

Review: ***“Everyone has a body”*: Decentering Cis-Bodies in Theory and Practice** – Works in the Works

A Talk by Prof. Sarah Price

October 28th, 2025, Department of Humanities, City Tech, CUNY

For the Humanities Department’s *Works in the Works* lecture series on Tuesday, October 28th, 2025, Dr. Sarah Price, Assistant Professor of Health Communication of the Humanities Department at City Tech, presented her recent research project in the form of a paper that is currently in the revise and resubmit stage. The research project was conducted by Dr. Price with E. Cizek from University of Texas at Austin and Dr. Richard Mocarski from Northern Illinois University. The project seeks to analyze how Trans* individuals, in a political era of increasing misinformation and restrictions on gender-affirmation, act as health communicators. In so doing, the study shifts the understanding of health and healthcare away from a focus on cisgender people, with a recognition of how the history of healthcare in the U. S. and Western cultures has been based on discriminatory practices. The study looks more specifically at how Trans* influencers use their platforms to reconfigure dominant conceptualizations of health and healthcare as it pertains to Trans* people in the U. S.

Dr. Price started her talk by giving a general overview of the broader study on Trans* influencers, health practitioners, and Trans* community members. She reminded the audience that the paper is part of her larger study project with Dr. Cizek and Dr. Mocarski and that it consisted of interviews with Trans* influencers, interviews with healthcare practitioners, and interviews with Trans* community members. The study seeks to determine how to better incorporate Trans* people into generalized healthcare beyond just gender-transition related care or other illness and afflictions that are often labeled as Trans* healthcare, and how to ensure that Trans* people are getting the healthcare they need without being singled out as an othered category. The individual paper in her talk focused on the interviews with the Trans* influencers.

Before she discussed the analysis in Cizek, Mocarski and Price’s paper and its methodology, Dr. Price explained the terminology used in their study. Trans*, for example, is an umbrella term used to refer to people whose gender identity and/or expression differs from what they were assigned at birth. This includes, but is not limited to, people who are trans-sexual, transitioned, transgender, genderqueer, genderfluid, gender-diverse, non-binary, two-spirited, and gender-questioning, and many more. She also explained other key terms, such as ‘cisgender/cis-normative’, ‘influencers/content creators’, ‘biomedical model’, and ‘-socio-ecological model.’ Throughout the study, the focus is on discourse and interviews conducted with Trans* influencers and content creators, which terms are used interchangeably in their study. The analysis of their study, Dr. Price pointed out, is framed between a biomedical model of health

and a socio-ecological one. While much health practice is still predicated on the biomedical model, which fails to treat and incorporate people outside of that idealized health body that generally is the white cisgender, heterosexual male, within the study, health communication serves as a crucial shift from the biomedical model to the socio-ecological model of health practices. She stated that influencers have the ability to enhance campaign engagement and message credibility, often across varying levels of these platforms through their media presence. And they have the capacity to act as both producers and mediators of health discourse. Trans* influencers, with their comments and responses throughout their study, are complicating traditional biomedical model of public health messaging and challenging these exclusionary logics of biomedical paradigms. In so doing, Trans* influencers are able to identify where and how dominant healthcare practices fail Trans* people at large.

Dr. Price moved on to explain the methods they used in their study, which includes semi-structured interviews with both Trans* and gender diverse content creators and with social media influencers, and was conducted in 2023. Most of the questions within the interview scripts focus on how Trans* influencers and content creators would feel safest and most comfortable partnering with healthcare practitioners within health advocacy and campaigns. As the researchers began their analysis, they found that the responses of the Trans* influencers and content creators naturally fell within the themes and layers of the socio-ecological model, based on both the content they have already produced and how they both engage with and share their current health stories and narratives.

The analysis of their study, Dr. Price stated, is split into three sections: 1. Community: Persona of authenticity and influence; 2. Interpersonal: friends, family, and gender joy; 3. The societal as individual. Many of the participants in their study discussed their construction of the persona of authenticity, focusing on developing trust and a persona that demonstrates connection with the community that they had created. As one participant commented, "My goal is not to be an influencer. My goal is to have influence." Many of the participants vocalized the same goal of influencing change. By sharing their personal experiences and stories, Trans* influencers were not just giving examples of Trans* healthcare, but also creating communities and themselves creating resources that had not been available to them. They were seeking to disrupt these cis-centric iterations of Trans* identity and anti-Trans* imagery. Another participant commented, "Social media can be a tool to amplify my voice and the issues of my community. And also [in] addressing a lot of the hate that indigenous peoples get online [...] I have really been intentional about what I post, what I share." Through her authentic voice and advocacy-oriented goals, Dr. Price pointed out she is working specifically to shift health discourses away from biomedical erasure of Trans* health and healthcare, and away from the flattening of Trans* identity as the singular defining identity of these patients, into a recognition of the intersectional identities of these patients as holistic people. This persona of authenticity serves to create and build a

community across digital platforms, through visibility and trust. Dr. Price then further discussed the interpersonal layer that focuses on the relationship with friends and family and on constructing moments of gender joy. The participants talked about how their relationships shape health experience and emotional well-being--as exemplified by Dr. Price's quotes from the interviews. In sharing personal stories, the Trans* influencers created a space within their platforms for a sharing of healing, hope, and love that is often denied and not explored within Trans* healthcare and Trans* narratives. These relational moments are made visible through their social media platforms, and they challenge dominant narratives of Trans* life as solely characterized by discrimination and suffering. Instead what is offered is alternatives scripts of love, care, and joy. In relation to Trans* health and the socio-ecological model, Dr. Price stated, this work creates a space of positivity and healing for both the influencers and their followers. The work further underlines that Trans* people have the rights to joy and health that cisgender people have without question.

Dr. Price went on to discuss the section of the Societal as Individual by quoting comments from the interviews. She pointed out that the quotes demonstrate how often Trans* people's medical needs are conflated with their Trans* identity. Their medical needs are often flattened into solely their Trans* identity, which leads to a failure to treat them as patients beyond that identity marker. Many of these Trans* influencers developed their platforms in response to this consistent politicalization of their Trans* identity and the erasure that they are experiencing in healthcare settings. By quoting a participant's comment, Dr. Price stated that Trans* health "needs to be incorporated into just health care – because that's what it is for us. It's just health care."

Dr. Price moved on to list the participants' "recommendations for practice" in their study. The researchers found that Trans* influencers have the ability to foster trust within marginalized populations, and that they both create and become credible and strategic health communication partners. These influencers generally call for a recognition of the need to incorporate Trans* people as partners, advocates, and voices throughout each step of health campaign or health intervention, and not just bring them in as a tokenized image or idea. The participants' recommendations include "collaboration and co-development of messaging", "participatory policymaking" and "inclusive language and imagery throughout institutional storytelling".

Dr. Price concluded that "Influencers redefine health away from the biomedical pathologization of Trans* identity, in their attempt of normalize Trans* bodies and Trans* people in all aspects of health care and health access." She quoted a participant by saying "Normalize just talking about our bodies because that's what they are. They're just our bodies. Everyone has a body." She emphasized that their research findings urge institutions and practitioners to begin to

reimagine health as a socio-ecological and political, cultural process that must engage the reality and needs of Trans* and other marginalized populations.

Review by Dr. Zhijian Qian