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A brief exercise in currere and bathroom bills

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ABSTRACT
North Carolina voted into law legislation known as the Privacy Facilities and Security Act, commonly known as HB2 or the anti-transgender “bathroom bill.” We use Pinar’s (1975a, 1975b, 2012) currere methodology as a brief exercise in deconstructing this bathroom bill and others similar to it. In this short piece, we go through each moment: the regressive, progressive, analytical, and synthetical. Historical, social, and biological aspects of the bill are discussed and critically analyzed to outline a pathway to a synthetical moment that includes cultural reconceptualization, social justice, and equality for disenfranchised groups such as transgender, intersex, and gender nonconforming people.

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Introduction

Over the last year or two, anti-trans rhetoric has dominated television and social media. Misinformation about the transgender and gender diverse community has skewed public opinion on issues such as transgender people in the military and preventing transgender people from going to the bathroom that aligns with their gender identity. Part of this, we believe, can be attributed to the lack of consensus on how gender identity is operationalized in nationally representative surveys over the decades, if represented at all. Though transgender people have existed since the very beginning of time, not having a box to check on national surveys for gender identity could potentially provide a false impression that transgender people do not exist, or that it is a “trend.” The purpose of this paper is to use Pinar’s (1975a, 1975b, 2012) currere to deconstruct the North Carolina Public Privacy Facilities & Security Act, better known as House Bill 2, or HB2 (2016) and other anti-transgender bathroom bills similar to it.

North Carolina received the most media attention last year with its HB2 (2016). HB2 prohibited transgender, intersex, and gender nonconforming people from going into the restroom that aligned with their gender identity. Instead, it focuses on “biological sex,” terminology we deconstruct.
The conservative right contends that this bill is for the security of women and children, namely daughters, keeping pedophiles and perverts away from sharing public restrooms with them. Politicians in other states showed support, among them, Lieutenant Governor Dan Patrick of Texas and Texas Senator Ted Cruz (Svitek, 2016). Discrimination of this type has occurred in the United States before. This article seeks to start what Pinar (2012) calls a “complicated conversation” (p. 2) about anti-trans bathroom bills through the method of currere, in order to show how this phenomenon is another wave of discrimination we saw during the Civil Rights Movement. We contend that issues surrounding these so-called “bathroom bills” are different versions of black vs. white racism from the Civil Rights era.

To deconstruct these bathroom bills, we must first understand how the term “transgender” is defined. The World Professional Association for Transgender Health, or WPATH, has a set of medical guidelines known as “Standards of Care” for doctors and nurse practitioners of transgender people (Coleman et al., 2011). WPATH recognizes the term transgender as a medical condition requiring care and provides recommendations based on evidence from North American and Western European journals. Coleman et al. (2011) suggest that while transgenderism is often diagnosed as a gender identity disorder in manuals such as the Diagnostic Statistical Manual of Mental Disorders (DSM),

[T]ranssexual, transgender, and gender nonconforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatment options are available. The existence of a diagnosis for such dysphoria often facilitates access to health care and can guide further research into effective treatments. (Coleman et al., 2011, p. 169)

This is an important point made by medical professionals, as arguments exist implying that transgender, intersex, and gender nonconforming people are making a choice.

The steps of currere

Pinar (2012) writes, “As a verb—currere—curriculum becomes a complicated, that is, multiply referenced, conversation in which interlocutors are speaking not only among themselves but to those not present, not only to historical figures and unnamed peoples and places they may be studying, but to politicians and parents alive and dead, not to mention to the selves they have been, are in the process of becoming, and someday may become” (p. 43). Currere consists of four steps, which Pinar (1975a, 1975b, 2012) refers to as moments: the regressive, the progressive, the analytic, and the synthetical moment. This paper goes through each moment in depth.
The regressive moment

Pinar (2012) describes the regressive moment as one where we must reexperience the past in order to fully understand the “nightmare that is the present” (p. 45). History is full of examples where civil liberties have been limited and/or withheld from minorities through disenfranchisement laws. The Jim Crow Era represented a formal and codified system of racial apartheid that dominated the American South from the 1890s through the 1960s with mandated segregation of schools and public areas. In theory, these were facilities that maintained a “separate but equal” status. In practice, public facilities were consistently inferior in quality for black citizens. In recalling history, Pinar (2012) writes, “[We are] not hijacking history for pedagogical purposes, but, rather [we are] attuning [ourselves] to the period in order to relocate to the present” (p. 71). The HB2 bill is eerily reminiscent of laws of the past that limited the civil liberties members of society that represent a minority. Though not an exact comparison of civil rights of the black experience, the current injustices perpetrated against the LGBTIQ community cannot be ignored.

The progressive moment

Pinar (2012) describes the progressive moment as one where we look into possible futures. Even though the Supreme Court of the United States has legalized same-sex marriage, transgender people remain with little rights. Two possible options for the future of transgender people might exist. One option treats transgender and gender nonconforming people humanely, and allows them to enter the bathroom that aligns with their gender identity. This will likely bring backlash from conservatives and possibly go to the Supreme Court of the United States. However, this could dissipate over time and transgender people would not have to fear going into the restroom they identify with.

The other option is a much more grim one. In this option, HB2 and others like it would keep transgender and gender nonconforming people from going to the restroom that aligns with their gender identity. Since HB2, several news sources have reported how cisgender people that have been perceived to be transgender by an onlooker, creating a potentially traumatic experience for citizens (Nicholson, 2016; Taylor, 2016). In this possible future, transgender people are seen as second-class citizens. The message sent to children would keep them from eating or drinking anything at school for fear of being harassed in the restroom.

The analytic moment

The analytical stage requires an analysis of both the past and the present (Pinar, 2012, p. 46). HB2 and others like it have amended sections that
include definitions of “biological sex” referring to the individual’s birth certificate. This definition categorizes individuals into a dichotomy, which does not accurately represent the entire population.

Humans have 23 pairs of chromosomes—22 autosomes-nonsex chromosomes and one pair of sex chromosomes. Chromosomes are cellular genetic structures that carry genes that transmit hereditary characteristics from the parent to the offspring. Sex chromosomes are believed to carry specific genes associated with sexual development. Euploid sex chromosomal conditions traditionally include males as being hemizygous, XY, and females being XX. Individuals who are aneuploidy have the lowest frequency represented in the population. There are several examples of aneuploidy sex chromosomal conditions with varying frequency, according to the World Health Organization (WHO). For example, individuals with Turner syndrome are considered have only one X-chromosome, with a frequency of 1 in 3000 live births. Individuals with XXX chromosomes are considered female. Those with Klinefelter syndrome XXY are considered male although they have two X-chromosomes. The additional chromosome results in abnormal development of testes, lower amounts of testosterone, and are generally infertile. Klinefelter occurs 1 in 6000 males. Individuals with XYY chromosomes have an additional Y-chromosome and produce an increased amount of testosterone.

Hermaphroditism is an autosomal inheritance condition, which suggests that sexuality and sexual development are controlled by genes that are not exclusively limited to the sex chromosomes. There are other autosomal conditions that impact sexual development such as congenital adrenal hyperplasia and androgen insensitivity syndrome. Congenital abnormalities of the reproductive and sexual system are collectively known as intersex. There is not a unified parameter to document the population frequency of these individuals. However, Intersex Initiative (2005) estimates 1 in 2000 children or about five children per day are born intersex. Research suggests that the dimorphism development with respect to sex chromosomal composition, gonadal structure, hormone levels, and structure of the internal genital duct system, and external genitalia represents a platonic ideal and not actually achieved in the natural world. Estimates of all known causes of nondimorphic sexual development suggest that 1.7% of all live births do not conform to a platonic ideal (Blackless et al., 2000). This biological examination of the terms male or female does not include the psychological aspect of sexuality that further complicates the conversation about gender and sexuality.

Not only does bathroom bill legislation emphasizing “biological sex” fail to include all members of society, neither do bathrooms that impose a dichotomous categorization of gender. The population does not contain
only biological males or females in the way that we historically have thought of sex. Additionally, this legislation is inherently discriminatory against many individuals who may not conform to a traditional gender presentation as evidenced by the reports mentioned before (Nicholson, 2016; Taylor, 2016), regardless of what is assigned on the birth certificate. A greater conversation to be had at another point consists of society’s intermixing of sex and gender without understanding the differences.

**The synthetical moment**

The last step of *currere* is known as the synthetical moment. Pinar (2012) writes, “This is the moment in which self-study becomes reconstructed as public service” (p. 47). Gender diversity is a complicated conversation that this country has begun to unravel. Transgender, intersex, and gender non-conforming people have existed for as long as people have. It takes much more from us to be open to anyone that is different from what we have been taught and socialized as since we were born, as we can learn from Butler’s (2006) theory of gender performativity. Butler (2006) argues that gender is socially constructed. While estimates of the transgender community show that it makes up of approximately 1.4 million people (Flores, Herman, Gates, & Brown, 2016), and about 150,000 youth ages 13–17 in the United States (Herman, Flores, Brown, Wilson, & Conron, 2017), teaching our children to have a better understanding of other possible human conditions outside of the gender binary has the potential of creating a more inclusive environment for all kinds of differences.

**Contributors**

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constructive postmodern understandings of education, queer studies in gender and sexuality, and Process philosophical visions of creativity and change.

**Note**

1. We keep the term “medical condition” to show the unfortunate need for transgender people to feel obligated to use this term as many insurance companies will not cover medical care related to transition without deeming it a medical necessity.

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