

Gender Identity, Ohio Politics, and Academic Freedom: A Critical Discourse Analysis to Expose Disinformation

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Abstract

Academic freedom is under threat from an anti-diversity, equity, and inclusion movement in parts of the United States. Antiscience disinformation is being deployed as a political tool of authoritarianism. Transgender, gender nonbinary, and intersex individuals have become a target of a significantly high number of anti-LGBTQI+ legislative efforts across the nation intent on removing personal autonomy and civic protections. In this article, our critical discourse analysis (CDA) examines truth-telling versus propaganda used as a strategy of authoritarianism in Ohio politics. We explore policy implemented by the Ohio State Board of Education, as well as the ban on gender-affirming health care, and discuss the implications for the mental health and well-being of gender-diverse students. This CDA highlights the importance of academic freedom in developing and maintaining inclusive policies and welcoming environments for LGBTQI+ students within higher education.

Gender Diversity in Higher Education

Academic freedom in the United States is being targeted with legislation that minimizes or eliminates diversity, equity, and inclusion (DEI) policy in education, including LGBTQI+ support programs, sex education, and scholarship on sexual orientation and gender identity (*Chronicle of Higher Education* 2024). Disinformation has fostered anti-DEI and anti-transgender political action. This leads to a reduced ability in society to recognize harmful propaganda and ultimately promotes unsafe school policies for transgender, gender nonbinary, and intersex students (Tran et al. 2023).

Prejudice against gender-diverse people is manifested through sexual-specific disgust and right-wing authoritarianism (Chamorro Coneo, Navarro, and Quiroz Molinares 2023). Oppression that removes “undesirables” from public spaces is associated with authoritarian regimes. A moral panic has led to the introduction of 658 anti-transgender bills in the United States in 2024, compared to 32 bills just five years ago (Trans Legislation Tracker 2024). Tactics to eliminate civil liberties have been used against marginalized people throughout history (Osborne et al. 2023). The LGBTQI+ community is particularly vulnerable given the rise of Christian nationalism (Bjork-James 2019; Du Mez 2020).

In this article, we explore academic freedoms using critical discourse analysis (CDA). Ohio public policy exemplifies the disconnect between scientific research findings on gender identity and what is presented in anti-LGBTQI+ legislative action. A CDA that arrays the knowledge presented by learned societies against political language (in written and verbal testimony) reveals disinformation indicative of authoritarianism. We discuss the detrimental implications for the health and well-being of the gender-diverse population.

Academic Freedom and Authoritarianism

Academic freedom has decreased worldwide (Spannagel and Kinzelbach 2023), while antidemocratic authoritarianism has increased (Frantz 2018). A lack of academic freedom is associated with rule by authoritarian governments (Dreiling and García-Caro 2023). Challenges to academic freedom in the form of anti-DEI movements have prompted concern about the rise in authoritarianism (Schoorman and Gatens 2023; Morton 2023).

Universities are a prime target for authoritarian politics. Higher education promotes critical thinking skills as protection against disinformation. Young adult voters tend to be left-leaning politically and more likely to accept truth claims based on contemporary science. Students away from their families employ academic independence to develop their own sense of self. Opinions based on broader exposure to academic disciplines, diverse people and cultures, and modern scientific evidence might contrast with a conservative or religious upbringing. Authoritarian political action to minimize scholarship and reduce support for the LGBTQI+ community is, therefore, strategic in maintaining social prejudices, knowingly or otherwise (that is, explicitly or implicitly), toward the gender-diverse population.

Disinformation as a Tool of Authoritarianism

Critical discourse analysis evaluates communication used for political purposes (Fairclough 2003). Actions taken by governments, institutions, or group leaders are enabled through rhetorical processes designed to obscure, misrepresent, and delegitimize disciplinary-based information (Johnstone 2018). CDA uncovers techniques of control, illuminating text and speech used to construct social realities. It allows us to analyze the explicit and implicit meaning of discourses, including “why something has been said or written” (Fairclough 2003, 11), and thereby expose disinformation and oppressive power structures.

Higher education that exemplifies academic freedom offers respectful and inclusive environments for gender-diverse students (AAUP 2021). We argue that disinformation works in tandem with anti-DEI legislation to not only restrict academic freedom but also maintain anti-LGBTQI+ attitudes and create disrespectful and even harmful laws. Between 2018 and 2022, an increase in youth suicidality was documented by up to 72 percent in US states that enacted anti-transgender laws, suggesting causality when compared to states without such legislation (Lee et al. 2024). Research describing gender identity and the long-established efficacy of gender-

affirming health care provides an opportunity to examine related present-day public policy. Language reinforcing a gender binary of “biological sex” (male; female) is pervasive in legislative action, purposefully used to suppress the legitimacy of gender-diverse people while claiming such action to be righteous.

We examined public policy texts to perform a CDA of the Ohio State Board of Education (2022) Title IX Resolution and the Ohio Saving Adolescents from Experimentation (SAFE) Act (House Bill 68), passed in December 2023. We participated at statehouse hearings, submitted oppositional written testimony, and in various ways witnessed firsthand how discourse was arranged to create prejudicial laws that weaken inclusive social structures for this vulnerable population.

Title IX According to the Ohio State Board of Education

The Ohio State Board of Education passed a resolution that dismisses Title IX federal guidance related to sexual orientation and gender identity. The text of the resolution, as well as discourse during committee debate, relied heavily on an outdated and simplified binary concept of gender, acknowledging cisgender identities only. The Ohio State Board of Education (2022) stresses the “physiological differences between *male and female sexes*,” “declares its emphatic support for Title IX of the Education Amendments of 1972,” and “considers the *original* and authentic meaning of the law to be a historical and continuing pillar in upholding the rights and opportunities of women and girls” (emphasis added).

This assertion contradicts knowledge about gender-diversity in humanity that has advanced considerably since 1972 (Stryker and Whittle 2006). *Diversity (or differences) in sexual development* is medical terminology that recognizes the complexity of individuals who are not represented within a gender-binary conceptualization of “biological sex” (Legato 2020; Davis 2015).

The gender-diverse community is estimated to be 10 percent of the world population, with about 1.5 percent intersex and as high as 2.9 percent transgender individuals (Monro et al. 2021; UCLA School of Law, Williams Institute 2021). The human reproductive system is complex, as is the case in all biological systems. The gonadal appearance of the body is a poor marker of gender, yet it is ubiquitously used in public policy to reinforce an established social convention. This is counter to an understanding that has gone through tremendous social change in response to scientific research findings. Although the appearance of the body and gender are treated as synonymous, biological sex is not synonymous with gender.

Intersex individuals are born with physical conditions that cause the body to not fit either a male or female social designation. Variations in biological processes, chromosomally and hormonally, influence genital appearance and secondary sex traits that are not exclusively binary. More important, gender identity (personal identification) is a known human attribute considered to be biologically innate; it is not subjective or simply a “feeling” (Legato 2020). Although cisgender people exhibit a sense of self that aligns with observable physical traits, gender identity

can be incongruent with body sex traits (transgender) or nondelineated as either male or female (nonbinary). Gender identity for the gender-diverse population emerges in early childhood in a process similar to that experienced by people with cisgender identities (deMayo, Jordan, and Olson 2022).

Currently, transgender people are not labeled as mentally ill because “all gender variance [is] a healthy part of human variation, not [a] pathology or disorder” (Lane 2009, 150). A human value judgment that once considered gender diversity to be a disorder has been corrected, just as we no longer consider left-handedness to be abnormal or problematic. Medical records from the early 1900s onward provide evidence of the healthiness of gender diversity (Gill-Peterson 2018), as do well-documented, successfully lived transgender experiences (Halberstam 2018; Meadow 2018). Medical intervention has become less biased (that is, prejudicially binary) and more patient-centered to mitigate mental illness caused by society’s reaction to the existence of gender-diverse people, known in literature as minority stress (Pellicane and Ciesla 2022).

Acknowledging gender-diverse people is based on established science. Furthermore, research shows that antiharassment policies have a strong negative association with suicidality among LGBTQI+ youth (Goodenow, Szalacha, and Westheimer 2006; Duarte et al. 2022). When such policies are explicit, the denigration of the “other” is countermanded (UCLA School of Law, Williams Institute 2024; Toomey, McGuire, and Russell 2012). According to research in education and family psychology, gender-diverse people who are respected in their expressed gender are far more likely to thrive, personally and academically (Pollitt et al. 2021; Davidson et al. 2014; Heatherington and Lavner 2008).

The Ohio State Board of Education has prejudicially codified the gender binary into educational policy, counter to biological, sociological, and medical understanding (Hines 2010; Riggs et al. 2019; Davis 2015; Stryker and Whittle 2006). This action set the stage for Ohio House Bill 68 and House Bill 183, respectively a ban on trans participation in school sports and a mandate that trans people use the bathroom according to their “biological sex.” Biological sex is defined in H.B. 183 as biological indicators of male and female “without regard to an individual’s psychological, chosen, or subjective experience of gender” (14).

Such policy negatively heightens attention to gender-diverse students who are already under public scrutiny, as well as the potential for hostile school climates (Savage and Schanding 2013; Maroney et al. 2021). Delegitimizing gender-diverse students is counter to decades-old and well-understood ideals of inclusivity in education known to be beneficial for the academic and social well-being of all students, but especially LGBTQI+ groups (Toomey, McGuire, and Russell 2012; Tran et al. 2023).

Targeting Health Care for Transgender Youth

The transgender community asks for freedom to make personal decisions about their own physical bodies as informed by an intrinsic gender identity (sense of self). Legislation has

removed medical and mental health support decisions from these individuals, while normalizing surgery on intersex infants and toddlers without their consent and at great cost to mental health later in life (Davis 2015). Paradoxically, this medical approach eliminates body autonomy and human rights from both intersex and transgender people using institutional cisgender privilege. Since becoming law in December 2023, H.B. 68 establishes a complete ban on gender-affirming health care for youth and bars trans youth from playing school sports.¹ Only nonaffirming protocols such as conversion therapy, a banned practice in most health-care settings, are allowable under H.B. 68. In contrast, gender-affirming health care is supported by essentially all mainstream professional associations (see the comprehensive list published by GLAAD 2024), based on decades of medical research. The American Psychological Association (2024) issued a statement highlighting the use of misinformation in politics, explicitly denouncing this practice as a strategy to restrict transgender medical rights.

During hearings, opponents of H.B. 68 outnumbered supporters 7 to 1 but received four times less opportunity to provide expert testimony using academic sources. Lawmakers and their supporting witnesses employed a disinformation strategy as common fearmongering (claiming, for example, that trans girls are dangerous or trans ideology is a menacing social contagion, that trans people are delusional, and that detransition is common). Gender-affirming health care includes a host of elements (such as counseling, expert multidisciplinary teams, and parental involvement), yet as a shock tactic to garner support it was portrayed as radical surgery on minors, even though hospital administrators testified that gender-affirming surgery for patients under the age of eighteen is not performed in Ohio. An out-of-state detransitioned patient was discursively positioned as being a typical health-care outcome when in fact regret rate is low (less than 2 percent) (Coleman et al. 2022; Bustos et al. 2021). Anything below 100 percent satisfaction was presented as problematic, which is an impossible standard not applied to any other health-care measure.

Proponents of H.B. 68 misrepresented the evidence on gender and medicine, even after days of testimony and stacks of shared scientific papers. According to AP News, “Sen. Kristina Roegner [the committee chair] falsely asserted on the [Ohio] Senate floor that there is no such thing as gender-affirming care or a gender spectrum and called such care a ‘fool’s errand’” (Hendrickson 2024). The contemporary understanding among child psychologists is that “the concept of the gender binary has been replaced in recent thinking by the concept of a gender spectrum” (Ehrensaft 2014, 35). Roegner also claimed that biological sex begins at conception and remains constant, ignoring the complexity of gender and our current knowledge base as revealed directly by the gender-diverse community for over a century (Griffiths 2018; Stryker and Whittle 2006).

Biological sex is related to gender, but biological sex and gender identity are not always congruent. Language in H.B. 68 erroneously portrays the terms as interchangeable. It uses a

¹ House Bill 68 was associated with a school sports ban that will not be addressed in our discourse analysis.

rhetorical strategy to declare that gender identity is subjective, not innate. Such a position leads to the understanding that gender identity is irrelevant to establishing personal rights. At no point is “gender” adequately defined in H.B. 68, while the term is extensively used to reject gender-affirming health-care measures. Proponents of the bill asserted that gender incongruence is a mental illness, allowing them to posit sex assigned at birth as the only “normal” attribute worthy of “protection,” and thereby privilege cisgender citizens.

When affirmed in their gender, the gender-diverse population exhibits similar rates of mental health status compared to cisgender peers (Coleman et al. 2022; Olson and Durwood 2016). Reduced mental health is often indicative of societal rejection and hostile public policy (Platt, McCown, and Szoka et al. 2021; Vargas and Farquhar-Leicester 2023; Lee et al. 2024). For example, proponent testimony for H.B. 68 blamed patients for their lowered mental health by falsely claiming that mental health gets worse due to their own health-care choices. Rather, it is relational rejection (that is, prejudicial policy such as H.B. 68) that will increase minority stress as social stigmatization leading to lowered mental health for gender-diverse people (Miller and Grollman 2015; Pellicane and Ciesla 2022).

Additional discursive tactics used during the proceedings included (and are archived in Ohio Channel 2023–24 Senate and House committee recordings) the Ohio Center for Christian Virtue’s endorsement of H.B. 68 using “male”/“female” (binary, religious) arguments not supported by a comprehensive review of scientific literature; the presentation of proponent medical experts who were not specialists in gender-affirming medicine; Senator Andrew Brenner’s statement that science supporting the health care had not been shared with committee, implying that such evidence does not exist (coalitions did forward multiple resources, multiple times, including by us); and a strong reliance on detransition stories with no examples indicating faulty medical practices in Ohio. In fact, testimony was given by detransitioned Ohioans who disagree with health-care bans.

Statements in H.B. 68’s Section 2 are in direct opposition to well-analyzed scientific literature (Roberts et al. 2022; Almazan and Keuroghlian 2021). Medical efficacy has been documented despite the difficulty in performing longitudinal long-term studies, as a typical criticism of gender-affirming health care. A recent national survey presents the personal experiences of 92,329 transgender participants (National Center for Transgender Equality 2022). More than a third of respondents (around 35 percent) reported being harassed within the last year, yet 94 percent indicated greater life satisfaction after gender-affirming care. Even under severe societal prejudice, this population finds such health care to be beneficial.

Long-term longitudinal studies are notoriously challenging to perform in medicine, particularly for marginalized groups as victims of discrimination. Proponents of H.B. 68 used a transgender health-care disparity as propaganda to imply that gender-affirming health care is risky and unproven. Legislators have punished those given low priority in medical research (in

terms of dollars, population size, interest, and social capital) by victimizing them further through legislation that eliminates their needed health care.

Proponents of H.B. 68 claim that “biological sex,” not gender, determines one’s full personhood, effectively privileging the cisgender population in lawmaking. Even the name of H.B. 68, the Saving Adolescents from Experimentation (SAFE) Act, is misleading, giving the false impression that such health care is brand new, ineffective, or unmanaged. All these rhetorical strategies dehumanize the gender-diverse community and lead to a conclusion that gender-affirming health care is contraindicated, irrespective of decades of medical evidence in support of such care, including for transgender youth (Coleman et al. 2022).

Implications for Reduced Academic Freedom

Academic freedom in Ohio public health care and education has been compromised through public policy that disregards the full depth and breadth of medical science. The backers of H.B. 68 provided no citations to corroborate its medical statements, while ignoring significant evidence in support of gender-affirming health care. Scientific reports supplied by Ohio hospitals, universities, nonprofit groups, and families did convince Republican governor Mike DeWine to veto H.B. 68, but the legislature overrode his veto in January 2024, illustrating the power of disinformation in oppressive politics.

Anti-transgender legislation in Ohio was successful in no small part due to the function of language and its use in constructing falsehoods. Rather than listening to informed experts, including gender-study professionals, gender-diverse patients, and their parents, the power to make personal medical choices has been handed over to uninformed voters and politicians influenced by a disinformation campaign. A dehumanization of gender-diverse people is the consequence of claims to protect children (but only cisgender children). The resulting oppressive environment has forced families with transgender youth to contemplate moving out of Ohio (TransOhio 2024). This diaspora of transgender youth seeking sanctuary is an outcome of Ohio’s anti-transgender public policy.

Ohio is fortunate to have several world-renowned, high-quality hospital systems, but these are now impeded in the delivery of medical services. Every gender-diverse Ohioan has basically been labeled as mentally ill according to gender-binary arguments employed by both religion and politics, which scientific research has shown to be an obsolete and stigmatizing understanding. More significant, with implications for medical ethics, a complete health-care ban eliminates the ability to perform long-term longitudinal studies, thereby worsening an already problematic health-care disparity for gender-diverse youth. This will have long-lasting negative impacts on current and future generations of gender-diverse people, to the exclusion of transitioned bodies and patient well-being, thus minimizing their integration into society. This social removal of “undesirables” is an implicit objective in targeting this population, first vulnerable children and then adults.

Serving Gender-Diverse Students in Higher Education

This article has illustrated how language was used in Ohio politics, arraying it against contemporary understandings of gender identity in academic fields including medical science, psychology, sociology, anthropology, education, and gender studies. Our critical discourse analysis has shown how forms of thought and techniques of control were orchestrated to marginalize a subset of the LGBTQI+ community. We have exposed an adherence to overly simplified and outdated notions of humanity that conflate biological sex and gender identity. By intentionally ignoring decades of scientific research, H.B. 68 proponents were able to reinforce the perception of binary “sex” rather than promote an acceptance of gender diversity. Public law in Ohio is now exclusionary and harmful to transgender, gender nonbinary, and intersex individuals.

The passage of the Ohio State Board of Education resolution, in combination with House Bill 68, will net a circulation of future disinformation. The gender-diverse community is especially vulnerable given legislative aggression aimed at not only DEI support networks but even at their ability to access public bathrooms and medical assistance. The health and well-being of the LGBTQI+ community is at risk through unwanted negative attention, diminished support by reifying gender-binary ideals, unwelcoming school climates potentially hostile to gender diversity and its various expressions, and eliminated access to the psychological benefits of gender-affirming health care.

Legislation targeting DEI at universities has negative implications for academic freedom, putting research on and discussions about LGBTQI+ topics under threat and removing protections for transgender, gender nonbinary, and intersex students. In this era of increased authoritarianism characterized by antiscience propaganda and disinformation, colleges, universities, and public schools must remain vigilant to counter societal hatred toward the gender-diverse population as demonstrated by this CDA. Carefully executed scholarship and personal care programs on campuses will cultivate a sense of belonging and safety. This can reduce mental health challenges for the transgender, gender nonbinary, and intersex students who are served by US educational institutions.

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