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## “Hey Mitch-elle, you need a shave!”: The school days of hirsute adolescents

### **Abstract**

This qualitative, longitudinal study directs attention to how adolescence – a time period that is already fraught with pressures and struggles for most – may be complicated by the presence of hirsutism, a putatively “sex-discordant” marker. Attention is directed to the school-based experiences of a non-representative sample of 67 Canadian youth and 41 adult women who shared their recollections of how hirsutism had impacted their lives as adolescents. Although hirsute youth may seem well-situated to act as the trailblazers for the type of subversive crossings that Butler (1990) championed in *Gender Trouble*, our study find little to suggest that they would welcome this role. Rather, the obverse seems true. However, given the dependent status of adolescents in Western society, it might be entirely presumptuous to expect hirsute youth to behave as if dualistic thinking about sex, gender and sexuality did not exist when so many of their experiences will continuously remind them that it does.

### **Keywords:**

Adolescence, Stigma, Hirsutism, Gender, Relational Aggression

Research documents that beginning in early grades and throughout high school, physical attractiveness is not only a major determinant of popularity for girls but that those who do not conform to a stereotypic image of feminine beauty may be targeted by others for ridicule and rejection. Thus, for example, Puhl and Latner’s (2007) review of the scholarly literature on weight stigma in childhood and adolescence notes that while both overweight and obese boys and girls are likely to experience social rejection, discrimination and negative stereotyping by their peers, females may be especially vulnerable to certain forms of victimization such as weight-based teasing and name-calling and exclusionary treatment. Moreover, if Wardle and Cooke’s (2005) review of recent empirical studies that have examined the relationship between childhood obesity and body dissatisfaction, self-esteem and

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depression pointedly acknowledges the resilience of many obese youth, it simultaneously records the pernicious consequences that may ensue when a young person possesses a negatively-defined attribute or 'stigma' (Goffman 1963) and a devalued social identity. For these reasons, it would seem unfortunate that, in stark contrast to the voluminous literature that has addressed obesity among children and adolescents, there is a dearth of research on the experience of "hirsutism" in adolescence.

Hirsutism, a medical term which is applied exclusively to females, has been defined as an 'excess' of coarse, terminal hair at androgen-dependent areas or in a "masculine" or "male-like pattern" (Dawber 2002: 34). Its definition, however, must be acknowledged as problematic for at least three reasons. First, although the growth of terminal or 'sexual hair' may be 'entirely dependent on the presence of androgen' (Martin et al. 2008: 1007), individuals are arrayed along a hormonal-sex continuum. Second, the dualistic notion that males are invariably hairier than females is challenged by research that indicates that patterns of hair growth are not only affected by sex, but by such factors as age (Spencer et al. 2007), 'race'/ethnicity (DeUgarte et al. 2006) and body mass index (Cupisti et al. 2008). Third, while the Ferriman-Gallway (F-H) rating scale, which quantifies hair growth in women from 0 (the absence of terminal hair) to 4 (extensive coverage) in nine locations (i.e., upper lip, chin, chest, upper back, lower back, upper abdomen, lower abdomen, upper arms, thighs) is widely used in both initial assessments of hirsutism (mild: score 8-15, or severe: >15) and as the basis for treatment recommendations, the definition and weighting of hirsutism are inevitably subjectively problematic. Thus, while Ferriman himself recommended that hirsutism be defined by a value of 5 or more on his scoring system (DeUgarte et al. 2006: 1345), other have notably favoured higher scores (e.g., Lipton et al. 2006; Mofid et al. 2008). Nevertheless, if defining what is and is not indicative of 'hirsutism' is rife with difficulties, it would seem a fraudulent type of democratization to presume that the lives of young girls who experience profuse hair growth on, for example, their faces, necks and chests are interchangeable with those who do not.

Dependent on the inclusivity of the definition used, hirsutism has been estimated to affect between 5 percent to 15 percent of women of reproductive age (Azziz 2003; Martin et al. 2008). Although hirsutism may be 'idiopathic' (i.e., of unknown cause) and occur in females with normal ovulatory function and/or androgen levels, research based on clinical populations reports that hirsutism most often signifies an endocrine abnormality, specifically androgen excess (hyperandrogenemia), with polycystic ovary syndrome identified as its most common cause (Martin et al. 2008). However, given that '[t]he diagnostic evaluation of the potentially hirsute patient first involves confirming the presence of hirsutism and then excluding associated or etiological abnormalities and disorders (e.g., ovulatory dysfunction, adrenal hyperplasia, diabetes, thyroid hormone abnormalities' (Azziz 2003: 995) it is not, perhaps, surprising that research on hirsute youth has almost invariably been conducted by physicians, based on clinical samples and focused on issues of diagnosis, etiology and medical management (e.g., Barth and Clark 2003; Buyukgebiz 2007a, 2007b; Chang and Coffler 2007; Dzhorbenadze, Kristesashvili and Chopikashvili 2005; Harwood, Vuguin and DiMartino-Mardi 2007; Huppert, Chiodi and Hillard 2004; Lucky et al. 2001; Mastorakos, Lambrinouadaki and Creatsas 2006; Quint 2002; Sciarra, Balducci and Toscano 1997).

## The 'Hairless Norm And Hirsutism As Stigma

Previous research has identified the semblance of hairlessness on the bodies of adult women as strongly normative within contemporary Western culture (e.g., Basow 1991; Basow and Braman 1998; Ferrante 1988; Hope 1982; Kitzinger and Wilmott 2002; Labre 2002; Tiggeman and Kenyon 1998; Torien and Wilkinson 2003, 2004; Toerien, Wilkinson and Choi 2005). Research also suggests that women who contravene the norm of hairlessness may be subject to negative assessments (e.g., Basow and Willis 2001; Tiggemann and Lewis 2004). While Boroughs, Cafri and Thompson (2005) suggest that the practice of body hair removal by men is now common enough in North America to warrant its description as a 'new cultural phenomenon,' data compiled by the National Clearinghouse of Plastic Surgery Statistics suggests that the practice of body hair removal remains strongly gendered. Thus, in 2007, women accounted for 81 per cent of the recipients of laser hair removal procedures performed by members of the American Society of Plastic Surgery; teenagers accounted for 7 per cent (ASPS 2008).

Inasmuch as hirsutism dramatically contravenes the hairless norm, it may be anticipated that females who are hirsute will face challenges. Although the visibility of their stigma may vary, Pachankis (2007: 328) has emphasized that those who possess a 'concealable' or 'hidden stigma' will routinely confront a host of unique stressors including 'having to make decisions to disclose one's hidden status, anxiously anticipating the possibility of being found out, being isolated from similarly stigmatized others, and being detached from one's true self.' However, while his cognitive-affective-behavioral process model highlights how features of situations can lead to negative psychological consequences, the tendency in research on hirsutism has been to ignore what Pachankis (2007: 341) terms the 'hidden dimensions of stigma' and, where higher rates of psychopathology are reported, to attribute such rates to hirsutism itself.

Hirsutism in adult women has been associated with greater dissatisfaction with body image, confusion of gender identity, disordered eating, a lessened sense of femininity, 'abnormal' sexuality, heightened levels of anxiety, depression and social fears and a compromised quality of life (e.g., Kegan, Lio and Boyle 2003; Morgan et al. 2008). Koulouri and Conway (2008: 800) find the adverse impact of hirsutism on psychological well-being and on quality of life to be comparable to that of asthma, epilepsy or diabetes; Lipton et al. (2006: 166) report that 'Hirsute women in our study had higher scores for anxiety and depression than newly diagnosed gynecological cancer or breast cancer patients.' Yet, the generalizeability of these findings may be questioned, given that participants in studies on hirsutism have almost always been recruited from specialist settings (e.g., hospitals, clinics) and it is possible that these women may have been preferentially referred to these locations because of their especial distress over the presence of "excess" hair. One may also ponder the possible differences that might exist between women who have demonstrated a readiness to participate in clinical trials that have investigated the benefits/risks of the various and sundry drugs and procedures that may be used in the treatment of hirsutism (e.g., antiandrogens; insulin-lowering drugs; glucocorticoids; GnRH agonists; electrolysis; laser photothermolysis) and those who have declined participation. In consequence, while Azziz (2003: 995) asserts that '[t]he presence of hirsutism is extremely distressing to patients, with a significant negative impact on their psychosocial development,' it is worth noting his use of the term 'patients.' Moreover, while bold pronouncements on the negative impact of hirsutism on psychosocial development are common within this body of literature, there is actually

a marked absence of research on the experiences of hirsute youth and only rarely have researchers considered 'the meanings which women themselves ascribe to their hair growth and its management, and their relationship to a gendered social context' (Keegan, Lio and Boyle 2003: 329).

## Method

Our study attempts to augment the extant literature by looking at how hirsutism is experienced by youth and, more specifically, emphasizing the salience of their peer interactions in schools as they formulate their self-identity and adapt, cope and adjust to their stigmatized appearance. It is based upon a non-representative sample of 67 Canadian youth who were located through an admixture of snowball and rare element sampling and interviewed informally on multiple occasions over a decade; in many cases, enduring friendships were forged with our participants. At the time of first contact, all of these youths were between the ages of 13 and 17. The acquisition of an initial sample of participants was serendipitous and it was unexpected that, on occasion, participants would spontaneously volunteer to introduce us to family members who also experienced hirsutism. In retrospect, their doing so may be reflective of the fact that there is a 'strong familial component to hirsutism' (Azziz 2003: 999). However, this development led fortuitously to the identification of a second group of 41 adult women (ages 21 to 46) who shared their recollections of how hirsutism had affected their lives as adolescents.

All of our participants identified themselves as hirsute. Following Mofid et al.'s (2007: 433) observation that an 'individual woman's definition of hirsutism may differ depending upon her ethnic background and upon her interpretation of normal,' we privileged our respondents' definition of themselves as hirsute even when, on occasion, these self-definitions had not flowed from a medical evaluation or a physician's formal assessment of the individual on the F-G scoring system. However, the absence of these confirmatory features was far more common among the adults in our sample (20%) than the youths (7%). Among those who had been diagnosed by a physician as hirsute, our sample of adults were also much more likely to report that the diagnosis they had received during adolescence was limited to that of 'hirsutism' and that this label had been based on a cursory visual inspection of the problematic area(s) (generally the face) without any follow-up tests performed (for instance, blood work, ultrasound scans) and/or treatment proffered. Compared to adults, the youth in our sample were far more likely to report that, at some point during their adolescence, their hirsutism had resulted in referral to one or more medical specialists. Youth were also much more likely than adults to report that their hirsutism had been identified as a symptom of a condition - even though, as we will emphasize later, there was often remarkable fluidity in what, specifically, that condition was adjudged to be. However, rather than view this lack of exactitude as a limitation of our study, we believe that it constitutes a strength for, in itself, it serves to illuminate the uncertainty that marks the adolescent odyssey of hirsute youth. Among our respondents, the 'meaning' of being 'hairy' or 'hirsute' was not static; rather, understandings of its import shifted over time, reflecting and refracting the disparate frameworks and vocabularies of others who tended to it and endowed it with significance.

Although it is incontestable that our sample may be 'atypical,' the strategy we employed seems a sensible and viable method for gaining access to a population with a condition that, the literature records, is often sheathed in secrecy and

perceived to be a non-shareable problem. We have combined the experiences of our adolescent and adult samples inasmuch as their experiences of hirsutism during adolescence were markedly similar. In doing so, we were cognizant of the fact that, when queried about earlier perceptions and attitudes, people may retrospectively appropriate the past and change it. Moreover, we recognized that individuals themselves could be unaware of how their attitudes have changed over time. Nevertheless, the comments of our adult respondents suggested that hirsutism is perceived by those who have experienced it as a 'sticky' stigma (Bergman and Chalkley 2007).

## Becoming 'Hairy'

The vast majority of our respondents stressed that it was not until their middle school years that their pattern of hair growth had been seen by others and/or themselves as a significant marker. Although they were often uncertain about when, precisely, hair had first appeared on any specific area of their bodies, they responded with far less hesitation when asked when they had first thought of themselves as 'hairy.' Almost invariably, this perception was dated to a specific occasion when their possession of hair on some area had prompted negative commentary or response, most often by a peer at school. It was *that* incident, they would emphasize, that had also triggered a sense of themselves as 'weird,' 'abnormal' or deviant. Thus, they would report that they had never thought of their possession of body hair in any particular area as especially noteworthy until, for example, a classmate had shouted at them during recess, 'Yo Elvis! Nice sideburns!' and that this remark had, in turn, prompted a raucous chorus of agreement from others. One respondent reported that the first time that she was conscious of the hair on her face was when, early in grade 7, she had arrived at her locker, discovered a piece of paper taped upon it that proclaimed that the locker belonged to 'Cousin It' and observed a group of her peers looking towards her and laughing. A second respondent recalled that, in grade 9, she had found an adhesive 'Hello I'm...' name tag affixed to the back of her school sweater with 'Sasquatch' written upon it. At approximately the same age, but two decades earlier, one of our adult respondents reported that she had found 'Chewbacca' scrawled in felt pen across her middle school locker; up until that time, she remarked, she had thought of her facial hair as 'no big deal. I don't even think I was really aware of it. I knew that I had *really* hairy legs but it didn't bother me any.' A fourth respondent recalled that she became conscious of herself as 'hairy' when, in grade 8, a group of girls who had previously ignored her met her at the entrance of the school and told her that they had heard that she had a birthday coming up and wished to give her a gift. When she opened the elaborately packaged present, she had discovered a container of Nair, a hair removal product. The benefactors of this gift, she said grimly, seemed greatly amused by her discomfiture and, for weeks after, she reported, numerous other youths, many of whom were strangers to her, had approached her in the school corridors to ask if she had liked her present or, alternatively, to chide her for "obviously" not using the gift that she had received. 'They'd say, like, "What's wrong with you anyhow? You're supposed to thank someone when they give you a gift. Didn't your parents teach you manners?"' A fifth respondent reported that when her grade 8 class had been told to complete a yearbook survey that asked the students to single out from among their peers 'Who is most likely to----?' (e.g., become prime minister; win an Oscar), she had been mortified to discover that one or more of her peers had added 'join the circus' to the

list and specified her most likely future vocation as a 'bearded lady.' A sixth respondent reported that following the airing of an episode of C.S.I. entitled 'Werewolves,' which depicted two characters with congenital hypertrichosis, several of her middle school male classmates had begun to call her a "werewolf" and to routinely greet her with howling noises. A seventh respondent reported that, for several weeks during a grade eight semester, she had intermittently found a disposable razor placed on the desk where she routinely sat for her first period class.

These early experiences were imbued with significance and, even decades after the event, were recalled with apparent clarity. In illustration, one may consider the level of detail that is contained in the report of an adult respondent who recounted an incident that had reportedly occurred more than two decades prior:

It was in my grade 10 chemistry class with Mr. Eyre. The class was divided into three sections with two people at each of the lab desks that went from the front of the class to the back. At the front of the class, there was a riser with the teacher's lab station on it and a blackboard behind it....I was a little late that day....[a]nd just as I was coming in the door, this guy Shannon Black who sat at the far side of the room at a lab table that was third from the back in the row nearest the window, he yells out, "Hey Mitch-elle, you need a shave!" Well, the whole class just thought this was hysterically funny... I can still see Shannon and his lab partner and both of the guys at the lab table behind him practically falling off their stools while I'm just standing there glued to the floor, deer in the headlights sort of thing... I can still feel how hot my face got and how I had this funny feeling in my head like I was being held under water. [What did you do?] What could I do? I just stared down at the floor and walked to my seat as quickly as I could with everyone just laughing at me..... I just wanted to die.

Although both male and female peers were said to have engaged in such bullying, other girls were most likely to have been repeatedly aggressive. Thus, our respondents identified girls as the most common source of mean-spirited gossip and the spreading of false rumors that were perceived as both maliciously-motivated and injurious (e.g., telling others that the hirsute youth was going through a "sex change" operation; pronouncing a girl's hair growth sure evidence that she was a "lesbian"; claiming that the hirsute girl had stared at their breasts or attempted to "grope" them; informing others that an unnamed "friend" had witnessed the hirsute girl changing for gym class and "saw" that she possessed male genitals). Girls were also identified as the most likely to have engaged in acts of ostracism and exclusion. For example, a 14 year-old respondent reported that during that week's gym class, a square-dancing lesson had required students to hold the hand of their assigned partner. When her partner had seemed markedly reluctant to do so, the girl had taken the initiative and grabbed the other girl's hand. The next day, she informed us, she had been swarmed by seven girls who called her a "hairy freak" and told her that if she ever touched their friend again, she would "really regret it." It was similarly common for our respondents to claim that they were "always left out" when their female peers extended invitations to parties, that their friendly overtures would be rebuffed and/or that their attempts to find a seat among others in a classroom or at a lunchroom table would routinely result in their being told by other girls that the empty chairs were being "saved" for others - even though they later saw that the chairs remained empty.

Although girls were said to be as likely as males to engage in name-calling, boys were identified as more likely to bestow nicknames, often drawn from popular culture, upon hirsute youth. Although “Wookiee,” “Wolfman” and “King Kong” were mentioned by both adults and youth, those that were unique to youth included names derived from popular videogames, animated television programs and comics such as *Pokemon* (e.g., “Mamoswine,” “Furret,” “Hariyama”), *Digimon* (e.g., “Jijimon,” “Mojoyamon”), *Dragonball Z* (e.g., “Saiyan”), *Halo* (“Brute”) and *Quake* (“Shambler”). None of these nicknames was perceived as being complimentary. A 14 year-old respondent noted that while she had initially been flattered when a male classmate began to call her “Sweetums” and thought this signified that he “liked” her, she had “felt like an idiot” when, after the boy’s friends followed his lead, she had been made aware that the intended referent was that of an ogre-like “Muppet.” Boys were also reportedly far more likely than girls to engage in a novel form of verbal aggression that consisted of linguistically de-gendering the female target’s given name and refashioning it as a “male” name. Although doing so may have been most easily accomplished when the given name already incorporated a male name that could be enhanced with a diminutive ending (e.g., “Danielle” and “Roberta” transformed into “Dan” and “Rob” or “Allison” and “Kendra” abbreviated to “Al” and “Ken”), this type of symbolic gender recasting also occurred when first names were far less obviously malleable. Thus, for example, “Renee” could be renamed “Ramone” and “Talia” referred to as “Tyler.”

### **From Hairy To ‘Hirsute’**

The vast majority of our respondents reported that they had first consulted with physicians about their hair growth only after experiencing school-based relational aggression. Although these visits were often prompted by the hope of a sure diagnosis and a speedy resolution to their problem, this was rarely forthcoming. Thus, for example, one respondent reported at age 14 that she had been diagnosed with “terminal hair growth” by a physician at a walk-in clinic and advised that, if she was troubled by the hair on her face she should shave or wax or, if her parents could afford it, undergo electrolysis. However, as the degree of her hirsutism increased and our respondent underwent a series of consultations with other medical specialists over the years that followed, she reported that her condition had “finally” been identified as - (variously) - “idiopathic hirsutism,” “polycystic ovary syndrome” and “nonclassic congenital adrenal hyperplasia”; until age 20, however, the recommended treatment for her hirsutism remained constant. A second young woman, at age 15, stated that she had been told by her family physician that “obesity” had precipitated her possession of both excessive “male hormones” and a dense profusion of coarse hair upon her face, chest, shoulders, back and buttocks; she was advised to lose weight. At age 17, she was diagnosed by one endocrinologist with “hypertrichiosis” and at age 19, by a second endocrinologist, with “polycystic ovary syndrome.” A third respondent reported that, at age 5, she had developed hair on her pubic region and under her arms and that this had led to a diagnosis of “precocious pubarche”; after developing facial hair at age 16 she was diagnosed with “Graves’ disease” (a thyroid disorder) and, at age 18, with polycystic ovary syndrome. A fourth respondent, who had received a diagnosis of hypertrichosis from a pediatrician at age 14 and a subsequent diagnosis of “hirsutism” from an endocrinologist at age 17 observed that, when she had asked her family physician about these ostensibly different labels, she had been told that these terms were used

interchangeably and signified “the exact same thing.” If this conversation was accurately reported by our respondent, her family physician’s claim would seem at least somewhat puzzling, given that medical researchers in this area frequently emphasize that “[h]irsutism *must* be distinguished from hypertrichosis” with the latter defined as “generalized excessive hair growth” that is “distributed in a generalized, nonsexual pattern” and is “not caused by excess androgen (although hyperandrogenemia may aggravate it)” (Martin et al. 2008: 1109, emphasis added). It may be the case that the girl’s physician was unaware of the distinction and its purported significance. However, it also seems possible that, in responding to a query from a youth rather than an adult, the girl’s physician may have thought it acceptable/preferable to answer her in a way that dampened the likelihood that she would ask further questions and allowed him to move quickly on to other patients. A fifth respondent whose profound hirsutism had prompted visits to assorted physicians since the age of 13 and testing for a plethora of suspected conditions, stated at age 18 that when her endocrinologist had recently scheduled her for yet-another diagnostic test, she had asked him what condition he thought she had. In response, her physician had reportedly “snapped” at her impatiently: “21-hydroxylase deficiency. Is that useful to you? Is that what you want to know?” After searching Wikipedia, she thought it likely that her doctor suspected that she had 21-hydroxylase-deficient nonclassic adrenal hyperplasia and worried that this meant she was a “hermaphrodite.” Whether or not this is so, it is evident that her physician’s response to her was phrased in medicomystical jargon that obscured as much, if not more, than it revealed.

None of the examples featured above should be considered anomalous; rather, ambiguity and flux in relation to diagnosis seemed the norm among our respondents. Moreover, it was common that optimistic expressions of the results of future appointments with physicians would be followed, after the fact, by the voicing of feelings of exasperation, hopelessness and defeat. As one 17 year-old girl remarked, voicing a common sentiment, “What’s the point of going back every six months when all he [her endocrinologist] ever does is weigh me, take my blood pressure, ask me if the hair bothers me - well, duh! - ask me when I got my first period - as if that’s changed since I last saw him - and send me for more blood work? He doesn’t really *talk* to me - I’m in and out of his office in, like five, ten minutes!” These feelings of frustration and impotence, unfortunately, were often redoubled when our respondents interacted with adults who occupied professional roles within schools.

## **Navigating The Corridors**

Although reports of in-school bullying by peers were common among our respondents, when asked if they had reported these events to a school authority figure, less than one in ten of our respondents said that they had done so. The most common reasons for non-reporting were: embarrassment and a marked reticence to repeat the contents of their peers’ remarks; a desire to minimize the degree of attention that was directed at their hair growth; a fear that the contents of their disclosure would not be kept confidential and, instead, serve as fodder for school gossip; and the perception that intervention was unlikely to be effective. When disclosure to a school authority figure occurred, it was often a mediated act that followed from the youth confiding in an adult, almost always a mother, who contacted the school on the child’s behalf or encouraged the child to report the offensive

behaviour. When reports were made, school guidance counselors were the most frequently selected confidante. However, despite the high incidence of zero tolerance policies within schools that promise certain punishment for those who bully or act in a discriminatory manner, the reports of our respondents suggest that these policies may serve largely rhetorical purposes. A 16 year-old recalled,

Well, when Sofia yelled out in class that I had a moustache, I was really upset about it and when my mom picked me up after school, I was crying in the car and she phoned the school when we got home. The next day Mr. McBride, who was the guidance counselor, called me into his office. But all he told me was that I needed to learn how to get along with people and that he could help me do that but that it was really a task that I must find out on my own. And he told me that I shouldn't be so sensitive and that he was sure that Sofia was only joking. He asked me what she did when she had said I had a moustache and I said that she smiled. But because I had said that she had smiled, Mr. McBride said that she "obviously" must have been joking and told me that if I had said that she "smirked," rather than "smiled," then *that* would have meant that she was making fun of me. But because I said that she had "smiled," he insisted that this meant she was just joking and that I shouldn't have taken it seriously. A couple of days later, he pulled me out of class again and said that he had talked to Sofia and that she said that she was only joking and this "proved" his point and again he told me that I had to learn how to get along with people. He said that I should try and be more open and try explaining my feelings to other people and that if anyone said anything that was hurtful towards me that I should say "That really hurt my feelings" or "That isn't very nice. My feelings are hurt." I told him that I felt that if I did this, it would just encourage them more because what, after all, was the point of telling someone that they had a moustache other than to hurt their feelings? He said that he wasn't sure but it couldn't have been that she intended to hurt my feeling because I had said that she "smiled" and not "smirked." He then told me that... I had to develop a sense of humor. And, after Sofia and her friends really started tormenting me and my mom started calling the school demanding that they do something to help me, he told me that I shouldn't get my mother to call the school because I should learn how to deal with it on my own and after all, I was the one who had the problem and I was the one who needed to develop a thicker skin. But anytime that I had a problem, that's what he'd say: That I was over-sensitive; that I needed to learn how to get along with others; that I was the one who had problems and not the people who were making fun of me - and that they were really not making fun of me at all and that I was just being overdramatic and overly sensitive and didn't have a sense of humor. And that's why, for the most part of grade seven and all of grade 8, that I believed in what the kids in the schoolyard said - that I was weird or freakish. And, since I was being hurt by it, I felt that I was going crazy in some way.

Other respondents also emphasized that their efforts to obtain intervention had often left them feeling that they were 'totally alone.' A 15 year-old girl stated that after being harshly reprimanded by a gym teacher for being repeatedly late to class, she had attempted to confide in the teacher that she did not feel comfortable changing in front of others "because of a medical condition" and, as a result, waited for the others to leave the locker room before changing her clothes. In response, her gym teacher had told her dismissively that she should "just get over it," that she was being "neurotic" and that she was sure that "none of the girls would say anything, They're all really

nice girls.” Reflecting on her teacher’s response, the girl bitterly observed that some of these “really nice girls” had already commented on her “beard,” “sideburns” and “gorilla arms” and expressed her belief that her school life would have been “even worse. It would have been absolute hell” had the girls been aware that she had coarse dark hair covering her chest, back and buttocks. A 14 year-old reported that when her teacher announced an in-class competition that would pit the boys against the girls, a girl in her class had loudly called out, “So who gets Emma?” - a query that had prompted laughter from her classmates and silence from the teacher. A 17 year-old recalled that during the “sex education part” of her grade 8 physical education class, the topic of homosexuality had been raised and elicited a string of “Eeews!” from her classmates. She noted that after the teacher had informed the class that “gays were different from ‘normal’ people, like they had different genes and that’s why lesbians looked more like guys, this guy Brandon in my class turned around and yelled at me, ‘Yo Al-ison, you got different genes buddy?’” and that all of the students had roared. When asked if the teacher had reprimanded the boy, she replied, “No. Miss Bensia was the kind of teacher who wanted to be pals with her students and she always sucked up to the popular kids. Brandon was really popular. I was really unpopular. [How did this incident make you feel?] I don’t know. Confused. I wondered if maybe I was gay and just didn’t know it.” A 16 year-old who had been prescribed contraceptives in treatment for her hirsutism reported that, in an attempt to silence the jeers of classmates who frequently referred to her as a “lesbo,” she had deliberately attempted to make her possession of these pills visible (e.g., taking the disc of pills out of her purse and prominently setting it on her desk while searching for a pencil), with the hope that her peers would (mis)construe this as evidence that at least one boy found her sexually attractive and that she was engaged in heterosexual activity.

Only on rare occasions did our respondents report experiencing significant support from a peer. These incidents, however, were uniformly recounted in a tone of triumph. For example, a 16 year-old girl stated that during a school lunch period, one of her female classmates had sat down beside her and, in a purported demonstration of “true friendship,” had told her that others routinely called her “things like ‘she-male,’” “lesbian,” “freak of nature”; her confidante reportedly emphasized that while she had told these anonymous others “that it isn’t very nice to call people names... no one else stuck up for you. They just totally hate you.” Our respondent said that the girl’s report had made her feel “hopeless” and “sick” and that she had been “totally shocked” when a boy who was standing nearby had unexpectedly leaned forward and told her classmate, “You know what? You’re full of shit.” She remarked that while her confidante had become visibly flustered, termed the boy “totally rude” and said that he “had no right to butt into a private conversation,” “I could have kissed him! I just thought, finally! *Finally!* Someone stood up for *me!* I didn’t even know him really. He wasn’t in any of my classes. Just a guy. Just a *really really really* nice guy.” Reports of intervention from a relative stranger, however, were rare. More frequently, peer-based support was reported to come from a sibling or a “best friend” who had entreated aggressors to “leave her alone” or “stop picking on her” or, most commonly, privately voiced comments of consolation and commiseration (e.g., “just ignore them, they’re a bunch of losers”). However, many of our respondents reported that they had few friends or identified themselves as being “loners” who attempted, as much as possible, to stay in the shadows.

To that end, it was common that respondents with, for example, facial hair would note that they would deliberately pull their hair forward over their shoulders so as to cover their face and neck, keep their head down, avoid making eye contact with

others and, when speaking to another was necessary, cup their chin with their thumb and lay their index finger directly across their upper lip. However, such attempts to “pass” as indistinguishable from others could also result in censure. A 14 year-old girl who adopted this type of defensive posture said that when she had attempted to disclose an incident of harassment to her guidance counselor, her guidance counselor told her that she “knew” by her “body language” and because she would not make eye contact with her, that she was not being truthful in her report. Many respondents also acknowledged that, in an attempt to ingratiate themselves with their peers, they had wittingly allowed themselves to be exploited. For example, respondents reported having attempted to win exemption from name-calling by doing the homework of a popular schoolmate, willingly taking on “all of the work” for a group project or engaging in frequent acts of gift-giving; in later adolescence, these efforts included “lending” money to classmates with full awareness that the “loan” was unlikely to be repaid and volunteering/agreeing to act as a chauffeur and to ferry classmates, who otherwise ignored them, to and from school. These efforts, it should be noted, only occasionally accomplished their intended goal.

It is not, perhaps, surprising that adolescents frequently noted that they found it easier to form friendships on-line rather than off; however, there could be much pathos in their reports of attempted on-line friendships and romances. For example, a 16 year-old respondent happily reported that she had a boyfriend who she had met on MySpace. He was 19, she proudly remarked, lived in Tennessee and was a “university student.” However, she also mentioned sometime later that when he had asked her for a picture of herself, the picture that she had sent had been of a model selected after searching through an array of “Google”-images. An 18 year-old observed that in an attempt to find others “who were like me” by “Googling” the phrase “hairy female support group,” she had learned that the term gorilla derives from “gorillai,” a Greek word meaning a “tribe of hairy women” and discovered a large number of porn sites that gave prominence to women with “hairy armpits and crotches.” Nevertheless, after noting that one of these porn sites was purportedly run by a woman who was a “leader in the hair acceptance movement” and hosted a support group for hirsute women, she had sent the woman an email, requesting information on how she might join this group. However, her email went unanswered. It was routine that our respondents would report that, in an attempt to minimize negative commentary from their peers about their hair growth, they had experimented with an assortment of drug store hair removal products; the most commonly used were razors and depilatory creams. These early hair removal efforts were often performed in furtive fashion: a 13 year-old said that she had snuck her father’s razor into her bedroom and there, with her back placed against the door and holding a hand mirror, had attempted to shave her face, neck and chest. Given the clandestine nature of such attempts, it is not surprising that products were occasionally used incorrectly or in an excessive and extravagant way. For example, a 15 year-old acknowledged that while the instructions on a hair removal cream had directed that the product remain on the skin for no longer than 10 minutes, she thought that could obtain better results if, after applying the creme to her face, she waited for half an hour; in the aftermath of doing so, she had experienced a skin inflammation that was both painful and evoked further commentary by her peers.

With one exception, our respondents’ initial attempts at hair removal were restricted to impermanent measures; the exception was a respondent who stated that when, at age 13, she had confided in her aunt that she was being constantly teased about her facial hair at school, her aunt had told her that she “knew exactly what it was like,” had undergone “years of electrolysis” herself as a young adult and stated,

“Don’t worry, we can do something about it.” Nevertheless, it may be noted that while this girl began receiving electrolysis at the age of 13, it did not provide a “quick fix” to the girl’s problem of hirsutism. As of age 18, she still attended weekly hour-long sessions of electrolysis and her aunt estimated that she had spent “tens of thousands of dollars” on her niece’s electrolysis. Similarly, while one girl had received at least a half dozen laser hair removal treatments (at a cost of approximately \$2,000) between the ages of 17 and 18 in an attempt to remove the dark and profuse amounts of hair that covered her arms, the most notable effect had been to lighten the hair and to somewhat reduce its density; in consequence, the girl was skeptical of the utility of pursuing laser treatments on other, less visible areas of her body, such as on her chest and back. Moreover, in both of these cases, the youth commented upon the costs of these procedures and this awareness seemed to weigh heavily upon them. Both repeatedly mentioned feeling guilty that “so much money” had been spent and/or “wasted” upon them.

For some, their experience of school-based teasing and ridicule seemed at least somewhat cushioned by the fact that there was a familial support system that contained one or more adult females whom the youth knew to be “hirsute,” regardless of whether or not these women publicly presented themselves as such. The presence of these individuals seemed to mitigate the youth’s perception of herself as either aberrant or anomalous. Moreover, these individuals could also provided the youth with practical assistance. A 16 year-old, for example, reported that her 21 year-old cousin had helped her to apply a depilatory cream to her shoulders and back. However, the majority of our respondents seldom reported support offered or given. A 16 year-old stated that after using her mother’s credit card to pay for a 15 minute introductory session of electrolysis at a beauty salon at a reported cost of \$18, her mother had become livid and threatened to have her arrested. A 14 year-old who possessed hair on her chest and back recalled begging her mother to allow her to stay home on the occasion of an end-of-term field trip to a public swimming pool. In response, she reported, her mother had screamed at her, compared her unfavourably to a classmate who lived nearby and rhetorically asked what she done in a past life to deserve a daughter who was “different from every other girl.” A third reminisced, “I told my mom over and over what was going on at school but she just played deaf. I just couldn’t get through to her. She’d just say, ‘Well, in many European countries, women don’t shave at all and a little peach fuzz is considered beautiful.’ I’d tell her, ‘Mom, I don’t live in Europe and I don’t have a ‘little peach fuzz.’ I have hair all over my face and it’s making my life a misery.’ But each time I’d try to talk to her about it, she just wouldn’t listen.” It should be noted, however, that this young woman’s mother may not have been, as her daughter supposed, “deaf” or indifferent to her daughter’s concerns. It would seem entirely possible that, instead, the woman may have been attempting to provide her daughter with an alternative definition of facial hair which stressed its normality and compatibility with feminine beauty and, that by employing a euphemism (i.e., a “little peach fuzz”), she was attempting to downplay its significance. It is also possible that the stigma of hirsutism is contagious in the same way that the sacred becomes taboo through contact. If so, parents may attempt to reject the stigmatization of their daughters by refusing to acknowledge it.

## Discussion

Although the topic of hirsutism among youth has been virtually ignored by social scientists, this situation warrants redress. It is possible that the reasons why social scientists have been dissuaded from pursuing research in this area are the *a priori* identification of hirsutism as a “medical condition” and the nature of academic training itself, which structures both under- and postgraduate programs within disciplinary lines and militates against the likelihood of multi-disciplinary knowledge and collaboration. As a topic which would seem to invite consideration of the nature of the relationship between sex and gender, it may also be expected that researchers will adopt a vantage point (e.g., biological determinist or social constructionist) that is favoured by their academic specialization and tends to reflect their academic roots. Yet, it should be evident that the experiences of hirsute youth are not impelled solely by their biology and that hirsutism is not solely a “medical condition.” Whether or not their hirsutism is identified as “idiopathic” or as evidence of hyperandrogenism, the experiences of our respondents furnish poignant testimony to the human costs of dichotomous thinking in relation to sex, gender and sexuality. That is, if binary oppositions are integral to Western thought, they have obvious ramifications for the lives of hirsute youth: A way of thinking that insists that all phenomena must belong to one or the other of two categories, female/male, feminine/masculine, heterosexual/homosexual, tolerates no ambiguous middle ground. Rather, it encourages the belief that the elements within each category are different to the point of antithesis. From the reports of our respondents, dichotomous thinking about sex, gender and sexuality continues to hold sway in the new millennium and is reinforced and reproduced in a critically important form of “borderwork” (Thorne 1993) that occurs in peer-to-peer interactions between hirsute youth and their classmates and which serves to construct and reinforce gendered embodied deviance and its consequences.

In arguing that gender is “performative” - a social “fabrication” and “effect of power” that arises from a “decidedly public and social discourse” that, in coercive fashion, insists upon the constant repetition of certain stylized acts - Butler (1990) maintains that gender is not biologically impelled but, instead, socially constructed and that categories of identity can be purposefully displaced by “sexual crossing” - a mixing up of multiple identity pathways. Thus, in enjoining gender performances which create “gender trouble,” it was suggested that these types of performances could function to “show up the incoherence....[and] the artifice...that is the gendered self” (Beasley 2005: 102). Yet, if on the surface hirsute youth may seem well-situated to act as the trailblazers for these types of subversive crossings, our data find little to suggest that they would welcome this role. Rather, the obverse seems true. However, given the dependent status of adolescents in Western society, it might be entirely presumptuous to expect hirsute youth to behave as if dualistic thinking about sex, gender and sexuality did not exist when so many of their experiences will continuously remind them that it does.

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