounters date back to the spring months of 2022 during which I conducted in-depth Zoom interviews with three truscum men that I recruited via a call for participants on Reddit (for a detailed discussion on my interview partners, see Amm [2022: 8-10]).

In speaking of *sticky encounters* between my interview participants and myself, I am inspired by Sara Ahmed's (2004) “stickiness”. Stickiness is “an effect of surfacing, *as an effect of the histories of contact between bodies, objects, and signs*” (Ahmed 2004: 90, italics in original). According to Ahmed, certain signs become sticky through continuous repetition, their “histories of contact”. When discussing sticky encounters in this article, I draw on stickiness in two related ways.

On the one hand, I read truscum's repeated coupling of transness with gender dysphoria/ medicalization as producing sticky associations. Here, truscum's "histories of contact" between *trans* and *medical* accumulate both over time and with each sustained association: If "repetition has a binding effect" (Ahmed 2004: 91), each repetition binds transness to medicalization. But this binding can also function as a blockage. The more a word is repeated with a certain association, the more difficult it becomes for the word to attain a different value or meaning. This, for Ahmed (2004: 91-92), makes a sign sticky. And in this way, I argue, truscum makes trans sticky. Truscum's repeated association between transness and medicalization also produces the impossibility of understanding non-medicalized or non-transitioning trans identities *as* trans.

On the other hand, I use stickiness to refer to how I got *stuck to* truscum. With Ahmed (2004: 91), "to get stuck to something sticky is also to become sticky". Once sticky, it is difficult to become unstuck. The sticky encounters I detail in this article, therefore, bind together the different temporalities of my engagements with truscum: before, during, and after my research. *Before* opens with the intimate stakes involved in my work on truscum from the very beginning. *During* turns to a complex entanglement of stickiness and mis/readability as trans nonbinary that occurred in the periods of my interview encounters. *After* concludes with the lingering stickiness truscum provides for me even long after the completion of my master's thesis research.

I obtained informed consent from my interview participants. Nonetheless, I did not feel that the requirements of formal research ethics equipped me well enough to grapple with the ethical and political discomfort I experienced. Nor the enduring responsibility that I have as a trans researcher conducting interviews with members of the trans population I disagree with. In this text, I therefore use Hil Malatino's (2022: 99) discussion of María Lugones's (2003: 151) "ginger reflections" on "horizontal hostility" within communities of color. According to Malatino (2022: 99), "[t]o treat a topic gingerly is to treat it with care, with a deep awareness of the fragility and importance of the topic so handled." Truscum is one such topic that demands to be treated "gingerly" precisely because the stakes of intra-communal disagreement are high. This is also the reason why I approach truscum in this text mainly through my own autoethnographic practice and the guiding questions: What conversations can I have with other trans people while disagreeing? How will I be read? What will it do to me to subject myself to truscum thoughts intellectually and emotionally for months? In many of the affectively charged moments during my sticky interview encounters, and at later stages of writing about the truscum that are presented in this article, I wish to place the ambivalences produced by the

echoing question “What conversations can I have with other trans people while disagreeing?” on myself, rather than reading the truscum men I interviewed as the retrograde transsexual subject “endlessly tethered to their own medicalization” (Borck and Moore 2019: 632). Similarly, I offer autoethnographic accounts of experiences with E and C, two people from my life. These encounters are important examples of what truscum/transmedicalism can do to trans people. I have anonymized E and C to the best of my abilities, with considerations of formal ethics in mind.

Before travelling through the different temporalities of my sticky encounters, I will briefly turn to my autoethnographic practice as the method with which I take on truscum’s continuous affective reverberations in this article.

Autoethnography as a trans method

Refusal rippled through my early writing on and negotiations of the medical model of trans and eventually came to infuse my methodology. During my master’s thesis, I engaged in an autoethnographic practice of refusal – refusal of traditional, orthodox methodologies, and instead wished to engage in a move towards “fluidity, intersubjectivity and responsiveness to particularities” (Holman Jones and Adams 2010: 197). And a refusal of the definitional power that the medical model has over my subjective trans experience. My own refusal occurred, however, at the same time as my sticky encounters with truscum men.

My autoethnographic practice helped me understand the competing claims to trans legitimacy I was met with, initially during my master’s thesis research but also in the periods after. Autoethnography produces knowledge that draws on closeness to the text (Ellis 1995) and necessarily involves avowing my emotions, imbrications, and ambivalences in writing about truscum. Autoethnography enables me to explore the different affective intensities that I have encountered in relation to truscum across the years. “Writing is also a way of knowing” (Richardson 2000: 923), especially a way of knowing the particular, the uncomfortable, and the affectively difficult or confusing to sit with, such as my sticky encounters. Autoethnography is, as Stacy Holman Jones and Tony Adams (2010: 197) argue, *a queer method* that disrupts taken-for-granted ways of knowledge production, the relationship between researcher and researched, and power relations. As a method, and as a way of knowing, my autoethnographic practice provides a queer opportunity to refuse generalizations, one-size-fits-all templates and tight-knit boxes (Amm 2022: 20).

The autoethnographic practice that I present in this article has matured across the past five years of engagements with truscum. I use my autoethnographic practice to make sense of the enduring stickiness that the truscum encounters

bring for me. And I use it to deal with how I cannot arrive at a closing, a final resolution of the tension between myself and truscum. This inability of closing remains in conversation with my own situatedness in trans studies vis-à-vis the truscum position as one of boundary-making. In “bursting ‘transgender’ wide open” (Stryker et al. 2008: 12) and writing autoethnographically, not only can autoethnography be a queer method but a *trans method* too. Because the truscum position can primarily be read as a position that relies on tight-knit boxes, I argue that an autoethnographic engagement with truscum – autoethnography as a trans method – can be especially well-equipped to handle the opening of such boxes. Indeed, autoethnographic engagement can showcase how the box of transnormative medicalization has been manufactured but can hardly contain the lived multiplicities of trans lives and identities. It is important to interrogate what truscum/ transmedicalist boundary making does when encountered from one trans person to another. I want to be able to illustrate the danger and discomfort it can bring, whilst also holding space for acknowledging when empathy and mutual understandings occur. Autoethnography as a trans method needs to refuse the seduction of a number of either/or positions, and instead embrace the necessity of sitting uncomfortably, across different temporalities, with other trans people we may disagree with.

I will now turn to the different temporalities of my sticky encounters with truscum, divided into before, during and after the completion of my master’s thesis research. In the sections below, I will present how my relation to truscum has shifted through these temporalities of my sticky encounters; how I sometimes wish to withdraw but remain sticky at different times.

Before my interview encounters

Long before I began to work academically on truscum, I found myself sitting in a sunny apartment with E. As I watched him flicking through his YouTube watch history, a video by a nonbinary person that critiqued transmedicalism popped up. Trusting in the affective textures of the intimacy unfolding between us, I dared to ask: “I wonder, does anyone even talk about truscum beyond the internet? Does it actually matter?” My question was in a sense wishful thinking; I did not want truscum boundary making to matter beyond some marginal corners of the internet. It felt less threatening to me to think of truscum as a disembodied figure of some anonymous online trolls.

“It sure does,” E replied. “You know... I kinda used to be one myself.”

Silence. I studied his face; mutual discomfort spreading between us. Other questions started forming in my head, the beginnings of what I later would understand as stickiness binding me to truscum.

“But,” he finally cut through the silence, “I just didn’t get what being non-binary is. Some years ago, the vibe on YouTube was different. There was a lot more of that truscum stuff out there, it was easier to find. Now I see a lot more of those videos.” E pointed at the thumbnail on his laptop of the video critiquing transmedicalism.

“So, did you also harass nonbinary people online?” I joked, in an attempt to invite lightness back into our conversation.

He scoffed. “Of course not. I’m just fucking sad that the waiting queues for gender clinics are so long.” With this, E alluded to a truscum sentiment that I would encounter again in my interviews for the thesis. The argument is that nonbinary people who seek trans healthcare are responsible for prolonged waiting times. This makes nonbinary people the scapegoat responsible for the problem with long waiting times, as they supposedly “clog up” the trans healthcare system.

The above conversation has stuck with me over the years. I carried the intimate stakes, and the closeness, of my stickiness to truscum that this encounter had produced with me into my future research. In this particular encounter, I was unsettled by the sudden closeness of truscum sentiments in our intimate space. Truscum boundary making, invoked through a single YouTube video, produced a set of affective reverberations “in and out of cyberspace” (Kuntsman 2012: 1) that circulated around us.

Present in this moment was the possibility of a t4t (trans-for-trans) reckoning with truscum’s affective circulation. Malatino (2019: 656) describes t4t as a “difficult practice of love across difference in the name of coalition and survival”. In this moment, E and I juggled different and competing notions of trans intelligibility. But we also shared a critique of the restricting systems of biomedical gender regulation that operate in Sweden (Linander et al. 2021; Linander and Alm 2022), the context in which we were both situated. T4t can also be understood as a movement towards each other; even, or especially, through the discomfort and affective difficulty that such movement produces (Malatino 2019: 657). And E did move towards me in this moment by telling me about the thought-process that made the truscum position seductive to him. In my reading, that process relies on a misconception of the complexity of nonbinary identities and a reiteration of the “clogging up” sentiment that is circulated on truscum subreddits. And, as a result, I think that this sticky sentiment got stuck to the overwhelming sadness that E felt upon being stuck within the void (Pitts-Taylor 2020) of long waiting queues. Caught in what Malatino (2019: 641) calls “lag time”, E experienced his “desired future deferred”, not by the Swedish medico-juridical system but by the supposed increase of nonbinary people who wish to access trans healthcare.

I felt quite similarly stuck in lag time during this period and thereafter; and began to understand the seduction of the truscum position as forms of “horizontal hostility” (Malatino 2022: 97) that trans people might direct at each other. Misguided as it may be, through experiences of intense fatigue, anger and sadness, those affects might get directed at other trans people in the form of transnormative boundary making. This first encounter complicated my understanding of truscum, before I ever did a single interview, because it brought truscum into close, intimate, proximity to me. However, in the blurring between what I had assumed to be far removed from me and that which I held close, I also understood the critical potential, and necessity, of having exactly these kinds of conversations among trans people when we disagree with each other. The question of “*What conversations can I have with other trans people while disagreeing?*” was born out of my first intimate encounter with truscum; an encounter that was unsettling and uncomfortable but ultimately necessary. I wish to treat this encounter “gingerly”, precisely because of the intimate nature of our conversation – intimate in the shared space between two trans people meeting in each other’s most vulnerable desires to be seen. I, vulnerable in my nonbinary trans identity that desired medical transition technologies but refused the medicalization of transness. He, vulnerable in his access to transition technologies withheld by the Swedish state. To treat this encounter gingerly, then, is also to recognize that “the forms of gatekeeping that circulate intracommunally are much more difficult, and much riskier, to address” (Malatino 2022: 99) than state-administered forms medico-juridical gatekeeping.

Some more time would pass until I began exploring this topic academically. In the next section, I turn to the entanglement of stickiness and nonbinary readability that I navigated during my interview encounters.

During my interview encounters

My sticky interview encounters occurred in the spring months of 2022, at a time in which I had just begun my medical transition. Testosterone had brought with it a series of long desired masculinizing changes; the timbre of my voice had changed, facial hair appeared on my chin. And, perhaps, the timing could not have been better. Because I anticipated my first interview encounters anxiously, indeed wondering “*How will I be read?*” as a nonbinary transmasculine researcher. From what I had experienced at that point, truscum binds together stickily transness and the *medical diagnosis* of dysphoria. To use transition technologies, in turn, is understood as a way to treat transness as a *medical condition*. In this sticky relation between transnormative conceptualization of gender and biomedicalization, there *should* be no space, nor truscum recognition, for

nonbinary medical transitions. I was therefore curious how my expectations of the participants' trans* positions would be troubled during the interviews.

Once I began my interviews, I realized that my status as currently *medically transitioning* afforded me partial legitimacy as trans. I was met with a kind of partial recognition whenever our conversations touched on the subject of accessing or navigating medical frameworks for transitioning. Although our geo-political locations were different, with the three trans* men positioned in the US and Greece respectively, we could forge momentary affinities in our shared desire for medical transition technologies. However, we broke apart when it came to their upholding of the medical model and its strict gatekeeping function used to disallow non-normative, gender expansive trans identities to medically transition.

At the time of my interviews, these conversations made me anxious. Precisely because I understood the trans* recognition of my trans identity as only *partial* and thus prone to be revoked at any moment. Indeed, there were times during my interview encounters when my (trans)gender identity “could render me suspect” (Meadow 2013: 473). In one interview encounter in particular, I felt a demand to disclose more of myself. As our interview occurred via Zoom, my pronouns (they/he) were visible throughout the entirety of our conversation. They became a potential site of contestation or suspicion for the trans* man I was interviewing. Eventually, he paused himself and questioned my “opinions on things” with a reference to my displayed pronouns – as a signal of nonbinary identity. Within his question, I recognized the sentiment of the question that B Camminga (2018: 282) had been asked in their research on transgender refugees in South Africa: “In almost every interview at some point I was asked ‘but what are you?’” In this interview, I did provide an explanation of my pronouns, and as a result disclosing my (nonbinary) identity. I experienced this encounter as simultaneously vulnerable and beneficial in order to establish a sense of trust within the interview setting.

While the category of nonbinary had been debated heavily on trans* subreddits, where my interview partners predominantly gathered, I also noticed how this category had begun to slip onto trans* subreddits in other ways. A number of nonbinary people started themselves to take on a trans* subject position. Crucially, trans* nonbinary people (also) frame trans intelligibility in terms of the need for gender dysphoria and to undergo medical transition. As a related form of “horizontal hostility” (Malatino 2022: 97) and gatekeeping, trans* nonbinary people use the legitimacy of the medical model against other, non-normative, gender expansive trans identities (Amm 2022: 50-51). I observed this discursive shift online at the same time as my medicalized

nonbinary identity was granted legitimacy in my truscum interview encounters. While initially puzzled, I began to understand that the question “*How will I be read?*” had shifted away from my previous anxieties over not being read as trans *at all* to anxieties over just being read through the *medicalization* of my transness. During this time, I started to feel the stickiness of truscum *sticking to me*. It is difficult to refuse stickiness, even if I attempted to withdraw from the association between transness and medicalization. But what made the truscum’s misreading of my nonbinary transness particularly sticky to me?

Sara Ahmed (2004: 93) takes note of the “historicity of signification” tied to stickiness. This historicity does not just relate to the continuous repetition of associations – as in the above-mentioned stickiness between trans and medicalization. Historicity “as stickiness” (Ahmed 2004: 93) also helps to understand the *implicit* attachments circulating in the relationships between signs. In my case, it was precisely the *sticky history* between truscum and transnormative medicalization that stuck me to truscum. As discussed, truscum’s historicity of trans makes use of the attachment of the “true transsexual”: the normative, middle-class and white trans subject that gets to transition. As such, the “true transsexual” is intricately tied to a history of the racialization of gender – a history which, in turn, produces sticky associations between *whiteness*, *respectability* and *dysphoric transness*. It therefore provided no comfort for me to be, at least partly, read as trans during my truscum encounters. Rather, I was read as *too* transnormative by way of my white medicalized transness.

To read my transness through medicalization is, fundamentally, a misreading. But my medicalized nonbinariness also enabled me to build closeness during my interview encounters. The same closeness, in turn, produced an uncomfortable proximity between myself and the legacy of racialized trans(sexual) medicalization that I sought to refuse.

In the following final section, I discuss the negative affect with which truscum continued to circulate in my intimate spaces even after the completion of my master’s thesis research. I therefore return to the questions of ethical as well as political accountability woven into the stakes of writing about the truscum.

After my interview encounters

I published my thesis, but I stayed on the very truscum subreddits through which I had met the participants. For a while still, I thought I could withdraw. I remembered the question I had asked E: “Does it actually matter?” My thesis work had left me feeling exhausted by intra-communal disagreements and boundary constructions; again, I did not want it to matter anymore.

But around a year later, I received a text message from C who had just stumbled upon the No. 1 truscum argument online: You need dysphoria to be trans.

i'm having a massive trans panicking moment

saw something on twitter about how you should experience gender dysphoria in your trans identity

idk if they meant should as in necessity or possibility but this makes me super lost and confused in my identity

The message I received snapped me right out of my intellectual fatigue with transmedicalism and truscum boundary making. I read C's text as a renewed reminder of the vulnerabilities that come with being trans online. Not only did I find myself offering support to console someone else's gender anguish (one I understand well). I also kept bouncing back and forth between letting the truscum rendition of the "true transsexual" rest – for how much harm, after all, can they really inflict? – and finding myself in interactions like the one with C that complicated my wish to withdraw. I began to feel *angry*, no longer because truscum boundary making would de-legitimize my own transness. But angry instead with its continued harm, performed discursively online, felt materially offline. Rage, I am reminded of by Malatino (2022: 108), can help us to become "unstuck". Still, the truscum's stickiness kept reverberating; truscum still mattered and leaked from C's phone display onto mine, and in turn, spilled over onto these pages of autoethnographic writing.

Until this very moment I had, in fact, been debating with myself on never writing about truscum again. But my interview encounters continued to cause discomfort. Turning towards and not away from this discomfort has let me zigzag between my seemingly contentious notions of ethical and political accountability as a trans researcher writing about other trans people. The following excerpt from my interview reflections characterizes this discomfort:

When in conversation with truscum men, I find myself walking on such thin ice, like Lundberg (2021: 20) states too, always juggling my own positionality – all that I am and stand for – and what's expected of me in a research setting. Research "on trans people", too, holds such an ambivalent space within myself. I feel the dissonances with my own discipline reverberating through my body; I sit uncomfortably almost all the time. In this discomfort, I learn a great deal about myself. I actively seek out the spaces within me that trouble me, the internalised

thoughts that have been fed to me since I can remember. I often think about quitting everything and becoming a painter in the woods; being a stealth trans man like many of my thesis “participants.” I think about what it might mean to be a feminine man, to allow myself to flourish without judging myself for “betraying” the nonbinary in me that has given me such comfort in the last few years. (Amm 2022: 24-25)

In this excerpt, Tove Lundberg’s (2021: 24) conceptualization of affective reflexivity in Critical Intersex Studies has helped me think about my enduring discomfort as providing insights into a conversation about research ethics. In writing the above excerpt, I sought to capture the mis/readings of my nonbinariness as medicalized that simultaneously legitimized me for the truscum, but also the different levels of accountability I am required to adhere to in my research (Amm 2022: 24-26). My “walking on thin ice” was felt most acutely in the final stages of writing up my master’s thesis. This is because I wished to underscore the danger inherent in truscum positions while I also wanted to engage in a feminist methodological praxis that strove to blur the lines between researcher and researched (Leavy and Harries 2019). The “ambivalent space” of research on trans people I took note of related to the harmful legacy of research done on, seldom with, members of the trans population (Hale and Stone 1997; Vincent 2018). My positionality, “all that I am and stand for”, decidedly shifted across the different temporalities of my sticky encounters. I can now see that during the writing of my thesis, I aimed to practice a “decentred stance” (Lundberg 2021: 22) that both avowed my emotions and cautioned against over-identifying with them.

The rage I felt upon C’s encounter with truscum boundary making re-ignited my more intimate stakes and investments in writing about truscum. Rage, too, is easier to mobilize when directed at an abstract host of truscum online trolls, and much more difficult to muster in one-to-one encounters with trans people one may disagree with. In returning to write about my sticky encounters with truscum in this article, I instead wish to remember practicing Lundberg’s (2021: 22) “decentred stance” by allowing for the stickiness to linger. Drawing on Sara Ahmed (2004: 100), I can both ask “What sticks?” and “How can we stick to our refusal of the terms of allegiance?” Approached in this way, I can grapple with the sticky association between *trans* and *medical* in truscum boundary making. I can’t refuse truscum sticking *to* me, but I can stick to my “refusal of the terms of allegiance”. I do so precisely through my autoethnographic practice that let me arrive to a position of both/and: both ethical accountability to those I spoke with for my thesis and political accountability to trans studies as a discipline of openings and blurring.

I have come to appreciate how ethical and political accountability are not mutually exclusive and that neither of them demands that I become less sticky.

I *am* sticky, but I am not stuck.

Conclusion: to remain sticky

In this article I have discussed the *temporalities of my sticky encounters* with self-identified truscum trans men before, during, and after my master's thesis research. Through my trans autoethnographic practice, I have illustrated the shifting affective engagements that emerged out of my sticky encounters with truscum. While my very first truscum encounter was characterized by an intimate proximity, my truscum encounters during the interviews led to a mis/readability of my transmasculine nonbinariness as medicalized and therefore legitimized. My encounters with truscum, and their repeated sticky association of transness equalling it with medicalization and gender dysphoria, continued to reverberate even long after the completion of my master's thesis, with truscum emerging again to perform harm on non-normative, gender expansive trans identities on- and offline.

On the question of "What it will do to me to subject myself to truscum thoughts intellectually and emotionally for months, even years?", I cannot offer a final resolution. My stickiness to truscum remains, and I continue to try to hold space for *both* ethical *and* political accountability as I keep exploring *how* that stickiness remains. I propose that the tensions that come with striving to inhabit a position of both/and bring valuable insights to conversations on relationality and ethics in trans studies.

Acknowledgments

I would like to thank the journal editors, special guest editors and the anonymous reviewers for their sustained feedback and guidance during the writing of this article. I would also like to thank my colleagues at the Centre for Gender Research, as well as Sam Holmqvist, for constructive feedback and support with this sticky article.

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Nyckelord

Transmedikalism, *truscum*, transgender, transnormativitet, klibbigghet, affekt, transetik, autoetnografi

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