Please Select Your Gender
From the Invention of Hysteria to the Democratizing of Transgenderism

Patricia Gherovici
Please Select Your Gender

From the Invention of Hysteria to the Democratizing of Transgenderism

Patricia Gherovici
# Contents

*Acknowledgments*  
*Author*  
*Introduction*

1. The imperative of choice  
2. The democratizing of transgenderism  
3. Genealogy of hysteria  
4. Freud’s sex change  
5. Falling into sex like falling in love  
6. Gender and sex as performance  
7. Boy girl boy  
8. Lacan’s transsexuals  
9. Hysteria and transsexualism  
10. Writing the *sinthome*: The transsexual body as a written body

http://www.psychoanalysisarena.com/please-select-your-gender-9780415806169
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusion</td>
<td>245</td>
</tr>
<tr>
<td>References</td>
<td>249</td>
</tr>
<tr>
<td>Index</td>
<td>271</td>
</tr>
</tbody>
</table>
The democratizing of transgenderism

On the front page of the *New York Times* style and fashion section, the headline read: “On Campus, Rethinking Biology 101: Transgender Students Gain Rights, and Respect, in College” (Bernstein, 2004, p. 1). The article reported on a new form of campus activism: In some elite universities and colleges of the eastern United States—like Brown, Wesleyan, Sarah Lawrence, and Smith—students who did not look clearly male or female and defined themselves as “transgender” demanded urgent changes to avoid harassment.

The article opened with the story of 23-year-old Luke Woodward, who arrived at Brown University looking masculine but with no plans to shift genders. “I had questioned my sexuality, but not my gender,” Luke said. Luke, who then identified as lesbian, explained that during a year spent studying in Cuba, a question had arisen. People “were genuinely shocked when I said I was a woman. It was disorienting and scary. And I had to really think about it: am I a woman?” On Luke’s return from Cuba, an answer started to take form. “I took more and more pains to hide my breasts and to pass as male.” After meeting several female-to-male transsexuals, Luke realized that there were options. With financial help from friends and a loan, in the summer of 2004, Luke underwent a double mastectomy. If, before, Luke “had the body of a woman,” noted the newspaper interviewer, Luke’s transformed appearance was now more in harmony with *hir* style of sartorial choices—close-cropped hair, baggy jeans, and hooded sweatshirts. Luke described the impact of the “chest surgery” as a lifestyle improvement, asserting that now “my quality of life is better.” When asked about undergoing further surgery, Luke answered: “This is often the first thing people ask me—about whether I’ll get surgery ‘down there,’ and I think it is really weird” (p. 1).

Luke’s story makes us revise our definitions of sex, gender, and even grammar. I have used an unexpected third person pronoun, *hir* (pronounced “here”), instead of his or her; I may also use *ze* and *s/he* (pronounced “shuhee”) instead of he or she, hereafter, since this is the practice of some transgender people who have opted to avoid the generic division implied by
usual pronouns. However, I use the pronoun each person prefers for identification; thus, I only use the transgender pronouns when either patients or authors chose it. Often, the third-person plural, they/them, overcomes the gender difficulty. I begin by talking about transsexuals in the plural, first sketching a global evolution before engaging with specific cases.

Given the current availability of sex change technologies, in the 21st century is it possible to still clearly define what is a man or what is a woman? Or, has it ever been possible? In Chapter 3, I show that under the name of hysteria, the solution to the enigma of sexual difference has been unsuccessfully pursued for over 4,000 years. Is Luke’s example pushing categories of gender beyond the binary of male and female?

When people asked Luke about “surgery down there,” they assumed that a specific bodily location held the key for sex determination (sex understood as genitals) to establish a congruence of sex and gender. Somehow, this confusion of sex and genitals is carried onto current designations of sex change practices because “sex reassignment surgery” would mean that the surgery is centered on the sex. Transition between genders, however, often entails several stages and body manipulations; surgery is just one of many possible interventions. Movement between genders involves body parts other than the sexual ones; for instance, the face is crucial since in everyday life interactions it tends to be one most important markers of gender determination.

In Luke’s case, gender identification did not rely on one specific (sexual) body part, but rather on a combination of factors like appearance, clothing, manners, hairstyle, and so on, which together contribute to a social attribution of gender. In fact, for Luke’s everyday social interactions, chest surgery may have been a much more visible indicator of gender than phalloplasty. It is noteworthy that Luke wondered whether “she” was a “he” while living abroad in Cuba, a country whose postrevolutionary culture still supports traditional gender roles under the aegis of machismo, or cult of the man, and marianismo, or cult of the one who submits. The combination of marianismo and machismo sustains fixed gender roles that foster gender inequality. Notably, Luke asked, “Am I a woman?” in a sexist context in which roles for men and women were rigidly defined. S/he became insecure about hir sexual identity because of the baffled looks of those who did not seem to be able to recognize Luke as a woman. As a first tentative answer, Luke responded to this misrecognition by hiding one physical marker of femininity, the breasts, and trying to pass as male. Today, postsurgery Luke says that s/he does not want to be identified as one gender or another, but something in between, and complained that current policy about gender reassignment “erases the space between male and female.” Luke added that, in an ideal world, s/he would not have to conceal a female past to achieve a more male persona. “I wouldn’t be seen as male or female but as a female-to-male trans.”

http://www.psychoanalysisarena.com/please-select-your-gender-9780415806169
IN TRANSIT

Those who identify as transgender may call themselves male or female, man or woman, trans man, trans woman, female-to-male, male-to-female, butch or camp, or cross-dresser or they may not identify with any of these. “Transgender” today is most commonly used as an umbrella term. “Trans,” “TG,” or “T” are widely employed to include everyone who challenges the conventional boundaries of sex and gender. There are those who surgically change the sex they were assigned at birth (transsexuals) and those who express their gender in ways that do not correspond to their anatomical sex. Transgender can refer to those individuals who are gender variant, that is, whose gender expression does not match the expectation associated with the gender binary of male and female. In its broadest meaning, the term is also used by those who feel that their sexual identity is at odds with the social and cultural attributions of “man” or “woman.” The term transgender is widely employed on Web sites, in support groups, in self-identity labels, and in political writings. It is sometimes understood as a very encompassing term covering all forms of gender variance. It can also apply to differentiate those people who live between the sexes without using hormones or surgery from those who change their sex.

The word itself seems to have been invented in the 1980s (Stryker & Whittle, 2006, p. 4), but in the 1990s transgenderism was enthusiastically embraced by activists as a collective category of identity with the deliberate intention of making it as inclusive as possible when negotiating legislature. By 1995, the term was widely accepted to refer to “individuals whose gender identity or expression does not conform to the social expectations for their assigned sex at birth” (Currah, Juang, & Minter, 2006, p. xiv).

Transitioning involves those in the process of dressing and living as a different gender, thus adopting an identity associated with the opposite biological sex without reassignment surgery. It also refers to those who are moving from one sex to the other by taking hormones or surgically modifying their bodies. In terms of sexual orientation, transgender people may identify as gay, straight, lesbian, bisexual, or transsexual. Transgender people who claim to be uncomfortable with their biological sex and assigned gender role are often diagnosed with gender identity disorder (GID), as defined by the American Psychiatric Association (APA).

It is important to note that the inclusion of GID in the APA’s Diagnostic and Statistical Manual of Mental Disorders (DSM; APA, 2000) qualifies it as mental illness. The DSM, even if it is jokingly referred to as the diagnostic bible, is the gospel that stringently rules insurance companies, psychiatry
Please Select Your Gender

and health care professionals, and policy makers alike. Officially, GID is a health problem that may require corrective medical treatment. For those who suffer this disorder, gender reassignment surgery, hormone therapy, and gender role changing are recommended to help them feel “normal” or “natural,” therefore healthy. There is considerable disagreement over the APA’s characterization of transgenderism as a mental illness because many consider it to be an issue of sexual identity and even sexual orientation. Unlike homosexuality (which under pressure of gay activists was eliminated as a disease category by the APA), medical professionals see transgenderism as a medical and mental health condition that requires treatment. The disagreement among some transgender activists and leaders stems not only from the essentialist, almost naive way in which gender roles are portrayed in the DSM, but also from practical issues about discrimination—people may be less prone to discriminate against someone who suffers from “a medical condition”—and from the fact that if GID is removed from the DSM the few U.S. states where it is considered a medical disability will no longer grant medical coverage or disability benefits (see Hausman, 2003, p. 25).

The DSM (APA, 2000) characterizes GID as a “cross-gender identity accompanied by persistent discomfort with one’s assigned sex” (2000, p. 535). The manual distinguishes gender identity (“the individual’s self perception as male or female”) from gender dysphoria (“strong and persistent feelings of discomfort with one’s assigned sex, the claim to possess the body of the other sex, and the desire to be regarded by others as a member of the other sex”) (p. 535). While the manual is not clear regarding whether a sexual practice is the same as an identity, it emphasizes that “gender identity and gender dysphoria should be distinguished from the term sexual orientation which refers to erotic attraction to males, females, or both” (p. 535; italics in the original). Confusion about sexual orientation is now listed as an identity problem. Sexual orientation confusion is lumped with other confusions regarding career choice, friendship patterns, long-term goals, moral values, and group loyalties (p. 741).

The DSM (APA, 2000) catalogs a variety of symptoms that determine the GID diagnosis; they are all considered manifestations of a strong identification with “the other sex.” In adolescents and adults, sufferers claim that they are members of the opposite sex, often describing themselves as “imprisoned in the wrong body,” for example. Other markers are obsessions with altering sexual characteristics (by way of hormones, surgery, or other means).

1 For a riveting, behind-the-scenes exploration of the DSM apparatus and the construction of so-called mental illnesses, see Christopher Lane’s (2007) Shyness: How Normal Behavior Became a Sickness.
The indicators specified for children are: cross-dressing (female attire in boys, stereotypical masculine clothing in girls); cross-sex roles in fantasies and play; participation in stereotypical games and pastimes of the other sex; and having a strong preference for other-sex playmates. Boys assert that their penis or testes are disgusting or will disappear, or that it would be better not to have a penis. Absence of rough play and rejection of male stereotypical games and activities are also considered indicative symptoms. In girls, the markers include wanting to urinate while standing, asserting that they will grow a penis, desiring not to grow breasts or menstruate, and developing a deep dislike of normative feminine clothing. An historical overview of the literature on cross-gender identification and behavior as mental illness concluded that, in the case of children, “the flaws in the DSM-IV definition of mental disorder plus the limitations of the current research” pointed to “insufficient evidence to make any conclusive statement regarding children who experience discomfort with their biological sex” (Bartlett, Vasey, & Bukowski, 2000). The authors of the study recommended that the diagnostic category of GID in children in its current form should not appear in future editions of the DSM.

The controversy surrounding the pathologization and treatment of cross-gender identity and behavior, particularly in children, has been evident in the literature for more than 20 years. Children who meet the diagnostic criteria for GID are more likely to become homosexual than transsexual. This leads many to conclude that the pathologizing role formerly attributed to homosexuality has been displaced onto GID. Let us note that 1980 was the year when the DSM no longer included homosexuality as a mental illness, but this was also the year that the diagnosis of GID was introduced. In the essay, “How to Bring Your Kids Up Gay,” Eve Kosofsky Sedgwick (1993) argued that while lesbian and gay became more accepted, the political separation of sexuality and gender made room for the stigmatization of gender deviance.

It takes a transsexual like Jennifer Finney Boylan to define the quandary of transsexuals while pointing out the lack of imagination of the psychiatric establishment. The memoir, She’s Not There: A Life in Two Genders (2003), has this wonderful evocation:

My conviction, by the way, had nothing to do with a desire to be feminine, but it had everything to do with being female. Which is an odd belief for a person born male. This last point was the one that years later, would most frequently elude people, including the overeducated smarty-pants who constituted much of my inner circle. Being gay or lesbian is about sexual orientation. Being transgender is about identity. ... In the end, what it is, more than anything else is a fact. It is the dilemma of the transsexual, though, that it is a fact that cannot possibly be understood without imagination. (p. 22; italics in the original)
WE ARE ALL TRANSGENDERISTS

Transsexual people take as models icons ranging from Joan of Arc to Renée Richards, the tennis champion; from 18th-century Chevalier d’Eon, a French diplomat, spy, soldier, and Freemason who lived the first half of his life as a man and the second half as a woman; to Roberta Close, also known as Miss Gay Brazil, a male-born transsexual who was voted Brazil’s most beautiful woman. Thus, the references of the word transsexual may seem infinite. Here is the most comprehensive list according to transgender activist Leslie Feinberg (1996): transsexuals, transvestites, bi-genders, drag queens, drag kings, cross-dressers, masculine women, feminine men, intersexuals (a term that replaced hermaphrodite), androgynes, cross-genders, shape-shifters, passing women, passing men, gender-benders, gender-blenders, bearded women, and women bodybuilders who cross the line of what a female body is “supposed” to look like (p. x).

Given this plethora of uses, a brief history of the evolution of the terminology will be helpful. The term transvestite was invented by Magnus Hirschfield in 1910 to describe those who occasionally wear clothes of the other sex. Transsexualis was first used in the journal Sexology in a 1949 article by David Cauldwell titled, in Latin, “Psychopathia Transexualis,” a term echoing Krafft-Ebing’s Psychopathia Sexualis (1886/1965). It is often noted that in 1923 Magnus Hirschfield used the German term seelischer Transsexualismus (psychological transsexualism) (Hirschfield, 1923). In his 1949 study, Cauldwell described the thousands of cases of “individuals who wish to be members of the sex to which they do not properly belong” (p. 275). Cauldwell also coined the term sex transmutationist (1947; 1951, pp. 12–16) and used both the spellings “trans-sexual” and “transsexual” interchangeably (1950). Cauldwell’s (1949) initial position was at best problematic since he described transsexualism as a hereditary condition of individuals who are “mentally unhealthy” (p. 275). By 1950, Cauldwell had obviously turned a corner:

Are transsexuals crazy? One may as well ask whether heterosexuals are crazy. Some are and some are not. Some transsexuals are brilliant. Now and then one may be a borderline genius. Transsexuals are eccentric. Some of them are not of sound mind, but this is true of heterosexuals. (p. 4)

The word transsexualism was popularized in the 1950s by sex change pioneer Harry Benjamin. Benjamin worked closely with Eugen Steinach, the gland specialist innovator who performed the first sex change surgeries by gland transplants and isolated the “sex hormones,” and Magnus Hirschfeld, the sex reformer. By a chronological coincidence, 1952, the year in which hysteria, as a separate diagnosis, disappeared from American
psychiatric texts, was also the year that a medical team led by Christian Hamburger performed the first surgical sex change on George Jorgensen, a 26-year-old American male.

On December 18, 1953, in a lecture at the New York Academy of Medicine, Benjamin used the English word *transsexual* as a medical definition for the first time. And most important, it was also in that year that the first scientific meeting dedicated to transvestism and transsexualism gathered at Benjamin’s institute in New York. As early as 1954, Benjamin clearly distinguished transvestism (cross-dressing) from transsexualism (wanting to change the body) (1954/2006, pp. 45–52). In 1954, George—now Christina Jorgensen—had a third operation in the United States: the surgical construction of a vagina. The 1950s was also the decade when American popular opinion was scandalized by the results of the studies conducted by Kinsey. The Kinsey report hypothesized that, based on their activities or attractions, as many a fourth of women (15–25%) and over one third of men (33–46%) were bisexual (Kinsey, 1953; Kinsey, Pomeroy, & Martin, 1948).

As Meyerowitz (2002/2004) compellingly narrated, the 1950s marked the beginning of the popularization of transsexualism. It started when the news about Christine Jorgensen’s surgery in Denmark broke out, creating a press frenzy that made sex change a household term (p. 51). “In 1952 the press discovered Christine Jorgensen and inaugurated an era of comprehensive, even obsessive, coverage. In the history of sex change in the United States, the reporting on Jorgensen was both a culminating episode and a starting point” (p. 49). In the United States, Jorgensen’s tremendous public presence was emblematic of a growing cultural preoccupation with the intertwining domains of science and sexuality. It was as if, all of a sudden, Jorgensen herself embodied the crucial questions to which I return in many ways, “What is a man, and what is a woman?”

**TRANSGENDER**

Ever since the media explosion of Christine Jorgensen’s sex change, the definitions of sex and gender have been challenged. My clinical experience has confirmed David Valentine’s (2007) argument that “the ‘gender’ that underpins ‘transgender,’ and marks it as distinct from the ‘sexuality’ of mainstream and gay and lesbian politics, is one rooted in a sexological rather than feminist tradition” (p. 59; see also Hausman, 2001). Valentine has conducted ethnographic research among mostly poor female-to-male transsexuals of color who conceive of gender and sexuality in other terms and who did not identify with the category of transgender (Valentine, 2007). The separation of gender identity and sexual orientation is symptomatically exposed by my patients when they no longer ask, “Am I a man
or a woman?” (a question of identity), but “Am I straight or bisexual?” (confusing object choice with sexual orientation). Bernice Hausman (1995) convincingly demonstrated that the gender–sex divide emerged as part of the progress of sex change medical technology.

Hausman’s (1995) research has shown that, prior to the introduction of the word *gender* in 20th-century discourse as a signifier of social sex, the word *sex* was a signifier encoding both biological and social categories (p. 75). The concept of psychosocial gender identity was invented by John Money in the 1950s as part of the new technology of sex change. The protocols developed by John Money and colleagues at Johns Hopkins Hospital in the mid-1950s introduced the word *gender* to signify the social performance indicative of an internal sexual identity. The medical discourse that grounded the first practices of sex changes was heterosexist because to be recognized as homosexual would have deemed the prospective patient as unfit to undergo a sex change. The standard to identify candidates for sex change was based on anatomies that would be sexed in accordance with social categories of appropriate gender performance. “‘Gender,’ however, has not remained within the medical context in which it was first uttered,” wrote Hausman, “nor did its inaugurators intend it to. Part of the appeal of gender identity theory is its contention that all of us have a gender identity and that it is somehow detachable from our sex” (p. 8).

Teresa de Lauretis (1987) has written a compelling exploration of the relation of technology and gender (or of gender as technology) in which she uses technology as a metaphor for scientific or industrial techniques that support her claims that representational forms are technologies. Hausman (1995) argues that gender is one consequence of the intersection of such technologies and ideological systems (p. 15). In the various feminist analyses of gender, there is an important omission—the consideration of transsexualism as a player in Western conceptions of gender. Julia Epstein and Kristina Straub (1991) contend that the recent phenomenon of medicalized sex change is nothing but an evolution of earlier historical modalities of cross-gender orientations:

Surgical possibilities for “gender reassignment” have opened in a late modern period (and what is more *postmodern* than transsexualism?), but there is indeed nothing remotely new about transvestism or “gender dysphoria” except the official professionalizing and medicalization of the terms. (p. 11)

Hausman (1995) observed that the issue here is not that technology made sex change a reality, as Epstein and Straub suggested, but that these technologies affected the taxonomy of transsexualism. “If we consistently read back through the categories of the contemporary period, we are bound to miss the specificity of what it meant for historically dissimilar subjects to
represent (in a variety of modes) the ‘other sex’” (p. 13). Hausman claims that most feminist theorists attribute facticity to gender without an exploration of the semiotics of the body; that is, they use gender as a self-evident category of analysis, almost independent from sex (p. 14).

Elizabeth Grosz’s (1994) examination of the development of the feminist critique of gender concludes: “Presuming that biology or sex is a fixed category, feminists have tended to focus on transformations at the level of gender. Their project has been to minimize biological differences and to provide them with different cultural meanings and values” (p. 17). The hegemony of gender can be observed in U.S. academia, in which, by the end of the 20th century, most women’s studies departments had become gender studies, a category that also includes queer studies (on gay, lesbian, bisexual, and transgender issues). There is such a profusion of publications on the issue of sex versus gender that I cannot hope to list them all. In conformity with my attempt to historicize and problematize these concepts, I turn to my clinical practice.

But first, we may need to clarify the terms of our discussion. Alice Domurat Dreger traced the first use of the word gender to 1915. The word appeared in the literature on human hermaphroditism and was used by William Blair Bell (1915), a Liverpool surgeon who contributed to a shift in the medical and scientific definition of what was then called hermaphroditism, and thus of “true sex.” With the rise of new medical technologies—laparotomies for exploratory surgeries and biopsies to analyze living tissue—it was possible to confirm the actual presence of testes and ovaries in sex determination. Given this technological advance, Blair Bell needed a word to describe medical interventions in anomalous bodies, such as those of a patient he described as “an attractive woman, unfortunately with testes.” Blair Bell’s recommendations set up the precedent for the forthcoming sex change policies:

> [O]ur opinion of the gender [of a given patient] should be adapted to the peculiar circumstances and to our modern knowledge of the complexity of sex, and ... surgical procedures should in these special cases be carried out to establish more completely the obvious sex of the individual. (cited in Domurat Dreger, 1998, p. 166)

The point here is simple: Only when technology developed to the point that clinicians could intervene at the level of the body did the term sex begin to refer exclusively to the biological realm. John Money et al. (1955) condensed his notion of gender role as “all the things that a person says or does to disclose himself or herself as having the status of boy or man, girl or woman” (p. 254). Gender was rendered as “outlook, demeanor, and orientation” (p. 258). Money’s concept of gender purposely avoided a psychoanalytic or a biological explanation—sexual identity was a psychosocial decision.
construction. In the 1960s, the psychiatrist Robert Stoller refined the notion of gender with the idea of “core gender identity,” which corresponded to the internalized idea of the individual’s belonging to a particular sex. “Gender identity” was distinguished from “sexual identity,” which included sexual activities and fantasies. Stoller initially supported the idea of a biological force, a drive determining gender. Eventually, he developed a simplistic explanation with psychological overtones that he summed up in the formula: “dominant mother, father pushed to the side, infant cuddly and lovable, mother-son too close” (1975, p. 193).

In cases of male-to-female transsexualism, the key was an essential femininity passed from mother to son: “What his mother feels is femininity; what he feels is femininity” (p. 204). The model was one of mimetic imitation: The son copied the mother; the mother’s excessive closeness to the son was considered to be a negative influence. Stoller also talked about a bisexual mother, who might have had a period of extreme tomboyishness, and of a distant father. These were factors contributing to the creation of transsexuality, especially male to female. For female-to-male transsexuals, Stoller’s speculations can be rendered as “too much father and too little mother masculinizes girls” (pp. 223–244). Stoller, a believer in bisexuality, ended up moving away from a biological model to a psychological one. Money’s evolution was the reverse, as he shifted from a psychological model to one in which psychology was dependent on body morphology. I will explore in depth Money’s many-sided personality and his wide and long-lasting impact on issues of transsexualism.

TRANSSEXUAL REVOLUTION

As we have seen, in the 1990s transgenderism transitioned. The term that was initially coined as a noun became an adjective and with it acquired a radical edge. One can trace this specific use to 1992, when Leslie Feinberg made a call to end gender oppression under the tract Transgender Liberation: A Movement Whose Time Has Come. In the 1990s, transgenderism activism and scholarship launched a sexual revolution. Anne Bolin (1997) contends that “[t]he formation of a transgender community denotes a newfound kinship which supplants the dichotomy of transsexual and transvestite with a concept of continuity” (p. 26). Lately, the word transgender has become quite inclusive. Some welcome the term transgender due to its inclusiveness, and others abhor it for the same reason.

Most authors credit Virginia Prince for having proposed the designation transgenderist in the 1980s as a term of empowerment intended to designate an individual who adopts the role of the “opposite” gender but without undergoing a sex change. Prince, an advocate for freedom of expression, proposed a more specific term for those, like herself, who fall somewhere...
between “transvestite” and “transsexual.” As Prince explains, “I coined the noun transgenderist in 1987 or ’88. There had to be some name for people like myself who transes the gender barrier—meaning somebody who lives full-time in the gender opposite to their anatomy. I have not transed the sex barrier” (cited in Feinberg, 1996, p. x). Some critics, like Califia (1997/2003, p. 199) and Meyerowitz (2002/2004, p. 181), contend that Prince tried to distance herself from transvestites and transsexuals to reject any suspicion of sexual deviance. On occasion, transgenderist has been adopted by gender activists, who extend its usage to include transsexuals as a subcategory for legal purposes. This was not Prince’s original intent. Although many transgenderists challenge the distinction between sex and gender, transsexual and transgender continue to be used.

Prince’s neologism transgenderist tends to be confusing because it transforms a sexual practice (full-time cross-dressing) into an issue of identity, as if one were to refer to one’s self as a “heterosexualist” or a “homosexualist” rather than a heterosexual or homosexual (or even “hetero” or “homo,” for that matter). For Prince, transgenderist defines someone who traverses the divide of gender but not that of sex, therefore separating in practice gender as “performance” from sex as anatomical foundation. This seems to call up Freud’s (1912) famous dictum in a “Universal Tendency to Debasement in the Sphere of Love”: “anatomy is destiny.” Sexual identity may be second nature, and yet many transsexuals struggle to rigidly conform to the normative demands of the opposite sex to become a “natural.”

Tim Dean (2000) observed that transgenderism now situates itself in relation to transsexualism in a similar way as queer stands to homosexuality: Both refer more to political and ideological allegiances than actual sexual practices. He notes that exactly as many gays and lesbians do not consider themselves “queer” and may resent the term; many transsexuals do not think of themselves as transgender. They rather insist instead that they really belong to one sex and just happen to have been born in the “wrong biological type.” They feel a discrepancy between their anatomical sex and their ascribed gender. In fact, they seem quite essentialist and normative. Their classifications are puzzling, thus betraying their arbitrariness and fragility. In the most recent scientific literature on transgenderism, male-to-female transsexuals who identify as women (whether or not they take hormones or have had surgery) are considered heterosexual if they are sexually attracted to men; if they prefer women, they are considered lesbian; and if they are not interested in sex at all, they are just asexual.

Has transgenderism been able to overcome the binary opposition of male and female? The “standard of care,” the famous protocol created by Harry Benjamin, was meant to ensure professional consensus about the psychiatric, psychological, medical, and surgical management of GIDs. It asserts that having a vagina (whether natural or artificially constructed) makes someone a woman; moreover, it claimed that surgically reconstructed male-
to-female transsexuals with a sexual preference for men no longer have the wrong sexual preference and are “satisfied with their ability to be a normal sex partner” (Benjamin, 1966, p. 129). Benjamin’s book The Transsexual Phenomenon (1966) has been considered the gold standard for the treatment of transsexualism. It includes an appendix by Gobind Behari Lal suggestively titled, “Complementarity of Human Sexes.” Yet, as transgender community activist Gordene Mackenzie (1994) contends, “In addition to a surplus of homophobia and sexism, Benjamin’s book is also an indictment against psychotherapy” (p. 75; see also Ekins, 2005, pp. 306–328).

Judith Shapiro (1991) observed that “many transsexuals are, in fact, ‘more royalist than the king’ in matters of gender” (p. 253). Yet, there are many transgenderists who are not moving between sexes and prefer to describe themselves as “gender queer”—signifying that they reject the either-or male–female system. Gordene MacKenzie (1994) describes the gender movement as the civil rights movement of the 1990s. Many foresee the transgender movement as having a political impact similar to that of the gay movement 40 years ago.

**THREE MILLION U.S. TRANS PEOPLE**

In the United States over the last decade, transgenderism has lost most of its stigma and has become an identity. On top of that, it seems quite fashionable. “Long enshrined alongside sexual orientation as the T in LGBT [lesbian, gay, bisexual, transgender], today transgender is almost trendy” (Reischel, 2007, p. 81). The National Center for Transgender Equality calculated that between a quarter of a percent and 1% of the U.S. population is transgender—up to 3 million Americans—although other estimates are lower, and precise figures are difficult to obtain. According to Leah Schaefer, past president of the Harry Benjamin Association, in 2002 there were approximately “five thousand post operative transsexuals in the United States” (cited in Bloom, 2002, p. 37). Conservative estimates for the occurrence of transsexuality is 1 case in 23,000 individuals to 1 case in 40,000 individuals. Transvestitism or cross-dressing is much more common, but even then, estimates are about 1% or 2% of the population (the Transgender Family and Friends Support Network [TFFGS]), which is similar to the number of estimated intersex cases (1.7% of all births) (Fausto-Sterling, 1999, p. 51). All these numbers should be taken as an order of magnitude estimate and not as a precise amount (for instance, intersex cases depend on a gene mutation that does not appear uniformly across the world).

---

2 Data from smaller countries in Europe with access to total population statistics and referrals suggest that roughly 1 per 30,000 adult males and 1 per 100,000 adult females seek sex reassignment surgery (APA, 2000, p. 579).
It is impossible to have current exact frequency figures for the number of sex reassignment surgeries performed, and there is no official record of the number of transsexuals living in the United States, but there is a strong general sense that the trans movement is escalating. Even if it may be rash to claim, as some enthusiasts do, that “Transsexual people are the fastest-growing population” (Romano, 2007, p. 24), it is nevertheless evident that transgenderism has acquired an extraordinary mediatic visibility. On May 30, 2006, an article appeared on the Village Voice Web site about “the country’s youngest transgender child” (Reischel, 2006). A 5-year-old boy claimed to be a girl and voiced his choice so convincingly that his family accepted to raise him as a girl. The child used a female name, wore dresses, grew long hair, and requested that his school treat him as a girl. In December 2006, the New York Times published a story on transgender children, with this opening paragraph:

Until recently, many children who did not conform to gender norms in their clothing or behavior and identified intensely with the opposite sex were steered to psychoanalysis or behavior modification. ... But as advocates gain ground for what they call gender-identity rights, evidenced most recently by New York City’s decision to let people alter the sex listed on their birth certificates, a major change is taking place among schools and families. Children as young as 5 who display predispositions to dress like the opposite sex are being supported by a growing number of young parents, educators and mental health professionals (Leigh Brown, 2006).

Indeed, in a step toward separating anatomy from what it means to be a man or a woman, New York City’s Board of Health put forward in 2006 a plan to let people alter the sex on their birth certificate even if they have not had sex change surgery. The widely publicized proposal, which would have put New York at the forefront of a movement to make gender a personal choice, was withdrawn unexpectedly. Most recently, on July 29, 2007, the Metro section of the New York Times ran an article on how the New York Police Department trains its officers to be polite. It showed a photograph of a hefty man in drag: wearing red lipstick, a big curly blond wig, and a tight pink blazer over the police uniform. He was facing two cadets, who were in a training session that had been “designed to test their composure with Michael Cuevas ... playing a transgender victim of a robbery” (Lueck, 2007).

Transgender people may be gradually gaining well-deserved rights and overdue respect, but they continue to exert a powerful mediatic fascination. On May 21, 2007, Newsweek had a cover story: “The Mystery of Gender: The New Visibility of Transgender America is Shedding Light on the Ancient Riddle of Identity.” Many American television shows and their hosts have
focused on the topic (see note 1, Introduction; Sloen & De Landri, 2007). The views tended to be positive: Becoming transsexual was presented as the ultimate makeover. Still, a sex change seems like a complex proposition: A 2006 study published in the *Journal of Homosexuality* showed that 32% of transgendered people surveyed had attempted suicide (Abelson, 2006). Like many others, Christian Burgess (1999) suggested that most studies on transgender people are based on the self-selected transgender people in treatment, which may lead to a pathologizing stereotype. However, a great number of transgender people described in the literature have health problems, high rates of substance abuse, attempted suicides, suffered childhood abuse, been victims of sexual abuse/assault, and psychiatric disorders.³

**TRANS IDENTITIES**

Here, I want to take seriously the current debate about the freedom of gender; that is, freedom from gender oppression and the apartheid of sex promised by some transsexual and transgender activists and explore some of its clinical consequences. Many trans people like Luke are not moving between sexes; they are parked somewhere in the middle, with respect to the dichotomy of the either-or male–female system. They have arrived, as it were, neither at Ladies nor at Gentlemen. Transsexual memoirs show a recurrent sense of motion, of sexualities in transit. Terms like journey, path, crossing, passage, returning, becoming, and outing are reiterated tropes in the autobiographical accounts of sex change. This brings to mind Lacan’s anecdote:

A train arrives at a station. A little boy and a little girl, brother and sister, are seated across from each other in a compartment next to the outside window that provides with a view of the station platform buildings going by as the train comes to stop. “Look,” says the brother, “we are at Ladies!” “Imbecile!” replies his sister, “don’t you see we’re at Gentlemen.”

To these children, Gentlemen and Ladies will henceforth be two homelands toward which each of their souls will be all the more impossible for them to reach an agreement since, being in fact the same homeland, neither can give ground regarding the one’s unsurpassed excellence without detracting from the other’s glory. (Lacan, 2006, p. 417)

The two siblings, a boy and a girl, position themselves differently in relationship to two locations in which each sex can only see one sex. One might

³ See Cole et al. (1997); A. Devor (1994); H. Devor (1997); Gaines (1993); Rottneck (1999); Ryan and Futterman (1998).
take the two doors literally: the two doors, with their gender distinctions, that will allow entrance into the symbolic order. There is a binary order, and one needs to make a choice according to two mutually exclusive sexual positionings; in the public context of the train station, a sexual choice is required even to satisfy the most basic urinary needs.

The quandary of the youngsters in the train calls up Luke's account of hir trials and tribulations prior to the chest surgery. The laws of urinary segregation made Luke feel excluded and in fear. S/He said that s/he worried that if s/he entered a women's bathroom on campus, “someone might yell, ‘Oh my God, there’s a man here’ and call security.” And “in men’s bathrooms I’d have to fold my arms over my chest and hope that no one would notice” (Bernstein, 2004). Luke and several other Brown students pressed the university to create more single-stall bathrooms so that students could avoid having to identify themselves as male or female to use public restrooms. At other American universities and colleges, bathrooms have already been modified and sports teams redesigned. At Sarah Lawrence, third- and fourth-year students were allowed to live with other students regardless of their sex, and certain bathrooms were designated as “all gender.” The choice of words was not innocent. They could have used “unisex,” but they opted for “all” precisely because this is the logic under which they operate. I will return to this point.

Wesleyan College no longer requires that students mark the male or female box in the questionnaire that they fill out when seeking help for their sexual health. In the sports arena, changes are taking place as well. Wesleyan’s rugby team has eliminated the word woman from the name of the team, a team that previously had been defined as exclusively feminine. Transgender students felt discriminated against by fans cheering “Go girls.” At Smith, a women’s college, the pronoun “she” was voted out and replaced by “student” in all official documents. This gesture is somehow contradictory since Smith’s ethos has been to grant an academic space exclusively to women. Students at Barnard College have also been struggling with the consequences of the fact that some students at the women’s college do not consider themselves women. Although transgender people around the country have been victims of hate crimes, the students interviewed for the opening story I cited from the New York Times (Bernstein, 2004) said they did not feel discrimination or fear on campus; they knew they were lucky to live in privileged environments—small private colleges—with traditions of tolerance. Is it telling in some ways that these changes are primarily taking place in the educational system, more precisely in colleges and university campuses? Is there a generational issue at work?

Over 100 colleges and universities across the nation now include “gender identity and expression” in their nondiscrimination policies. On message boards, they use gender-neutral pronouns. Colleges try to ensure that restrooms and dorms are transgender friendly (open to all sexes). They adapt
to the increasing number of trans college students who push boundaries and blend genders. Their presence in college and university campuses has even given rise to a reality television show, *Transgeneration*, an eight-part series that follows the lives of four college students through the 2004–2005 school year. Aired on the Sundance Channel, it featured, among others, a trans man student at Smith College, an elite institution whose graduates include not only Barbara Bush and Nancy Reagan but also Betty Friedan, Gloria Steinem, and Catherine Mackinnon.

**TRANSGENDER TROUBLE**

In the protected atmosphere of the elite colleges like the one Luke attended, which are considered “bisexual incubators,” everyone seems “comfortable being queer” (Baumgardner, 2007, p. 209), and yet Luke’s transition has not been easy. The reaction of hir immediate family “has been awesome,” but for the extended family it has been more difficult to accept the change. Luke’s grandparents still refer to Luke as “she.” If Luke’s appearance is decidedly male, hir voice still sounds female, which makes Luke hesitant to “assert myself vocally.” Luke has opted not to be on the testosterone treatment that could help deepen hir voice, increase muscle and bone mass, redistribute fat, and grow facial hair for purely pragmatic reasons—s/he cannot afford the monthly expense of the hormones.

Rey was an 18-year-old freshman when he was interviewed for a *New York Times* magazine article, “When Girls Will Be Boys” (Quart, 2008). He wore baggy jeans, spiky hair, and huge tribal earrings and had a tattoo on his arm—a memento not only of a 500-mile hike through Europe the previous summer but also of the “last time he was happy” as he confesses. Several months before, when Rey entered college, he was a woman. Now, he described himself as “omnisexual.” Indeed, Rey is not like most transsexuals who think that they are born in the wrong body. Like Luke, he changed his sex to have an identity that challenges the gender binary. Rey and Luke are part of a growing group of people who refuse to use gender pronouns and take a gender-neutral name. Even after they have substantially changed their appearance, they choose not to modify their bodies with surgery or hormones. Rey and Luke consider themselves as belonging to the trans community, and they identify as gender queer rather than trans man or trans male.

Rey told the interviewer that the decision to change sex started when his childhood body started to mature sexually: “My body changed in freshman year of high school, and it made me depressed” (Quart, 2008). Then, Rey began to wonder if he was really meant to become a woman. He considered the possibility of transition by midadolescence as he was inspired by a “transmale speaker guy” who gave a talk at his high school. Like many
kids of his generation, Rey went home to his computer and typed “transgender” in the Google search engine, and the options exploded (a recent search for “transgendered” generated some 5,320,000 results).

The fact that there is an increasing population of trans male students in women’s colleges is not a surprise for Quart (2008). She indicates that historically women’s colleges have been powerful places of transformation, “where women could flourish without men.” They were “incubators of American feminism” and are now open to the next generation of change. Quart contends that women’s schools were the very place where young women began to question the notion of femininity. These places were a first forum for the public discussion of the contributions of Esther Newton, Gayle Rubin, Anne Fausto-Sterling, and Judith Butler who have popularized the notion that gender is socially constructed and distinct from a person’s sex and sexuality. In their views, gender is fluid and variable, something to be fashioned and that can shift in character depending on the culture or the time period. The presence of trans students at single-sex colleges seems a logical extension of this tradition.

Judith Halberstam, who was interviewed for the article, agreed that the feminist theory of gender as performance did create the space for a trans self or a gender queer one and offered an option that was not available 30 years ago. This would be true for Rey, who built his own trans identity by reading queer theory. “I’m still queer even though I am a man now—it’s the beauty of the term,” Rey told the interviewer. “I think gender is a spectrum—gender is more complicated than sex.” Rey added that everyone has “their own gender.” If his identity seems fluid and evolving, his determined desire for recognition does not seem to exclude an element of defiance. “Some transmen want to be seen as men—they want to be accepted as born men,” he continued. “I want to be accepted as a transman—my brain is not gendered. There’s this crazy gender binary that’s built into all of life, that there are just two genders that are acceptable. I don’t want to have to fit into that” (Quart, 2008). Curiously, Rey wants to belong to an exclusive men’s club that would not exclude anyone, above all, any women. By wishing to pass and not to pass at the same time, Rey plays the role of gender troublemaker, or he may embody a more pervasive symptom of our troubled times. What the gentle defiance of these transiting people calls up is another form of provocation that has been associated historically with hysteria. I turn to this complex history of transgression in the hope of shedding some light on these phenomena.

For these bodies in motion, arriving at a destination is not always granted or a given. This may evoke Lacan’s anecdote I mentioned of the brother and sister who travel sitting across from each other in a train; when it pulls to a stop, they look at the station platform from their window, and the boy exclaims: “We have arrived at Ladies!” while the girl states: “You idiot! Can’t you see we are at Gentlemen?” (Lacan, 2006, p. 417). Being in
transit can be risky business, as an analysand, a formerly homeless African American transsexual woman, often tells me: “People talk about seeing the light at the end of the tunnel, but one should be careful—it might be the 6:15 train!” In all those sexualities in transit, the question is whether one can find oneself back on the platform, rather than on the tracks, when the train arrives.