Chapter Ten

Transcending and Transgendering:
Male-to-Female Transsexuals,
Dichotomy and Diversity

Anne Bolin

Fluidity and discontinuity are central to the reality in which we live.

— Mary Catherine Bateson

Introduction

The berdache traditions documented globally have captured the anthropological imagination as testimony to the complexity and diversity of gender, offering serious challenges to scientific paradigms that conflate sex and gender. This complexity is reiterated in Euro-American gender variance among those who have come to identify themselves as preoperative, postoperative and nonsurgical transsexuals as well as male and female cross-dressers and transvestites.

These individuals form a transgender community that is in the process of creating not just a third gender but the possibility of numerous genders and multiple social identities. As such, they challenge the dominant American gender paradigm with its emphasis on reproduction and the biological sexual body as the sine qua non of gender identity and role. As a political movement the transgender community views gender and sex systems as relativistic structures imposed by society and by the privileged controllers of individual bodies, the medical professions. The transgenderist is disquieting to the established gender system and unsettles the boundaries of bipolarity and opposition in the gender schema by suggesting a continuum of masculinity and femininity, renouncing gender as aligned with genitals, body, social status and/or role.
Transgenderism reiterates what the cross-cultural record reveals: the independence of gender traits embodied in a Western biocentric model of sex.

The purpose of this essay is to contribute to the deconstruction of the Euro-American gender paradigm by focusing on cultural change in gender-variant social identities with particular attention to the male-to-female transsexual. Gender-variant identities are analyzed as derivative yet transgressive of the wider gender schema. Ethnographic data from my research on male-to-female transsexual and male transvestite identities are provided as historical background to this undertaking as they situate the social construction of gender-variant identities of approximately ten years ago (data were collected from 1979 to 1981). The question of cultural change in the social construction of the male-to-female transsexual identity is examined on the basis of information collected in 1992. Three sociocultural factors influencing this change are subsequently identified, followed by a discussion of their implications for the Euro-American gender paradigm.

Parameters and Methods
Several caveats are in order at the start. Because the ethnographic effort is labor intensive, there are limits placed on the parameters of research. This essay concerns only those individuals born with the appearance of male genitals who are assigned and raised as males but who are gender transposed to varying degrees. The research and consulting population includes males who identify themselves as male-to-female transsexuals, cross-dressers (the term preferred by those in the transgender culture over transvestite) and those who label themselves “transgenderists.” Member (“native”) language usage is followed in referring to this community.

Although physiological females are indeed part of the transgendered community, this study does not include female gender variation. Unfortunately, this exclusion inadvertently contributes to the silence of female-to-male preoperative, postoperative and nonsurgical transsexuals, female transvestites and “masculine”-appearing lesbians. In this regard, Jason Cromwell suggests that the invisibility of female-to-male transsexuals is directly related to the Western gender paradigm, just as the visibility and privileging of male-to-female postoperative transsexuals is dominant in clinical discourses. As will be discussed, this paradigm is a biocentric one emphasizing the physiological insignia of gender.

My methodology is primarily qualitative. The ethnographic scope of this research spans ten years and includes investigation of male-to-female transsexualism and gendering locally, regionally and nationally. For two years I immersed myself in the daily lives of male-to-female transsexuals and to a lesser degree those of male cross-dressing consultants. In 1992, I interviewed transgendered individuals using formal and informal methods, including content analysis of an open-ended, in-depth questionnaire as well as discourse analysis of various transgendered community newsletters, brochures and other texts. In addition, I attended and collected data at two national conferences for the transgendered community, the “National Transgender Annual Meetings” (a fictive name) and a well-known and much-celebrated annual international event, the Fantasia Fair. This approach allowed for an in-depth focus on diversity.

Male-to-Female Transsexuals and Male Transvestites: Dichotomizing Diversity
In 1982, I concluded the intensive participant-observation phase of my research in the Berdache Society, a grass-roots organization of male-to-female transsexuals and male transvestites. My inquiry followed male-to-female transsexuals as they separated themselves from their former male lives after they found the social identity of transsexual and began a process of transformation that included hormonal treatment and psychotherapy, ideally culminating in sex-conversion surgery. Their transformation had the characteristics of a rite of passage in which men “became” women; their “becoming” involved the transmutation of personal identity, social identity and physiology. This approach suggested that transsexuals did not begin their transition with fully crystallized feminine personal identities, as is widely reported in the medical literature, but rather gradually acquired a feminine identity. Their transformation is summarized in Table 1.
Table 1

Schematic Representation of “Becoming”

<table>
<thead>
<tr>
<th>Stage</th>
<th>Personal Identity Transformation</th>
<th>Social Identity Transformation</th>
<th>Phenotypic Transformation</th>
<th>Rite of Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gender confusion and/or self-concept that one is more like girls than boys</td>
<td>Occupying male role, secretly dressing as a woman</td>
<td>Male</td>
<td>...</td>
</tr>
<tr>
<td>2</td>
<td>Transsexual primary identity, subidentity as woman</td>
<td>Dressing as woman more and more, dual role occupancy, passing in public, self-consciousness</td>
<td>Male, but feminization from hormonal reassignment</td>
<td>Separation and transition, liminality, disorder</td>
</tr>
<tr>
<td>3</td>
<td>Primary identity as woman, transsexual subidentity</td>
<td>Dual role occupancy, anticipating full-time status as woman, successful passing, less self-consciousness</td>
<td>Hormonal reassignment, increasing feminization and feminized</td>
<td>Separation and transition, liminality, out of disorder</td>
</tr>
<tr>
<td>4</td>
<td>Primary identity as woman, rejection of transsexual identity, a natural woman</td>
<td>Full-time status as woman (successful passing rejects notion of passing), role performance as woman, natural and unself-consciousness</td>
<td>Increasing feminization and feminized, anticipates, and undergoes, surgical construction of vagina</td>
<td>Incorporation, normalcy and order</td>
</tr>
</tbody>
</table>

The Berdache Society and the networks it spawned played a critical role in the creation of a transsexual identity among its members. This was in part enhanced by the approximately twenty-five self-identified heterosexual male transvestites (the term they used at the time to describe themselves) whose participation in the Berdache Society contributed to its identity-brokering functions by providing an identity counterpoint. At the time of my fieldwork, there were only three gender options (social identities) available for physical males who cross-dressed among the group I worked with: the surgically oriented male-to-female transsexual, the male transvestite and the gay female impersonator/cross-dresser.

Transsexuals distinguished themselves from gay female impersonators and male transvestites. Gay female impersonators represented one kind of inside-outside dichotomy; the male is inside, beneath the outside sartorial system of female. The inner or “real” self is male and the social self is an illusion of presentation. Transsexuals viewed themselves as the only authentic participants in the inside-outside dilemma, perceiving gay female impersonators as engaged in parody and play, “camping it up” with gender identity and role. Transsexuals established a party line that polarized male-to-female transsexuals and gay female impersonators. In contrast to gay cross-dressers, the transsexual was not engaging in an illusion or an impersonation but rather in a true expression of a feminine gender identity. By extension, male-to-female transsexuals regarded themselves as heterosexual if erotically attracted to males, lesbian if attracted to women and bisexual if attracted to both. According to my informants, gay men did not understand the critical difference between gay female impersonators and male-to-female transsexuals.

Because gay cross-dressers were eliminated from the Berdache Society, male-to-female transsexualism and male transvestism emerged as two discrete social identity options with clearly defined attributes, associated life-styles and coping strategies. Male-to-female transsexuals defined themselves by a bottom-line criterion of desire for hormonal reassignment and surgery, privileging their status within the Berdache Society. If one was not
absolutely committed to having the surgery, then one was de facto a transvestite. Transvestites were delineated as heterosexual men (men attracted to women) who had the urge to cross-dress but were not “really” women. If these individuals had a feminine identity, the reasoning went, they would be pursuing surgery—with no apologies.

While male-to-female transsexuals regarded these identities as qualitatively discrete, many transvestites did not agree. For them it was a distinction of degree rather than kind. However, the transsexual dichotomization came to dominate the Berdache Society in various subtle yet clearly visible ways. Newcomers were presented with only two mutually exclusive possibilities for experiencing cross-dressing. If one were transsexual, then pursuit of hormones and surgery accompanied one’s transition. Desire for bodily reassignment became a mark of authenticity to male-to-female transsexuals. Identifying someone as “TS,” member argot for a male-to-female transsexual, or “TV,” member argot for a male transvestite, provided members with a script for relating to one another: what topics would be of interest, how they could be helpful, what common ground existed for associating outside the group meetings and so on. Members of the Berdache Society were more comfortable interacting with others who clearly identified themselves as either TV or TS. Neophytes were made aware of this expectation and learned that it facilitated their incorporation in the group.

**Discourses of Destiny: Constructions of the Transsexual Identity**

The previous discussion has focused on the social organization of gender-variant identities among a group of transsexuals and transvestites. In this section, I take the position that the social construction of these gender-variant identities reproduces the Euro-American gender paradigm. Furthermore, the biological bias of this paradigm has framed the emergence of the transsexual identity both as a clinical entity and as a member-constructed and member-experienced identity. Because gender is conflated with biological sex, it is no surprise that the transsexual identity has emerged as a medicalized one. This may be understood as part of a more generalized trend in which bodies, physiological sex and reproduction have been co-opted by the clinical sectors. In this context, I emphasize the medicalization of the transsexual identity as a social-historical discourse reifying gender as biological. I then analyze the transsexual identity as it is constructed by the members of the Berdache Society. While the native construction reproduces the biologicalized and medicalized one in many ways, it is also resistant. This rebellion against the dominant gender schema is an important ideological element of the social changes in the cultural shaping of gender-variant identities presented in the final section of this essay.

**Medicalization and Social Reproduction**

The late 1960s spawned an era that may be characterized as the flourishing of the physiologically altered preoperative and post-surgical transsexual. During the 1970s and early 1980s more than forty North American gender clinics, many affiliated with medical schools and universities, were offering programs leading to surgical reassignments. Male-to-female transsexualism was given form by such growing medicalization.

From its inception, the transsexual identity sustained the Western paradigm that the sexes are oppositional and differences in behavior, temperament, character, emotions and sexual orientation are constituted in biological polarity. This opposition is represented by the genitals, the symbols of reproductive differences and the primary basis for assigning biological sex. “Gender attribution is, for the most part, genital attribution,” write Suzanne J. Kessler and Wendy McKenna. However, despite the power of genitals in assigning sex, late-twentieth-century medicine has produced increasingly sophisticated methods for determining biological sex and identifying “invisible” physiological components such as chromosomes, hormones, internal gonads and reproductive structures. It is ironic that, the more scientific and complex the determinants of biological sex become, the less they can be relied on to indicate gender. The androgen insensitivity syndrome in women illustrates the preeminence of genitals in assigning and
attributing sex, despite the presence of contradictory biological evidence.\textsuperscript{13}

Androgen insensitivity syndrome (or testicular feminization syndrome) is a sex anomaly in which genital women are found to be chromosomal males with male levels of circulating testosterone.\textsuperscript{14} They are, however, bodily females as a consequence of an inherited inability to utilize their own testosterone. Because they are born with a vagina, they are generally identified and raised as girls.\textsuperscript{15} This anomaly, among others, clearly points to the segmentation of sex from gender and the complexity of determining sex from biology. Despite the bolstered scientific effort to locate the determinants of sex, it is no wonder that genitals emerge as a safer and seemingly more stable biological insignia than that which cannot be seen, the internal and invisible parameters of cells and hormones. In the final analysis, genital reductionism is the template for the medical construction of the transsexual identity since that which cannot be seen is not essential in the construction of identities for individuals.

In the Western paradigm women are people with vaginas; therefore, if a man believes himself to be a woman, he must look the part, down to the genitals. This paradigm has no room for the social woman with male genitals as is found elsewhere in the world.\textsuperscript{16} Male-to-female transsexual surgery underscores the Euro-American principles of gender that are regarded as natural and inevitable: that is, that there are only two sexes and that these are inviolable and are determined by genitalia.\textsuperscript{17} These principles are articulated in a legal postsurgical policy in which the male-to-female transsexual may be issued a new birth certificate or the existing one is altered to reflect the new status. This new gender status is justified on the biological grounds that the postsurgical male-to-female transsexual is a genital and bodily woman. This articulates with heterosexuality as a central component in the polarity of gender.\textsuperscript{18} Male-to-female transsexuals are thus required to divorce their spouses before a surgeon may perform the conversion operation. Failing to do so would create a situation of legal lesbian marriage.

It is important to note that transsexualism, as a historical phe-

omenon, was defined by the development of two important medical technologies that made possible innovative alterations of the male body: hormonal reassignment therapies and sex-reassignment surgery. These treatments circumscribed the medical creation of male-to-female transsexualism. The newly developing field of endocrinology in the 1920s played an important part in the medicalization of transsexualism. However, Vern Bullough notes that the significance of this field has been neglected in the history of transsexualism.\textsuperscript{19} It was during this era that Harry Benjamin, recognized as the parent of the discipline of transsexualism, first treated a male client experimentally with ProgynonRX (an estrogenic hormone) and was successful in promoting breast growth.\textsuperscript{20} Although the first male-to-female transsexual surgical procedures may have been those performed on “Lilli Elbe” in the 1920s, it was not until 1953 that the male-to-female transsexual identity first gained widespread recognition through the work of Christian Hamburger, George Stümp and E. Dahl-Iverson, who made public the surgical conversion of George Jorgensen into the now-famous Christine.\textsuperscript{21}

Surgical conversion and hormonal reassignment have come to dominate the medical designation and psychological diagnosis of transsexualism. An individual is judged to be transsexual on the basis of a cross-sex identity that is manifest by a sustained desire for surgery.\textsuperscript{22} Although Benjamin proposed early on that male-to-female transsexualism and male transvestism represented a continuum and were really “symptoms or syndromes of the same underlying psychopathological conditions, that of sex or gender role disorientation and indecision,” he still prioritized the desire for physical changes as the critical factor that distinguished the two syndromes.\textsuperscript{23} In Benjamin’s model fully developed transsexualism was diagnosed by the quest for surgery and the wish to live as a female, while the male transvestite “is contented with cross dressing alone.”\textsuperscript{24}

Both the surgical conversion of transsexuals and hormonal management reproduce the biological imperative of the Euro-American gender ideology. For example, among the variety of hormonal management regimens available to transsexuals, two pri-
mary strategies have dominated. One strategy involves daily and/or regular intake of a consistent hormonal dosage. The other approach is one in which transsexuals are given a hormonal regimen in which estrogen, with or without progesterone, is cycled in order to simulate the fluctuation in estrogen in the reproductive woman's cycle. In a study of twenty gender clinics, five were found to subscribe to a cycling program of three weeks of daily intake of estrogen, followed by a week without hormonal therapy. One endocrinologist in my area of research endorsed a program of two weeks of intake of oral estrogens, followed by seven to ten days of a prostaglandin agestral agent in conjunction with estrogen and finally a week free of hormones. Because there is evidence (although very controversial) that fluctuations in hormones may have side effects, I asked the endocrinologist how cycling might affect male-to-female transsexuals. He acknowledged the possibility of fluid retention and mood fluctuations but suggested that these could be treated with interventions, such as diuretics, used to treat premenstrual syndrome in women.

This cycling regimen may be viewed as a discourse that defines the "normal" woman as a reproductive one. Despite male-to-female transsexual infertility, this approach duplicates the menstruating woman's hormonal system. Such a regimen is based on a model of biological coherence between hormones, genitals and the salience of reproduction in medical accounts of women's biology.

Transsexuals: Biological Reproduction and Rebellion

Transsexuals in the Berdache Society were culturally active in constituting their own self-definition. Nevertheless, this self-image was refracted through the medical construction of transsexualism. As previously discussed, this was embodied in surgical and hormonal reassignment. A few examples of transsexual discourses from my research follow to illustrate the impact of medicalization and the imperialism of biology in asserting gender.

In support of the surgical solution was an "origin" story and ideology that male-to-female transsexuals were individuals on whom nature had played a cruel joke—they were females trapped in male bodies. Through surgery they were destined to escape their stigmatized status, unlike male transvestites, who would remain men in women's clothing. In this sense, conformity with the prevailing biocentric gender schema privileged male-to-female transsexuals through the potential to achieve "normacy" and authenticity through genital and hormonal conversion. This belief facilitated the development of a personal identity as female rather than transsexual, a status that would eventually be discarded and replaced with the sense of lived "womanness" made surgically and legally legitimate.

Transsexual distinctions between male-to-female transsexuals and transvestites were girded by this model of potential transsexual authenticity and completeness as women. For transsexuals, the distinction between the two populations was a qualitative one based on the desire to become completely "natural," to have the surgery along with hormonal reassignment. The result was a biologically created female who was physiologically and cognitively concordant. As described in the words of one transsexual: "Because of my transsexualism I have suffered, but I have also learned many wonderful things about life and the human spirit. I have learned to accept my condition and to love myself. I think of myself as a woman whose condition can be corrected through surgery." From the transsexual's standpoint, being a male-to-female transsexual was only a temporary condition. Transsexualism was an identity to be outgrown as one eventually became a "whole" woman. Physical feminization was an important part of this process of personal and social identity transformation. Transsexual humor and folklore often played on the "natural" differences between transvestites and transsexuals. Transsexuals teased one another with remarks such as "Jane [a transsexual] certainly passes well for a TV." Although there were a number of transvestites who passed as well as transsexuals, the transsexual sentiment was that they were destined to be superior at passing because they were, after all, women inside who had the added advantage of hormonal therapy. This was carried even further in the comment of one transsexual, who joked: "I can always tell when one of the
TVs has visited because the toilet seat is always left up.” Finally, the biological elitism of the transsexual was expressed by one who stated: “TVs will always be sick men.”

As mentioned previously, it is important to note that transvestites did not view the difference between themselves and transsexuals as a qualitative one, but rather one of degree. From the transvestite’s standpoint, there was a great deal more diversity among people who were male transvestites than was acknowledged by the member dichotomy of TV and TS. They regarded gender-variant identities as much more fluid and plural than did the transsexuals. They did not, for the most part, see transvestites and transsexuals as two distinct and static identities. In fact, they frequently stated that the context of a person’s life was essential in determining how cross-dressing or one’s “feminine” side was expressed. For example, how a man was situated in terms of career, family and age could make all the difference in whether he identified himself as TV or would actually take the step and begin taking hormones. One transvestite who was recently divorced with grown children stated, “I can make this change [begin taking female hormones] now where I couldn’t before with the kids around and my wife against it.” For some transvestites, life context was regarded as the feature that distinguished the two gender-variant identities, while for others the distinction was just a matter of degree of desire.

Transvestite members generally viewed gender-variant identities as shifting and nonunitary. For transvestites multiple motivations and psychic complexity characterized their lives. Some transvestites liked to cross-dress because it had an erotic element, yet others were driven by public passing as an exciting and risk-taking adventure. Many transvestites shared the view that cross-dressing provided relief from the stress of the male role. In such a way, cross-dressing allowed them to reveal a “feminine” inner side of themselves that they could not express as men. This was not unlike the transsexual self-view of an inner female self trapped in a male body. Despite this evidence, transsexuals maintained a view of distinctiveness based on motivation for surgical and hormonal reassignment. For transsexuals, any reason not to pursue biological alteration was just an excuse and indicative of transvestite status.

Transsexuals relied on biological paradigms to enhance the meaning of their process of transformation as well. As they went through transition, the period of changing gender through the use of hormones, electrolysis, intensifying passing efforts in public and the like, they regarded themselves as reexperiencing the stage of puberty. Hormonal changes in the body were a central defining feature of this period. Their bodies were changing just “as” a genetic woman’s had. This distinguished them from male transvestites and gay cross-dressers who were impersonators of women, both ersatz females. Their puberty was modeled on “natural” maturation, on authentic or “real” women’s experience. The development of the female body shape (despite the penis) eventually led transsexuals to reject the notion of passing and ultimately their transsexualism, for their outward appearance was aligning with their “true” inner selves, women. Transsexuals did not regard permanent nonsurgical status as an option. There were no voices for choices at this time, unless one wanted to acknowledge that one was not “really” transsexual but rather transvestite. Transsexuals themselves were legitimizes by the hope and desire for surgical conversion.

While male-to-female transsexuals supported a premise that equated biology with social gender through the quest for surgery and genital legitimacy, they offered a nascent challenge to biological reductionism that gained impetus over the course of the next decade. As a social identity, transsexualism posits the analytic independence of the four gender markers – sex, gender identity, gender role or social identity (including behaviors and appearance) and sexual orientation – that are embedded in the Western gender schema as taken-for-granted premises and regarded in a number of scientific discourses as “naturally” linked. Such categories of classification involve a binary gender paradigm that reverberates with the ideological underpinning of heterocentrism.

Male-to-female transsexuals rebelled openly and verbally against the underlying heterocentrism of the dominant gender paradigm. While supporting the polarization of genders on the
basis of genitals and body, transsexuals were quite adamant about segregating gender identity and sexual orientation as discrete, subverting the conflation of femininity and heterosexual eroticism. For the male-to-female transsexual, heterosexual eroticism was designated by an erotic attraction to physical males, while a lesbian erotic orientation was defined by attraction to physical females. A review of the professional literature revealed that heterosexuality was frequently cited as an intrinsic attribute and defining feature of transsexualism. Data from my research population on sexual orientation indicated far more diversity in sexual preference than was commonly reported in the literature. Of my sample, only one person was exclusively heterosexual, three of the six exclusive lesbians were living with women who themselves were not self-identified as lesbian, one bisexual was living with a self-identified lesbian, and two male-to-female transsexuals were living with one another. This diversity contradicts a paradigm that equates gender identity with sexual preference. Lesbian or bisexual preoperative male-to-female transsexuals challenged the "natural" equation of gender identity, genitals, appearance and heterosexual orientation by presenting a rainbow of possible arrangements of these attributes.

The Transgendering of Identities: From Dichotomy to Continuity

In reiterating Western biologized gender through surgical reassignment, male-to-female transsexualism endorses a formula for gender constitution in which social woman is equated with genital woman. In addition, Berdache Society transsexuals proffered a categorization scheme in which transsexuals were polarized as "protowomen" and transvestites as men who dressed as women, a model that also sustained gender as genitality based. Yet transsexualism also offered a challenge to the biological basis of gender and consequently provided the opportunity for change from a polarized system in which transsexuals and transvestites were dichotomized as variant women and men, respectively, into one in which a continuum and multiplicity of social identities were recognized and encouraged. Through recent research, it has become apparent that there has been a movement in which people of various gender-transposed identities have come to organize themselves as part of a greater community, a larger in-group, facing similar concerns of stigmatization, acceptance, treatment and so on. This recognition of similarity fostered by a growing political awareness of gender organizations has facilitated the burgeoning of new gender options, such as the "transgenderist." Transgenderist is a community term denoting kinship among those with gender-variant identities. It supplants the dichotomy of transsexual and transvestite with a concept of continuity. Additionally, it highlights a growing acceptance over the past decade of nonsurgical options for physical males wishing to live as women. An emerging sense of collectivity has propelled the recognition of the multiplicity of gender-variant identities including transsexualism and transvestism but exceeding these as well. This sense of collective interests is important for understanding cultural-historical change in gender identities and in clarifying the relationship of individual experience to the social construction of gender variance.

Diversity in the personal identity of the male-to-female transsexual and male transvestite populations has been an important source of change in the social construction of identities over the last ten years. Heterogeneity in personal gender identity was the raw material for the creation of pluralism in social identities. Although diversity of gender identity was found among both transsexuals and transvestites in terms of personal identity, it was masked by a Berdache Society polarizing into the two social identities of transvestite and transsexual, a distinction that was also supported by clinical segregation. Underlying this dichotomy was a continuum of gender identities among those whom I researched. It included a pantheon of personal motives involved in wearing women's apparel described earlier: as sexual arousal, to relieve tension generated by male role strain, to express a "feminine" component of the personality and, for the surgically oriented, as a vehicle to express a cross-sex identity. This continuum of identities was artificially severed by the classificatory criterion of an extreme desire for physiological alteration by male-to-
female transsexuals. Over time, the expression of heterogeneity in the subjective experience of individuals has been given voice in the social construction of gender variance. The polarization of transsexuals as women and transvestites as men is currently in a process of ideological revision in which continuity is emphasized and the dominant Western gender paradigm is challenged rather than cloned.

Pluralism in gender variation is both cause and consequence of at least three sociocultural influences intersecting with diversity in personal gender identity. These are (1) the closing of university-affiliated gender clinics, (2) the grassroots organizational adoption of a political agenda and (3) social alternatives to embodiments of femininity as somatic frailty. The Closing of University-affiliated Gender Clinics

The Berdache Society’s polarization of transvestites and transsexuals was embodied in the surgical conversion of male-to-female transsexuals. Segregation emerged as a praxis within gender clinics where only the most extreme cases of cross-sex identity qualified for the surgery. According to Dallas Denny:

The clinics subscribed to “man trapped in a woman’s body” notions of transsexualism (and vice-versa) [as did the Berdache Society transsexuals]. Transsexual people were considered to be homogeneous. Those men who had not played with dolls in childhood, who did not report feeling like a girl from the earliest age, or who had any history of enthusiasm or success at masculine activities were in trouble. The directors and staff of the clinics tended to view SRS [sex reassignment surgery] as essential for satisfactory adjustment in the new gender. They did not seem to realize that it is possible to live as a woman or a man without the expected genitalia... Those who were not accepted for SRS were not offered hormonal therapy... Those who were not offered services were often told that they were not transsexual.

Denny warns that this is not an indictment of all gender clinics or of the surgery itself but that it does reflect the experience of thousands of transsexual men and women. A number of social rationales conspired to perpetuate this situation. By carefully controlling clients, the clinical personnel, particularly surgeons, was protected from possible malpractice litigation in the case of patients with regrets. In addition, rigid “entrance” requirements for clinics ensured small populations so that intensive follow-up as well as research was possible.

Just as clinics were partially responsible for the dichotomization of gender-variant identities through promoting the sex-reassignment surgery, their widespread closing in the 1980s facilitated sociocultural mutation in the social construction of transsexual and transvestite identities. The termination of the Johns Hopkins Gender Clinic as a result of political rifts in the professional treatment community was subsequently followed by the closing of university-affiliated clinics throughout the United States. Only about a dozen gender clinics remain and these are notably unaffiliated with the research interests of academia and are consequently more client centered. Client-centered gender clinics may contribute to greater flexibility in the expression of gender identities. The research agenda of university-sponsored treatment programs may well have biased the selection of the male-to-female transsexual clinic population through the use of extreme and stereotypical entrance criteria, thereby denying treatment to more divergent individuals.

Sharon, a fifty-year-old postoperative transsexual, provides a classic profile of the male-to-female transsexual who would be considered a likely candidate for surgery in the traditional gender clinics.

When I was a child my favorite pastime was playing dress-up. When I told people I wanted to be a girl, no one listened, or told me I could not because I was a boy. In 1953, the Christine Jorgensen story became headlines. It confirmed my belief that I could be a female. In 1954, I began to experience erotic sensations while dressed [as a woman]. I considered this to be negative. I did not understand the sensations, and an erection destroyed the appearance I wished to achieve. In 1962 was the first year I admitted to myself
that I was not a man, and never would be. I was a “God knows what,” with a male anatomy. By 1979 my life-long dream was to be a legal and functional female.

In contrast, client-centered programs cater to the diverse interests and personal goals inherent in gender-variant peoples and populations, allowing for a pluralism in the expression of gender identities. The following three examples represent variations and revisions of the traditional dichotomy. These voices would not have been heard ten years ago. Without the availability of categories extending beyond and between those of transsexual and transvestite, such individuals have suffered great confusion and emotional stress over where to fit in. Joan, born a male thirty-nine years ago, offers another view of transsexualism:

I’m a transsexual. I’m different from many in that I do not, at this time at least, feel a need to “fade into” society and hide my past. Rather, I have come out to all around me, family, friends and co-workers… I am not yet living as a woman full time, but I am just starting a part-time job where I’ll be doing a… job as Joan. On my regular job (three days a week), I’m still Jerry… I don’t really believe that I’m a “woman trapped in a man’s body.” I’m not sure what I am, only that making this transition is more important to me than anything else in my life.

Karen, who waited until she was forty-five to pursue full female attire, expresses self-identity in this way:

To use the more common terminology, I would say I am transgendersed. I cross-dress but not for sexual display or attraction. There is a feeling that is feminine, pretty and desirable. Yet, I don’t change as a “person.” My gestures and walk are compatible with a feminine appearance, but not exaggerated, my voice unchange. I don’t consider myself a different person, just another visage or aspect of the same person. My friends that observe me in both modes would substantiate this. In addition, passing is of no concern to me. I don’t really “do outreach” or “in your face” but only subject myself to situations in which people are aware of my maleness.

At times I prefer feminine gestures and expressions, but more often masculine responses. When societal binarism insists I choose one pole or the other, I choose masculine. I have been raised as a male, my sexual anatomy is male, etc. Nonetheless, I insist that I am “ambigendered.” I claim all gender space, if you will, and exist within this spectrum at different points at different times.

Pat expresses both a male and female self:

I currently maintain a full-time androgynous persona, eliciting as many “ma’ams” as I do “sirs” responses. My goal is to be free to present myself full female all the time, while still expressing a healthy degree of androgyny. Living as a woman gives me a much fuller range of expression than as a man. In time, I may feel more comfortable confronting the world with the unabashed ambiguity of total androgyny.

Public recognition and legitimacy of alternatives encourages multiple treatment options and the opportunity for the continued decoupling of gender and sex.

Grass-Roots Organizations, Political Action and Transgenderism
While there is not universal agreement on the term transgendered, there is an emerging generic semantic space that is inclusive of all people who cross-dress. It includes those who self-identify as male-to-female transsexuals, male transvestites and cross-dressers, and those who lie between the traditional identity of transsexual (as someone seeking hormonal and sex-reassignment surgery) and the male transvestite.

The transgender community is viewed here as a reflection of the expanding political concerns of the individuals involved who wanted a voice in treatment, in defining themselves and in offering activities, conferences, support groups and other events to further their interests and needs as a growing community. The social construction of identities has become the property of a community with a political agenda. Among the organizations
have investigated, efforts have been made to embrace diversity and recognize similarity amid the disparity. This may be regarded as a pan-gender trend reflected in the creation and public use of a new category, transgenderism.

Transgenderist may be used in a very specific sense to include persons such as nonsurgical or even presurgical male-to-female transsexuals who want to live permanently as female in gender. According to Merissa Sherrill Lynn of the International Foundation for Gender Education (IFGE), “Most people who consider themselves to be transgenderists do not want or need sexual reassignment surgery, and do not identify with ‘transvestite.’” These individuals are also described as persons who change gender roles, but do not plan to have reassignment surgery. They have alternatively been defined as persons who steer a middle course, living with the physical traits of both genders. Transgenderists may alter their anatomy with hormones or surgery, but they may purposefully retain many of the characteristics of the gender to which they were originally assigned. Many lead part-time lives in both genders; most cultivate an androgynous appearance.

Transgenderism may therefore include the self-proclaimed androgyne, the individual who wishes to express both male and female identification through sartorial and bodily symbols of gender, appearing as a blend, sometimes of one gender more than the other. Ariadne Kane, director of the Human Achievement and Outreach Institute, has promoted this approach as an option for individuals. Kane has a variety of personal expressions of “felt” gender that vary from day to day or even within the day, and uses cultural symbols of gender to reveal inner felt dimensions of gender (figures 10.1 and 10.2).

Throughout my earlier research in the Berdache Society, nonsurgical male-to-female transsexuals remained invisible; I knew only one individual locally who, although claiming to be a transsexual, was going to live as a woman without having the sex-change surgery. Recently, I located a number of similar individu-
Figures 10.1, 10.2. The faces and figures of Ariadne Kane, director of the Human Achievement and Outreach Institute.
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mennes and even androgynes, persons who blend genders and do not try to pass. According to Boswell, "S/he is, perhaps, an harbinger of our future." 48

The revisioning of gendered identities is reflected in national organizations for the transgender community such as the International Foundation for Gender Education and the American Educational Gender Information Service, two prominent organizations with political agendas. Such organizations have focused on bringing the diverse members of the transgender community together and providing information as well as influencing treatment issues such as classification in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R), a document widely used by therapeutic professionals in the mental illness classification and diagnosis of clients, including those with gender-identity "disorders." 49

A decade ago, organizations kept a low profile and focused on service to their particular gender identity group. The focus was inward and it lacked a political emphasis. In contrast, today the Congress of Representatives, an umbrella organization that encompasses all the transgender community organizations and groups in the United States, provides a community-based approach that emphasizes serving the needs of the various organizations and extant gender constituencies. This national network is a vehicle for the further blending and expansion of identity borders. Each organization has a representative in this congress:

Despite its rough beginning, the Congress of Representatives is ready to offer a forum for extensive dialogue between support group rep's... As we open ourselves to the ideas of others, let's keep in mind that these "labels" (CD [cross-dresser], TG [transgenderist], TS, etc.) need not be divisive. They're just a shorthand expression of individuality.

Because the gender community was first organized mostly by members of focused [closed] groups, there has been a troubling lack of cohesiveness that has resulted in polarization [between TS's and heterosexual CD's]. With the new trend of open support groups, that foundation [of commonality] can be strengthened. And as open support groups begin to nurture more columns of non-hetero CD's,

Transcending and Transgendering

TG's, female-to-male TS's, androgynes, etc., we may achieve a structure that can support a roof. With the spirit of unity and inclusiveness that is promoted by open minds, open hearts, and open groups, we may indeed create the temple of a community we can all call home. 50

Ideally, the interests of no single group are privileged and the political focus can be kept on common concerns rather than differences. This realignment illustrates the shifting of identities as part of a strategy for empowerment and extends from the national level to the local level. It is expressed in support groups such as the Southern Janus Alliance, which "is open to people dealing with all gender issues: androgyny, cross dressing, transgenderism and transsexualism."

This recent strategy contrasts rather sharply with the early efforts of the Berdache Society. The male-to-female transsexual members who came to dominate the governing of Berdache Society felt that the less people knew about them the better. There was a consensus among both transsexuals and transvestites that education of the public at large could only result in making it more difficult for them to pass. The primary concerns of transsexuals centered on areas of contact, such as the medical and psychological sectors, the legal profession and significant others (who were also of concern to transvestites). Challenging media stereotypes was regarded as an impossible task, necessitating "outing" themselves as transsexuals or transvestites. The specific needs of the transvestite population were overshadowed by those of the transsexual group. The transvestite members were satisfied at that time with support, information and opportunities to cross-dress.

Sharon (a male-to-female transsexual) described the formation of an organization not unlike the Berdache Society in the Northeast in 1979 known as the Ephemeral Center, a pseudonym. By the fall of 1981, she reports,

A few cracks began to show up in my idealism... to form an organization that would provide community such as housing, a strong financial base, a self-supporting organization by and for the com-
munity of TS's and TV's—a community for unity that would be an international organization with a political agenda. The second generation of Ephemeral Center members had arrived, and they did not share my vision. For the most part, they were satisfied with the status quo, and were resistant to change. [By 1982] the third generation had arrived and the resistance to change became worse than ever.

In 1986, Sharon's goals were finally achieved, and with the help of friends the Ephemeral Center was renamed and reconstituted as an international organization dedicated to bringing the diverse segments of the community together. Sharon organized the first international convention in 1987 for the entire transgender community. This organization and convention served as an important model for fusing plurality. According to Sharon:

This convention was the first time any effort was made to bring our community's leaders together to tend to the business of our community as a whole. It was our community's first real convention. I emerged as a leader just at the time our community was ripe to become a community, and society was ripe to allow that to happen.

The open organizations of today now seem to aim at integrating the interests of all the transgendered constituency. In the words of one organization advertising for a conference:

Our intention is to bring our people and our friends together so we can learn how to better understand each other's needs and issues, learn how to respect each other's differences and to work together for the benefit of all. The convention also exists to reach out to the general public, to help them better understand our issues, and to respect us as positive, constructive and contributing members of society as human beings.

The agenda of valuing and respect has advanced the possibility of a permanent rather than temporary transsexual social identity, an "out" transvestism and a pride in one's past social history as gender-variant people. It is akin to a new kind of ethnicity.

In this regard, Lydia, a middle-aged postoperative transsexual, argues that:

Transsexual people must learn to come out. The closet for them is as real as it is for gay men and lesbians. But transsexualism has two closets. That's where people go after their transitions to deny their pasts and their transsexualism. It makes them vulnerable to outing, just as it does the gay and lesbian community. In the past, there was little choice but to go into the closet at the end of the rainbow, for public identity as a transsexual person meant media attention, ridicule, loss of employment and employability, and even physical danger. As times have changed, it has become possible to have a public identity as transsexual and still have a reasonably normal life. The most important result of this is that it enables transsexuals to provide feedback about the treatment process.

Political efforts also include destigmatizing transvestism by diverting its association with fetishism and "sexual perversion."

In this regard, Tracy, a self-identified transvestite, comments:

Those of us who are transvestic and/or transgendered—but not transsexual—are most unhappy with the DSM-III-R classification. There "we" are listed as transvestic fetishists, right there with the sadomasochists, child molesters, and aggressive butt-rubbers. Considering we don't "do" anything to anybody, especially a non-consenting person, the inclusion with this group makes us furious. We are summarily dismissed as deviants rather than variants in Western society.

The alternative is to be transsexual or gender dysphoric—i.e., GIDAANT, gender identity disorder of adolescence and adulthood, non-transsexual type. Now is that a mouthful? An obviously exaggerated attempt to force people into a category. George Orwell would be delighted.

When identities go public and become the domain of organizations as image managers, then efforts at normalization will effect
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Lisa, a self-identified transvestite, remarked to me that the breach between transsexuals and transvestites still continues amid the change:

Fetishistic TV’s are generally closeted, or use prostitutes, but have no interest in organization or socialization. The TS community often protests that the TG’s are not “real women” because there is no surgical orientation to their goals. For me, it is difficult to understand these divisive attitudes. Without tolerance or acceptance of gays, there is no tolerance of the cross-dresser, and the TS is considered a freak.

While division does continue to exist, the efforts of the national organizations have led to significant progress. For example, one postoperative male-to-female transsexual asserted that “the greatest change is the ever increasing willingness of different groups and people to respect other people’s differences and work together for the benefit of all. We’re growing up.” Another individual acknowledged that “one of the biggest changes I have seen in the transcommunity is you no longer have to fit in a box. You do not have to be ‘TS’ or ‘TV.’ It is okay to be transgendered. You can now lay anywhere on the spectrum from non-gendered to full transgender.”

It is not surprising that the cross-cultural record and anthropological-relativism have been included in the social construction of gender-variant identities by the organizational gatekeepers of the gender community. At both the transgender community conferences I attended, symposia were organized that included historical and cross-cultural aspects of cross-dressing. This emphasis has continued as an interest of various organizations throughout the United States where anthropologists and historians are called on to present evidence of “traditions” of cross-dressing. At the National Transgender Annual Meetings, a community-based conference, I was invited as an anthropologist to present cross-cultural evidence of cross-dressing. Members of the audience were most interested in two topics: the kinds of data that identified the berdache as a high-status position and the question of how ber-

presentation of self and the social construction of gender identities, For example, one organization that hosts a weekend of mingling and public cross-dressing stated in their brochure:

We are going to enforce our dress and behavior policies... Evidently there are a few uninformed who think hotels allow “real” women dressed as hookers to “troll” the lobby... please (for all our sakes) use the same taste in attire you would want your sister, mother, or your dad, (if he’s one of us) to use. People in [——–] have very definite ideas about what a lady should look like... help us convince them we are no different from the average woman in style of dress.

Despite the recent political agenda supporting diversity, this policy represents a continuing conservative trend that discourages variant gender-identity presentations. It seems evident in this case that androgyny would not be welcomed either. Nor is it implied here that divisions within the transgendered community and the privileging of surgically oriented transsexuals no longer occur. For example, the New Woman’s Caucus, an organization for male-to-female transsexuals, offers a special conference for the postsurgical transsexual population. The caucus recognizes the surgery as an “unambiguous rite of passage, which separates the seeker from the changed.”

Lee, a postoperative male-to-female transsexual, has described herself this way: “I am a new woman. My identity is that of a female — mentally, spiritually, physically, legally and socially.” Because Lee works for a nationally self-supporting transgendered organization employing members of the transgender community, she has represented the traditional dichotomy of transsexual and transvestite in a unique way:

My problem now [since her recent surgery] is a little different than it has been... now I’m a female and still have to work with men. The only real difference between me and any other woman is most of the men I have to work with wear dresses [i.e., are male transvestites and transgenderists].
dache are conceptualized as third or alternative genders mitigating against clinical typologies.

It was apparent that various audience members were familiar with the recent anthropological works on this subject such as Serena Nanda’s study of the hijras of India, Will Roscoe’s The Zuni Man-Woman and Walter L. Williams’s research on the Native American berdache. All were mentioned by members of the audience at both the national transgender community conferences I attended.

Based on this recent foray and my previous experience, I’ve concluded that the plethora of anthropological works on the subject of gender variation have an eager market outside of academia. At the National Transgender Annual Meetings a handout written by Wendy Parker was distributed, entitled “Historical Facts of Interest to the Gender Community,” containing two full pages of citations demonstrating (1) events and individuals involving the acceptance and toleration of cross-dressing, for example, “1530 A.D. Spanish explorer Cabeza de Vaca documents seeing ‘soft and feminine’ men doing ‘women’s’ work among Florida Indian Tribes. First observation of Indian berdache by Western culture”; (2) events and explanations exploring the reasons cross-dressing was discriminated against, for example, “1200’s – The beginning of church/state campaign against gender and sexual variations begin during Medieval period of Crusades. Brought in from Persia, sexual relations with young feminized boys was considered an accepted Islamic practice and therefore considered 'heresy' as it was a ‘pagan’ ritual”; (3) information concerning important figures in the history of cross-dressing, including the “invention” of various clinical terminologies, for example, “1900 – Julian Eltinge becomes big hit on Broadway performing in drag. Becomes America’s first successful female impersonator”; and (4) important events in the organization of cross-dressing, for example, “1976 – Ariadne Kane founds the Outreach Institute and begins the first Fantasia Fair. This major cross-dressers convention has been given yearly uninterrupted to today.”

Anthropological as well as historical data are reinterpreted as part of the “roots” and developing empowerment of the transgendered community. Interestingly, what seems to be happening is an integration and valuing of the anthropological concept of relativism, that is, the recognition that culture is an important component in the construction of gender ideologies, identities and statuses. Cross-historical and cross-cultural education allows individuals, regardless of their self-identity, to employ this information as a “neutralization technique” or disclaimer. Because relativism is a “reflection on the process of interpretation itself,” for transgendered people it facilitates the re-creation and re-invention of themselves as a gender community.

This recently developing unity seems to be expanding to include the gay community, which has been previously excluded as a separate subculture based on oppression of sexuality rather than gender identity. Both the transgendered community and the gay community have shared a serendipitous interest in cross-cultural material. According to Midnight Sun, “cross-cultural material is often used to support claims about contemporary Western homosexuality.” In Living the Spirit: A Gay American Indian Anthology, gay Native Americans have also found their roots in berdache traditions just as have transsexuals and transvestites. By being Other and seeking roots with Otherness, transgendered people and gay men and women can transform their status momentarily or more deeply. By using the berdache as a model, the transgender community and homosexual community become active participants in reshaping their culture and in finding affiliation where division existed.

Such reconceptualizations are not just labeling theory in action but a complex process of revisioning. It may be likened to Roscoe’s concept of lesbian and gay “cultur-ing” – defined as “the negotiation and formulation of homosexual desire into cultural forms and social identities.” The transgender community is perhaps involved in a project of “cultur-ing,” creating new forms and seeing new relationships in social forms as identities. Diversity in personal identities are re-presented as social constructions through formal organizations that, in turn, affect personal identity by providing more flexibility in the ideological system of gender.
Femininity, Embodiment and Social Change

The growing transgender community has also been influenced by changes and challenges to embodiments of femininity. Conventional femininity in the late twentieth century is in a process of redefinition socially, economically and, especially important to this essay, somatically, as feminine fragility is contested by an empowered athletic soma. Women's bodies have undergone radical revision from the nineteenth-century hourglass and corseted ideal to the very thin silhouette of the 1960s.64

The 1980s and 1990s have brought alternative somatic models for women. While the slenderness of the 1960s has continued to prevail, a worldwide movement toward health and fitness has resulted in a revised feminine body ideal that includes toned muscles and taut physiques.62 Women bodybuilders' stout muscles, previously relegated as a trait reserved for men, have begun to undermine biocentric ideologies and equations of masculinity and manliness. Rachel McLish and Cory Everson have helped to usher in a new femininity that has subverted prevalent images of frailty. Feminism has opened new embodiments of womanhood that offer greater flexibility in appearance and somatic contours.63 Since bodies in the Western gender paradigm were regarded as "naturally" constituted contours, this has implications for the social mapping of transgenderism. There may be backlashes against somatic revisioning, but it nevertheless continues to undermine biological sex as the determinant of bodily form.

Women bodybuilders in particular and other women athletes in general have contested the male equation of masculinity, strength and masculinity embedded in biologic readings of bodies. The new muscular soma of women reinscribes other changes in women's position socially and economically. Women athletes' physiques may even appear androgynous. Sports like track, long-distance running, heptathlon and triathlon, mountain climbing and bodybuilding create new embodiments of femininity and defy the traditional soma of woman as soft and curvaceous. Women athletes have added significant muscularity and leanness, advancing a new contour that has little body fat and few curves.64

Have such widespread changes in the feminine body and its implicit query to biology inspired changes in the transgender community? Has the broadening of body "shapes" and images for women perhaps reduced requests for surgery by making passing easier? Will the more androgynous woman's image and changes in gender roles contribute to a lessening of male cross-gender identification? While these questions cannot be answered at this time, it may be assumed that the relaxing of bodily gender rules and the undermining of the biological paradigm since the 1960s has undoubtedly contributed to the trend toward a transgendered community and the creation of nonsurgical transsexuals. Such transformations of the female body erode constructs of behaviors and bodies as natural by creating the possibility for a social woman with a penis.

The androgynous-appearing soma of some women athletes combines symbols of masculinity and femininity on a physical level. It could be argued that this external mixing of gender cues may also imply and reflect an internal blending of emotional, characterological and behavioral propensities previously segregated by gender.65 The approach of Kathy, a petite middle-aged cross-dresser, to womanhood resonates such a blend of neo-femininity in which assertiveness is combined with an empowered body image (figures 10.3 and 10.4):

The women I have always found attractive and try to emulate are assertive, self-sufficient, and emotionally and physically strong. This body type and personality type have become increasingly accepted. The image I portray is essentially that of an alert, athletic, highly trained female bodybuilder. Acceptance by society of this type of woman has benefited me greatly. Ten years ago, there were no female body types such as mine thought to be attractive. Cory Everson, Florence Griffith Joyner, and others have broken new ground.

Lois, a forty-five-year-old preoperative transsexual, reiterates this new femininity:

These changes in the wider societal gender roles have had an effect, I found that in today's society a woman can do anything she wants,
FIGURE 10.3. (left) A newly emerging bodily image in male cross-dressing.

FIGURE 10.4. (above) A more traditional image of femininity portrayed by a cross-dresser.
This means I did not have to give up my interest in economics or engineering. These changes meant that I did not have to be Susie homemaker if I did not want to. Also, these changes have made it easier for me to do a transition and pass. Being six feet tall and having big bones made for one big girl. In the past you would have stuck out like a sore thumb, but today there are a lot of big girls and also you don’t have to be a Barbie doll in order to pass as a woman.

**Implications for the Euro-American Gender Paradigm**

Ten years ago male-to-female transsexualism supported the binary gender schema by dividing gender-dysphoric individuals into men and women where transvestites were considered “sick” or pathological men and transsexuals were women on whom nature had erred. In contrast, the recently emerging transgendered identity offers an account of gender as a social product by giving one the option of living as a woman or a “blend” without surgical reassignment. The transgenderist may or may not feminize; some appear androgynously, and others pass. The possible permutations within transgenderism are innumerable and lay bare the point that gender is not biology but is socially produced. Moreover, female gender identity as lived by male-to-female transsexuals, transgenderists and women is not necessarily framed or limited by an attraction to men. Transsexuals have contested this blantly. Gender identity operated independently, thereby subverting the biocentric paradigm in which gender identity is “naturally” conjoined with heterosexuality.

In an analysis of the content of brochures and flyers from a number of support groups, it was common to find groups not limited to a particular gender identity advertise, for example, “a safe and caring atmosphere that is open to anyone male or female, gay, straight, bisexual or asexual, who wishes to explore their gender issues,” or “a new club for crossdressers is [now] open to all CD’s, regardless of sexual preference(s). . . . No Gay and/or Bi-men unless CD.” Sexual orientation as a critical characteristic for identification is thus dismissed; or, as one preoperative transsexual stated, “When you’re transsexual, every sex is the opposite sex.” This view repeals the idea of polarity inherent in the biocentric model of gender, and it signifies sexuality as an unruly and potentially malleable construct that is independent of identity.

It is in the arena of sexual orientation where the unrealized potential for a third gender may be found. Out of deconstructed gender polarity arises the possibility of a social woman with a penis. This woman embraces the ineffable by eroding the coherence of heterosexuality and biological gender. The polyvocality of sexual and gender potentialities is illustrated by the following four examples in which the complexity and decoupling of physiological sex, gender identity and sexuality are explored.

Sharon is a fifty-year-old physiological male and lives as a transsexually inclined female:

Although I’m capable of performing sexually as a male, I must fantasize myself as a women in order to do so. I’m basically asexual. Sex is not and never has been important. I’ve never really felt sexually attracted to anyone, male or female. However, my preference for sexual partners has always been female.

Roland, forty years old, was born a physiological female and offers another narrative in which sexual orientation is destabilized.

I’m a female-to-male in transition on his way to becoming his true self – male. I am presently living with a post-op male-to-female [transsexual] who is my significant other. She is very successful – a professional woman. We plan to marry. [In my thirties] I began to sexually awaken – I had numerous lesbian relationships and kept it [transsexualism] hidden. . . . Most of my time has been spent in the gay community, as a lesbian, where transsexualism is rarely understood or accepted.

Clare, a forty-six-year-old male-to-female transsexual who has been taking female hormones for the last two years, also recorded a sexual history that defies the gender schema of heterosexuality. Clare has been involved with a bisexual man for twelve years:

[My partner’s] primary orientation is homosexual. He fell in love with my male person. I have been, until recently, a reluctant lover
for him because I'm not gay... Two years ago he [left the country for employment] and when he returned, my body had undergone changes, considerable breast development, I'd removed the hair from my chest and legs. As I had feared, his passion for making love with me has waned, yet our bond of love is as strong as before. It's interesting how my desire for him has changed. I now crave his touch whereas before I did not.... Our love transcends our physical relationship which has become the stuff of bad fiction. When he was wildly hot for me, I was hesitant. Now, the roles are reversed. We laugh about it, though the pain of loss on both sides is real.... [He said] he was amazed upon seeing Clare for the first time. He said he found himself treating me differently, being more gentle with me.

Jane, a late-thirtyish transgenderist, lives as a woman with "her" wife Mary. They were married when Jane was John, and over the course of time John has become feminized with hormones, electrolysis and hairstyle. Although this has caused problems in the marriage, Mary has continued to try and accept these changes. John is still able to engage in penile intercourse, as the hormones have not as yet interfered with the capacity for erection, although this will eventually happen. This case illustrates how Western gender terminology, which is so reliant on biological insignia, becomes incoherent when the genitality of the gender paradigm is revoked. From her perspective, Jane has a lesbian relationship with her wife (Mary). Yet she also uses her penis for pleasure. Mary does not identify herself as a lesbian, although she maintains love and attraction for Jane, whom she regards as the same person she fell in love with although this person has changed physically. Mary regards herself as heterosexual in orientation, although she defines sexual intimacy with her spouse Jane as somewhere between lesbian and heterosexual.

The rules for construction of heterosexuality as "natural" in the gender equation are impugned by these cases. In the Western paradigm, gender operates as "the central organizing principle of sexuality" and sexual orientation exists only in relationship to gender and physiology.64 "Males are expected to be men: tough, strong behavior is not enough unless they are also attracted to

women as sexual partners. Thus, heterosexuality is a major component of 'normal' gender expression."67 When sexuality can no longer signify heterosexuality because biology no longer signifies gender, the disjunction of sex as reproduction is played out and the gender paradigm is unsettled.

Conclusion

In earlier research I analyzed the transformation of the male-to-female transsexual as a journey from gender disorder to order. The surgically oriented male-to-female transsexual rendered invisible the instability of gender through the quest for sex-reassignment surgery. A decade later, as a result of several sociocultural factors previously described, transgenderism subverted rather than sustained the Euro-American gender paradigm. Transgenderism perpetrated the disassembling of gender. According to Jason Cronwell, "To acknowledge the validity of 'men with vaginas' (and 'women with penises') would be to admit that men as well as women could resist and thus, subvert the social order, by approximating the 'other' but never fully becoming the 'other.'"68

The transgenderist harbors great potential either to deactivate gender or to create in the future the possibility of "supernumerary" genders as social categories no longer based on biology.69 The surgically oriented male-to-female transsexual has confirmed the independence of sexual orientation and gender identity through bisexual and lesbian orientations. The transgenderist has pushed the parameters of the gender paradigm even further by disputing the entire concept of consistency between sexual orientation and gender. If, indeed, "the paradigm that there are two genders founded on two biological sexes began to predominate in western culture only in the early eighteenth century,"70 then perhaps the task of twenty-first-century scholars will be to deconstruct the social history of a trigender paradigm whose awakenings began in the 1990s.
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7.2. Jim Brust.
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7.5. Nevada Historical Society.
7.6. Smithsonian Institution.

Notes

PREFACE


8. Kurt Wolff, ed. and trans., The Sociology of Georg Simmel (Glencoe, IL: