

Article

This is My Voice on T: Synthetic Testosterone, DIY Surveillance, and Transnormative Masculinity

C. Ray Borck

City University of New York, USA
cborck@bmcc.cuny.edu

Lisa Jean Moore

Purchase College, State University of New York,
USA
lisa-jean.moore@purchase.edu

Abstract

How have biomedical innovation, regulation, and distribution of pharmaceutical testosterone prescribed to trans men created new forms of medical, community, and individual surveillance of masculinity and masculinization? Our systematic analysis of more than one hundred trans men's testosterone vlogs provides evidence for the production (and consumption) and reproduction of a very narrow set of hegemonic scripts about what a male body is, how it is achieved, and what it means to become a man. We find in this medium, multiple overlapping agents of surveillance: the state, the medical-industrial complex, the interactive loop between ourselves and our screens, the videographer and the trans man, the viewer and watched, hegemonic masculinity and its internalizations. We offer a critical feminist reading of the way that surveillance technologies produce a particular type of transmasculine subject with consequences for cultural understandings of gender nonconformity.

Introduction

I can feel my vocal cords getting bigger and wider, and my voice is slowly getting deeper and deeper.

I cry less. I really do. I have constipated tear ducts. It's a very strange sensation to feel like you have actual tears sitting there ready to deploy, but nothing comes out.

Hair has sprouted everywhere and anywhere it can think of. Even my buttcrack is now home to a small forest.

The clitoris gets bigger and starts to resemble a penis. But you're not gonna grow yourself a monster dick. The typical amount of growth is one to two inches.

—trans men discussing T on YouTube

“Prosumer”—coined by futurist Alvin Toffler (1980) in his book *The Third Wave*—is a contraction of the words producer and consumer that refers to the simultaneity of roles in highly technologically mediated post-industrial societies. Critical cultural studies theorist Paul Duncum (2011: 24) uses prosumer to refer to youth who make videos and post them on YouTube, a site he describes as a peer-to-peer participatory culture, often used by members of transgressive youth subcultures. These frameworks inform our cyberethnography of a genre of YouTube videos made by trans men using the platform to document their

Borck, C. Ray, and Lisa Jean Moore. 2019. This is My Voice on T: Synthetic Testosterone, DIY Surveillance, and Transnormative Masculinity. *Surveillance & Society* 17(5): 631-640.

<https://ojs.library.queensu.ca/index.php/surveillance-and-society/index> | ISSN: 1477-7487

© The author(s), 2019 | Licensed to the Surveillance Studies Network under a [Creative Commons Attribution Non-Commercial No Derivatives license](https://creativecommons.org/licenses/by-nc-nd/4.0/)

gender transitions, particularly their uses of testosterone over time.¹ We find in this medium multiple overlapping agents of surveillance: the state, the medical–industrial complex, the interactive loop between ourselves and our screens, the videographer and the trans man, the viewer and watched, hegemonic masculinity and its internalizations. We offer a critical feminist reading of these videos as evidence that a variety of surveillance technologies produces a particular type of transmasculine subject with consequences for cultural understandings of gender nonconformity. As these technologies emerge and become profitable, new genders intersect with social media, thus evidencing new styles of subjectivity. New systems for understanding the self and/or what a man is emerge as both product and agent of surveillance.

Gender Dysphoria and the Biomedical Regime

Only intelligible via the authoritative, scientific, and medical discourses of sexual difference, synthetic testosterone is a material e/affect of hegemonic masculinity. First chemically manufactured in 1931 (Oudshoorn 1994: 13; Parkes 1966) and prescribed to a transgender man around 1939 (Meyerowitz 2004: 48), T is medically available to people who were assigned female at birth and want to achieve masculinized embodiment via the development of “male” secondary sex characteristics. A chemical compound usually injected subcutaneously, T is a series of genetically informed potentialities that works at the cellular level to bring into being a physical and socially intelligible masculinity. A governmentally regulated pharmaceutical product and treatment for the “mental disorder” gender dysphoria (APA 2013), T all at once creates a template, schedule, and protocol for the achievement of maleness. As medicalized forms of gender transgression/transition become hegemonic as “the right way” to change your gender, the cultural meanings of non-medical gender nonconforming self-fashioning necessarily undergo revision (Currah and Moore 2009; Halberstam 1998).

Gaining access to testosterone, a controlled substance, requires intimate engagement with the medical–industrial complex. The trans subject is endlessly tethered to their own medicalization and must rely on it, refer to it, and prove it when traversing formal organizations, public spaces, and state bureaucracies—for example, prisons, the military, public restrooms, and the Department of Motor Vehicles (Borck 2017; Currah and Moore 2009; Currah and Mulqueen 2011).

Once his diagnosis of gender dysphoria has been secured, a trans man can access a prescription for testosterone in the exact amount necessary to put his T levels—measured via regular, ongoing blood tests—in “the normal male range.” This highly biomedicalized system of masculinization generates a very predictable set of results. Bodies assigned female at birth, prescribed the chemical to become men, can now anticipate and measure in actual volume-to-time ratios how much their voices will change, and when, or how much hair will grow (or stop growing), and where.

DIY Surveillance

As sociologists of gender and sexuality and medical sociology, we are interested in investigating the question: how has the formal biomedical innovation, regulation, and distribution of pharmaceutical testosterone prescribed to transgender men created new forms of medical, community, and individual surveillance of masculinity and masculinization?

Through our systematic close reading and analysis of a sample of over one hundred Trans T videos, we find the production (and consumption) and reproduction of a very narrow set of hegemonic scripts about what a male body is, how it is achieved, and what it means to become a man. These videos evidence a DIY surveillance generated through a recursivity whereby users increasingly produce and consume content that is repetitive of styles of affect, masculinities, and information-sharing.

Medicalization has hit stride, with these gender cheerleaders providing advice about self-fashioning vigilance to neophytes. A nascent transnormative (Bradford and Syed 2019; Johnson 2016) masculinity emerges as men collaborate to microscopically self-surveil and document their transitions through their use

¹ Henceforth, we will refer to this genre as “Trans T videos” (or the singular when used typically—the Trans T video).

of testosterone. In the way the videos are stylized and narrated, medically prescribed T for trans men is heavily loaded with discursive drives toward heteronormativity and gender normativity. These discourses have normalizing effects by legitimating a narrow set of gendered subjective experiences as intelligible.

Using testosterone as prescribed narrows and disciplines masculinity into a series of quantities. A trans man with a script for T is always already negotiating the medicalization of his gender. He/They (but never she) has had to submit (or perform a submission) to evaluation, diagnosis, testing, protocol, and instruction. These men are observed and measured, trained and disciplined, watched and monitored in an effort to bring their unwieldy bodies into gender conformity. Their masculinities are measured regularly in confessions of dysphoria, milligrams per month, and “levels in the normal male range.” The T-user is provided with pamphlets and handouts detailing reasonable expectations for his new subjectivity—clitoral/penis growth measured in millimeters, libido measured in orgasms, body hair carefully counted and subtracted at predetermined paces of excitement and dread. Menstruation ceases. Bleeding stops. The body is enrolled in a course of masculinization and a project of self-surveillance. Internalize a bell curve. Become a man.

Literature Review

Feminist and Queer Surveillance Studies

Surveillance studies interpret the emergence of surveillance as enactments and affirmations of (usually state) power (Ericson and Haggerty 1997; Foucault 1995; Giddens 1987; Lyon 2007). The interdisciplinary field interprets the proliferation of technologies used to watch populations, groups and individuals, and is especially critical of how power emerges from, works through, or is enforced via practices of surveillance (Haggerty and Ericson 2000; Lyon 2001; Lyon 2002). Feminist-, queer-, and/or trans- surveillance studies make significant contributions to the broader field of surveillance studies, focusing specifically on the surveillance of bodies deemed abject, based on gender and/or sexuality (Dubrofsky and Magnet 2015; Mason 2016; Phillips and Cunningham 2007).

Queer surveillance studies reveal the ways the medical–industrial complex defines, contains, and controls women, sexual minorities, and gender transgressors. We argue that these forms of surveillance are productive of normalizing effects and designate various gendered subjective experiences as either possible or impossible. Consequences for the gendered scripts in the wider culture are alternately foreclosed or brought into intelligibility.

Juxtaposed with generalized surveillance studies, the queer subspecialty critiques technologies at the level of the body—women’s bodies, queer bodies, trans bodies. Queer surveillance studies explore how surveillance apparatuses collaborate to produce and maintain normatively, dichotomously, and “naturally” gendered bodies. More than any other type of body, the reproductive woman’s body has been invasively and relentlessly surveilled in order to control women’s sexual practices, reproductive choices, pregnancies, and births (Dasgupta and Dasgupta 2015; Mason 2016; Parkes 1966; Preciado 2008; Roberts 2015). Queer bodies have typically been surveilled for the purpose of eradicating or normalizing them. For example, police raids of gay bars and imperatives to abstinence or use of safer sex technologies, such as male condoms in the wake of the AIDS epidemic among gay men in the 1980s (Duberman 1993).

Reproductive biologist David Armstrong (1995) theorizes medicalization as surveillance. Armstrong argues that “surveillance medicine” re-maps illness and problematizes normality, with important implications for identity—we are always and everywhere pre-symptomatically ill. Following Michel Foucault (1994), Armstrong sees in the emergence of the twentieth century a shift in the focus of medicine from the ill person to every person. Technologies of medicalization proliferate and infiltrate the body from birth through death, producing the pathologized body and determining its prescribed course of normalization (that is, “health”). Toxicity and chronic illnesses simultaneously lead us to live longer life expectancies in objectively poorer health. Lauren Berlant (2007) terms this process “slow death” whereby bodies wither away in late capitalism while producing and consuming over time—chronic illness is good for business.

We argue that the transsexual has been produced, pathologized, medicalized, and normalized through comprehensive practices of medicalization with severe consequences for possibilities of how gender is understood, embodied, and lived. As historian Joanne Meyerowitz (2004) documents, medical projects to transform the sex of the human body began in the 1920s mostly in Germany with a few doctors who agreed to alter the bodies of patients who longed to change their sex. During the previous decade, European scientists had begun to publicize their attempts to transform the sex of non-human animals. Of course, trans-adjacent forms of culturally gendered behavior, adornment, and rituals have existed in countless geographical and historical contexts (Bullough 1975; Cromwell 1999; Feinberg 1996; Green 1969; Meyerowitz 2004: 4-5). In other words, the attempt to cross gender and body borders—cultural and physical—is by no means new. However, medical procedures for changing gender are less than 100 years old.

Medical Surveillance of Trans Bodies

“Transgender,” as it is presently used, is an umbrella term for various types of non-cis people including, for example, female-to-male or FTMs, non-binary people, and other gender non-conforming people. Its etymological predecessor was the word “transsexual,” which was coined and publicized by doctors David O. Cauldwell and Harry Benjamin (Meyerowitz 2004: 15). The origin of “trans” to describe a variety of gender nonconforming subjects emerges not out of any community of gender nonconforming people, but out of the medical community. Therefore, the trans body has always been surveilled by the state via medicalization and the collaboration between state actors and medical personnel. This includes, for example, requirements for filing name changes and changing identification documents to reflect correct names and genders, such as birth certificates, driving licenses, and passports (Beauchamp 2006; Currah and Mulqueen 2011; Moore and Currah 2015). Arguably then, trans bodies are an outcome of the medical surveillance of gender nonconformity and state-sanctioned medical enactments to discipline those bodies into socially prescribed physical and psychological gender norms.

A research group at the Pharmaco-Therapeutic Laboratory at the University of Amsterdam, headed by the physician and pharmacologist Ernst Laqueur, was the first to chemically isolate testosterone (Oudshoorn 1994: 13; Parkes 1966). The initial standardized preparation of male sex hormones was put on the market in 1931 by Organon, a Dutch pharmaceutical company (Oudshoorn 1994: 98). The earliest sex reassignment surgeries in the US were performed at the Gender Identity Clinic, founded in 1964 by Reed Erickson, a wealthy FTMs transsexual, opened in 1966 at Johns Hopkins University Hospital, and funded by the Erickson Educational Foundation (Meyerowitz 2004: 7). In 1979, doctors and scientists involved in the new gender identity programs formed their own professional organization, the Harry Benjamin International Gender Dysphoria Association (Meyerowitz 2004: 8). In the 1970s, doctors and scientists who supported transsexual surgery adopted the term gender dysphoria syndrome (later gender identity disorder, now gender dysphoria) as the diagnostic category that would legitimate their sex reassignment surgical practices (Meyerowitz 2004: 253–54).

To date, philosopher, artist, and cultural critic Paul Preciado (2008) is the only scholar (that we know of) to theorize cross-gender hormone “replacement therapy”—specifically testosterone—as surveillance. Preciado’s book—*Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era*—is in part an auto-ethnographic account of his off-label use of synthetic T for masculinization that was administered at his own chosen pace and not according to a doctor’s prescription. Exemplifying his conceptualization of “pharmacopower,” which refers to the hegemonic location of pharmaceutical companies and epistemologies in late twentieth century modern capitalism and biopolitics, Preciado (2008: 173, 144, 167) describes the birth control pill as “the edible panopticon.” Following Preciado we could describe T as “the injectable panopticon.” Preciado’s work reveals the processes of “discovering,” isolating, and chemically (re)producing sex hormones: Hormones, beginning with estrogen and progesterone and followed by testosterone, go from having the status of a molecule to having that of pharmakon (by which he means “drug, medicine, and/or poison”), from silent chains of carbon to biopolitical entities that can be legally inserted in a human body in a manner that is intentional and deliberate. Hormones are bio-artifacts made of carbon chains, language, images, capital, and collective desires.

Here Preciado distinguishes between the testosterone that the body makes “naturally” from synthetic T, an alchemy born out of a will to modify wayward masculinities back toward the center of masculinity’s norms or to produce masculinity where it was lacking. Through this process—scientific *synthetization*, capital investment, and state regulation—the volume of T in the global north increases, bodies metabolize more of it, and its cultural scripts mutate and proliferate.

Data and Methodology

We investigate and theorize multiple sites and forms of surveillance and sousveillance: a) how the medical–industrial complex, in tandem with the state, surveil hormonal and surgical aspects of people’s *FTM* gender transitions; b) how individual trans men surveil themselves through the project of documenting their transitions through the technology of the YouTube vlog; c) how a critical mass of individuals publicizing these videos produce a genre and thus a particular cultural discourse that surveils viewers (typically trans men conducting personal research as they deliberate individual choices about their genders and bodies).

The data we use to theorize these sites and forms of surveillance and sousveillance were gathered by conducting a cyberethnography of trans men’s testosterone vlogs. Our research uses techniques in the emerging methodology of cyberethnography (Caron et al 2017; Duncum 2011; Kuntsman 2004; O’Neill 2014; Snelson 2015; Taylor, Falconer, and Snowdon 2014). We are informed in particular by Adi Kuntsman’s (2004) articulation of “cyberethnography,” whereby we engage with the internet as a physical location that may be explored and interpreted.

We collected our data over a six-month period in 2018 and interpreted them based on the principles of a modified grounded theory methodology. This empirically based methodology combines grounded theory techniques with content and discourse analysis to develop theoretically rich explanations and interpretations of T, embodiment, masculinity, and surveillance. We tracked both the frequency of certain terms and representations, as well as the qualitative meaning and symbolic significance of these expressions.

Content analysis can be both exploratory and descriptive, enabling some insight into why significant relationships between variables or cultural trends occur in particular places at particular times. Our aim is not to standardize observations into scientific units but rather to appreciate and explore both the trends and the range of variation found within a given phenomenon. Outliers are useful because they enable analysts to capture the range of variation and dimension of the concepts. It is important to note that while others can follow our methodology outlined below, they are likely to come to slightly adjacent rather than exact findings, as it is customary in qualitative research to present a plausible interpretation of the data rather than a definitive interpretation.

Fieldsite, Population, Coding

To conduct our research, we searched for a specific type of video—trans men documenting their transitions and presenting their use of testosterone. Through a systematic process of trial and error, we found four search terms that reliably located a wealth of this type of video: “transgender testosterone” (yield: 78,900), “trans man testosterone” (yield: 59,900), “FTM testosterone” (yield: 55,500), “trans t shot” (yield: 433,000). The recurrence of specific videos across different search terms suggested a degree of data saturation. YouTube automatically sorts videos yielded by a particular search by “relevance,” but viewers can alternatively sort by “upload date,” “view count,” or “rating.” We sorted our search yields by “view count,” because we were most interested in videos with the greatest number of views.

Our initial inductive coding process began by working together as a team, sitting side-by-side, watching the top two videos for each search term (or, when the same video emerged as a first or second most viewed for more than one of our search terms, we watched the first two we had not yet seen). During this meeting we did a “close reading” of the videos together. We watched each video twice—once the whole way through, after which we would discuss the video, developing our cursory critical readings and sociological analyses.

During our second viewing of each video, we would point out specific moments to each other and replay certain sections.

After watching and discussing that first batch of videos, we wrote coding memos—documents recording our initial process of deciding on search terms, sorting and selecting videos, watching and analyzing, and describing emergent themes and their dimensions. Next we individually watched five additional videos “snowballed” out from the videos we had already viewed, choosing videos that seemed most relevant to our research from YouTube’s algorithmically suggested videos. In terms of quantity of data, there were ten additional videos per search term per researcher, so we each watched forty additional videos, or eighty total, for an official sample size of eighty-eight that were systematically coded and analyzed. However, we watched more than eighty-eight videos during this phase of the research as we routinely sent videos to each other, eager to share evidence of certain themes and adding nuance to our ongoing analyses. We admit to falling down various “rabbit holes” during our data collection processes.

In keeping shared fieldnotes, we logged basic identifying information about the videos, including verbatim transcriptions, and we composed initial analytic memos built from the open coding memos (Glaser and Strauss 2009). We established five codes: “voice,” “physical changes,” “reverence” (for testosterone specifically or normative masculinity generally), “watching,” and “teaching.” These open codes enabled us to organize large transcripts and visual descriptions of videos to construct elaborate analytic memos that became the building blocks of our interpretive work.

Through repeated viewings of a variety of videos, we identified a crude taxonomy of four broad types within this genre of videos: a) “My First T Shot”; b) the Time Lapse, showing changes over time; c) The Year in Review, providing in-depth descriptions of changes that happened during a particular year in that vloggers transition, for example, changes that occurred in the fourth year on T; d) What to Expect, addressing other trans men, particularly trans men desirous of medical transition, of the timeline of changes and possible side-effects of T.

Injection Sights: Uploading Results on T

Through vlogs, transmen testify to their transitions with stylized and embodied narration deploying visual and auditory evidence. Their videos are transmitted to hundreds of thousands, and in some cases millions, of viewers. Most of these videos, in the tradition of other “reality” programming, share how-to demonstrations through narrating real lived experience in the genre of confessional close-ups and testimonials dramatized over time. The temporal dimension is an essential characteristic of most videos where before-and-after images of body parts (legs, throats, chests, and hands) are displayed in quick succession (Eckstein 2018). Viewers are directed to focus on specific evidence of masculinization, such as chin hair, leg hair, back muscularization, and hand width.

Surveillance happens on a variety of mutually reinforcing levels through these videos and their consumption. Ever-present (whether visualized or not), the medical–industrial complex haunts each video. Needles, syringes, bottles, alcohol swabs, shots, dosage, and safe management of medical waste all reveal the tacit obedience and self-discipline of the clinical patient. His behavior models the compliance necessary to receive ongoing access to testosterone. Each video shows the self-surveillance of the individual as he documents his experience with T, as well as valorization of T, as “a wonder,” “a miracle,” and “completely life affirming.” As they scrutinize their bodies for evidence of physical change, viewers are invited to look with them. After multiple views of different videos, viewers begin to anticipate what is to be expected from T.

These vloggers often recreate or co-produce corporeal, medicalized, pharmaceutical, and masculine ways of looking and seeing, depicting the trans body as pharmaceutically and socially obedient. The proliferation of trans T videos and large audience views validate our claim of the emergence of a standardized transmasculine T script. Of course, this kind of sub/cultural conformity is not unique to this population.

Similar types of norms emerge in, for example, women documenting their pregnancies or skateboarders showing off their tricks. We find in our case a certain expected narrative arc of trans men's experiences with T—the trials and tribulations of gaining access to T, the joy and anxieties about injection sites, the thrill of physical changes, and the integration of ordinariness into their masculine presentation of self.

The dimensions of masculinization most commonly documented in the videos are deeper voices, facial and body hair, musculature, fat redistribution, vascularity, “bottom growth,”² and increase in libido. Videos highlight the changes as successful accomplishments of masculinity, achieved through consistent compliance with the medical indications of T injections. The affective manner by which the changes are narrated discursively (re)produce normative masculinity through word choices traditionally associated with male bodies, for example, “strong” and “big” muscles, “a lot denser,” “gaining strength,” “defined jaw lines,” “boners and stuff,” “extremely hairy legs.”

In the videos we sampled, not one individual described their bodily changes in gender neutral or feminine terms. No one said, “When I took T, I got flabby belly fat,” or “The curve in my shoulders became more gentle, and the slope of my chin into my neck became softer.” Testosterone will not make you prettier, or softer, or daintier. Spectatorship is recursive and layered in these videos. Viewers are imagined to watch and validate the transition, and thus participate in the admiration and fetishization of T.

“My First T Shot”

The “My First T Shot” genre typically takes place in a medical office with a health care provider (HCP) teaching the patient (usually in their teens or 20s) how to give themselves a shot. The layers of surveillance are multiple. The transmasculine patient watches the HCP demonstrate the injection procedure, then the HCP advises the patient as he gives himself his first shot. The camera videographer (often a girlfriend) is watching the interaction between the two, documenting it from the perspective of the extra chair in the office. The audience is presumed to be watching the video, perhaps aspiring to do the shots themselves.

These videos are celebratory, a palpable sense of joyful happiness is punctuated with statements like, “I’m living and alive and I have testosterone!” or “I had my first shot and it was beautiful.” The person filming often giggles. Most of the trans men express a relief of having the shot after several months or years of waiting to gain access to the prescription.

These feelings of elation are ostensibly contagious, and viewers are invited to join the trans man in feeling victorious. The comments on these videos are overwhelmingly positive: “congratulations bro!”, “Thanks so much for sharing your story with us. I admire your bravery,” “Hey man! Congrats, I can’t wait for my first shot. Stay strong!”

Time Lapse

In the Time Lapse genre, the vlogger edits together images or clips that show how their bodies have changed over time. The framing usually begins with “My name is x, and this is my voice x days/months on T.” This opening narration is frequently accompanied by a photo montage and a sound track of some emotionally charged music, often of a particularly masculine nature (for example, heavy metal).

Taken as a genre, the time lapse videos establish a range of variation and expectation. Viewers are trained to identify hallmarks of testosterone-induced physical masculinization, for example, voice depth, chest or facial hair, foot size, muscle tone. These videos document changes that occurred over the course of months

² The phrases “bottom growth” or “lower growth” are the most common ways that vloggers describe the clitoral growth caused by testosterone. Most of these trans T vloggers prefer not to use the word “clitoris” and instead use “dick,” “cock,” or “penis” to refer to that part of their genitalia. The purpose of this footnote is reader clarity, not the imposition (or removal) of the word “clitoris” onto (or from) men’s bodies.

or even years, but are condensed into three to five minutes. As a result, the masculinization process appears to occur rapidly, adding to the sense of T's magical powers.

Again, the narrative arc is normative–aspirational. Men become leaner and more muscular, never fatter or less capable, and they are made happier, freer, and more able through testosterone. In these videos, styles of adornment typically masculinize too: haircuts, outfits, and postures increasingly conform to normative male scripts as if these changes were somehow also caused by T. Here, becoming a man appears to require excising any trace of femininity from the self.

The Year in Review

The Year in Review genre—slightly different than a time lapsed video—is more carefully narrated by the vlogger. He offers a head to toe recounting of all the physical changes that happened to his body taking T for a specified time. This is typically delivered through talking straight into the camera, sometimes with still photographs of before-and-after shots.

Here is a transcription as an example of this type of video. This video has 128 thousand views.

I'm very happy with my beard, happy with everything T has done to me physically. I am going to do my emotions in another video but now just from feet to my hair. My feet are hairier, no change in foot size yet. Legs, hairier, leg hair gets thicker. I have increased muscle definition. I have lower growth. The earlier changes happened rapidly in the first year. My sex drive increased and my sensitivity increased. T stops the period. My butt crack is the hairiest place on my body. My pee smells different. I am stronger. My hips are a little smaller. My waist is bigger. I am less curvy. I am hairier on my tummy. The pre-op fat can redistribute out of your chest, but my chest hair was late to the fuzz party. My hands are the same but I am veinier and my shoulders are broader. Neck is thicker. Adam's apple became prominent. Voice has dropped considerably.... Don't give up hope on your beard. My jawline is stronger. My nose got bigger. My eyebrows bushed up a bit. I have some lost hair on my head. I sweat more and smell different. I weigh more. My measurements are different.

What to Expect

This genre is akin to a public service announcement in order to both dispel rumors and alleviate fears of what will happen when taking T. These videos read as a reality check and are an outlier to the three other more celebratory genres. While one man suggests, “we all want that deep voice and a cool beard,” he warns that when taking T there are things to be cautioned about. In the spirit of “What I wish I knew,” he warns, “Changes won't happen overnight, and you are just waiting for years.” He wants viewers to know that body heat and sweat production are greatly increased by taking T and that “fat does not just turn to muscle, and hair loss is possible.” The viewer is expected to know that these types of changes are obviously undesirable.

This genre is similar to “real talk” confessional vlogs about motherhood or weight loss surgeries. In this version of “real talk,” the vlogger is speaking directly to viewers who are considering taking testosterone, warning them about having reasonable expectations of T. “Muscles only happen if you work at it, [and] go to the gym.” In this case, T is necessary but not sufficient to achieve the ideal male body.

Injectable Panopticon

A founding and central theoretical frame for surveillance studies is that surveillance technologies produce subjectivities. The panopticon produces the docile body. Trans is what you get when you take gender nonconformity and run it through the medical–industrial complex. Most or all cultures have rituals by which girls become women, boys become men, men become women, women become men. Historically, these rites of passage have had to do with styles of adornment, role taking, and/or particular sexual behaviors. In this

cultural moment in the global north, the way you get from one gender to another is by going to the doctor. From the hegemonic standpoint of normalization, this is brilliant. An entire apparatus has emerged that is able to comprehensively identify and diagnose gender nonconformity and cull it back toward the center of the norm. You might not have to be a man or a woman, but you have to be trans or cis. In a sick twist, patriarchal heteronormativity escapes unscathed.

According to dominant, mainstream, white, American, middle class culture, cross-gender hormones and sex reassignment surgery are regularly understood as body practices at the furthest possible extreme edge of gender nonconformity. However, it is through these technologies—especially as they have been owned and controlled by the medical–industrial complex—that the “extreme” gender nonconforming subject is diagnosed and prescribed a set of treatments whereby nonconformity is redirected to imitate, (re)produce, and secure binary heteronormative gender norms. This process is supervised and documented by the state so as to neutralize any disruptions potentially interfering with the semiotic field of dominant gender dichotomies, hierarchies, and ideologies.

Conclusion

We have demonstrated how YouTube videos attest to the widespread internalization of the medical model of gender nonconformity for a particular population of trans men. What is insidious is not so much the panopticon or surveillance apparatuses or even the medical–industrial complex, but rather the seduction and banality of YouTube videos (Gillespie 2010). The four genres that we have identified are ways of seeing and knowing through which we have been trained to watch and anticipate insofar as they resonate with other ordinary genres like the before-and-after and the confessional.

In sum, we argue that the medical script of transitioning has diffused into broader cultural performances. Genres of Trans T YouTube videos reveal a set of discourses in which narrative resolution of proper transmasculine embodiment indexes the belief in dysphoria as a condition to be overcome through medicalization. Of course, the idea that the available hegemonic discourses shape and delineate probable or possible subjectivities is not new. At the same time that mainstream culture praises itself for relaxing gender norms, celebrating gender pluralism, and accepting trans people, we expose ways that binary, heteronormative masculinity is increasingly etched deeper into the cultural unconscious via the medicalization of gender nonconformity.

Acknowledgments

For their helpful comments, we thank Monica Casper, Andres Colapinto, Megan Davidson, Daniel Grinberg, Gary Kafer, Karen Miller, Jason Pine, and the anonymous peer reviewers.

References

- APA (American Psychiatric Association), ed. 2013. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (DSM-5). Washington, DC: American Psychiatric Association.
- Armstrong, David. 1995. The Rise of Surveillance Medicine. *Sociology of Health and Illness* 17 (3): 393–404.
- Beauchamp, Toby. 2006. Artful Concealment and Strategic Visibility: Transgender Bodies and US State Surveillance after 9/11. *Surveillance & Society* 6 (4): 356–66.
- Berlant, Lauren. 2007. Slow Death: Sovereignty, Obesity, Lateral Agency. *Critical Inquiry* 33(4): 754–781.
- Borck, C. Ray. 2017. Negligent Analogies. *Transgender Studies Quarterly* 4 (3–4): 679–84.
- Bradford, Nova J., and Moin Syed. 2019. Transnormativity and Transgender Identity Development: A Master Narrative Approach. *Sex Roles* 81 (5–6): 306–25.
- Bullough, Vern. 1975. Transexualism in History. *Archives of Sexual Behavior* 4 (5): 561–71.
- Caron, Caroline, Rebecca Raby, Claudia Mitchell, Sophie Thewissen-LeBlanc, and Jessica Prioletta. 2017. From Concept to Data: Sleuthing Social Change-Oriented Youth Voices on YouTube. *Journal of Youth Studies* 20 (1): 47–62.
- Cromwell, Jason. 1999. Passing Women and Female-Bodied Men: (Re)Claiming FTM History. In *Reclaiming Gender: Transsexual Grammars at the Fin de Siècle*, edited by Kate More and Stephen Whittle, 34–61. London: Cassell.

- Currah, Paisley, and Lisa Jean Moore. 'We Won't Know Who You Are': Contesting Sex Designations in New York City Birth Certificates. *Hypatia* 24 (3): 113–35.
- Currah, Paisley, and Tara Mulqueen. 2011. Securitized Gender: Identity, Biometrics, and Gender Non-Conforming Bodies at the Airport. *Social Research* 78 (2): 557–82.
- Dasgupta, Sayantani, and Shamita Das Dasgupta. 2015. The Public Fetus and the Veiled Woman: Transnational Surrogacy Blogs as Surveillant Assemblage. In *Feminist Surveillance Studies*, edited by Rachel E. Dubrofsky and Shoshana A. Magnet, 150–68. Durham, NC: Duke University Press.
- Duberman, Martin B. 1993. *Stonewall*. New York, NY: Plume.
- Dubrofsky, Rachel E., and Shoshana Amielle Magnet, eds. 2015. *Feminist Surveillance Studies*. Durham, NC: Duke University Press.
- Duncum, Paul. 2011. Youth on YouTube: Prosumers in a Peer-to-Peer Participatory Culture. *International Journal of Arts Education* 9 (2): 24–39.
- Eckstein, Ace. 2018. Out of Sync: Complex Temporality in Transgender Men's YouTube Transition Channels. *QED: A Journal in GLBTQ Worldmaking* 5 (1): 24–47.
- Ericson, Richard, and Kevin Haggerty. 1997. *Policing the Risk Society*. Toronto, ON: University of Toronto Press.
- Feinberg, Leslie. 1996. *Transgender Warriors: Making History from Joan of Arc to RuPaul*. Boston, MA: Beacon Press.
- Foucault, Michel. 1994. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York, NY: Vintage Books.
- Foucault, Michel. 1995. *Discipline and Punish: The Birth of the Prison*. New York, NY: Vintage Books.
- Giddens, Anthony. 1987. *The Nation-State and Violence: A Contemporary Critique of Historical Materialism*. Berkeley: University of California Press.
- Gillespie, Tarleton. 2010. The Politics of "Platforms." *New Media & Society* 12 (3): 347–64.
- Glaser, Barney G., and Anselm L. Strauss. 2009. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New Brunswick, NJ: Aldine.
- Green, Richard. 1969. Mythological, Historical, and Cross-Cultural Aspects of Transsexualism. In *Transsexualism and Sex Reassignment*, edited by Richard Green and John Money, 13–22. Baltimore, MD: Johns Hopkins Press.
- Haggerty, Kevin D., and Richard V. Ericson. 2000. The Surveillant Assemblage. *British Journal of Sociology* 51 (4): 605–22.
- Halberstam, Judith. 1998. *Female Masculinity*. Durham, NC: Duke University Press.
- Johnson, Austin H. 2016. Transnormativity: A New Concept and Its Validation through Documentary Film About Transgender Men. *Sociological Inquiry* 86 (4): 465–91.
- Kuntsman, Adi. 2004. Cyberethnography as Home-Work. *Anthropology Matters* 6 (2).
- Lyon, David. 2001. *Surveillance Society: Monitoring Everyday Life*. Philadelphia, PA: Open University Press.
- Lyon, David. 2002. Surveillance Studies: Understanding Visibility, Mobility and the Phenetic Fix. *Surveillance & Society* 1 (1): 1–7.
- Lyon, David. 2007. *Surveillance Studies: An Overview*. Cambridge, UK: Polity.
- Mason, Corinne. 2016. Race, Media, and Surveillance: Sex-Selective Abortions in Canada. In *Expanding the Gaze: Gender and the Politics of Surveillance*, edited by Emily van der Meulen and Robert Heynen, 135–55. Toronto, ON: University of Toronto Press.
- Meyerowitz, Joanne J. 2004. *How Sex Changed: A History of Transsexuality in the United States*. Cambridge, MA: Harvard University Press.
- Moore, Lisa Jean, and Paisley Currah. 2015. Legally Sexed: Birth Certificates and Transgender Citizens. In *Feminist Surveillance Studies*, edited by Rachel E. Dubrofsky and Shoshana A. Magnet, 58–76. Durham, NC: Duke University Press.
- O'Neill, Matthew G. 2014. Transgender Youth and YouTube Videos: Self-Representation and Five Identifiable Trans Youth Narratives. In *Queer Youth and Media Cultures*, edited by Christopher Pullen, 34–45. London, UK: Palgrave Macmillan.
- Oudshoorn, Nelly. 1994. *Beyond the Natural Body: An Archaeology of Sex Hormones*. New York, NY: Routledge.
- Parkes, A. S. 1966. The Rise of Reproductive Endocrinology, 1926-1940. *Journal of Endocrinology* 34 (3): xx–xxxii.
- Phillips, David, and Carol Cunningham. 2007. Queering Surveillance Research. In *Queer Online: Media Technology and Sexuality*, edited by Kate O'Riordan and David Phillips, 31–44. New York, NY: Peter Lang.
- Preciado, Beatriz (now Paul). 2008. *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era*. Translated from the French by Bruce Benderson, 2013. New York: Feminist Press at CUNY.
- Roberts, Dorothy. 2015. Race, Gender, and Genetic Technologies: A New Reproductive Dystopia? In *Feminist Surveillance Studies*, edited by Rachel Dubrofsky and Shoshana A. Magnet, 169–86. Durham, NC: Duke University Press.
- Snelson, Chareen. 2015. Vlogging about School on YouTube: An Exploratory Study. *New Media & Society* 17 (3): 321–39.
- Taylor, Yvette, Emily Falconer, and Ria Snowdon. 2014. Queer Youth, Facebook and Faith: Facebook Methodologies and Online Identities. *New Media & Society* 16 (7): 1138–53.
- Toffler, Alvin. 1980. *The Third Wave*. New York, NY: Bantam Books.