The University of Sydney

Copyright in relation to this thesis*

Under the Copyright Act 1968 (several provisions of which are referred to below), this thesis must be used only under the normal conditions of scholarly fair dealing for the purposes of research, criticism or review. In particular no results or conclusions should be extracted from it, nor should it be copied or closely paraphrased in whole or in part without the written consent of the author. Proper written acknowledgement should be made for any assistance obtained from this thesis.

Under Section 35(2) of the Copyright Act 1968 'the owner of a literary, dramatic, musical or artistic work is the owner of any copyright subsisting in the work'. By virtue of Section 32(1) copyright subsists in an original literary, dramatic, musical or artistic work that is unpublished and of which the author was an Australian citizen, an Australian protected person or a person resident in Australia.

The Act, by Section 36(1) provides: 'Subject to this Act, the copyright in a literary, dramatic, musical or artistic work is infringed by a person who, not being the owner of the copyright and without the licence of the owner of the copyright, does in Australia or authorises the doing in Australia of, any act comprised in the copyright'.

Section 31(1)(a)(i) provides that copyright includes the exclusive right to 'reproduce the work in a material form'. Thus, copyright is infringed by a person, not being the owner of the copyright, reproduces or authorises the reproduction of a work, or of more than a reasonable part of the work, in a material form, unless the reproduction is a 'fair dealing' with the work 'for the purpose of research or study' as further defined in Sections 40 and 41 of the Act.

Section 51(2) provides that "Where a manuscript, or a copy of a thesis or other similar literary work that has not been published is kept in a library of a university or other similar institution or in an archives, the copyright in the thesis or other work is not infringed by the making of a copy of the thesis or other work by or on behalf of the officer in charge of the library or archives if the copy is supplied to a person who satisfies an authorized officer of the library or archives that he requires the copy for the purpose of research or study'.

*Thesis' includes 'treatise', dissertation' and other similar productions.
Queering Gender Identity

Interventions in Discourse about Male to Female Transsexualism

Dr. Jesse Hooley

A thesis submitted in fulfillment of requirements for a doctor of philosophy

Department of Sociology and Social Policy, University of Sydney, 2003
Synopsis

This study is a critique of different discursive constructions of male to female (or MTF) transsexualism in sexology, law and feminism as well as discourses produced by or on behalf of, transsexuals and transgenders. It intervenes in the realm of theory and definition to show that MTF transsexual identity is a constitutive fiction: an effect of certain practices, discourses and institutions, rather than a verifiable medical condition or a transcultural essence. My study interrogates the rules governing sexological discourse about MTF transsexualism, showing that they are grounded in unstable binary oppositions, such as male/female, masculine/feminine, heterosexual/homosexual, mind/body, sex/gender and transsexual/transvestite. Most importantly, my study demonstrates the instability of boundaries between MTF transsexualism and male transvestism on the one hand, and between these two categories and homosexuality on the other.

The role of the state and legal processes in constituting notions of MTF transsexual identity is also addressed. I argue that legal determinations of MTF transsexuals’ sex in Commonwealth law cases are grounded in phallessentialism and the male/female binary. I also show how political/legislative processes impinge on and regulate the new notion of transgender and legitimise the notion of the transsexual. I argue that the recent Transgender (Anti-Discrimination and Other Acts) Amendment Bill (1996) institutionalises a hierarchy of transgender persons. My study also develops an alternative conceptualisation of the field. It contests claims that transsexual identity is a pathological state of being and reconceptualises it as the product of certain psychic-social-discursive processes constrained by binary oppositions. The study also explores discourse about the notion of transgender, and develops a distinctive, queer conception of transgender practice.
7.1 INTRODUCTION ........................................................................................................235
7.2 SUMMARY ...............................................................................................................235
7.3 CONCLUSIONS .......................................................................................................237
NOTES .........................................................................................................................252
CHAPTER I ..................................................................................................................253
CHAPTER II ...............................................................................................................262
CHAPTER III .............................................................................................................264
CHAPTER IV .............................................................................................................273
CHAPTER V .................................................................................................................275
CHAPTER VI ..............................................................................................................278
BIBLIOGRAPHY ..........................................................................................................279
APPENDIXES .............................................................................................................308
APPENDIX I ...............................................................................................................309
APPENDIX II ..............................................................................................................333

LIST OF TABLES
Table 1: Transgenders’ general health problems (Perkins) 170
Table 2: Transgenders’ general health problems (Hooley) 184
Table 3: Transgenders’ sexualities 186
Table 4: Transgenders’ indications of sexual partners’ sexualities 187
Table 5: Sexual practices of transgenders 188
Glossary

AAT: Administrative Appeals Tribunal.

AAR: Administrative Appeals Review.


ACON: Aids Council of NSW.

AFAO: Australian Federation of AIDS Organisations.

ALD: Administrative Law Decisions.

All ER: All England [Law] Reports.

ALR: Australian Law Reports.

BDMA: The NSW Births Deaths and Marriages Registration Act.

CSAHS: Central Sydney Area Health Service in inner city Sydney.

DSM: *The Diagnostic and Statistical Manual of Mental Disorders* is produced by the American Psychiatric Association to provide criteria for diagnosis of over three hundred psychiatric disorders. The DSM-III-(R) (1987), a revised edition of the 1980 manual, and the DSM-IV (1994) are the most recent editions of this 'psychiatric bible'.

DSS: The Department of Social Security, the Federal body in Australia previously responsible for delivery of social security provisions. Now called The Department of Family and Community Services.

FTM: This indicates female to male transsexuals or transgenders, who live as, or seek to live as, the 'opposite sex'.
GC: The Gender Centre is a Sydney non-government welfare agency, previously called Tiresias House. Located in Petersham, it provides services for transgenders, transsexuals and transvestites.

GD: Gender Dysphoria is the psychiatric diagnosis for transsexualism in the (DSM-III-R 1987), now superseded by gender identity disorder, as below. Medical experts tend to regard gender dysphoria as 'an irreversible persistent conviction on the part of the affected individual that he or she is inwardly a member of the opposite sex' (Walters 1989: 292). For Walters and Ross (1986), gender dysphoria is a medical condition which transsexuals, as 'symptom carriers' suffer from, and transsexualism is the 'symptom cluster'.

GID: Gender Identity Disorder is the psychiatric diagnosis (DSM-IV 1994: 248) which replaced the DSM-III-(R)’s notion of gender dysphoria. It is a global concept that incorporates GIDDANT (see below) and transvestic fetishism, although the DSM-IV states that these contraindicate transsexualism.

GIDDANT: Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual type is the medical diagnosis for a less severe condition than GID. It first appeared in the DSM-III-(R) (1987).


GP: A medical doctor engaged in general practice.

GRS: Genital realignment surgery. This term was inaugurated by a member of the TLC. GRS is otherwise known as sex or gender reassignment surgery in sexological literature.

Hormone therapy: A medical term describing endocrinological treatment for transsexuals prior to their living as another gender and undertaking GRS.

HBIGDA: The Harry Benjamin International Gender Dysphoria Association is a medical body which has formulated standards of care for treatment of transsexuals since 1977.

MLC: Member of the Legislative Council. A parliamentary member of the house of review in NSW parliament.
MTF: This indicates male to female transsexuals or transgenders, who live as, or seek to live as, the 'opposite sex'.

NSW: The state of New South Wales, in Australia.

NSWLR: NSW Law Reports.

Non-operative transsexual or transgender: A person who lives and identifies as another sex but does not proceed to GRS, for health, political, financial or other reasons.

Post-operative transsexual or transgender: A person who has undertaken GRS.

Pre-operative transsexual or transgender: A person who intends to undertake GRS.

Reembodiment technologies: A term used by Stryker (1998). It includes GRS and other surgical procedures, such as breast enlargement, in the case of MTF transsexuals. 'Hormone therapy' is the technology most used by MTFs and FTMs.

SHC: Sexual Health Clinic.

SSAT: Social Security Appeals Tribunal.

SSR: Social Security Review.

STD: Sexually Transmitted Disease.


TAG: The Transsexual Action Group is a Sydney lobby group formed for reforming the legal treatment of transsexuals.

TLC: The Transgender Liberation Coalition was a Sydney lobby group that advocated for the social and legal rights of transgenders and transsexuals. It later changed its name to the Transgender Lobby Group.
Transgender: Transgender is a contested term. American Virginia Prince inaugurated the term 'transgenderist' in 1987. Her term referred to those who 'live full time in the gender opposite to their anatomy', but have not crossed 'the sex barrier' (as cited in Feinberg 1996: x). The term transgender has since acquired conflicting meanings among transgender theorists (e.g. Stryker 1994, 1998; Perkins et al. 1994; Bornstein 1994; Feinberg 1996, 1998; Hooley 1997a). In the Australian context, Perkins et al. (1994: 8) describe transgenders broadly as 'a group of people whose current social gender status is at variance with the sex assigned to them at birth'. As used in Chapter Four, transgender thus refers to a broad group of people who disidentify with the gender category (i.e. man or woman) which they are obliged to inhabit on the basis of their sex assignment at birth, and inhabit the other in daily life. This particular use of the term includes people who use reembodiment technologies and may prefer the term transsexual. However, my study concludes by developing a notion of the term that implies queer and the non-necessity of GRS. For Feinberg (1996: x), transgender includes transsexuals, and 'all who challenge the boundaries of sex and gender and those whose gender behaviour is considered to be inappropriate for their birth sex'. For Prosser (1998b: 176) it 'now functions as a container term' for transsexuals, transvestites, drag queens, butches and intersexuals. Although my study sometimes uses it in this sense, I prefer 'trany' as an Australian term that means much the same thing.

Transition: A term used in transgender communities to describe the process of shifting or 'transitioning' permanently from one gender category to another. GRS is usually undertaken post-transition.

Transphobia: Fear of tranys or practices which threaten borders of sex or gender which people may regard as natural or biologically determined.

Transsexual: A sexological term that refers to persons who seek to 'change their sex' through GRS and other reembodiment technologies, or claim to have done so following these procedures.

Transvestite: A sexological term that describes people who cross-dress. It has been largely applied to men who cross dress-intermittently rather than women.
Trany: Pronounced as ‘trannie’. A colloquial term used in Sydney, often as shorthand for transsexual, transgender, drag queen and intersexual. My study uses this term to include people who identify as transgenders, transsexuals, transvestites, intersexuals and drag performers.

TAB: *The Transgender (and Other Acts) Amendment Bill*, as passed by NSW parliament in 1996.
Introduction

Aims of the Study

In the first place, my study is a critique of different discursive constructions of transsexualism in sexology, law and feminism as well as discourses produced by, or on behalf of, transsexuals. It emerged from my engagement over many years with discourses about transsexualism and my own participation in Sydney’s transgender community. The study intervenes in the realm of theory and definition regarding transsexualism and related notions of sex/gender, sexuality, self and identity. It explores the constitution of MTF (male to female) transsexual identity, exposing regulatory mechanisms that ground its discursive power and which prompt people to use reembodiment technologies. Secondly, however, my study constructs a distinctive interpretation of 'transsexual identity'. Thirdly, it explores discourse about the relatively new notion of transgender, seeking to develop an alternative conceptualisation of the field and a distinctive, queer conception of transgender.

A non-positivistic, non-foundationalist approach to gender identity is developed, that treats neither sex nor gender as grounded in nature, biology or anatomy. Drawing primarily from the claims of Foucault and Butler, I argue that sex and gender are constitutive fictions, produced and capable of being refashioned by social practices. It follows that transsexual 'identity' is an effect of certain practices, discourses and institutions explored herein. This implies that the categories upon which notions of the transsexual are constituted have no stable referents. I seek to throw into serious doubt the very foundations of discourse about transsexualism. It will be shown that the notion of the [MTF] transsexual, as constituted in a large body of sexological literature, is slippery and contradictory.

Consequently, the thesis seeks to undermine the clean separation of categories, which presently organise notions of MTF transsexual identity. In place of theories of unitary gender identity that dichotomise gender and sexual categories, I propose that gender identities are unstable, discursively constrained cultural performances. As Fuss argues about identity, it is 'a nexus of possibilities, with no clear separation between the “I” and the not “I”' (Fuss 1989: 33). I show that this applies to the multiply organised nature of transgendered subjectivity, particularly in relation to sexological distinctions made between MTF transsexuals and 'male' transvestites. So, I deconstruct the distinction between the transvestite and the MTF transsexual, showing that there are not always neat, clear
boundaries between cross-dressing for the sake of sexual pleasure and cross-dressing for the purpose of integrating identity. I also question the received wisdom about the lack of any relation between transvestism and transsexualism on the one hand and homosexuality on the other. As I hope to show here, theories of transsexuality which cannot account for the organisation of desire and subjectivity in a fluid and flexible relation to both gender and sexuality are deficient.

Hence, my interrogation of the notion of transsexual undermines the efficacy and reliability of dominant sexological discourse. The sexological theorisation, and medical treatment and management of those labelled transsexual, thus raises serious concerns for the health and well being of these people, especially if they undertake genital realignment surgery (GRS). My contestation of the meaning and conceptualisation of transsexual identity, may thus pose challenges to transsexuals and various professionals engaged in either treating or researching 'gender identity disorder' (GID) to question its foundations. My aims, to problematise and depathologise notions of transsexual identity meet resistance among some transsexuals, because a psychiatric diagnosis is required for access to GRS. As shown, transsexualism is a discourse used by a wide range of MTFs, who employ reembodiment technologies, in the service of approximating imagined gender and sexual norms. I reconceptualise the notion of transsexual identity, and propose notions of transgendered subjectivity, which may subvert discourse underpinned by binary oppositions, and obviate requirements for GRS. My study proposes a queer kind of transgender politics, as a form of resistance to heteronormative ways of doing gender and sexuality, and medical approaches to transgender issues.

The focus of the thesis is on studies and experiences of MTF transsexuals. Sexology constitutes transsexualism as a normatively 'male to female' phenomenon and neglects and marginalises the 'female to male' or FTM experience (see Garber 1992; Lothstein 1983). My study recognises this and exposes the masculinism in sexological and legal discourse about transsexuals. Devor's study (1997) and Califia's (1997) brief exploration of differences between FTM and MTF transsexuals' respective adoption of gender norms, imply certain differences in history, bodies and experiences between MTFs and FTMs. Unfortunately, space permits neither a study comparing MTF and FTM transsexuals nor of the FTM phenomenon. While the problem of bias is not overcome and differences between MTFs and FTMs remain unarticulated, I give a brief summary of claims about FTM transsexualism in Appendix Two.
Unless otherwise indicated, I do not differentiate transsexualism as an 'MTF' or 'FTM' phenomenon. My focus on MTFs does not undermine the broader claims I make concerning discourse about transsexualism. However, the study reconceptualises transsexual 'identity' in terms of MTF specificity. Further, certain claims concerning the effects of discourse about transsexualism and GRS, and especially research claims about transgenders in Chapter Four, may not always be generalisable to FTMs. Specific problems raised concerning GRS may be irrelevant for FTMs. Another issue is that Post-Freudian discourse often constituted transvestism as an exclusively male category. MTFs sometimes use this category as a springboard for constructing themselves as transsexual. While my focus on MTFs is a shortcoming it raises crucial concerns. On the one hand, my study delivers a limited account of the diversity of transsexuals, while showing large differences within the MTF category. On the other hand, notions of 'MTF' and 'FTM' transsexuals are normative. They reify foundationalist notions of sex and binary gender categories, which this study profoundly unsettles.

Locating the Study

My thesis is the product of experiences and engagement as:

- A 'client' of psychiatrists who was diagnosed as transsexual and undertook hormone therapy in the service of altering my identification from man to woman. I later disidentified with the transsexual category, preferring the term transgender.

- A social worker/counsellor for the Gender Centre (GC) assisting a transgender clientele to deal with issues of gender and identity and a group facilitator for Technical and Further Education in collaboration with the GC. Here, I adapted and implemented Women Out of Work courses to assist transgenders to improve transgenders' employment prospects.

- An activist with the Transgender Liberation Coalition (TLC). I joined the TLC having been repeatedly rejected for employment as a social worker over a year, in spite of an excellent academic/practice record.

- A social researcher (project officer) for the Central Sydney Area Health Service (CSAHS) who produced a health needs assessment for transgenders, in the form of a report (Hooley 1997a).
• A student of sociological theory at Sydney University exploring the conditions which enabled the emergence of discourse about transsexualism.

• A member of the inner city Sydney 'transgender community'. I recently withdrew from it for health, personal and political reasons. I still provide help when requested.

My concern with the claims and effects of discourse about transsexualism is thus a product of many years of involvement as activist, a welfare worker and a social researcher within the transgender community. My study uses knowledge acquired in the course of my relations with tranys and psychiatrists, and my activism, professional work and community activity. It also uses empirical research produced in my capacity as project officer for CSAHS.

My study is also a product of engagement with theories and knowledges from within several disciplines. It is situated within a growing heterogeneous body of theoretical literature produced by transgenders (e.g. Stone 1991; Stryker 1994; Bornstein 1994; Feinberg 1998; Prosser 1998a,b). In spite of certain differences, Stryker's work (1994,1995,1998) which draws from queer theory and which I read as a queer kind of transgender theory, is most congenial to my approach.

Stryker (1998), an American MTF transsexual, represents her transsexual identity as anti-heteronormative and as unsettling the hetero/homo opposition. She appeals to a rhetoric of queer inclusivity, polyvocality and gender diversity, in classifying herself simultaneously, as transsexual, transgender and queer (1998: 153). My position is similar to this in its adherence to transgender and queer, rather than transsexual as well. While my position differs from that of FTM author Feinberg, due to hir strong universalising claims - 'hir' is the pronoun that Feinberg uses to describe hirself - it is similar in respect of hir embodiment. As Prosser (1998b: 178) claims, Feinberg 'embodies transgender ambivalence', because s/he 'halts her transition through surgery and hormones to found an embodied transgendered subjectivity'.

Stryker (1998) argues that a recent raising of the profile of transgender issues in the USA is due to the advent of postmodernity, critiques of empirical systems of representation within academia, and recent transgender activism (1998: 147). These three factors have also made transgender issues more visible in Sydney. Here, queer is sometimes shorthand for
reference to lesbian, gay, transgender and bisexual people. While queer theory (e.g. Warner 1993; Seidman 1996) often stresses the prior two categories and marginalises transgender, Butler (1990a, 1993, 1997) has drawn considerable attention to transgender issues and her work has influenced thought in transgender studies (e.g. Stryker 1994). She has also drawn criticism for appropriating transgender in the service of queer (Prosser 1998b).

**Structure of the Study**

Chapter One explores the meaning and conceptualisation of gender, and the historicity of the notion of sex. It provides a theoretical framework for analysing discursive, psychical and social processes constitutive of transsexuals. It contests essentialist claims that transsexualism is a universal condition and an inherent property of individuals. Instead, I argue that transsexual identity, rather than being an ahistorical essence or medical condition, is a situated cultural performance constituted in and through discourse, institutions and social interactions. Whereas modernist systems of representation constitute 'the transsexual' as a unity and in terms of binary opposition, I show that MTF transsexual subjectivities are diverse, ambiguous, unstable and multiple. I therefore advocate a cautionary stance regarding the necessity for GRS and problematise the valorization of transsexual identity in Stryker's discourse (1998). I show how certain socio-historical developments, discourses, institutions and practices constrain possibilities for the construction of a subversive cross-gender 'identity', in the contemporary Sydney context. In closing, I discuss the historicity of sex, cross-cultural studies about 'third' gender categories, and the emergence of the latter in the 19th century European context. This provides the background for my genealogy of sexological discourse about transsexualism in Chapter Three, and for tracing the emergence of transsexual identities in Australia, in Chapter Four.

The second chapter focuses on bodies as prime sites for the construction of transsexual identity. I discuss three feminist theories of the body and Prosser's theory of transsexual embodiment (1998b). I show that feminisms grounded in sexual difference reproduce essentialist and biologist notions of the body and theorise transsexual identity as inauthentic or pathological. While Butler (1993) presents possibilities for transgenders to challenge hegemonic notions of corporeality, Prosser's theory recuperates a series of binarisms to theorise transsexual identity as a form of impairment. Finally, I introduce Freud's (1923b) notion of the body ego. This concept and others developed by Freud are
used in Chapter Three to show the dynamism and ambivalence that characterise transsexual bodies.

In Chapter Three, broadly following Foucault's genealogical approach (1984, 1986a), I interrogate sexological discourse about transsexualism, which probably remains the dominant discourse in the field. I compare various sexological statements about transsexualism and contest claims that it is a phenomenon, which pre-dates its 'discovery' by mid-twentieth century American sexologists. Locating the emergence of notions of transsexualism temporally, geographically and socially, in the USA, I show how historical and political developments, and theoretical shifts in sexology, shaped these notions, in that context.

Chapter Three is devoted to considerably developing King's inference that sexological discourse about transsexuals contains substantial contradictions (1994: 198n.). I show deficiencies in major theories, especially those in object relations psychoanalysis, regarding the etiology of MTF transsexualism. Transsexual 'identities' are explained as the effects of discourses, practices and institutions bound up with phallogocentrism and heterosexism. MTFs constitute themselves as transsexual, through processes of interaction between sexological categories/discourses and the practices, which they develop, as objects of the sexological gaze. In sum, MTF transsexuals, although active agents in their self-construction, negotiate their identities through linkages and constraints shaped by the psychical, the discursive and the social. Problems exposed in sexological discourse lead me to question the transvestite/transsexual distinction as well as the subjects' sexualities. The latter are so labile, complex and diverse, as to warrant a revision of current theories about their sexuality, as invested in binary discourse.

Chapter Four presents transgender research findings about the diversity of transgender people to augment my argument that there is no unified transsexual or transgender identity. It traces the emergence of MTF transsexual identity in Australia and discusses transgender research undertaken recently in that country. The emergence of transsexual identity in Australia was contingent upon historical circumstance and subcultural sexual movements, as well as available medical technology. The chapter highlights a series of further important issues arising from research findings. These include discrimination and violence, the diversity of transgendered sexuality and problems concerning GRS. Research findings about GRS that cast doubt upon the necessity and efficacy of this procedure. Reasons for
discrimination against transgenders are related to discursive formations that constitute transsexuals as other, as shown in Chapters Two, Three and Six.

Chapter Five explores the role of the state and legal processes in constituting notions of MTF transsexual identity. It shows that law relies on medical and sexological discourse in constituting these notions. It explores determinations of MTF transsexuals' sex, in Commonwealth law cases, focussing on important Australian legal rulings. It shows that determinations of transsexuals' sex within legal discourse reproduce a binarised, empirical model of sex. The chapter concludes by comparing transgender perspectives about this model with a feminist perspective that assisted the campaign for transgender law reform, as described in chapter Six.

Chapter Six shows how political and legislative processes impinge on and regulate the new notion of transgender, while implicitly legitimating the notion of transsexual. It explores the practical implications for transgenders, in contesting hegemonic paradigms of transgender identity within legal discourse. This is done by analysing the campaign waged by the TLC in NSW, which resulted in the Transgender (Anti-Discrimination and Other Acts Amendment) Bill in 1996. I explore the constraints constituted by aspects of the Bill, such as its phallessentialism and its institutionalising of a hierarchy of transgender persons.

The concluding chapter summarises my arguments in the thesis, linking and synthesising them to cement the case put forward above. As argued, my thesis provides a more comprehensive understanding of the phenomena of MTF transsexualism, than those in existing discourses. The essentialism of sexological, legal and certain feminist discourses misses the variety, complexity and fluidity of transsexual subjectivities. I reconceptualise notions of gender identity disorder and transsexualism and argue that transsexual identity is explicable without recourse to notions of pathology. I propose ways of altering relations between medical practitioners and transgender communities, and dealing with differences in those communities. Last, I propose notions of transgender identity that challenge binary frameworks, while showing problems arising from the ambiguous gender practices advocated.
Prologue

In engaging with the literature on transsexualism, I have encountered several problems. In the first place, the field is deeply contested, characterised by competing theoretical perspectives. Second, various theoretical approaches to gender, sexuality and identity across disciplines each have their own limitations. Consequently, it is necessary to situate myself in relation to these theoretical debates. My choice of one approach over another may be defended rationally, even if not finally or definitively. What follows is a brief explication of my position concerning the competing discourses discussed below.

Sexological discourse, defined at the start of Chapter Three, gave rise to the notion of the transsexual (Benjamin 1954, 1966). Claiming to be an objective science, sexology also produced the notion of gender identity as the basis of claims that transsexuals and transvestites have 'disturbances of gender identity' (Stoller 1964, 1968). The latter notion was further developed as 'gender dysphoria' (Fisk 1974), which formed the basis of the American Psychiatric Association's criteria for the diagnosis of transsexualism in the 1980s. The gender dysphoria model was recently reformed and substituted by a similar notion, 'gender identity disorder' (DSM-IV 1994: 248). A mix of biologicist paradigms (e.g. Benjamin 1966) and Post-Freudian 'psychoanalysis' (e.g. Stoller 1968) shaped sexological discourse about MTF transsexualism. The latter perspective located its aetiology in flawed mother-child relations (Stoller 1968; Person and Ovesey 1974a,b; Beitel 1986). Transsexualism came to be regarded by sexologists as an objectively existing syndrome, discovered and empirically verified through scientific research (e.g. Walters and Ross 1986). For some, it is a universal pathology occurring across time and cultures (e.g. Ross 1986a,b). Sexologists also maintain that transvestites and MTF transsexuals are distinct categories (e.g. Burich and McConaghy 1977b).

Sexology's claims to know the truth about transsexualism and its procedures for making certain statements referred to above are a central concern of this study. These statements are especially vulnerable to post-structuralist critiques of modernist systems of subjectivity and representation. For instance, Foucault (1980b: 220) argues that 'knowledge has its conditions of possibility in power relations', while Derrida (1973, 1982) claims that language cannot reliably represent reality but actively constitutes it. It follows that any account of cross-gender conduct, including mine, reconstitutes its realities, meanings and histories and is caught up in power relations. However, as post-structuralists allow me to show, sexological and legal knowledge of transsexualism is founded on a mutually
exclusive binary logic and has no stable referent. Post-structuralism has disrupted notions of the knowing subject and upset the grounds for making reliable knowledge claims about sexuality, gender and identity. It has destabilised the epistemologies of science, challenging the view that an objective set of methods for arriving at knowledge of the truth, reality and subjectivity is possible. Post-structuralism undermines positivistic empiricism, as a scientific, value free, subject/object metaphysics, which is able to obtain certain knowledge of the truth of sexuality. It thus offers a robust challenge to the epistemologies of sexology, as grounded in essentialism and the reductionist ideals of universality, objectivity and univocity (see Code 1991). However, distinctions made between post-structuralism and structuralism are not as neat as some believe (see Butler 1992b).

Code's (1991) feminist critique of epistemology shows that dominant masculinist epistemologies legitimise and sanctify the doubtful notion of objectivity. However, my study does not abandon non-relativist convictions entirely. Arguments that there are no objective realities undermine empirically based claims about the oppression of transgenders (e.g. Perkins et al. 1994), as the basis of making knowledge claims for legal protection by the state. As Code argues, 'the impact of feminism on epistemology recommends a mitigated relativism', which takes different perspectives into account, while recognising the reality of women's oppression (1991: 320). As she claims, a mitigated relativism need not imply anti-realism (1991: 321), because sexism, and in the case of transsexuals, transphobia, are demonstrable social phenomena. Further, empirical studies help me to show problems with key sexological claims about transsexualism.

Nor does Foucault propose a relativisation of all knowledge, in his critiques of subjectivity and the universalising metanarratives of modernity. Indeed, his accounts of sexuality and mental illness 'present themselves as claims for a better historical knowledge of their objects' (Barrett 1991: 145). For Foucault, 'there are games of truth in which truth is a construction and others are not' (1994c: 297). Hence, he doesn't reject truth per se, nor regard it merely as concealed power relations - rather, he sees the ability to have knowledge claims accepted as true as historically contingent. Nor does he regard the truth value of 'psy' disciplines (see Rose 1998) as the central problem in his concern with mental illness, but rather, the institutionalised, hierarchical power relations they generate, and the effects of their 'expert' knowledge (Foucault 1994c: 296-7). Foucault's goal is to detach 'the power of truth from the forms of hegemony' (1980b: 133). Although my approach incorporates these perspectives, it goes beyond them for reasons explained below.
Foucault exposes power/knowledge relations entailed in penology, psychiatry and sexuality that limit people's capacity 'to become or do certain things' (Patton 1998: 67), using genealogy as a strategy to subvert them. His archaeological and genealogical approaches (see Kendall and Wickham 1999) are thus useful for my interrogation of notions of transsexualism and the limits they impose on subjects. In distinctly un-Foucaultian fashion, however, I reinterpret and reconceptualise transsexual subjectivity in light of knowledges sidelined by Foucault.

Modern social theory is criticised for its universalising claims, its totalising macro-perspectives on society and for wrongly purporting to mirror social reality (Best and Kellner 1991: 4). While I am in substantial agreement with these criticisms, Foucault's objectives and approaches do not entirely address my concerns about the constitution of transsexual identity. Foucault gives a thin account of social relations, representing 'the social [as] an effect of power/knowledge relations' (Pringle 1995: 205). Butler (1990a) too, gives primacy to discourse/epistemes at the expense of social relations.

Connell, on the other hand, vivifies gendered social relations and maintains that practice is 'governed by social structure' (1997: 70). I have doubts about the latter claim. But in spite of certain differences both Connell (1987a) and Butler (1990a) show 'gender identity' to be an ensemble of shifting, disunited and unstable practices. Further, in spite of Connell's massive reservations about the first volume of Foucault's History of Sexuality (1978) he concedes the substance of Foucault's arguments that modern power is productive rather than merely repressive, and that discourses of sexuality emerging in 18th and 19th century Europe became a mechanism of social control which reshaped the ordering of sexual conduct (1987b: 139). Foucault's claims that power in modernity is diffuse, that it mostly operates through knowledge - which works as a discipline, are also persuasive (Lemert 1997; Ransom 1997).

Nonetheless, disciplinary power alone can't account for social relations and subjectivity. Foucault has little to say about whether people's sexual subjectivity is innate disposition or otherwise. Hence, the work of Freud, and different appropriations of it by Butler (1990a), de Lauretis (1994) and Connell (1987a) guide my arguments about transsexual identity in Chapters One and Three. Thus, my account of 'transsexual identity' is partly genealogical and partly interpretive. This helps me to both demystify transsexualism and provide a social-psychic-discursive account of the constitution of transsexual identity. Further, given Foucault's well known neglect of gender, sociology and queer feminisms help me to build
claims about the constitution of the self through social/discursive practices of gender. Butler's (1990a, 1993) deconstructionist approach to 'sex' differs from that of Foucault's (1980a) and from 'materialist feminists' who posit a continuum of sexes (e.g. Epstein 1990). However, materialist and deconstructionist perspectives, linked with empirical studies (e.g. Perkins et al. 1994) allow me to argue that a power/knowledge regime constitutive of the gender intelligibility of bodies in binary terms, occupies a central role in transgenders' self-construction and oppression.

My study thus draws from sources that may be supportive of, or antithetical to Foucault and Butler. In Chapter One, studies in sociology (e.g. Garfinkel 1967; Connell 1987a) the philosophy of science (Hacking 1999), anthropology (Herdt 1996a, b), history (Laqueur 1990, Rosario 1997), psychoanalysis (e.g. Freud 1905a, 1915b, 1927, 1938) queer feminism (Butler 1990a; Probyn 1993; de Lauretis 1994), transgender studies (e.g. Stryker 1994) and a transsexual autobiography (Cummings 1993) allow a cross-fertilisation of ideas that helps me to lay theoretical foundations for the study. My 'position' then, is eclectic, drawing where necessary, on what I regard as the strong points of various theorists, whom others might see as strange bedfellows.
Chapter I: Gender, Sexuality and Transsexualism

1.1 Introduction

This chapter seeks to explicate the theoretical foundations of this thesis. The first part reviews key theorists of gender who have useful perspectives of transsexualism. It critically reviews the work of ethnomethodologists (Garfinkel 1967; Kessler and McKenna 1978; West and Zimmerman 1991) and queer feminists (Butler 1990a, 1993) to show the strengths of constructionism. It also offers a brief critique of essentialist feminist theories of transsexualism (Raymond 1979; Hausman 1995) and bodies (Grosz 1994; Gatens 1996), to show their deficiencies in relation to constructivism. Next, I detail some key features of the uses of constructionism for my approach to theorising transsexualism, such as its anti-universalising tendency. This also necessitates an engagement with the views of Foucault, Hacking and Connell, so as to fully account for the strengths and weaknesses in their views, and constructionism generally.

In the next section, I look more closely at Foucault, specifically concerning his changing views about power, his notion of governmentality and their application to my approach, concerning how transsexual identity is constructed. I emphasise the importance of systems of representation or discourse in constituting the modern politics of gender and sexual identity in binary terms. I show their links with social practices that exclude, judge, demonise and silence transgenders, who speak from the margins of gender categories and social relations. Drawing from Sumner (1990), Butler (1990a) and Connell (1987a), I put forward a theory about the government of gender relations, arguing that people are vehicles for a gendered disciplinary power, which is organised by a heterosexual matrix, in social domains of labour, leisure and sexual practice. I then show how certain socio-historical circumstances, discourses and categories, along with legal and psychiatric apparatuses, have constrained and enabled possibilities for constructing a 'public' cross-gender identity, in the Sydney context. I show that Butler's heterosexual matrix is key to contemporary social, legal and institutional constraints upon cross-gender practices within this context.

The next section brings together perspectives from queer feminism (Butler 1990a; Matthews 1992; Garber 1992; Probyn 1993; de Lauretis 1994), and Connell (1987) and Foucault (1985), to theorise the production of MTF transsexual selves in and through discourse, practice and psychical processes. Cummings' (1993) transsexual autobiography
is a guiding thread in my analysis. Although transsexual subjectivity a product of dynamic relationships between discourse, and social and psychic processes, it is framed by binary discourses about sexuality, gender and bodies. As shown earlier, MTF transsexuals are a diverse group who may exceed these binary constraints, but many tend to use discourses and technologies as resources in the service of an illusory 'true identity'. Stryker (1994,1998), elides this aspect, but uses queer theory to challenge normative notions of transsexual identity, and raises important concerns about medicalisation, representation, voice and identity politics. I outline my differences with her in the next section, over her argument about the subversiveness of transsexuality and her neglect of some crucial issues.

The last section seeks to show that notions of the transsexual are grounded in a biologically based conceptualisation of incommensurable binary sex. I show that a pioneering anthropological cross-cultural study (Williams 1986), in spite of certain problems shown about it, demonstrates the contingency of this conceptualisation. I then use the work of Laqueur (1990), Herdt (1996a,b), Rosario (1997), Connell (1987a), Foucault (1978) and others, to show the conditions which consolidated sex as an incommensurable gender binarism in late nineteenth century Europe. The Western organisation of subjectivity through a nexus of discourse about sex and sexuality, laid the groundwork for sexology's mid-twentieth century notions of the transsexual. I show that the emergence of these notions depended on dimorphic two-sex models. Finally, I argue that modern homosexual subcultures emerged to create social spaces for the materialisation of MTF transsexual identities.

1.2 Gender and Transsexualism

Below, I show that gender is a construct that provides ways of constituting an embodied masculine or feminine self in and through discourse and interaction, within specific social milieux. Sex, assumed to be an inevitable, natural fact of male/female difference, or the 'bedrock' upon which people supposedly elaborate their gender, is also shown to be a construction. It is falsely assumed that sex, as the presumed ground of gender, can be read accurately and as natural fact. Gender therefore, is a metaphor for social differences constituted within modernity that have no stable referent in biology.

I also show problems with the sex/gender distinction, as the ground of notions of gender identity in sexology and feminism. I further argue that bipolar categorisation of people as
either male or female is a fictive norm that constitutes and complies with a culturally constituted binary logic. Hence, I undermine the foundations of a binary logic that obliges people to be unambiguous 'men' and 'women'. This logic underpins transsexualism, or the notion that certain people are endowed with the essential gender characteristics of the 'opposite sex'. Thus, transsexualism, as founded on this essentialism, as well as the notion of a 'deep' interiorised gender identity, the sex/gender distinction and the male/female binary, has no stable referent.

I draw from studies concerned with gender and transsexualism (Garfinkel 1967; Kessler and McKenna 1978; Butler 1990a; West and Zimmerman 1991; Hird 2000) as well as intersexuality (Epstein 1990; Kessler 1990; Fausto-Sterling 1993), to support the claims above. Although queer theory and sociology have 'barely acknowledged one another' (Seidman 1996: 24), queer theory is indebted to the contribution of sociological theory (Epstein 1996: 146). Ethnmethodological studies and Butler's queer feminism help me to establish the meaning and conceptualisation of gender and to challenge notions of sex as given. Garfinkel's (1967) early study of gender, as produced by concrete interaction, shows that people take the notion of an objective, biological sex, as a natural basis for gendered selfhood. Butler (1990a) overturns the foundations of this notion and argues that sex is as much a construction as gender.

Garfinkel's ethnomethodological study (1967: 116-185) exposes the rules by which gender is constructed. This 'emic' account also utilises transsexualism as valuable source of data about the construction of gender. Similar accounts, although different in their focus, followed (e.g. Kando 1973; Feinbloom 1976; Kessler and McKenna 1978; West and Zimmerman 1991). Garfinkel's contribution is significant, as the earliest demonstration that gender construction is an ongoing process grounded on premises taken as natural (1967: 166-67).

Garfinkel's study (1967), carried out at the University of California and written in collaboration with Stoller, then a psychiatrist attending to intersexed patients, concerns the methods used by a patient to pass as a 'natural female'. However, in this instance, the 'natural', 'normal' woman, Agnes, is a not an intersexed person, but a transsexual. In 1958, Agnes, having presented as a woman for two years, sought the help of professionals at the Medical Centre of the University of California (UCLA) for a sex change operation, following the urgings of her boyfriend. There, she came under the observation of Stoller, a major 'psychoanalytic' theorist of transsexualism, Dr Alex Rosen, a psychologist, and
Garfinkel, who conducted a series of lengthy interviews with her. Agnes was subsequently found to have the 'rare disorder', of testicular feminisation syndrome. However, several years after her 'sex change' operation at the Centre in 1959, she revealed the truth of her circumstances to Stoller. From age twelve, she had ingested Stilboestrol tablets that had been prescribed for her mother, following a hysterectomy (Garfinkel 1967: 285-288). Stoller (1968: 133-40) later provides an account of her family history and argues that it fits the pattern of intense mother-male child symbiosis, which for him is definitive of transsexual identity.

Garfinkel argues that gender, as a crucial yet taken for granted aspect of everyday life, has no objective reality existing independently of social actors (1967: 118,123). For him, gender is an achieved status, an ongoing and contingent accomplishment, carried out by skilled and knowledgeable observers of their social environment. His study stresses the enormous and detailed work involved in Agnes' efforts at passing, and exposes her management devices for passing. Agnes' 'exaggeration' of her femininity (1967: 129) and constant vigilance and work are salient in these respects (1967: 137). Garfinkel also shows how she dealt with potential risks to her desired status. For example, she has to conceal that she possesses a penis, and, lacking a substantial biography as a female, employs various resources to negotiate unpredictable interactions. Her clear priority was the protection of her identity (1967: 139). Garfinkel argues that she 'was highly attuned to, and knew in detail, conventional expectancies in an extremely wide range of everyday situations that she had to meet' and was aware of 'otherwise unnoticed and routine workings of social structures' (1967: 170).

But the following claim by Garfinkel is problematic:

members practices alone produce the observable-tellable normal sexuality of persons, and do so only, entirely, exclusively in actual singular, particular occasions through which actual witnessed displays of common talk and conduct (1967: 181).

The notion that members' practices alone constitute the social ordering of gender, ignores the effects of discursive power. Transsexuals' narratives about gender tend to reflect hegemonic discourses that ground it in a dichotomy. For Agger, although interpretivists such as Garfinkel provide rich and detailed descriptions of social life, their analyses fail to deal effectively with the capacity of hegemony to produce political compliance (1998: 32).
However, Garfinkel's disruption of essentialist and dichotomous notions about sex and gender is significant. For him, society prohibits 'wilful random movements' from one gender category to another (1967: 122-3,125), due to beliefs in the universality of essential sex categories (1967: 116). As he argues, people are:

...rigorously dichotomized into the "natural," i.e. moral, entities of male and female. The dichotomy provides for persons who are "naturally," "originally," "in the first place," in the beginning," "all along," and "forever" one or the other (1967: 116).

Hence, Garfinkel explores 'the strange features that the population of legitimately sexed persons exhibit as objective features from the point of view of persons who are able to take their own normally sexed status for granted' (1967: 122, my emphasis). As he claims, those who are not, are seen as 'incompetent, criminal, sick and sinful' (1967: 122). For Agnes, who complies with transsexualism's naturalising narrative, GRS represents 'an authoritative vindication of her claims to her natural femininity' (1967: 133).

Garfinkel's recognition that normative notions of sexuality are seen as 'a natural and moral fact of life' (1967: 124, see also Califia 1997: 91) and his imputation that Agnes is a 'fake' female (1967: 170) raise an important issue. It concerns the conflation of biological/natural and moral imperatives for being a sexed person. This conflation shapes and indeed, pervades, transsexuals' accounts of their conduct. For example, like most transsexuals, Agnes seeks to comply with the normative criteria (1967: 116, 122) and treats 'the real world of sexed persons...as they do, as a matter of objective, institutionalized facts, i.e., moral facts (Garfinkel 1967: 116,122).

Hence, Agnes maintains that an essential gendered interiority pervades her being. She claims that, 'I've always wanted to be a girl' and 'I have always felt like a girl' (as cited in Garfinkel 1967: 130). For Garfinkel, her claims were advanced by:

...the device of a remarkably idealized biography in which evidences of her original femininity were exaggerated, while evidences of a mixture of characteristics, let alone clear-cut evidences of a male upbringing, were rigorously suppressed (1967: 128).

Hence, for Garfinkel, Agnes is a dissembler, a practiced liar (1967: 130, 162). He argues that her response to his inquiries about how she dealt with the disapproval when first presenting as a woman, is full of 'denials and idealisations' (1967: 151-2). He does not
reflect on his own position, as part of a professional truth seeking medical project. Agnes is caught up in a coercive 'game of truth' concerning her identity (see Foucault 1994c: 290), and subjected to the authority of expert voices. Garfinkel and his colleagues occupy the duplicitous position of being her 'expert' professional helpers and her interrogators. For example, we learn that after 'around 70 hours of talk', Garfinkel, Stoller and Rosen were unable to find out whether Agnes had obtained hormones from an exogenous source, whether she had any homosexual feelings 1, whether she obtained any pleasure from her penis, how she satisfied herself and others sexually, especially her boyfriend, and 'her feelings about herself as a phony female' (1967: 163). Presumably, this interrogation served to find the truth of Agnes' story before approving her for GRS 2. Agnes refuses to confess, insists on her authenticity and defers to sexological knowledge in pursuit of her objective of GRS (1967: 179)3

Feminist ethnomethodologists Kessler and McKenna claim that their study confirms Garfinkel's argument that, 'in the natural attitude genitals are the essential insignia of gender' (1978: 154). However, as shown later, transsexuals do not always adhere to this attitude in practice, or always regard GRS as essential. Kessler and McKenna extend Garfinkel's analysis, to show how people reflexively create a sense of themselves as female or male, as well as make attributions of others. They argue that Garfinkel errs in arguing that it is a particular gender which transsexuals need to sustain. For them, given people's strong belief in the fixity or invariance of gender, it is the cultivation of a sense of 'naturalness' that is required, 'the sense that the actor has always been that gender' (1978: 157-8). There is substance in this claim and the idea that people regard gender as an abiding substance (see Butler 1990a), but transgender people do not universally present 'as natural'.

Kessler and McKenna also show that the attribution process sets a dichotomisation process into motion. In this process, and in spite of evidence the authors provide to the contrary, people assume that men, women and their respective behaviours are incommensurably different. They thus invest in notions of absolute sexual dimorphism to justify these assumptions. Hence, 'given a constitutive belief in two genders, form is dichotomised in the process of gender attribution as much as behaviour is' (1978: 162). The processes of gender construction and attribution are themselves part of the shaping of a 'reality' of absolute dimorphism (Kessler and McKenna 1978: 162-3). While scientists 'construct dimorphism where there is morphological continuity' and 'biology is seen as the ultimate
truth', the authors show that 'every day process of gender attribution is primary' (1978: 162-3).

Kessler and McKenna also present the narrative of Rachel, who constructs herself as an MTF transsexual. In documenting Rachel's transformation, they note that she made her transition in a less conservative era than Agnes - the 1970s. They show the persisting medical constraints placed upon transsexuals, in arguing that, 'we are not physicians whom Rachel has to convince of always being woman in order to get surgery (Kessler and McKenna 1978: 215, my emphasis). Rachel acknowledges to the authors that she is constructing her gender, but persists in the claim of having 'always felt like a woman' for the above reason (Kessler and McKenna 1978: 215). Like Agnes, Rachel keeps 'the gay world' at a distance, and articulates a recurring theme in transsexuals' narratives - a desire to attain authentic femininity (Kessler and McKenna 1978: 202) 4.

As West and Zimmerman (1991) argue, transsexuals who undertake GRS may reify gender essentialism (1991: 32). They emphasise how categories and social constraints shape practice, whereby people are 'recruited' to perform a coherent gender. Hence, gender identity construction is, 'undertaken by men and women whose competence as members of society is held hostage to its production' (1991: 13-4). They also link practice with structure, in arguing that gender acts as a rationale for hierarchy and helps to sustain inequality and the subordination of women (1991: 13, 32-3). For them, gender is 'a powerful ideological device, which produces, reproduces and legitimates the choices and limits that are predicated on sex category' (West and Zimmerman 1991: 34). Further, gender, as a resource for the self-management of conduct, is regulated by sex categorisation (1991: 14). Importantly, the authors recognise that sex categorisation occurs according to selective, 'socially agreed upon, biological criteria' (1991: 14, my emphasis). Lorber and Farrell (1991: 13) argue in the same volume that 'both sex and gender are socially developed statuses'.

The above studies raise issues about truth, identity, representation and power taken up in my discussion of Foucault further below. However, they posit that gender is a product of daily practice based on dominant rules, symbols and assumptions, as grounded in notions of nature, biology, and dichotomous category schemas. The power of the latter shapes perceptions, guides conduct, frames notions of identity and occludes the unconventional. The studies also break with the idea that the sex is an unmediated biological substance and suggest the slipperiness of the sex/gender distinction.
The sex/gender distinction, as the basis for Stoller's concept of gender identity (1964,1968) is 'the tool of analysis' through which transsexualism is 'invariably conceived' (Hackett 2000: 37). Stoller's sex/gender binarism was overlayed on a biology/culture distinction, so that:

sex was related to biology (hormones, genes, nervous system, morphology) and gender was related to culture (psychology, sociology). The product of culture's working on biology was the core, achieved gendered person - a man or a woman (Haraway 1991: 134).

As Butler argues, feminists originally used gender to dispute the biology is destiny formulation, 'to serve the argument that whatever biological intractability sex appears to have, gender is culturally constructed' (1990a: 6). Oakley for instance, produced a sex/gender distinction similar to Stoller's for this purpose. For her:

'Sex' is a word that refers to the biological differences between male and female: the visible differences in genitalia, the related difference in procreative function. 'Gender' however is a matter of culture: it refers to the social classification into masculine and feminine (Oakley 1972: 16).

However, although feminists began to criticise the nature/culture distinction in the gender identity paradigm, there was:

a failure to interrogate binary categories... these early critiques did not focus on historicizing and culturally relativizing the 'passive' categories of sex and nature. Thus formulations of an essential identity as a woman or a man were left analytically untouched and politically dangerous (Haraway 1991: 134-135).

Butler responds to these issues by rejecting notions that gender is an attribute of persons. Her claims are grounded in Derrida's critique of foundationalism and Foucault's notion of juridical or disciplinary power, as producing the subjects it comes to subsequently represent (1990a: 1,6). For her, gender is a shifting and contextual phenomenon shaped by heterosexist and phallogocentric apparatuses, which constitute notions of subjectivity (Butler 1990a: 3-8). She conceptualises identity as signifying practice and 'gender identity' as 'a normative ideal...the substantialising effect of discursive practice' (1990a: 16-7). Like
the ethnomethodological studies, she underlines the contingency and the centrality of collective understandings about 'sex'.

Regarding the sex/gender distinction, Butler argues that 'gender is not to culture as sex is to nature', but 'the discursive/cultural means by which "sexed nature" or a "sex" is produced and established as prediscursive' (Butler 1990a: 7). Butler regards gender identity as performative and as having no necessary foundation in nature or the body. As she argues, it is 'tenuously constituted in time' and 'instituted in an exterior space through a stylized repetition of acts', so that the effect of gender is produced through the stylisation of the body, which constitutes 'the illusion of an abiding gendered self' (1990a: 140). According to Butler (1990a: 140), gender, rather than culture working upon nature, is a stylised, repeated construction, hiding its origin 'in the compulsion to perform, or produce and sustain discrete polar and fictive genders'; a process, she argues, which is a sedimentation of bodily norms, producing myths of a 'natural sex' or 'real womanhood'.

Butler's formulations (1990b) demolish the grounds of Stoller's (1968) notion of a stable, unitary gender identity, as shown in Chapter Three. The notion emerged following studies of intersexuality (e.g. Money et al. 1955,1957) and became the foundation of sexological claims about transsexualism. The notion is founded on tired binary oppositions of sex/gender, masculine/feminine and mind/body. It constitutes the field of meaning and the ground of discourse about transsexualism.

In a later work discussed in more detail in Chapter Two, Butler (1993) argues that sex is a construction rather than a fixed substance. She views it as a dynamic, ongoing process through which gender norms are materialised (1993). For her, 'sex is the norm by which "one" becomes viable at all' (1993: 2). She responds to claims that constructionists deny the reality of bodies. For her, embodied, gendered subjects are the products of a process of constitutive constraint, which circumscribes the forms that bodies take, according to a hegemonic and heterosexist matrix of power. Although a useful reformulation of constructionism that views the materiality of bodies as historical constructions, Butler's work attracts stringent criticism from materialist feminists.

For Bordo, 'Butler's analyses of how gender is constituted and subverted takes the body as a text, so that its meanings are analysed in abstraction from experience, history, material practice and context' (1993: 292). This shows limitations with Butler's focus on how language constructs the sex categories that she subjects to a genealogical critique. In a
materialist-feminist critique of contemporary heterosexuality, Jackson argues that 'Butler's idea of gender as performance, of drag as a parody without an original to imitate...is interesting and productive', but 'the social' is absent in her work (1999: 181). For Jackson, Butler 'discusses the ways in which bodies are 'materialised' almost purely in terms of norms - but with no sense of where these norms come from or how they are constituted' (1999: 182). While Jackson recognises the significance of the heterosexual matrix described by Butler, her claim that sexuality and gender are also 'founded upon the appropriation of women's bodies and labour' (1999: 129) has substance.

Hacking however, classifies Butler's questioning of how we get the idea of sex as a given, as 'rebellious'. He reads her as arguing that gender is 'not inevitable', is 'a bad thing', and that 'the world would be a better place without it' (1999: 6,8). Certainly, Butler advocates continuing subversion of gender norms, so as to deprive them of their hegemonic meaning and normalising power, but she implies that the eradication of gender is doubtful (1990a: 75). But as Hacking claims, Butler wants to move 'away from talk of construction and proceed to a more complex analysis' (1998: 6), that would shed the word. This is evident in her argument (1993) that people 'materialise' gender norms through discursive practice. Butler's (1990a) claims differ from those of theorists discussed further below (Epstein 1990; Fausto-Sterling 1993; Chase 1998a; Laqueur 1990; Herdt 1996a), because 'the systems of knowledge that [they present] all assume that sex is physiological, a given prior to human thought' (Hacking 1998: 8). While they 'differ about what is given Butler questions how we get the idea of that given' (Hacking 1999: 8).

Most importantly, Butler argues that the intelligibility of 'sex' is produced by a heterosexual matrix of intelligibility. This matrix institutes and maintains, 'relations of coherence and continuity among sex, gender, sexual practice and desire, in a phallogocentric economy of desire' (Butler 1990a: 16-7). It is particularly evident in 'scientific' readings of sex. As Butler shows, they contain cultural assumptions regarding the relative statuses of men and women and the binary frame of gender. These assumptions frame and focus medical research into 'sex-determination' - and transsexualism.

Butler unravels assumptions in situations where the component parts of sex do not add up to a recognisable unity that is designated by the category of sex. She argues that the medical categorization of hermaphroditic bodies which leads to the designation of 'XX males' and 'XY females' is founded by a juridical discourse of univocal and binary sex. These 'scientific' determinations of sex occur within a framework that privileges external
genitalia, as the criteria for determination of sex as 'XX male' and 'XY female'. Hence, male/female and masculine/feminine, are the naturalised terms through which a matrix of gender normative heterosexuality conceals itself, in 'scientific' thought (Butler 1990a: 106-111). Butler's exposure of phallogocentric discourse as underpinning notions of sex complements ethnomethodological arguments, that binarised notions of gender intelligibility underpin social process.

1.3 Essentialist Feminisms and Transsexualism

In contrast with the accounts of gender discussed above, certain schools of thought within feminism refuse gender as a category of analysis. Cultural feminists (e.g. Raymond 1979) and sexual difference feminists (e.g. Grosz 1994; Hausman 1995; Gatens 1996) who provide accounts of transsexualism, regard gender as a mystification of the 'real' difference - sexual difference. These accounts are thus less useful for theorising the constitution of transsexual subjectivity/sexuality (see Butler 1994b: 11). Problems with sexual difference theory are introduced below and discussed in more detail in Chapter Two. The major concern below is the essentialism in two major feminist studies of transsexualism (Raymond 1979; Hausman 1995). Unlike Grosz and Gatens, Raymond and Hausman do not supply a sophisticated theory of the body. However, all of these accounts are 'notable example[s] of theory being pushed towards biological essentialism by a categorical political logic' (Connell 1987a: 65).

Hird, who partly guides my claims below, correctly argues that much feminist theory is flawed in using a two-sex model (2000: 349). Feminist sexual difference theorists propose that bodies are mediated by culture but they produce models of sex that reinstall biological essentialism, and a fictive male/female binary. Gatens (1996) for instance, tends to derive gender from sex and conflates sex with biology. For Grosz (1994: 123,206-9) sex is 'originary', while for Hausman (1995) it is brute nature. Sexual difference theory, eliding historical studies which argue that the two-sex model is a modern invention (Lacqueur 1990: 21; Herdt 1996a), tends to reduce the range of reproductive bodily differences to a binarism. It thus excises what Herdt (1996a) calls 'third' gender categories, as discussed further below.

As Gatens argues, the strict division of bodies into two kinds, male and female, is the insignia of patriarchy' and 'a dominant organising principle' (1996: 73). In spite of her
claim that this division fails to consider a multiplicity of body types, her discussion of the sex/gender binarism (1996: 1-20) elides this multiplicity. The conflation of sex with biology and biology with gender (see Gatens 1996: 1-20), constitute a reductive and oppositional framework of subjectivity.

Raymond, who produced the first major feminist critique of transsexualism, argues that sex-role stereotyping functions as its primary cause (1979: xviii, 13-18). For her, chromosomes 'govern' maleness and femaleness, while masculinity and femininity are patriarchal or 'social and surgical constructs' - or illusions which contrast with the body's given biology (1979: 4,10). She thus uses a binarised notion of sex so as to argue that transsexuals are unauthentic 'she-males' and that intersexuals are 'anomalies' (1979: 1-18). Following Daly (1978), Raymond also invokes the notion of a female essence grounded in biology, as colonised by patriarchy, out of male envy of the power of women's biology and creativity. This allows her to argue that transsexuals are 'false women' and 'deviant males' who are the 'shock troops of patriarchy (1979: 183). For her, medicine, as a reflection of patriarchy, created transsexualism and transsexuals are its passive, manipulated victims (1979: 80).

Hence, Raymond produces a structural functionalist account, in which patriarchy is first and final cause of the production of transsexuals. She strips transsexuals of agency, by constructing them as mere effects of patriarchal ideology, or victims of patriarchy's centralised, institutional medical power, which works in top-down fashion. Raymond combines biological essentialism with a totalising socialisation paradigm to disqualify transsexuals as women, due to their 'male' socialisation and her assumptions about the definitiveness of 'male' chromosomes (1979: 114).

As Hird argues, Prosser's account of transsexualism (Prosser 1998b) challenges an 'explicit' emphasis on sociality for its implicit reliance on 'biology", and problematises certain feminist claims (e.g. Raymond 1979) that 'knowing' one's gender always involves recourse to biology' (2000: 357). The biologism in Raymond's arguments has also attracted useful criticism from Bolin (1987: 49) and Shapiro (1991: 259). I concur with Califia's criticism (1997: 86-91) that Raymond inclines toward a transphobic, 'fundamentalist' form of feminism.

Hausman, in contrast with Raymond's emphasis on sex-role socialisation as partly causative of transsexualism, modifies Raymonds's argument that 'gender ideology'
produces transsexualism as a effect of gender systems. For her, 'male' medical technology is the primary cause⁷. Hausman argues that gender is a notion that emerged through advances in medical technology used to treat intersexuality, which in turn made transsexualism possible (1995: 13-15). For her gender is the invention of 'anti-humanist male technologies' and argues that bodies are 'always already sexed' (1995: 174-5). She regards Butler’s theory of gender performativity (1990a, 1993) as being about how discourse forms matter rather than about sex and the body. Similar criticisms are discussed in Chapter Two.

Hausman argues that transsexuals engage in ‘the semiotics of gender to transgress the law of sexual difference, that would mandate that they accommodate themselves to their natural bodies’ (1995: 192). She fails to interrogate notions of nature, reality, sex, the body and sexual difference, so that they remain given entities. Her claims, based on a ‘natural’ and ‘real’ sexual difference, foreclose on how bodies actively produce meaning through discourse and practice in specific social contexts. However, they allow her to argue that transsexuals, as ‘experts at impersonation’ are not ‘real’ women or men. Her claims rest on an unacknowledged biological essentialism. She does not clarify, in her reference to the ‘law of sexual difference’ (1995: 192), upon whose 'law' or psychoanalytic theory, her claims are based.

Hausman, in arguing that gender does not exist, that it is a masquerade made meaningful only within heterosexuality - since she claims its signification is the heterosexual object, forecloses on the production of gender in homosexual subjectivities. She argues that they are somehow outside of it, or transcend it (Hausman 1995: 193-4). Hausman’s claim that gender, as the enemy of feminism, is a product of 1950s medical technology (1995: 194), also has the effect of privileging the 'natural' body over gender. As McNay argues, the notion of a 'natural' sexed body 'only makes sense in terms of a binary discourse about sex' (McNay 1992: 19). For Hausman, sexual difference is the natural basis of the social construction of gender (1995: 15). As Hird argues, Hausman's call for a return to bodies and sex is flawed because as shown below, these provide 'no more reassurance of authenticity than gender' (2000: 358).

As Hird argues, people do not know that they are born with either 'female' or 'male' chromosomes, and there are likely to be 'many more individuals with "ambiguous" chromosomal configurations than we currently identify [because] the adult(s) present during our births took a cursory glance at out genitals and defined our sex' (2000: 353). As
she shows, 'nature' does not provide 'sufficient material from which sex can be read' (2000: 359). For instance, 'an entire world networks of bacteria, microbes, molecules and inorganic life' exists beneath the surface of our skins' which take little account of sexual difference (Hird 2000: 353). Hence, as Hird claims, Raymond's essentialist recourse to the body, its chromosomes, genitalia and reproductive function (Raymond 1979: 70), is quite superficial. As Hird also argues, 'the body is not immutable in any biological sense' and the 'sex' on which claims about sexual difference are based, 'is no less immutable' (2000: 354). Hird shows that biological similarities far outweigh differences in people's genomic makeup and that the surface of bodies is least important, biologically speaking (2000: 354).

Also, Hird argues that the sex/gender distinction, 'depends on the idea that biology itself consistently distinguishes between males and females' (2000: 348). Clearly, biology does not, so that bodies are not fixed, nor made stable, coherent and explicable in terms of this binarism. As Kessler (1990) shows, the medical profession colludes with the fiction that there are two sexes. It has applied a cultural model of gender to the treatment of newborn intersexed infants, modifying their genitalia so that they may be socialised as either boys or girls (Kessler 1990). For Hird, while genitals, chromosomes and hormones are the criteria used to determine 'sex', 'the "abnormal" appearance of a newborn's genitals most often initiates medical intervention' (2000: 3).

Epstein (1990) provides an exploration of the history of socio-cultural, legal and medico-surgical treatments of 'hermaphroditism'. For her, 'hermaphroditism' has challenged a hierarchical and heterosexual social order. Epstein discusses the conflict between scientific recognition of hermaphroditism as a 'natural' biological manifestation and cultural investments in sex difference, as an absolute, invariable binary opposition. She concludes that medical recognition of a continuum of differences failed to be accommodated juridically, in law and medicine. For her, the development of medical technologies to reshape ambiguous characteristics into a binary framework, serves a heterosexual gender ideology, so that:

> Today, surgical and medical intervention renders invisible the 2 to 3 percent of individuals born with intersexual characteristics. The repression of the double gendered in earlier centuries has now, far from being reversed by our liberal progression from "monstrosity" to "anomaly", been completed by the triumphant strategies of medical intervention in the service of civil taxonomizing: Suppression achieves its perfect form in excision, and the Other's potential for subversive social arrangements is eradicated altogether (Epstein 1990: 130).
Anne Fausto-Sterling, a geneticist, argues that the state and the legal system are in defiance of what is constituted as 'nature'. She claims that:

Western culture is deeply committed to the idea that there are only two sexes, whereas, biologically speaking, there are many gradations running from male to female...one can argue that along that spectrum lie at least five sexes, perhaps even more (Fausto-Sterling 1993: 21).

Cheryl Chase (1998a) founded the Intersex Society of North America (ISNA) following the publication of Fausto-Sterling's article in The Sciences (1993). She supports Kessler's argument that genital ambiguity is 'corrected' because it threatens the culture that the infant is born into (Chase 1998a: 89). In contrast with Epstein's claim about the number of those born with intersexual features, she argues that one in every hundred births shows some biological 'anomaly' (Chase 1998b, as cited in Hird 2000: 350).

Hence, some theorists represent sex in terms of a continuum of bodily difference (e.g. Epstein 1990), while others contest the grounds upon which attributions of sex can be made (Hird 2000). In the latter respect, Butler's argument that sex is just as much a construction as gender is convincing (1990a). However, social constructionists are accused of tending to lose the body (Connell and Dowsett 1992: 69). I discuss Butler's (1993) effort to reformulate constructionism so as to account for the agency of bodies in Chapter Two. The limits and usefulness of social constructionism, including Foucault's approach to categories, power and sexuality, are my next concern.

1.4 Constructionism, Structuralism and Foucault

In spite of criticism levelled at constructionism, it has the virtue of enabling interrogation of the notion that transsexual identity is an eternal, pre-given essence. It also has the capacity to account for 'the sexual categories present at a particular moment in history' and the available options that shape people's choices and practices (Connell and Dowsett 1992: 71).

King's (1994) exploration of essentialist and constructionist accounts of transsexuals and transvestites helps to further the first claim, as above. Accounts that see transsexualism as a
basically timeless and culture-independent condition, which medical science has 'discovered' and begun to understand, are problematic (King 1993: 5-45). The claims of clinicians, Walters (1997) and Ross (1986a,b) about transsexualism and gender dysphoria, exemplify such accounts. Ross (1986a) sees transsexualism as a trans-historical, objectively existing universal condition, which medicine has discovered, rather than constituted. Ross (1986a: 2, my emphasis) claims that 'transsexualism, as we know it today has a long and distinguished history', and implies that the antiquarian Assyrian king, Sardanapalus, was transsexual. This is totally unsubstantiated. Walters makes similar unsubstantiated, universalising claims:

> Although gender dysphoria has been recognized historically over many centuries, only recently has gender reassignment become possible, to allow affected individuals to lead a life consonant with what they unshakingly claim to be their true core identity (Walters 1997: 148).

King raises the issue of the lumping together of socially and historically disparate practices, in histories of sexuality (1993: 5), as evident in Ross' (1986a: 2) claim about Sardanapalus. Jackson argues that, 'the forms of sexuality existing in any given society at any one time are the products of a particular history and culture, particular institutionalised and habitual ways of doing sex' (1999: 5). For instance, cross-cultural studies of third gender categories, such as *hijra* (Nanda 1996) or *berdaches* (Williams 1986; Roscoe 1996) show problems with classifying such groups as transsexual. To regard transsexualism as a universal experience that is locally interpreted in different ways, ignores the specific processes whereby the psychical and social interact with discourse/medical technology, to constitute certain experiences as indicative of transsexualism.

For Connell and Dowsett, 'key to an understanding of the production of categories is a concept of collective agency' (1992: 72), while for Connell, constructionism fails to recognise the historicity of 'the structure of sexual relations' (1997: 66). As to the first point, the conditions of emergence of 'the transsexual' are also closely tied up with the development of particular rule governed discourses - with 'sexuality as a strategic device, as the lynchpin of a complex socio-political-scientific apparatus' (Halperin 1995: 21). As argued, certain sexological statements about cross-gender behaviour appeared rather than others (see Foucault 1972: 27) in 1950s America. King's (1994) sociological perspective is particularly valuable in showing how in Chapter Three.
A major criticism of Foucault's *History of Sexuality* (1978) is that it fails to distinguish between discourse about people and what they actually do (Connell 1987b: 144). Using sexological accounts and transsexuals' narratives, Chapter Three addresses the problem in Foucault's approach, showing how MTFs' fantasies and practices interact with sexological categories and the availability of medical technology, to shape the formation of their identities as transsexual.

Hacking's (1999) arguments about the constitutive effects of categories on subjectivity and Foucault's claims about subjectivity and power (1982) support my arguments in Chapter Three, that transsexualism, as an historically emerging new category, reconstituted how cross-gendered people could label, behave, understand, experience and transform themselves. As shown, new ways of knowing the cross-gendered self looped back in ways that also changed sexological classifications and knowledge about transsexuals. Hacking (1999: 11) argues that the notion of social constructionism is obscure and overused, and that the 'social' is tautological, but he offers useful comments that may be generalised to my field.

As Hacking argues, construction is multilevelled; it is a product, a process and a construal (1999: 39). His arguments (1999: 11,27) imply that the idea of the transsexual as a kind or species of person is constructed, reified as such, and is far from inevitable. As he argues, 'ways of classifying human beings interact with the human beings who are classified' (1999: 31), so that people become aware that they are classified, and 'may adapt or adopt ways of living so as to fit or get away from the classifications applied to them' (1999: 34). Applying Hacking's analysis, the social construction of transsexualism concerns 'the idea, the people falling under the idea and the interaction between the idea and the people, and the manifold of social practices and institutions that these interactions involve' (1999: 34). As Hacking argues, classifications of people, say, as gender disordered, are *interactive* kinds, kinds which may interact with what is classified, so that 'the classification itself may be modified or replaced'(1999: 103). For Hacking, interactive kinds imply classifications that:

> when known by people or those around them, and put to work in institutions, change the way in which individuals experience themselves - and may even lead people to evolve their feelings and behaviour in part because they are so classified (1999: 104).
My study supports the notion that transsexual is an interactive kind rather than a true, natural kind, or in Hacking's schema, an 'indifferent' kind (1999: 105)\(^8\). The notion of transsexual as an interactive kind is also supported by Stryker's (1998) argument that transsexuals are active agents who use discourse and reembodiment technologies for their own ends, rather than subjects who are a mere function of medical discourse, or victims of ideology. King's study also supports this view. He argues that although the category of transsexual may be seen to limit knowledge about itself, categories are non-static and multidimensional. Hence, they both shape and limit knowing as part of a complex process in which 'categories are actively used, rather than mechanically applied' (King 1993: 197).

However, while transsexuals actively use the diagnostic category, they may attribute considerable authority to sexological notions of transsexualism and constitute themselves according to its conceptual schemas. Whether Stryker (1998) accounts sufficiently for sexology's constitutive power and constraints in the social formation, as shaping and constraining choices, is discussed below. The problem of how much agency to attribute to subjects, an issue that concerns me in respect of transsexuals, has bedevilled construction theory and remains unsettled within sociology.

Social constructionism also encounters the criticism from structuralists that it is 'not social enough' (Connell 1997: 65). Seidman (1996: 22) acknowledges that 'social structural approaches have been virtually absent in recent gay and lesbian studies'. Foucault's influence on ways of thinking about sexuality seems partly responsible. Seidman wants to construct 'a more queer sociology' (1996: 17). Although a welcome idea, how it 'would integrate queer theory's emphasis on discourse with a sociological focus on social institutions' (Seidman 1996: 17), is uncertain. Sociology would need 'to reexamine its fundamental premises' in light of poststructuralism (Seidman 1996: 23), as well as Foucault's critique of truth, right and freedom, and his arguments about power - especially its emanation from below in certain microtechniques (Foucault 1978: 94-5). The argument that Foucault's work, 'offers a much more sophisticated methodology for providing an account of sexual identity than the traditional "social construction of gender models" on which feminists have tended to rely' (Barrett 1991: 150), has considerable force.

In spite of its significance in social life, few sociologists have regarded sexuality as an important topic for theorisation, while explicitly sociological perspectives within gay and lesbian studies have diminished (Epstein 1996: 147,152, see also Warner 1993). Connell presumably enters the field from a non-queer perspective. However, his work on gender
relations (1987a), state intervention in 'sexual politics' (1990), masculinities (1995) and 'sexual social relations' (1997), is valuable and properly disdainful of the 'deviance' perspective.

Similar to Connell's criticisms of constructionism (1997: 65,69-70), Jackson accuses queer theory of neglecting 'material, economic and social structures and everyday practices' (1999: 128,219). This view tends to overlook that the authority given to cultural practices regarding gender and sexuality is related to the power invested in discourse, and shared meanings and symbols. Hence, the explanatory power of Bultler's (1990a) matrix of intelligibility. As Stryker (1994) argues, the material effects of discursive power constitutive of transsexuals as monstrosities are ubiquitous and destructive. The 'material' consequences of Australian transgenders' differential treatment - extensive unemployment, pervasive discrimination, violence and social exclusion, are evident in empirical studies. Transgender research (Perkins et al. 1994: 66-67; Hooley 1997a: 55) provides evidence that modern cultural perceptions of transgender people as irrational deviants are generated by power/knowledge regimes, as grounded in a sex binarism and assumptions that gender identity is rooted in biology.

Connell also rejects sexological notions of gender identity as a natural, 'fixed core of the person' (1995: 14-5). I agree with his claim that gender formation is an ongoing activity of the self and 'the effect of an encounter with power' (1987a: 191), but the workings, scope and nature of power remain contested. For Foucault, 'power relations are rooted deep in the social nexus, not reconstituted above society' (1982: 222). As Barrett argues, Foucault's concept of power is incompatible with the modern social science paradigm of a determining structure. For her, Foucault's intention is:

to delegitimate the hypostasising of social structures such as 'the gender order' or 'patriarchy'
as explanations...to uncover the complex strategies and operations of power, within and beyond the discursive (with some deference to the role of chance), that result in what we see has emerged (Barrett 1988: 149-150).

For Connell, however, Foucault provides limited recognition 'of the social terrain of sexuality' (1997: 65). Connell and Dowsett (1992) offer the equally weighty criticism that Foucault's account of sexuality (1978) overly emphasises control and regulation, and renders bodies passive. However, they don't acknowledge that Foucault's thinking about power, subjectivity and ethics changed over time, as discussed below. Further, although
Foucault ignores gender, Sumner (1990) posits that power/knowledge regimes have a masculine character, an idea taken up below. Moreover, Foucault's (1994a) criticism of the privilege of medical expertise, its power to tell the truth about people it claims to decipher as mad, has important implications concerning transsexuals. 'Structuralist' accounts, in proposing theories purporting to represent 'the reality' of gender relations and sexuality, tend to ignore issues of representation and voice, and problems with identity politics. Below, I show the importance of Foucault's approach to these issues. I also use his notion of governmentality to formulate how the government of gender relations works.

1.5 Power, the Subject and Representation

Foucault persisted in arguing that power was dispersed, all pervasive and 'strictly relational', rather than a possession (Foucault 1978: 94-6). However, his use of terms to describe power imply a shift over time, from a 'power as domination approach', to 'a more complex and nuanced' governmentality approach (Hindess 1996: 130-1). Following his early accounts of disciplinary power (1979) and sexuality and biopolitics (1978), Foucault conceives of governmental power, a notion which he uses very broadly (1988: 19, see Hindess 1996: 98-9). This is 'a mode of action on the action of others' that is 'co-extensive with every social relationship' and although not derived from state power, has a relation to it (1982: 221, 224).

Claims about state power and Foucault's arguments about the liberal rationality of government are discussed in Chapter Six. Suffice it to say here, that for Foucault, 'power is not a function of consent' (1982: 220), so that, as Hindess claims:

What makes it possible for the free inhabitants of contemporary Western societies to be governed by the state via mechanisms that appear to rest on their consent is the fact that the vast majority of those inhabitants have already been trained in the dispositions and values of responsible autonomy (Hindess 1996: 131).

Foucault is concerned with the effect of specific rationalities of government; disciplinary power, pastoral power and liberalism. Disciplinary power, with its techniques of classification, regimentation and surveillance, 'regards individuals both as objects and instruments of its exercise' (Foucault 1979: 170). In a discussion of government Foucault (1994c: 298-300) links disciplinary power with the development of certain fields of
knowledge (e.g. sexology). For example, sexological discourse about transsexuals is a major form of surveillance and subjection whereby, 'people are always investigating you, describing you, and speaking for you; and putting as much distance between the expert speaker and the deviant and therefore deficient subject' (Califia 1997: 2). As Foucault argues, the interplay of power and knowledge produces 'nexuses of regularities' (1972: 48), or linkages between knowledge, say about transsexual identity, and its material practice. The authority of sexologists is such that they transmit supposedly 'true knowledge' about transsexuals.

However, Sumner (1990) argues that Foucault overlooks the fact that disciplinary power - especially in its rationalism and scientism, is distinctly masculine. For instance, nearly all the sexologists who investigate 'gender deviance' are men. They are accorded authority on the basis of their gender, as well as their professional expertise, and some espouse stereotypical notions of woman (e.g. Stoller 1968). For Sumner, gendered power/knowledge relations can also be repressive, effecting a 'social censure of homosexuality and effeminacy' (Sumner 1990: 26-40, 33,35). Chapter Three shows that there may also be a productive effect here, concerning the historical emergence of transsexualism and its separation from the historically stigmatised category of homosexuality. For instance, some transsexuals report homosexual behaviour and disparage homosexuality, while maintaining they are heterosexual.

Less useful for my purposes, is Foucault's notion of pastoral power, or a mode of 'individualising power' that spread throughout the 'whole social body' from the eighteenth century. It promotes the subject's well being through self-examination, confession and guidance of their conduct though such agencies as families, medicine and psychiatry (1982: 213-6). While it can be seen at work in encounters between clinicians and transsexuals, as discussed in Chapter Three, transsexuals are not mere passive objects in these relations.

The individualising and totalising forms of power described above normalise people by subjecting them to certain regimes of truth. For instance, sexological discourse constitutes an essentialist logic about 'the deep truth of identity' (Foucault 1978: 155) that transsexuals may invest in. As Foucault's notion of an ethics of sexual behaviour implies, people need 'not be dominated by the problem of the truth of the reality of their sex life' (1994e: 131). Transsexuals' claims about a 'true', essential identity often appeal to sexological authority. While they enable self-formation, they can be an insidious regulatory mechanism of constraint, producing over investment in reembodiment technologies and bitter conflicts in
transgender communities. Hence, my interrogation of foundations shaping transsexuals' interpreted experiences of a 'deep', true self and my exposure of governmental techniques they use to regulate the self.

Transsexuals, by understanding themselves, or being understood by others in ways noted above, are subjected by techniques that categorise them, attach them to their identities, and impose a 'law of truth' on them, 'which they must obey' (Foucault 1982: 212). These power relations, as grounded in a subject/object dichotomy, are shaped by 'authoritative' sexological discourse. But in spite of the discourse's capacity to transmit power, or construct transsexuals, like homosexuals, as defective others (see Foucault 1994d: 144), it can also be undermined (Foucault 1978: 100), so that it is 'the thing for which and by which there is a struggle...the power to be seized' (Foucault 1984: 110). Hence, it is fragile rather than closed, and open to disruption.

Foucault distinguishes power from states of domination, or hegemony, as situations shaped by power relations that offer little room for resistance (1994d: 148). However, in spite of crucial differences between Foucault's notion of power and those in critical theory, Hindess (1996: 151,156) shows that, by offering 'a sweeping condemnation of domination', Foucault resurrects many of critical theory's concerns. Foucault thus serves to 'promote yet another version of the utopian critique of power that [his] own work seeks to undermine' (Hindess 1996: 156)10

Yet, as Ransom argues, 'the key insight of Foucault's career...was precisely that power was more productive (of psychic states, kinds of knowledge, populations and so on) than repressive' (Ransom 1997: 107). For Ransom, Foucault's critics do not succeed in showing otherwise (1997: 23,190n). Hindess' (1996) argument that Foucault demonstrates that power is not a quantitative capacity is also convincing. Further, certain feminists acknowledge that 'feminism has not made an adequate case for power as a male possession' (Ramazanoglu and Holland 1993: 260). Feminists (e.g. de Lauretis 1986; Fraser 1989; Johnson 1994; Balsamo 1996; de Lauretis 1986) rightly argue that Foucault is blind to gender. For some, he overlooks 'the systematic subordination of women' (Ramazanoglu 1993: 10). However, others (e.g. McNay 1992) usefully put Foucault's anti-essentialist approach to work regarding feminist concerns about subjectivity.

Foucault is also criticised for not proposing a set of norms on which to base opposition to power, such as notions of human nature or people's true interests (Fraser 1989). However,
his lack of 'a normative ideal of the human person to correspond to critical theory’s model of the rational, autonomous moral agent', and his account of 'the individualising effects of political rationality', imply that such an ideal is 'one of domination's most fundamental effects' (Hindess 1996: 149). I return to this problem later, concerning the transgender movement. But for Hindess, Foucault’s (1998a: 18) rejection of Habermas’ notion of undistorted communication as 'Utopian' (1996: 149-50) is an example of constructions of this ideal. As Fraser (1989: 65) argues, Foucault’s work lacks a basis for justification of claims for equal and just treatment of oppressed groups. Foucault, however, rejects the role of 'radical guru' (Weeks 1986: 168), arguing that ethical notions are woven into practices of domination and exclusion (Foucault 1994c). While regarding liberation as paving the way for new power relations and practices of freedom, he was suspicious of the notion, choosing to neither define nor prescribe how people should act, except to urge them to know and care for themselves (1994c: 285). For him, 'there is no pure law of the revolutionary' (1978: 95) and power in itself isn’t a 'bad' thing (1994c: 299).

Habermas, however, has concerns that the 'plurality' of 'intersecting power strategies' which Foucault describes, 'cannot be judged by their validity' (1987: 127). Fraser has similar concerns about legitimation, arguing that Foucault construes power as 'a normatively neutral phenomenon' (1989: 30-1). For her:

The problem is that Foucault calls too many things power and leaves it at that... granted, there can be no social practices without power - but it does not follow that all forms of power are normatively equivalent nor that any social practice is as good as any other... Foucault writes as though he were oblivious to the existence of a whole body of Weberian social theory with its careful distinctions between such notions as authority, force, violence, domination and legitimation...[he] has no way of distinguishing, for example, forms of power that involve domination and those that do not (Fraser 1989: 32).

For Ransom, such criticisms as Fraser’s don’t meet Foucault’s argument (1979) that 'important forms of the exercise of power' cannot be grasped using the 'careful distinctions' referred to above (1997: 15,37). Foucault’s point is that not all kinds of power are encompassed by the terms "legitimate" [consensual] and "illegitimate" [non-consensual], as referring to a previously agreed purpose for the exercise of power (Ransom 1997: 15).
Some forms of power escape the 'consent-coercion model of the social contract tradition' (Ransom 1997: 15) that both critical theorists and Foucault properly find inadequate.11. Adapting an example that Ransom gives of such forms of power, a 'male' may use reembodiment technologies and 'become a woman', moulding subjectivity in ways quite different from the way it was when he/she decided to 'change sex'. Years later, this person, 'Susan', who consented to 'become a woman', is very different from the one who opted to live as woman. As Foucault's work implies (1982: 224), Susan's situation involved subjection to governmental practices that exclude masculinity. Following Ransom's argument, only after Susan disciplines herself in a specific way, can she 'meaningfully give consent to what the structures of power will do to [her]’ (1997: 15). The power exercised in the above respect 'falls somewhere between "consent" and "coercion" (1997: 15).

In the scenario described above, Susan's submission to feminine gender norms involves a mode of subjectification that is simultaneously a mode of subjection. The paradox entailed is demonstrated by Bartky (1988), who uses Foucault's notion of disciplinary power to show that women's complicity with their subjection is also enabling. The next section combines Foucault's analysis of techniques of subjectification (1985) with disciplinary practices to show how transsexuals are constrained and enabled by embracing the diagnostic category.

Transsexuals may employ a 'reverse discourse' (Foucault 1978: 44,101), or apply the diagnostic category to legitimise themselves. Like Foucault, I regard a refusal of totalising categories as a better way of contesting subjection (1982: 216). Foucault's (1978) account of homosexual identity 'as an effect of regulation', may create 'a strategic dilemma in gay liberation' (Connell 1987a: 148). But this claim and the notion that 'deconstructionist ideas' fragment gay identity as 'the logical basis for the gay movement' (Connell and Dowsett 1992: 62), don't consider the controlling, exclusionary tendencies of a politics of 'deep identity' (see Connolly 1991: 65, Butler 1990a and Foucault 1994b: 166-69). Gay or lesbian identity has been deployed in ways that exclude, pathologise and demonise transsexuals (see Altman 1972: 34-6, Stryker 1994: 239-40, Califia 1997, Rosario 1997: 98). Hence, a liberal pluralist logic of binarised 'identity' (Angelides 1995) is a major problem within and without, queer and transgender communities.

Lesbian-feminist Rubin (1984) shows how feminists and queers have been implicated in an oppressive hierarchy of sexualities. She criticises feminist discourses that demonise erotic
minorities and rank sexual acts or groups, such as transsexuals and transvestites, according to a hierarchy of value. She attacks the presumed moral superiority of any group or practice, such as religion, 'psy' discourse or lesbianism, which prescribes a singular ideal or standard. Her argument resembles the claims of Connolly (1991). He deconstructs the discursive operations of a moral binary logic which constitutes 'evil others' and explores the ethical paradoxes in the ambiguous relation of identity to difference. He shows that attempts to protect perceived threats to the 'certainty' and 'purity' of hegemonic identities, as structured by an identity/difference dichotomy, are caught in paradox and ambiguity (Connolly 1991: 1-9,65).

Normative judgements as to whether transsexual identity and GRS are legitimate are moral enterprises often caught up in this binary logic. Raymond (1979) for example, regards GRS as illegitimate - a violation of the body, and transsexuals as false women. As Garber argues, efforts to discern whether transsexuals are 'really' men and women, imply that there are 'real' men and women (1992: 105-10). Fraser argues that 'feminists do need to make normative judgements and to offer emancipatory alternatives' because, 'We are not for anything goes' (1995: 71). But her 'we' assumes a homogenising feminist unity. Butler's (1990a,1992b) problematisation of exclusionary notions of the subject in feminism foregrounds the crucial issue of representation.

Hence, a major issue is who gets to speak for the transsexual subject? There are others, addressed below; who authorises their 'identities' - or disputes their authenticity, and by virtue of what authority? Also, which term is to be privileged - transgender or transsexual? This study, as concerned with discursive mechanisms that constitute transsexualism as a universal medical condition, privileges neither transsexuals' subjective authority nor sexology's 'objective' accounts concerning transsexual subjectivity. It probes the inconsistencies and contradictions in sexological accounts of transsexual identity and shows the polyvocality, polysexuality, paradox and complexity in transsexuals' accounts of identity, to demonstrate that notions of a unified transsexual subject are fictitious. While I empathise greatly with the multiple predicaments that tranys' encounter I am sceptical of medical solutions. But it is not for me to prescribe forms of embodied gender conduct for transsexuals. Nor do I maintain, like post-operative MTF transsexual Bornstein, that transgender 'should mean transgressively gendered', although I admit sympathy for the idea, and her claim that GRS is unnecessary (1994: 11,47, my emphasis). Rather than advocating or denying transgenders' subjective authority on matters of choice regarding GRS, I show evidence that its effects are devastating for some, and that transsexuals' focus
on it obscures important issues. I am concerned that certain modes of subjectification become modes of subjection that damage transsexuals or wreck their lives. Evidence of this (Hooley 1997a: 54) and problems shown later with psychiatric assessment processes problematise Foucault's ideas that people can know the self and thus care for it (Foucault 1994c: 285) - at least through sexology and transsexual medicine, respectively.

I now turn to broader and more specific institutions, discourses and practices that influence and constrain cross-gender identities. For Matthews (1992: 125), representations of sexuality or gender emerge from specifically situated and embodied positions, and are shaped by particular experiences and networks of power, as inhabited by the authors. This has implications for attempts to locate a unifying social logic that explains the production of transsexuals. Totalising theories about transsexuals (Raymond 1979; Urban and Billings 1982) tend to assume a single reality about transsexual identity that corresponds with representations. They reify an overarching capitalist or patriarchal power structure as causative of transsexualism, implying that it is simply a 'reflection of capitalist or patriarchal society' (King 1994: 189). Better possibilities are offered by the notion of a 'gender order', characterised broadly by Matthews as 'an ongoing process of power relations' (1984: 14), and developed further in Connell's framework.

As proposed earlier, a grid of gender intelligibility within the social formation, constitutes transsexuals as inauthentic and incoherent, and subsequently as a social residue (Perkins et al. 1994: 66-7). It might resemble a structure, in so far as it constitutes 'a logic of practice and a course which social relations may take in any of the settings in which practice occurs' (Connell 1997: 69). It may imply a central organising principle in social dynamics, which Foucault rejects (see Seidman 1998: 245). But the logic implied in the grid is not universal or monolithic. The workings of the grid may be illuminated by linking Butler's heterosexual matrix with Foucault's notion of governmentality and certain revised ideas of Connell, about the features of gender relations.

Connell (1987a) reconstitutes Matthews' notion of a gender order as a dynamic, and as reflecting 'the current state of play' in gender relations at a macro political level. His 'order' operates on a macro-level, comprising 'conflict of interest on a society wide scale, the formation and dissolution of categories and the ordering of relationships between institutions' (1987a: 139). Its processes include 'such things as the creation and contestation of hegemony in definitions of sexuality and cultural definitions of gender' (1987a: 139).
Connell (1987a) links this order with a threefold structure of gender relations, comprised of differing gender regimes in institutions (1987a: 121-34). His structure contains substructures of labour, cathexis and power, the latter structure always being interwoven with the previous two. He accounts for diversity and division within categories, in his argument that the main axis of the power structure is the general connection of masculinity with authority, by noting that some groups of men (e.g. homosexuals) may be denied authority (1987a: 109). Connell and Dowsett (1992) complicate the picture by proposing that sexuality is a social structure in its own right. The problem arises as to how this structure - or that of 'sexual social relations' - as proposed by Connell (1997), interacts with his structure of gender relations.

As Pringle argues, the shift to discourse makes it possible to bypass old debates about the different levels and structures, while the movement away from 'realist' epistemologies allows for multiple readings of objects (1992: 88). Further, notions of a 'gender order' or 'sex/gender system' imply a global social logic (see Seidman 1998: 245) or sovereign totality which defines the meanings and individual actions and agencies that compose it (see Bauman 1991: 35). I am sceptical of the 'system like totalities of modern social theory' or models of a gender order as 'cohesive, purposive and equilibrated' (Bauman 1991: 36).

Foucault's notion of governmental power raises other possibilities, when nuanced with Sumner's (1990) argument that gendered disciplinary power guides women to embrace 'softness' and men to suppress or refrain from feminine conduct. Governmental power aims 'to influence the actions of those who have a choice about how they behave' (Hindess 1996: 141, see also Foucault 1994c: 292). Thus, I propose that according to their capacity, people govern their own and others' gender conduct in terms of dichotomous gender logic. Although constrained by this logic the dichotomy is unstable; resistance and choice are possible because the disciplinary technologies involved, in say, schools or families, may be uneven, fragmented or contradictory.

Foucault's notion of government embraces the government of the state and institutions, as well as ways in which subjectivities are manufacture and governed at the level of the family and the self (1982). Hence, the government of gender relations encompasses the multiplicity of practices, institutions and discourses which shape gendered social relations, and entails the censure of 'gender inappropriate' conduct. Further, and modifying Connell's threefold structure, the conduct of gender in three key areas - labour, leisure and
sexual practice, is subject to constitutive constraints placed on bodies by 'a grid of cultural intelligibility through which bodies, desires and identities are naturalized' (Butler 1990a: 151). This grid is:

...a hegemonic discursive/epistemic model of gender intelligibility that assumes that for bodies to cohere and make sense there must be a stable sex expressed through a stable gender (masculine expresses male, feminine expresses female), that is oppositionally and hierarchically defined through the compulsory practice of heterosexuality (Butler 1990a: 151).

Butler's proposition preserves neither voluntarism nor determinism. While subjects are produced through a constraining, heterosexual matrix, its very instability provides possibilities for agency and challenges to domination (Butler 1993: 15). Her formation of power, taken as an intrinsic natural order of the self, organizes gender conduct in social relations concerning labour, leisure and sexual practice. In many contexts, conduct that abrogates its logic, say, cross-dressing, is socially censured as an irrational misgovernment of the gendered self.

Butler's matrix, as woven into discourse, practice and state interventions, has constrained and enabled conditions of possibility for cross-gender identity in the local Sydney context, in ways shown below.

- The logic of Butler's matrix constitutes what is regarded as viable body, and is implied in GRS. It contributes to transphobia, which leads to discrimination, violence and hostility toward tranys. Life chances and employment prospects are considerably diminished by the above (see Perkins et al. 1994; Hooley 1997a). Hence, passing and reembodiment technologies become obligatory, leading many cross-gendered people to enter into relations with psychiatrists and transsexual medicine.

- Gender category movements are managed and legitimated by 'gender reassignment' programs grounded in the logic of Butler's matrix. Their psychiatric disorder model is tied to medical assessment processes that have historically required an account of biography for obtaining GRS, which indicates an enduring cross-gender identity and contraindicates homosexuality and transvestism. While the criteria are now so broad as to allow most applicants to qualify for diagnosis and seek GRS (Murray 1997), assessments still account for contraindications and have a subjective character, so that applicants still feel constrained about what they can say about their subjectivities,
histories and desires. Sex negativity, compulsory heterosexuality and transphobia all help to constitute the narratives applicants give to psychiatrists, other transgenders, friends and family. The assessment process is corrupted by these factors and applicants' knowledge of discourse about transsexualism. As Stone (1991) argues, transsexuals' narratives thus tend to suppress mixture, complexity and contradiction within the self, in the service of acceptance into 'gender reassignment programs' and from others. In line with this, some transsexuals perpetuate the fiction that transsexual identity has nothing to do with sexual pleasure. The process of assessment for GRS is also compromised by medical perceptions of who constitutes a 'good risk' for GRS. Perkins (1996) argues that it has a middle class bias that deems transsexual prostitutes unacceptable candidates for GRS. Much of this may explain why transgenders often begin hormone therapy without 'being on the program' (Lowe 1996: 43).

- The division of social practice into 'public/private' spheres, and as characterised by a gendered division of labour, constrains cross-gender conduct in public places. Historically, the public/private and male/female divisions, along with legal prohibitions on 'offensive behaviour' (Zdenkowksi 1976) restricted transgressive gender conduct to private and 'entertainment' domains. Social conservatism, hostility to homosexuality (Wotherspoon 1991) and legal and sexological apparatuses helped to confine transvestites to the 'private' domain until the 1950s. Thereafter, drag entertainment venues and transsexual subcultures emerged as sites for construction of MTF transsexual identity. The mid-twentieth century creation of 'the transsexual', shaped by the advent of reembodiment technologies, enabled the 'public performance of a [cross-gendered] self of choice' (Miller 1993: 204) - within the terms of a binarised corporeal logic. As sanctioned by psychiatry, and now the state (see Chapter Six), NSW transgenders are enabled to govern their conduct according to notions of a fictive, unified and orderly gender. Dominant social rules for doing gender require that transgenders practice their genders discreetly, unambiguously and conventionally, so that they are invisible as transgenders. These requirements for a 'well tempered' (Miller 1993) gendered civil self, restrain many from 'performance criticism' (Foucault 1985: 54). Although NSW transgenders are now legally protected against discrimination, the legislation enshrines a hierarchy of transgender persons, based on whether they undertake GRS.
1.6 The Constitution of Transsexual Subjectivity

So far, my account of people's gender conduct fails to acknowledge a psychical 'underworld' that shapes their desires and practices: MTF transsexual identity, rather than being a core of the self which transsexuals discover, is actively constituted through social, discursive and psychical-corporeal processes. I frame my account through a synthesis that combines Foucault's notion of technologies of the self (1985, 1988), Probyn's (1993) extension of his ideas, Butler's (1990a) criticisms of psychoanalysis, and useful approaches to that discipline by Connell (1987a) and de Lauretis (1994). De Lauretis' reading of Freud (1905a) is particularly helpful. My theory also relies on Cummings' (1993) transsexual autobiography, a sociological study of transsexualism (Perkins 1983), Garber's (1992) reading of transsexualism and Matthews' (1992) claims about sexuality, to contextualise conditions which produce transsexual selves. While neither Cummings' story (1993) nor others can adequately represent transsexuality, her account helps me to show the interaction between social forces, sexological discourse about transsexualism, and transsexuals' reliance on medical professionals.

As Foucault (1988: 50) argues, the self is not a sovereign founding subject. He regards it as 'a form' rather than a substance, which is able to establish different types of relation to itself, or other forms, in different contexts (1994c: 290-1) 12. For Foucault, discursive formations produce conditions of possibility for the production of particular selves. However, subjectivity is not a mere function of discourse (Foucault 1994b: 167-9). As Hindess argues, 'the exercise of power always proposes some degree of freedom [so that] the effects of power will leave room for practices of self cultivation' (Hindess 1996: 150-1).

For example, Stryker argues that naming herself transsexual and engaging with the medical apparatus suited her own purpose - reembodiment (1998: 150). Her claim resonates with Butler's argument that agency is located within processes and unstable systems of signification, as holding possibilities for varying rather than repeating prior significations (1990a: 144-45). This implies that agency is a process of reflection and creative response to situations, through which practice is resignified. However, in light of claims below, Davies argument that gendered subjects actively take up discourses, 'through which they and others speak/write the world into existence, as if they were their own' (Davies 1993: 13, my emphasis), implies that discourse about transsexualism is constitutive of transsexuals' projects and entangled with their purposes. The effects of the discourse and its normative
assumptions, as grounded in binarisms and fictive notions of true identity, are evident in transsexuals' narratives and autobiographies.

The claims of Katherine Cummings (1993), who undertook GRS prior to the emergence of transgender theory, and whose story I return to later, demonstrate these effects. Cummings states that prior to GRS, she was 'locked inside a body' in which she did not belong (Cummings 1993: 209). For her, transsexualism is an individual problem with a medical solution (1993: 204). She thus invests in a discourse that constitutes transsexual identity as a pathological state of being, through the psychiatric diagnosis of 'gender dysphoria'. As shown below, the 'trapped in the wrong body story', as a master narrative of transsexualism which reproduces a mind/body dualism, is best interpreted in terms of a mutating configuration of the body ego. However, Cummings regards herself as a true transsexual, unlike transsexual sex-workers, whom she regards as inauthentic and merely concerned to find sex partners, rather than true womanhood (1993: x). She feels obliged to decipher the truth about her desires, confesses her 'secret life' as a transvestite to trusted others, and eventually consults a psychiatrist to obtain GRS (1993: x,68,108). Thus, as is common among transsexuals, the 'government of individualisation' (Foucault 1982) is much entrusted to and enabled by medical experts and technicians.

But as Probyn argues (1993: 118, 115, 120), Foucault's model of confession (1978: 59), and his emphasis on surveillance and disciplinary techniques that work on the body, are insufficient in themselves to theorise gendered processes of subjectification. However, Foucault's later work discusses technologies that focus on:

the practices by which individuals were led to focus attention on themselves, to decipher, to recognise, and acknowledge themselves as subjects of desire, bringing into play between themselves a certain relation that allows them to discover, in their desire the truth of their being (1985: 5).

Hence, Foucault explores the 'games of truth by which humans came to see themselves as desiring individuals' (Foucault 1985: 5-6). As he argues, it was 'a matter of analysing...the problematisations through which being offers itself to be, necessarily thought - and the practices on the basis of which these problematizations are formed' (1985: 11). Like Cummings (1993: 56,189), transsexuals analyse their practices; they theorise and work on themselves, drawing from 'authoritative' knowledge like sexology, and listening to experts like psychiatrists. Like Cummings, after a delay of many years, some renounce a
'heterosexual transvestite' identity following a crisis. They then actively invest in discourse about transsexualism, and, finding 'the truth' about themselves, choose to live as women.

Probyn conceptualises the gendered self as 'an ensemble of practices and techniques enacted on an everyday basis [which] entails the necessary problematization of these practices' (1993: 2). She provides a way of understanding gendered subjectification 'outside either an apparatus of truth and individuality or one of interpellation and ideology', which interrogates the foundations of lived experience (1993: 135). As Probyn claims, the self is 'formed in the material limits of its discursive context': it is a 'linkage' which is 'formulated for conjunctural political reasons' (1993: 167). Her argument for 'a theory and practice of signification which could entertain the centrality of experiences of and in the material world' (1993: 20), is useful for exploring the dilemmas encountered by transsexuals. For instance, Cummings locates her early experiences of herself in relation to 'the stated and implied values of society', recalling that she felt like 'a freak of nature, physically male but mentally female' (1993: 46). Her experience of a split in the self (see also 1993: 1-16), as contradictory and deviant, occurs in a social-historical context in which constituted gender differences are framed in binary terms.

However, Probyn does not elaborate a notion of the unconscious, as helping to explain this splitting. As Connell claims, psychoanalysis shows the contradictions or ambivalence in gendered subjectivity (Connell 1987a: 203). Hence, it is a crucial key to understanding 'the coexistence of strong but opposed feelings toward the same object' (1987a: 216-7). However, the development of a medical psychoanalytic model served to control and adjust people to oppressive social conditions (Connell 1987a: 211), producing the notion of 'gender dysphoria'. For Connell, the Post-Freudian 'distortion' of psychoanalysis, reveals its oppressive power in constituting transsexuals and transvestites as pathological deviates (Connell 1987a: 192). Further, Freud's work had been reformed by the 1950s, to serve as, 'a powerful ideological support for the nuclear family and conventional definitions of gender', due to 'a political shift' (Connell 1987a: 200; see also D'Emilio 1983: 17,140-42,144). I explore how this 'reformation' shaped discourse about transsexuals, in Chapter Three.

Foucault also damns Post-Freudian psychoanalysis as a mechanism for attaching sexuality to 'the system of alliance' (1978: 130). Although there is substance to his claim that psychoanalysis is a normalising, universalising discourse (Foucault 1978: 104-5) it may be relativised (Barrett 1988: 115-16). Deleuze and Guattari (1984: 97) rightly criticise its
'familialism' (see Barrett 1991: 117). However, Foucault's ultimate refusal of psychoanalysis for 'psychiatrising the perverted' (1978: 103-104) disregards the notion that 'there is no one psychoanalytic project' (de Lauretis 1994: 28). As shown, Foucault's (1985) notion of techniques of the self is reconcilable with Freudian notions of unconscious sexual complexes, which energise the body and produce internal conflict (e.g. Freud 1905a, 1925, 1918, 1920, 1927, 1938), in transsexual self-formation.

A history of the transsexual self may thus explore the motives, passions or fantasies which contribute to its formation, and their linkage with rationalised schemas and practical techniques for constituting the self. Although Cummings cannot answer her question about 'what creates this all consuming desire to be what one is not?' (1993: xi), her prior argument to the effect that after much struggle, '[transsexuals] face the fact that we are, and have always been transsexual' (1993: x) undoes itself, implying that transsexual identity is constituted. Hence, a history of the relations through which transsexuals constitute themselves must account for discourse, as well as the unconscious, in shaping the trajectory of their desires.

As Butler's (1990b) criticism suggests, Lacanian psychoanalysis and object relations models of transsexual identity (e.g. Beitel 1986), provide a categorical account of gender framed by an exclusionary logic of gender and sexuality (Butler 1990b: 332-33). In this binary logic:

one identifies with one sex and, in doing so, desires the other, that desire being the elaboration of that identity, by which it defines itself in opposition...One identifies with a sex or desires it, but only these two relations are possible (Butler 1990b: 332-3).

As shown later, Post-Freudian discourse about tranys is based on such a binary logic of gender and sexuality. As Butler shows (1990b), the singularity and foreclosure of the meaning of identifications in this kind of discourse, produces 'unified', heterosexual, gender identities and constitutes a domain of otherness. That is, gender meanings are circumscribed within a narrative frame that unifies certain sexual subjects and excludes from intelligibility those sexual identities and discontinuities that challenge the narrative beginnings and closures offered. As Butler claims, in certain psychoanalytic accounts of gender acquisition, the postulate of a primary identification or repression comes to organise and falsely unify 'identity'. For Butler (1990b), notions of 'the boy' or 'the girl', 'elevate the narrative to the mythic tense of a reified history' and a false stabilisation of categories is
effected on gender experience. Hence, psychoanalytic narratives 'institute gender coherence, through a stabilizing metanarrative of infantile development' (Butler 1990b: 329). As shown in Chapter Three, they cannot account for transsexual identity except as pathological - without certain modifications.

Lacan, grounding sex in a falsely stabilising and universalising Symbolic order, loses the social context (Barrett 1991: 118). He and his feminist follower, Millot (1983), pathologise transsexuals (see Morgan 1997). Like de Lauretis, I prefer Freud to Lacan. De Lauretis, who reads Freud's theories as 'passionate fictions' (1994: xiv, see Bersani and Dutoit 1985) stresses the discontinuities and ambiguities in Freud's (1905a) claims about sexuality. Freud's explorations of gendered/sexual subjectivity, as simultaneously confounding the binary logic he invokes (e.g. 1918, 1927, 1938, 1940), and De Lauretis' model of lesbian desire, in which subjects are overdetermined by fantasy, are congenial for my project. They allow me to account for the pivotal role of the unconscious and the power of fantasy, in transsexuals' restructuring of their corporeality.

De Lauretis' theory of perverse desire also supports my argument in favour of depathologising transsexuals, as people whose practices are seen to exceed 'normal resolutions' of the oedipus complex. As she argues, 'normal sexuality [is] inseparable and indeed derives from the detailed consideration of the aberrant, deviant or perverse manifestations and components of the sexual instinct (Trieb †) (1994: 9). For de Lauretis, 'the value of Freud's theory of sexuality far exceeds the normative oedipal fantasy that grounds it', because 'he intimated and opened the critical path for understanding the semiosmic nature of fantasy as that which links the subject to the social' (1994: 308).

While Foucault (1986b) argues that people apply technologies and knowledge in their work on the self in the service of self-mastery, he elides the role of the unconscious in this process. As de Lauretis claims, his theory of desire (1986b), as based on people's self-analytic processes, sidesteps psychoanalytic knowledge. Foucault's notion of technologies of the self (1985), and his notion of the self as 'the ethical subject of one's sexual behaviour' (Foucault 1986: 238-40, as cited in de Lauretis 1994: 311), 'more than suggests the presence of both a self analysis and an enabling fantasy in Foucault's theory' (de Lauretis 1994: 311, my emphasis). A synthesis of Foucault's claims about discursive power with Freud's theory of sexual subjectivity can account for transsexual subjectivity. For instance, transsexuals deploy the rationalised schema of 'gender dysphoria' in the service of their desire to live as women - a desire fashioned by the
interaction between cross-gender fantasies and practices, and assisted by available medical technologies.

As de Lauretis proposes:

While the first volume of Foucault's *History of Sexuality* describes the discursive practices and institutional mechanisms that implant sexuality in the subject, Freudian psychoanalytic theory describes the subjective mechanisms through which the implantation takes, as it were, producing the subject as a sexual subject (1994: 309).

Hence, adapting a claim by de Lauretis, transsexuality is 'a nexus of reciprocally constitutive effects between psychic and social realities, which entails a continuing *modification* in the subject as a body ego' (de Lauretis 1994: 312). This claim forms the basis of an argument in Chapter Three. That is, transsexuals' body egos, as modified through interactive social-psychical-discursive processes, assume a conflicted or ambiguous character. Internal conflict ensues because the subjects may want to consolidate their cross-gender identities but various constraints militate against this. The social formation exerts a disciplinary effect, limiting corporeal intelligibility according to a categorical male/female logic that constitutes and limits identificatory schemas. Transsexual medicine thus becomes the means of materialising a body that approximates imagined ideals of 'the opposite sex' and resolving 'identity conflict'.

Most transsexuals first encounter the concept of transsexualism in popular books and magazines (King 1993: 7), as well as in transsexual autobiographies, media and cinema representations (Hooley 1995b: 11). These texts are part of the 'technologies of gender' or 'institutionalised discourses, critical practices, texts, and the practices of everyday life' (de Lauretis 1986: 2-3) used by MTF transsexuals to approximate institutionalised, binarised ways of being 'true', (and often heterosexual) women. Transsexuals' desire for corporeal transformation may feed off sexualised images of hyper-femininity to which some aspire. Cummings for example, initially wears glamorous clothing and makeup in 'a rather extreme mode' (1993: 205) to satisfy her desire to live as a member of 'the opposite sex' (1993: x). However, such 'extreme' practices may be neither persistent nor universal.

However, studies of MTF transsexualism show that rules for performing womanliness are historically contingent and that transsexuals are not an homogenous group. The specific historical, socio-economic contexts in which transsexuals live, shape their practices. They
draw from different representations of womanhood, in constituting themselves. As Feinbloom's (1976) study shows, some transsexuals' eschew glamour and represent some themselves as feminists or lesbian-feminists, some are subdued in representing themselves as women, while others embrace glamour, hyper-femininity and sexual relations with men. Perkins' (1983) Sydney study shows that although the self-images and representations of transsexuals who work as drag performers, strippers and sex-workers are 'stereotypical', these are much more subdued, in the 'privacy' of daily life. Transsexuals' need for acceptability and intimacy, and the creation of a sexual market for transsexual bodies, largely composed of men, partly accounts for their stereotypical representations. However, transsexuals' efforts to approximate 'real' womanhood are also attempts to avoid 'public ridicule and social contempt' (Perkins et al. 1994: 55). Hence, particular notions of womanhood, a need for social acceptance as 'real' women and safety concerns, influence transsexuals' representations of womanhood. But desire also plays a part.

Sexuality, like gender, is 'a particular instance of semiosis, the more general process joining subjectivity to social signification and material reality' (de Lauretis 1994: xix). Sexuality is always already gendered, and in dynamic, complex interrelation with it. While many transsexuals (see Perkins et al. 1994, Perkins 1983) engage readily in sex with men, Cummings proclaims no interest in them and admits a lack of sex-drive (1993: 26). She is more interested in approximating feminine gender norms. Interestingly, after she becomes a woman she reports 'no need for [bondage] fantasies' that enlivened her previous transvestite activities (1993: 179). The role of fantasy, practice and erotic preference in constituting transsexual identity, as often downplayed in MTF transsexual autobiographies, is further considered in Chapter Three. Normative notions of transsexualism as a 'eroticism-free zone' are hard to swallow, as certain sexological data shows in Chapter Three. Further, during my fieldwork (1997a), I inferred that MTF transsexuals' sexual relations with men help to constitute and consolidate their identities as women. Some transsexuals undertake GRS, to have 'heterosexual' relations with men (Hooley 1997a: 54). But as Perkins et al. (1994) and myself (1997a) show, transsexual sexualities are wide ranging and do not necessarily follow straightforwardly from 'gender identity'.

As Matthews argues, it is difficult to theorise sexuality in social terms because of its indeterminacy (1992: 125). Her argument that 'sexuality is always more than one can or would wish to imagine, because it exists in the confluence of unconscious desire and social relations' (1992: 124) captures its flux, mutability, pervasiveness and sociality. Hence, sexuality includes such things as 'dirty dancing', reading erotic novels, watching drama
and cinema - in short, 'whatever allows people to make sense of themselves as sexual beings' (Matthews 1992: 124). It includes transvestite literature while transsexual prostitution and pornography cater for men turned on by tranys (see Perkins 1983; Garber 1992: 96).

Matthews outlines the stakes for women regarding sexuality, in ways that allow me to shed light on transsexual subjectivities. She argues that the stakes for women are 'Pleasure, Fear and Obligation', although in their case, pleasure for its own sake is 'almost incomprehensible' (1992: 125). In Cummings' (1993: 1-16) experience of childhood cross-dressing, her pleasure is curtailed by fear and anxiety that others may discover her 'secret' desires and practices, with consequences she perceives as catastrophic. In the case of MTF transsexuals the stakes include Matthews' trio, although configured in different ways. Some transsexuals feel obliged to present themselves publicly as 'normal' men for many years, due to the likelihood of multiple losses and stigma, family attitudes, and their attachments to women in marriages (e.g. Cummings 1993: 189). For others 'manhood' presents no option, in spite of subsequent loss of the support by their families and diminished life chances ((Perkins 1983: 72,76, Perkins et al 1994: 57) 14.

Transsexualism symbolises 'fear and desire of the [gender] borderline and technology' (Garber 1992: 16). Narratives of 'sex change' augment cross-gender fantasies, inducing a 'shock of recognition' or raising tantalising possibilities (Meyerowitz 1998: 178). For instance, Cummings, when still living as a man, finds the dramatic news of Christine Jorgensen's much publicised 'sex-change' in 1953 'shattering', because 'what had been a daydream was now a possibility' (1993: 20). In this case and others (e.g. Richards 1983), transexual bodies are sites of pleasure, anxiety, desire and fear, as heightened by the prospect of becoming 'real women' through 'sex transformation'. In some cases at least, sexual feelings are associated with scenarios of 'sex change' and play a part in the constitution of transsexual identity. In spite of findings that most transgenders do not undertake GRS (Hooley 1997a: 54), there is evidence that most might do so if finances allowed (Bliss and Porter 1998: 36).

Awareness of GRS mobilises fantasies and medicine becomes an option for dealing with the constitutive ambiguity of transsexual identity. While reembodiment technologies are an enticement to gender transition, they also constitute 'an obligation for those who, finding their assigned gender role intolerable, seek the only available social alternative, conformity with the opposite gender role' (Murray 1996: 4, my emphasis). Hence, transsexuals have
'a great deal invested in the male/female binary' (Garber 1992: 110) for social reasons. However, Garber claims that phallessentialism characterises MTF transsexual identity, as based on an overestimation of the penis, or an essentialisation of genitalia, as ultimate markers of sexual difference (1992: 108, 97-8). Substance is given to her argument by Cummings, who declares, 'I could not satisfy my urges without turning myself into as realistic a likeness of a woman as possible' (1993: 189). For her, this requires GRS.

However, reading transsexuals' urges to become 'real' women as divorced from sexual desire/practice, ignores that they take immense pleasure in fantasising and constructing themselves as women. Movement from private cross-dressing to passing in public places may heighten the pleasures and dangers entailed. But a preferred, gendered self is constructed through these practices as well as sexual encounters with men (see Perkins 1983). Thus, transsexual 'identity' as the enactment of a 'literalised fantasy' about womanhood (see Butler 1990a: 72, 1997: 137), may have overt or covert sexual components.

Finally, Cummings persistently characterises her transsexual identity in terms of an 'obsession' with femininity or an 'addiction' which is not of her choosing (1993: 20,27,103,157,171). This raises the issue of determination. Vance argues that a strict constructionist perspective cannot account for sexual identity, as a 'perceived non-voluntary component of identity' (Vance 1989: 23). But Cummings' reaction to news of Jorgensen's 'sex change' shows that fantasy, desire and the formation of transsexual bodies are inextricably entangled with discourse and the social world. Further, sexual/gender identity are best seen as practice, or as ongoing, dynamic restructurings of the self, which may involve detours and dramatic shifts in signifying practice. For example, Cummings (1993) did not act upon her desire to 'live as a woman', and abandon her long-standing transvestite identity for about thirty years. Renee Richards (1983), as shown later, shifts back and forth between transvestite and transsexual, and heterosexual and homosexual practices. Hence, as de Lauretis argues sexual identity:

is neither innate nor acquired, but dynamically restructured by forms of fantasy private and public, conscious and unconscious, which are culturally available and historically specific (1994: xix)...individual 'sexual structuring' is both an effect and a condition of the social construction of sexuality (1994: 309).
In sum, MTF transsexual subjectivity is formed through interaction between discourse, 'psychical' and 'social dynamics', and 'medical potential' (Elliot and Roen 1998: 257). Cross-gender fantasies and practices generate a feminised body image and subsequent intersubjective conflict. The desire to present as women in social relations is constrained by the threat of social censure, and furthered or forestalled, by certain sexual/emotional attachments. The notion of 'gender dysphoria' and reembodiment technologies become major devices for transsexuals' to enact the fantasy of a 'deep', 'true femaleness' and overcome censure.

However, my proposals about MTF transsexual identity are intended to show the mechanisms that enable and constrain it, rather than homogenise it. Transgender criticism of passing (Stone 1991) and reembodiment projects (Bornstein 1994) described above has emerged which expands available possibilities. Stryker (1994,1998), who also destabilises the foundational presupposition of fixed genders upon which the politics of identity rests, raises key issues for the direction of transgender politics discussed below.

1.7 Key Transgender Issues

Stone's ground breaking 'posttranssexual manifesto' (1991) draws from feminism and post-structuralist theory, to challenge dominant narratives about transsexualism in sexology, radical feminism and transsexual autobiographies. It deconstructs the necessity of passing. Stryker concurs with Stone (1991) that the biomedical, transsexual enterprise has historically 'compelled transsexuals to pass - and to lie', by requiring them to present a coherent 'transsexual' biography (1998: 150). Stryker's (1998) efforts to forge an 'inclusive' transgender politics organised around a notion of anti-heteronormativity, are particularly admirable. However, she valorizes transsexual identity as more subversive than other transgender identities, while failing to recognise the misplaced emphasis on GRS (Perkins et al. 1994: 55). These criticisms are elaborated below and taken further in my conclusions.

Stryker, using the analogy of Frankenstein’s monster, argues that transgenders may exceed and refuse the intentions of the doctors who constituted transsexual medicine (Stryker 1994: 240-2). By laying claim to a 'monstrous' and unnatural identity, the stigma of transgender identity becomes as 'a source of transformative power' (1994: 243). For Stryker, 'transgender rage arises when the inability to foreclose the subject occurs through
a failure to satisfy norms of gendered embodiment' (1994: 249). This propels her to transgress Butler's gendered regulatory schema, referred to above, that determines the viability of bodies and constitutes a domain of abjected bodies. For Stryker, contesting this schema, as grounded in a hegemonic notion of nature, assists her very survival as a subject (1994: 249).

Stryker is also concerned with the erasure of specificity in utopian representations of transgender (e.g. Feinberg 1996), and the consequent stigmatisation within American transgender communities of those invested in reembodiment technologies, by those who aren't (1998: 153). She addresses differing deployments of the terms transgender, transsexual and queer (1998: 148)\(^{15}\), and resulting political cleavages. For her, these terms aren't mutually antagonistic (1998: 149). She attributes confusion over them as partly due to ambiguities in Stone's work (1991), where transgender was a term 'coined to mediate between transvestite and transsexual' (1998: 152). I read Stone somewhat differently\(^{16}\).

However, I agree that Stone's notion of 'posttranssexual' subjectivity is a decisive break with the medical or heteronormative meanings of transsexual, and that Stone may be misread as simply opposing GRS. For Stryker, such a misreading arise from a shift in meaning undergone by the term transgender between the beginning of the queer movement in 1990 and the appearance of Feinberg's novel *Stone Butch Blues* in 1992. As Stryker argues, by the time this work appeared, transgender had come to mean:

an umbrella term representing all types nonnormative expressions of gender or sexed embodiment. This is transgender as an inflection of queer, capable of meaning both a utopian point of inclusive diversity and a "posthomosexual" organization of the sexually marginalized (Stryker 1998: 152).

Stryker argues that Feinberg contributes a utopian perspective 'by rendering transgender people as a vanguard class in the old Marxist-Leninist sense', or as agents who would topple "the gender system" (1998: 153). This is indeed Feinberg's position in *Transgender Warriors* (1996), a thesis about 'sex and gender in history and the interrelationships of class, nationality, race and sexuality' (1996: xi)\(^{17}\). Feinberg's quest is to find a material basis for the oppression of 'transpeople', who have 'always existed, but were once viewed with respect as vital, contributing members of our societies' (1996: 88). In this universalising perspective, 'trans people' are the revolutionary vanguard of a heterogeneous movement seeking overthrow patriarchal capitalism\(^{18}\).
For Stryker, notions of transgender as a 'socio-political avant garde', when combined with anti-GRS transgender discourse constitute the advent of 'another morality tale that condemns the cutting of the flesh' (1998: 153). Stryker uses Halperin's notion of queer as, 'a category with no stable referent that acquires its specific meaning from the logic of its oppositions to a norm grounded in particular concrete situations' (1998: 151, see also Halperin 1995: 67 as cited in Stryker 1998: 150), to advocate a notion of transgender - which includes transsexual, as follows:

an umbrella term for a wide variety of bodily effects that disrupt or denaturalize heteronormatively constructed linkages between an individuals' anatomy at birth, a nonconsensually assigned gender category, psychical identifications with sexed body images and/or gendered subject positions, and the performance of specifically gendered social, sexual or kinship functions (1998: 149).

In spite of this, transsexuals can and do renaturalise gender norms. For Stryker, transgender implies 'a heterodox interpretation of queer', or 'a conceptualization of queerness based on the understandings of people who contest naturalized heteronormativity in ways that might include, but are not limited to, heterosexual orientation or object choice' (1998: 149). Queer implies that the term 'includes consideration of gender and is not based strictly on sexual object choice' (1998: 153) and represents a "posthomosexual" refiguration of communities of people marginalized by sexuality, embodiment and gender' (1998: 151).

This all very well and I support Stryker's argument that transgender studies must not be focused on moral issues nor medical perspectives alone19. Stryker claims that the recent inclusion of transsexuals on the board of directors of the USA the Harry Benjamin International Gender Dysphoria Association (HBIGDA)20, may break down an us/them dichotomy between transsexuals and medical service providers, as a primary site of 'institutional control over transgender lives' (1998: 146). However, continuing transsexual appeals to an essential nature/body or notions of disorder comply with institutional controls, and may undercut challenges to the Association.

While Foucault claims that medicalisation has enabled a limited form of resistance for homosexuals (1994b: 168), the stakes are different for transsexuals. Many regard GRS as a requirement for 'true-sexed' embodiment. As shown above, for numerous transsexuals,
GRS is a technology for renaturalising gender norms, and reifying an essential, 'true' female identity (e.g. Cummings 1993: 204). However, for Stryker, 'transsexuality more than any other transgender practice or identity represents the prospect of destabilizing the foundational presupposition of fixed genders' (1994: 238, my emphasis). Yet she provides no explanation for this. Indeed, transsexualism may promote an 'acceptance of received biological descriptions' of sex (Butler 1997: 138). Further, transsexuals' renaturalising narratives have produced a destructive, exclusionary identity politics, founded on the notion that only post-operatives are authentic transsexuals (see May-Welby 1995, 1996), as shown in Chapter Six.

For Stryker, transsexuality is a 'communicational technology' used to care for herself (1998: 151) and reembodiment technologies are justified because 'audience is everything' (1998: 151). Appearance may be a powerful technology, but Stryker's earlier claims (1994: 244,48) raised in my conclusions, more than suggest that these technologies don't make her legible as a woman. Stryker also claims to have engaged with transsexual medicine for her 'own purposes' (1998: 151). Transsexuals are critical, thinking agents, but arguments privileging their 'own purposes' or their internal discourse may underestimate the shaping force of discourse which helps to construct them.

A more critical stance toward the constitutive apparatuses of sexology and transsexual medicine is required. For Murray (1996), an Australian psychiatrist who assesses transsexuals for GRS, psychiatry and social forces collude with transsexuals' investment in 'sex modifying procedures'. As he argues:

Transsexual medicine may exacerbate the transgender predicament through the unquestioning adoption of its own social context as the arbiter of sexual behaviour...psychiatry may perpetuate the suffering found within the gap that exists between appearance and reality. That gap is at its widest in relation to gender and sexuality (Murray 1996: 7).

Although Stryker (1998: 146) criticises psychiatry's pathological disorder model as the basis of medical assessment for GRS, she doesn't advocate its abolition, presumably because of her own and others' investment in GRS. Although a few transsexuals reject ideal gender norms, post-GRS (see May Welby 1996), the disorder model does enable the exchange of one set of gender norms for another (see Butler 1997), a less than subversive project. Further, the massive investment that many MTF transsexuals have in GRS may create more problems than it solves - at many levels.
Moreover, the psychiatric notion of GID (gender identity disorder), as the basis for GRS, effaces the dynamism and ambivalence in transgendered subjectivity which some hope to erase, by undertaking GRS. Gender identity, as involving 'a process of subjective and idiosyncratic interpretation', raises possibilities for subversion (McNay 1992: 61). Hence, my interest in the conditions of possibility for new forms of transgender subjectivity which refuse sexological notions of identity, 'disorder' and problematise the effects of transsexual medicine.

Continuing conflict between transgenders who see GRS as confirming their true gender and those who believe that the dismantling of biological sex is the key to liberation is likely (Califa 1997: 275). As Califa claims, 'people who have succeeded at the gender game and formed an identity as a man or a woman prize that accomplishment' (1997: 276). For Hird (2000: 359), deconstructing gender, or efforts to 'abolish' it, as well as the hetero/homo divide (e.g. Bornstein 1994; Jackson 1999: 82) constitute a utopianism that ignores the embodiedness of subjects. Stryker recognises all this, and eschews utopianism, scapegoating and moralising strategies used by transgender opponents of reembodiment technologies. However, she downplays difficulties that show differences within transgender communities, and may shape the direction of transgender politics. Eliot and Roen sum them up neatly as, 'the desire to pass as the other, the demand for anatomical congruity with gender through surgery and the reluctance to politicise what is also an intensely personal experience' (1998: 237).

Cross-cultural studies of cross-gender conduct imply that the problematic politics of obligatory sex-gender coherence is related to the power of Butler's matrix. Possession of 'male' genitalia has not always disqualified people from membership in a feminine gender category (see Williams 1986; Morris 1994; Nanda 1996). Williams' (1986) study of Native North American cultures shows that modification of genitalia was not deemed necessary for males with womanly gender conduct. A closer look at historical and cross-cultural issues is warranted.

1.8 Anthropology, History and Gender

In spite of problems with Williams' study, his work and Herdt's (1996a), which I discuss further below, are significant. They show that 'historical and cross cultural diversity in the
configuration of gender categories calls into question the notion that Western binary gender categories are natural and not subject to change' (Phibbs 1995: 6). This section explores the emergence of the notions of incommensurable sexual difference, or sexual dimorphism, and the 19th European century discourse of sexuality. The notion of a transsexual depends upon these and other terms developed later, which help to construct its meaning in discourse.

However, DeVor, who uses an aetiological-psychological framework in her study of FTM transsexualism, argues that transsexualism is 'probably universal' (Devor 1997: 35)\textsuperscript{21}. This is in spite of her argument that transsexualism 'only coheres in the context of an historically specific apparatus of gender hierarchy' (1997: 586, my emphasis). As she claims:

> Before transsexualism could make any sense as a concept, a number of historical developments had to have transpired. A first step was the idea that people can be divided into two incommensurable classes, called woman/female and man/male, on the basis of physiological characteristics. Then there had to be the technological ability and the social will to allow persons to alter those characteristics that denote sex (1997: 51).

As shown, the notion of incommensurable sexual difference was a critical step in such developments. It pervaded scientific investigations of 'human nature' during the Enlightenment (Laqueur 1987) and drove sexological discourse. Well prior to this, pre-modern cultures organised gender relations in ways that did not rely on the corporeal signifiers and paradigms that came to be privileged in 19th century Europe. Hence, I turn to Williams' study.

Williams (1986) studied gender and sexual practices in Native North American cultures, using interviews with 'modern berdaches'\textsuperscript{22} and historical material about them. For him, these cultures were unconstrained by dichotomies, biological essentialism and homophobia, in comparison with modern North American culture. He focuses on berdaches, groups with a history of cross-dressing in various ways, within Native North American cultures. His argument that berdaches' behaviour calls into question the status and universality, of men or women (1986: 272) is important. Williams' claim that sexuality was fluid rather than organised by heterosexual/homosexual opposition, within Native American cultures (1986: 117) is also significant. However, he sometimes conflates past and present practices, so that Native American culture attains the status of an object frozen
in time (e.g. 1986: 2). He valorizes Native North American culture as 'some of the world's best examples of gender egalitarian societies' (1986: 88). Below, I show problems with his argument that berdaches are queens, rather than transvestites and transsexuals.

The major problem in Williams' account is ethnocentrism, or his imposition of a set of meanings and categories derived from his own cultural positioning, upon 'other' cultural groups. His essentialising claims about berdaches are also a concern. In seeking to render the strange familiar, Williams constitutes berdaches as fundamentally similar to a certain group of modern, Western subjects. Hence, as Probyn argues:

A certain self, that of the ethnographer, is constructed in equivalence to an ontological ground which produces 'similarity'. In other words, the ethnographic project of making the strange familiar is dependent upon the ethnographer's projected self over that of the informant (1993: 78).

Williams' (1986) projection of self emerges in certain ways. His concern with the marginalisation of 'effeminate' gays in 1980s America (1986: 269-71) provides inspiration for his narrative that berdaches resemble drag queens. His discussion of 'Western History and Gender Variance' (1986: 269-71), is a nothing more than a sketch of the recent history of male homosexuality in America, with a particular focus on the hegemony of the 1970s macho clone image. He appropriates berdaches as models for acceptance of 'effeminate homosexuality' in modern America, in wanting to show how, 'a culture can accommodate gender variation and sexual variation beyond man/woman opposites, without being threatened by it' (Williams 1986: 4-5). His ethnography serves to normalise a twentieth century notion of 'effeminate homosexuality' by arguing that berdaches are a 'third' gender category, is 'more similar to a queen identity among nonmasculine men than it is to an identity as a woman'(1986: 273, see also 1986: 126). However, some gay writers apply the term 'queen', to all gay men (e.g. Dowssett 1998). Although Williams' rationale for his project is that 'non-Indians' need to learn 'how other cultures deal with gender variation' (1986: 14), he clearly privileges the 'homosexual' aspect of berdaches' conduct and gives transvestism and transsexualism perfunctory, and in the last case, derogatory, treatment. I pursue these issues below.

For Califia, a lesbian who offers a sympathetic critique of transsexualism, his work is an example of 'the gay paradigms of Western culture' being used 'as a lens through which to view third gender roles in Western societies or pre-industrial cultures' (1997: 117). As she
claims, he fails to provide a social definition of gender, in order to show that berdaches were not regarded as women (1997: 132). Califia argues that Williams constructs berdaches as gay men (1997: 129), a claim that Williams would reject. For Williams, the equation of berdachism with homosexuality is 'facile' (1986: 125)\(^2\), although his use of the terms 'regular' or 'average' men is also facile. Williams' and Califia's claims need to be seen in the context of political, territorial struggles among queers who seek to legitimate particular categories, by 'recovering' their supposed histories. Califia's universalising tendencies emerge in her use of a contemporary category to explain 'berdachism'. She argues that, 'we cannot understand third-gender roles without making use of the paradigm of transsexuality' (1997: 149), and rejects Williams' argument that there is no connection between berdaches and transsexuals (see Williams 1986: 241-2, as cited in Califia 1997: 130).

Williams' argument about the fluid sexuality and gender diversity of berdaches sits uneasily with his insistence on their innate sexual character. There are also slippages in Williams' text that undermine his essentialism, when he argues that the gender identity of a berdache is constructed over time (e.g. 1986: 22). He endorses the spiritual essentialism in Native North American narratives that constitutes notions of berdaches (1986: 49,53). He interprets this regime in Western terms, as 'basic character' (1986: 22). He offers a comparison with 'effeminate males in widely separated societies' to buttress his claim that berdache status can be explained as a spiritual legitimation of one's individual character. Hence, in his account, berdaches embody universal 'effeminate' characteristics (1986: 33). Claiming that the urgings of the spirit, or 'character' are more significant than biological sex in Native North American cultures (1986: 22), he constitutes an essentialism of three, rather than two genders (see Morris 1994).

Williams' use of Western notions such as role, sex, dimorphism and the sex/gender binary to explain sexual conduct in Native North American cultures reconstitutes its meaning. For example, he takes sex as a given, in arguing that 'many also understood that gender roles have to do with more than just biological sex' (1986: 3). He uses the sex/gender binary in classifying a berdache as, 'a morphological male who does not fill a society's standard man's role' (1986: 2). This definition fails to acknowledge his own claim that some berdaches among the Navajo were hermaphrodites (Williams 1986: 19) and that some were, in Western terms, females (See Roscoe 1996). Secondly, given his argument that berdaches are neither men nor women, but androgynes (1986: 2)\(^2\), his privileging of morphology elsewhere is inconsistent with his claim that, in these cultures, gender is a

46
social category, rather than a fixed biological entity (1986: 22). Lastly, Roscoe contests his claim (1986: 94-6) that berdaches had the 'mixed' gender status of 'halfmen-halfwomen'. Roscoe (1996) argues that the term berdache is a homogenisation of diverse groups, all of whom numerous anthropologists or sexologists have reconstituted as either transvestites, transsexuals or homosexuals.

Williams' deployment of modern Western notions in his claims about berdaches' sexualities and genders produces contradiction. His use of the terms 'same sex' behaviour (e.g. 1986: 115), or homosexual in describing berdaches' sexual relations with men, clashes with his argument that their gender was crucial in establishing relationships. This means that a couple, one with a masculine gender identity and the other with a feminine gender identity, was 'the approved formula' (1986: 93). In spite of this, Williams privileges the notion of 'homosexual attraction' as 'an important aspect of the berdache character' (1986: 126). His comparison of berdaches with two modern American cross-dressers might have led him to think otherwise (1986: 117)25.

Williams' application of notions of same-sex or homosexual as appropriate for berdaches (1986: 88-90) contrasts with his arguments that people dislike fitting into 'either/or boxes' of heterosexual/homosexual, and that 'same-sex' behaviours and identities are historically diverse (1986: 274). In arguing that berdaches' gender conduct has no relationship to transvestite or transsexual categories, he makes the mistake of assuming that these two categories are separable and fixed rather than fluid. Nor does he consider the social context that constrains transvestites' conduct in modernity. For him:

if we define transvestism as dressing in the clothes of the opposite sex, then we find (in cases where the dress is explicitly described) that berdaches wore all women's clothes no more often than they wore a mixture of male and female dress. We have already seen that berdaches usually wore male clothes on those occasions when they participated in hunting or warfare, and in other cases they dressed practically depending on the activity in which they were involved (1986: 72).

Williams concludes that transvestite is not an accurate description for berdaches because 'the style of dress is less meaningful than the androgynous character' (1986: 76). He also argues that 'the degree to which a berdache might dress in female clothes would vary' and also provides data that some were partial cross dressers (1986: 73). He is correct in arguing that we cannot always trust the judgement of white observers concerning berdaches'
apparel and that there may have been subtle differences that went unrecognised. While there have been changes over time in *berdaches* patterns of dress, Williams speculates that there may have been mixed styles 'earlier' (1986: 73-4). He adds, 'It could also be that *berdaches* sometimes dressed as woman...and at other times as a man' (1986: 84). He fails to note that this situation sounds similar to modern [male] transvestite behaviour patterns, in 'Western' societies (see Bullough and Bullough 1993). Williams' argument that the motivation for *berdaches* who married women lay in having children, rather than any heterosexual desire, preserves his claim that *berdaches* are either homosexual or 'asexual' (1986: 122).

Williams also rejects Whitehead's (1981) dubious claim that *berdaches* are 'gender crossers' who resemble transsexuals, because they assume 'the behaviour and public identity of the opposite sex' (1981: 93, as cited in Williams 1981: 79). His response to her claim that *berdachism* is 'a psychological orientation in its own right, distinct from homosexuality', (1986: 96, as cited in Williams 1981: 79) is based on an equally flawed argument that *berdaches*, unlike transsexuals, were not the institutional equivalents of women (1986: 80). Williams assumes that MTF transsexuals may attain an equivalent status.

For Williams, the concept of transsexual:

> is a Western one, clearly linked with a medical procedure and based on the notion that there are two "opposite sexes". It is therefore not an apt description of *berdaches*...Within Western thought, there is little tolerance for ambiguities outside the categories of "women" and "men" (1986: 80).

However, as Califia also argues, the notion of homosexual is also a modern Western one (1997: 35). It is also grounded in a logic of opposites (see Angelides 1995). For Williams, *berdachism* provided options within 'a continuum between masculine and feminine' (1986: 80), so that people could 'occupy a third gender' (1986: 81)²⁶. This notion still presumes a man/woman bipolarity. Further, in excluding transsexuals from his notion of queen, Williams ignores that many modern drag queens have been transsexual (see Perkins 1983), when he claims that:

> Like *berdaches*, "drag queens" are known to dress like women, or with a mixture of male and female clothing, but they are still queens even if they dress like men (1986: 126).
Williams argues that although *berdaches* usually engage in sex with men, 'homosexual acts' were not limited to them (1986: 88-90), and occurred between men. He doesn't clarify why these acts were apparently unproblematic, while it was taboo for *berdaches*, as a fictive kin group, to have sex with each other. However, he claims that 'the cultures emphasise the *berdaches* as the usual person a man would go to for male sex' (1986: 108). Califia's criticisms are substantial. For her, sex between men and *berdaches* was acceptable precisely because it was not seen as homosexual behaviour. Hence it is *berdaches* 'womanliness', that makes them attractive (1997: 137). Indeed, it is their womanliness, as probably crucial to the men's sexual attraction to *berdaches*, that fades from view in Williams' account, through his emphasis on their 'male homosexual' behaviour. Williams also fails to consider continuities between transvestism, transsexuality and homosexuality.

Laqueur (1990) however, explores shifting representations of bodies, especially 'sex organs' in 'Western' texts, over the previous millennium. He discusses the emergence of a binary of same/other during the Enlightenment, as a result of extensive socio-political change, feminism and the emergence of a pseudo-scientific two-sex model. This model replaced homologous models of male and female nature, shaped by Aristotle, Galen and others (1987). In a later work Laqueur's (1990) major concern is the historical construction of knowledge about bodies and its reconstitution since antiquity. He argues that claims about sex are claims based on gender (Laqueur 1990: 13) and provides convincing evidence for his claim concerning the fundamental incoherence of fixed, stable categories of dimorphism, as male/female. For Laqueur, sex is only explicable in relation to battles over gender and power (1990: 22).

Medical constructions of sex during the Enlightenment implied powerful presumptions of difference/sameness, that were grounded in a specific context and epistemology, and came to determine what was seen and reported about the body (Laqueur 1990: 21). During the Renaissance period sexual difference was seen as 'a matter of degree not of kind, in which the axis of telos was male' (Laqueur 1990: 106). By the late 18th century, a new model of radical dimorphism as biological difference arose and the two-sex model gradually replaced Galen's one sex model. At the end of the 19th century sex was seen as solidly grounded in 'nature'. Prior to the Enlightenment period which produced this change, sex was not a social category, but an epiphenomenon while gender was 'the real', in the sense that to be a man or woman was to assume a social rank or a cultural role (Laqueur 1990: 216).
Laqueur's work suggests that up to this period, gender was conflated with sex, although the term was not in common circulation.

Laqueur (1990: 22) argues that in scientific research, what is claimed to be sex differences turn out to be gender differences. He claims that the biological 'foundation' of what constituted male or female was made possible by several factors. Firstly, the body was no longer seen as a microcosm of some larger order since science no longer generated hierarchies of analogies, as the resemblances that bring the whole world into some scientific endeavour. Most significantly, a host of social and political changes during the enlightenment were also intrinsic to the remaking of the body. While two incommensurable sexes are the result of discursive practices, they become possible only within the social realities to which these practices give meaning. Liberal theory was able to legitimate as natural, the world of male dominion of women and moral adeptness was seen to be a female accomplishment and a civilising force, so that social characteristics constituted the 'natural' condition (Laqueur 1990: 193-207).

Like Laqueur, Herdt (1996a) calls the essentialist male/female paradigm into question. He demonstrates sexual dimorphism's essentialising influence upon academic thought about gender. Herdt defines sexual dimorphism as 'a phylogenetically inherited structure of two types of human and sexual nature, male and female, present in all human groups' (Herdt 1996a: 25). It became a scientific justification for the gendered division of men and women in the modern west. Its adoption by sexology shaped the 19th century perversification of gender behaviour discussed further below.

Herdt and his contributors seek to, 'deconstruct sex and gender dimorphism and divergent codes for representing and experiencing sexual and gendered practice, in human relations across time and space' (Herdt 1996b: 18). He proposes that sexual dimorphism is not inevitable in human affairs. It conceals the existence of people on the margins of society, prompting them to 'pass' as 'normal', or displacing and marginalising them (Herdt 1996a: 57).

His claim is relevant to transsexuals' projects to pass as normal men and women. Stone claims that, 'the essence of transsexualism is passing' (Stone 1991: 292), arguing that transsexuals deny any mixture or plurality in identity, in claiming an essential femaleness. Herdt's claims that certain individuals in different cultures 'pass' to hide their sexuality
(Herdt 1996a: 58), provides further insight, into transsexuals' efforts to pass, or to erase their 'maleness'.

For Herdt, 'an analysis of the embedded concepts that define and express cultural reality, and how power manipulates realities and persons', is needed to explain passing, because they effect the creation and presentation of an individual's sense of belonging to third gender categories (1996a: 58). He further argues that an understanding of the relationship of culture to nature, lies in the relationship between social status, power and the secrecy of passing as normal, in 'the Western tradition' (Herdt 1996a: 58). His major point is that, 'the social possibilities of passing within this framework offer status enhancement or decline' (Herdt 1996a: 58). Hence, as power and prestige are at stake, societies can go to great lengths to survey and control transitions to 'third' positions (Herdt 1996a: 60).

As Herdt claims, people seek social spaces, or 'liminal spaces', so as to shape and articulate identities, which are enabled by categories. For him, categories create the possibility of social relations (Herdt 1996a: 79) and ontologies help to constitute gender categories. Hence, 'to create meaningful conditions and agency of self motivating social actors, every culture constructs its own ontology' (1996a: 60)28.

Herdt's claims are useful for historically contextualising the epistemological production of corporeal ideals within modernity. He argues that 'a collective ontology requires a social condition and positions that can be inhabited', which mark off clear social statuses with rights and duties, and a means 'for the transmission of corporeal and incorporeal property and status' (Herdt 1996a: 60). Hence, categories emerge in specific contexts, over time, and gain legitimacy through ontologies - and, as he claims, categories with a longer history acquire greater legitimacy (Herdt 1996a: 60). He argues that the work of cultures with traditions of cross-gender behaviour creates ontologies that link the inside and outside of a person as a whole (1996a: 61). Herdt also demonstrates the large influence of the hermaphrodite figure in western culture, as evidence of the continual tension between systems of sexual and/or gender classification and their definitions by nature and society (1996a: 61, 67-9). For him, the presence of androgynous figures, ontological beings and entities, especially gods and spirits, is critical to understand the emergence of third sex and third gender positions. His argument that 'the phenomenological force of the idealised form grows the longer it exists within the traditions of a culture' (Herdt 1996a: 61) is substantial, concerning the modern institutionalisation of 'the transsexual'.

51
The creation of categories, Herdt argues, generates the possibilities of social relations (Herdt 1996a: 79). However, in modern cultures such as those in modern North America or Europe, 'where reproduction is considered the *sine qua non* of sexuality, we should expect to find the most disapproving attitudes toward "third" categories' (1996a: 80). This is apparent, as shown by recent Australian research about transgender/transsexual persons (Perkins et al. 1994; Hooley 1997a).

Rather than literally implying three categories, 'the code of thirdness' implies possibilities of multiple categories, because the third represents combinations that may transcend dimorphism. However, Herdt argues that many cultural and historical examples turn upon the question of a third category, which impinges on characteristics of the 'deep structure' of ontology and epistemology, or of how people categorise in twos, threes or otherwise (1996b: 20). Trumbach discusses the emergence of a four gender paradigm in modernity (Trumbach 1991: 135) which included men, women, sapphists and sodomites, the latter pair being regarded as illegitimate others. Herdt argues that such shifts are grounded in discursive/epistemic movements (1996a: 23)\(^2\).

The hegemony of 'autonomous', liberal [male, heterosexual] individualism in class and feminist struggles during the Enlightenment (see Herdt 1996a: 34), was probably crucial to the emergence of Trumbach's paradigm. Further, in the transition to modernism, the combined emergence of 'the individual' and 'private desire' shaped the creation of third gender categories in Anglo-European cultures (Herdt 1996: 72). The emergence of modernism also led to the cultural elaboration of, and attention to, desire, as a new subject/object relationship (Herdt 1996a: 77). Thus, individual desires, as 'a content of being and action', were critical to the emergence of a third sex and gender (Herdt 1996a: 77). As Herdt argues, desire:

...represents a mode of being, a way of linking personal reality to cultural ontology; it represents the creation of an ontological space, situated halfway between the private and the public, between the individual and the secret side of the social person - especially the one who inhabits a capitalist society with its marked ideology of individualism; and it represents a publicly defined cultural standard or institutional norm, with its symbolic expressions time honoured as tradition and presented to the person and self, as immutable cultural reality (Herdt 1996a: 77).
The narratives of sexual 'deviants', as expressions of 'private desire' provided material to nineteenth century sexologists, who used it to constitute sexual categories. As Foucault argues (1978: 103-4), the explosion of discourses about sexuality was a form of productive power, producing the pathologisation of four sexual types. However, for Connell, Foucault's (1978) focus on apparatuses of power and the knowledge they generate, 'gives no grip on the grass roots reality that was the object of the strategies of control' (1987a: 148). In a similar way, Franzway et al. (1989: 18) argue that because Foucault (1978) and Donzelot (1979) lack an account of the practices being regulated, they fail to account for the constitution of interests in sexual politics, a claim taken up in Chapter Six. However, as they suggest, it is possible to develop an account from sexological data, about relevant sexual types produced through regulation. I draw from Krafft-Ebing's analysis of inverts (1886), as suffused with a prurient heterosexism, and Hirschfeld's study of transvestites to do so in Chapter Three.

Foucault's (1978: 106) argument that sexology's creation and penetration of certain bodies was part of strategies for population control, requires some modification. He implies that the unintended effect of prohibitive pedagogy and discourse about sexuality was to excite bodies (1980b: 120). Mitchell's account of sexual relations in early twentieth century Vienna shows that masculinist bourgeois morality in that context was repressive (1974: 419-435). Nonetheless, the regulation of sexuality was certainly due to more than repression or 'prurience run riot', as Franzway et al. suggest (1989: 19). However, Foucault (1978: 127) accounts for the regulation of eroticism entirely in class and to a lesser extent, racial terms. Levy (1991), Rosario (1997) Stoller (1995: 165-195) and Connell (1995) show that frontiers concerning gender, class, race, nation and empire were threatened by sexual subversion and implicated in this regulation - which is not explained by any one of them alone.

Rosario (1997) provides an expansive cultural analysis of the emergence of nineteenth sexological categories, such as inversion and fetishism, which enlivens understanding of how homosexuality and cross-dressing came to be regarded as dangerous social and moral excesses. He (1997: 127) builds upon Foucault's (1978: 96) 'fleeting acknowledgment' of the deployment of confession by 'scientific' experts. For him (1997), although erotic phenomena had a pre-nineteenth century ancestry, it was between the late eighteenth century and World War I that they emerged as 'perverse'. Although Wilson (1989) inclines toward a quaint biologism, his work provides much support for this.
As Rosario argues, all eroticism in the modern Euro-American context is the product of a perversification of the imagination (1997: 5). For example, the French psychologist Binet, who coined the term fetishism (see Rosario 1997: 128, cf Binet 1887: 261) claimed that perversion was a natural mechanism for the psychology of love (1997: 127), or a supplement to the only activity not considered perverse: 'conjugal reproductive copulation' (1997: 159-60). As Foucault argues, fetishism became 'a guiding thread' in sexological analysis of perversions (1978: 152), as shown in early accounts of transvestism (e.g. Stekel 1922; Fenichel 1930). However, Rosario's exploration of the nineteenth century French context shows that doctors, in collaboration with lawyers, were much concerned with regulating the social order. French sexology constituted 'sexual inversion' as an unnatural, deluded desire, conflating it with 'effeminacy, impotence and imaginary delirium' (Rosario 1997: 162).

Gender particularly, 'was a major spectre haunting the cultural imagination of the erotic in France' (Rosario 1997: 163), as evident in legal, medical and political concerns that the erotic imagination would lead to 'effeminate civilisation' (1997: 162). As Rosario argues, the erotic became intrinsic to the preservation of the species, the (French) nation, the bourgeoisie, and the patriarchy (1997: 164). Patients and novelists 'coaxed (and even coached) each other to reveal and consolidate the erotic imagination' (1997: 8). Sexological works, sold openly in bookstores, represented the period's readily available erotica (1997: 96) in the French context. In other European countries, sexological literature was either restricted or carried warnings about its dangerous nature (Bland and Doan 1998: 2). But as Rosario shows, personal and sexological narratives of sexuality were interwoven with massive social and political changes.

Levy (1991: 21-44) focuses on a nexus between gender and class power, in describing disciplinary 'biopolitical' interventions in the lives of English working class families in the nineteenth century. She argues that working class practices and resistance were neutralised in the service of bourgeois fears of corporeal contamination. For Levy, professional experts constituted the social conditions of the poor as 'biosexual', psychological, and ultimately moral problems. She specifies the workings of 'biopower', with a particular focus on how female prostitution, as grounded in economic need, becomes pathologised. Here, contemporary sociologists and medical and police supervision serve a nexus of class and gender domination, which divide 'the good woman in the home' from the 'bad woman in the street'. Thus, the moralising instruments of bourgeois professional men were
deployed to constitute 'the prostitute' and subordinate working class women to a 'proper' maternal, familial role.

Connell (1995: 188-9) shows the effects of the industrial revolution, the state, the military and medical discourse in producing fragmented masculinities and a rigid gender dichotomy. Further, 'the married heterososexual couple' was elevated as a cultural ideal at the expense 'of kinds of sexuality that came to be seen as deviant' (Connell 1987a: 156-7). Stoller's (1995) work suggests that respectable bourgeois sexuality in late nineteenth century Europe was defined in opposition to working class, national, racial or colonial 'otherness'. Being 'truly European' meant holding sex in check by 'parcelling out demonstrations of excess' to 'other' class, gender or racial groups, and prioritising obligations to family, conjugal love and nation (Stoller 1995: 182).

Although sexology is not reducible to 'a mere functional relation to state needs' (Ransom 1997: 68), lawyers and certain sexologists in late nineteenth century Germany particularly, colluded in the policing of sexual otherness. Krafft-Ebing diagnosed and treated transgressors to assist law in regulating excesses of gender and sexual conduct (see Krafft-Ebing 1886: 333-411). Krafft-Ebing's Psychopathia Sexualis (1886) proposes a plethora of deviant categories and describes homosexual behaviours and transgressions of gender bipolarity as 'inversion'. His account of 'degenerate' sexualities focuses on whether they are acquired or innate. Sexologists continued to take positions on the nature/nurture debate for the next hundred years. Hirschfeld's pioneering, sympathetic study of transvestism (1910) takes an essentialist position regarding its aetiology.

While Freud mapped his understanding of homosexual aetiology through the nature/nurture opposition, he argues that neither position can adequately explain it and doubts the very notion of innate homosexuality (1905a: 170,146). As Laqueur argues, 'in an age obsessed with justifying the positions of men and women, Freud sought to find in anatomy, the basis for the nineteenth century world of gender' and 'collapsed the model' (Laqueur 1990: 235). The implications of this for gender identity - and Freud's tarnished view of female sexuality, were not taken up fully until the advent of second wave feminism.

As Herdt claims, late nineteenth century sexology largely provided a conservative, biologicist justification for male/female bipolarity. It drew from Darwinian theory, in 'propounding the notion that male and female were innate structures in all forms of life', and constituted 'a fundamental duality of human nature' (Herdt 1996a: 28,1996b: 15).
Sexology's deployment of 'sexual selection' supported constraints on the public conduct of gender through a morality of rigid sartorial codes. Although Hirschfeld (1910: 18,275) challenged the assumed bipolarity of gender, nineteenth sexological discourse generally deployed the notion of 'hereditary degeneration' to explain sexual deviance (Krafft-Ebing 1886), and assumed a form of sexual Darwinism.

As shown above, intense social concern and growing bodies of knowledge about sexual otherness were produced by national, imperial rivalries, by perceived threats to health, bodies, family, and European 'civilisation'. They were posed by non-white races, working class, sexual and female 'others', in contexts of industrial urban life, where bodies were in close proximity; but cultural anxiety over gender differences and feminist challenges to men's privileges cannot be underestimated. 'Sexual science' used biological essentialism in assisting other bourgeois authorities to protect the purity, health and strength of their human stock from these manifold threats and fears. It was busy constructing a hierarchy of sexualities that oppresses people who engage in 'stigmatized sexual practice...whatever their social position in other respects' (Connell 1997: 71).

The stigma attached to cross-dressing has a long history in Judeo-Christian contexts (Bullough and Bullough 1993; Davie 1982). However, the close connection between masculinity and rationality, as part of the structure of capitalist patriarchies since the Enlightenment, and their colonial expansionism (Connell 1995: 164,192)\textsuperscript{32}, refigured its meaning. Prior to the modern context, the Anglo-European taboo on cross-dressing was based on sinfulness or transgression of biblical meanings concerning corporeality. In late nineteenth century and early twentieth century Europe, several sexologists constituted cross-dressing as unnatural, abnormal and irrational\textsuperscript{33}.

The nineteenth century policing of gender distinctions intensified in the face of feminist threats to men's privileges, in education, the division of labour and the public sphere (Greenberg 1988: 387-8)\textsuperscript{34}. Accordingly, the dress and body codes of nineteenth century Anglo-European bourgeois men and women amplified a sharp dichotomisation of gender conduct (see Ackroyd 1979: 34). For instance, "...men wore top hats and frock coats, a phallicly sombre uniform, at the same time as women wore uselessly elaborate crinoline and lace" (Ackroyd 1979: 60).

Some nineteenth century 'inverts' transgressed the gender hierarchy through cross-dressing. For Ackroyd, men's cross-dressing flourished in 19th century Britain and
Europe as a form of playful resistance to the social and economic codes of the sexes in a bourgeois, male dominated society (1979: 83-5). He ignores that gender can be a vehicle for transgressing multiple social borders that are constructed as 'natural' (Garber 1992). Further, certain pleasures and dangers may inflect their transgression. For instance, 'Stella' and 'Fanny', two men who were arrested for public cross-dressing in London in 1870 and became objects of scandal in an ensuing legal case, were probably motivated by the thrill of passing - as middle class, white, heterosexual women 35.

Hirschfeld (1910: 275) argues that the strongest social and legal action against transvestism was undertaken in Britain, its colonies and the USA. As a professional advocate for homosexuals and transvestites, he helped some transvestites to gain permission from German police to dress daily in the clothing of their choice. Although the public breaching of sartorial gender codes no longer resulted in public punishments and hanging, as in the eighteenth century, cross-dressing in Britain was still judged and punished as deception (Feinberg 1996: 87-8). The French were most tolerant of cross-dressers 36.

Cross-dressing figured in forms of 'entertainment' in 19th century English music halls, probably displacing current anxiety about feminism and gender difference. By the 1870s, most English male and female performers 'had a "drag" number in their repertory' (Ackroyd 1979: 101). As Ackroyd notes, dramatic and comic cross-dressing flourished in Europe and in American burlesque and vaudeville in the late nineteenth century (1979: 112). Also, drag balls were a persisting English practice dating from the eighteenth century that surfaced in the USA in 1869 (Feinberg 1996: 157). They also flourished in twentieth century Australia in spite of police efforts to suppress them (Wotherspoon 1991).

As shown later, in Sydney's homosexual subculture of the 1960s, drag shows emerged as sites for construction of MTF transsexual identities. The materialisation of transsexual identities in this period was contingent upon key factors shown in this chapter; the modern construction of a hierarchy of sexual incommensurability, reembodiment technologies, sexological discourse about 'trans' categories and drag subcultures. Agnes, for instance, reproduced the above hierarchy, feminised her body through social practice and endocrinological technology and probably had prior knowledge of transsexualism (see Meyerowitz 1998). Carlotta, a famous Sydney 'drag queen', also claimed to be intersexual, acquired endocrinological technology and proceeded to GRS (1994). Prior to these examples, Christine Jorgensen (1968) pioneered the process, also acquiring endocrinological technology independently of psychiatric assessment, before seeking
medical help. The stories of these three suggest that, historically, pervasive social censure of homosexuality and effeminacy (Sumner 1990) also helped to produce 'the transsexual'.

The above transformations also imply that bodies have agency, and body-reflexive practice constitutes social and sexual meanings (Connell 1995: 62-3), as well as appropriating or reifying them. Certainly, 'the body, without ceasing to be the body is taken in hand and transformed in social practice' (Connell 1987a: 83). The next chapter takes up certain problems; what constitutes the body, and what constitutes sex - often thought of as 'maleness' or 'femaleness'. It explores three feminist theories of the body and Prosser's theory of transsexual embodiment (1998b), all of which tend to sideline the social practices through which bodies are transfigured.
Chapter II: Bodies and Transsexualism

2.1 Introduction

Object relations theorists Person and Ovesey, whose theory of transsexualism I discuss in Chapter Three, argue that MTF transsexuals do 'not succeed in denying that [they] are male or accepting that [they] are female' (1974a: 7). This chapter however, shows that what constitutes sexual difference is indeterminate, so that notions of maleness or femaleness are problematic. It does so by analysing three feminist theories of the body Butler (1993), Grosz (1994) Gatens (1996) and Prosser's (1998b) theory of transsexual embodiment. The binary oppositions framing these theories and certain contradictions within them, are demonstrated below.

Butler (1993) privileges gender, while Grosz (1994) and Gatens (1996) privilege sexual difference, in their accounts of the body. Prosser (1998b) argues that the materiality of the body ego in transsexuals is experienced as differently sexed. While he emphasises 'the bodiliness of gendered crossings' for transsexuals (1998b: 6), his theory reifies the sex/gender binary. Whereas Stone maintains that sex and gender are 'quite separate issues' (Stone 1991: 282) - a keystone of discourse about transsexualism, Butler shows that they are interdependent and indissociable (1990a). As argued, 'sexual difference' is as discursively constituted as 'gender identity'. Hence, the notion that transsexuals reconstitute the physical 'fact' of sex (Stone 1991: 282) so as to align it with their 'gender identity', is suspect. However, transgenders who refuse GRS may disturb the logic of the sex/gender binarism on which transsexualism is founded.

Feminist sexual difference theories are unclear in their terms and assumptions. Grosz (1994) and Gatens (1996) fail to unpack the notion of sex, and impose an abstract, temporal fixity on bodies. I argue that bodies, although distinguishable by reproductive features, are multiple rather than binarised, and biologically variable and temporally mutable. However, in the claims of Gatens (1996) and Grosz (1994), sex, or concealed, totalising assumptions about it, are steeped in a series of binary oppositions. The reproduction of these binarisms (male/female, maleness/femaleness, masculinity/femininity) elides the dynamism and diversity of bodies. I argue that Grosz (1994) and Gatens (1996) collapse reproductive features, reproduction itself, sexual intercourse, desire and forms of behaviour into sex, as a totalising essence. A similar
problem arises with Gatens' formulation of bodies as 'biology as lived in culture', where it is unclear whether biology is the same as, or subsumed by sex (Gatens 1996: 1-20). Grosz (1994) and Gatens (1996) tend to essentialism and privilege two types of body frozen in time, as the implicit or at times, explicit frame, shaping their accounts.

Although Grosz (1994), Gatens (1996) and Butler (1993) see bodies as invested with dynamism or agency, the terms and assumptions forming their claims are also problematic. The notion of gender is inimical to the purposes of Grosz (1994) and Gatens (1996) although they privilege its symbolic aspects. The accounts of Grosz (1994) and Gatens (1996) tend to categorical notions of the subject and come close to reinstalling fixed sex and gender binarisms, as used to theorise the subject in phallocentric discourse. Grosz uses the notion of sexual difference, after Derrida, as an unbridgeable interval between two implied sexes. Gatens argues for a corporeal multiplicity (1996: 71-3) but fails to unpack the terms male and female, earlier in her discussion (1996: 3-20).

While Butler's theory of gender performativity (1990a, 1993) problematises the notion of sex as foundational, or as grounded in bodily essences or reproduction, there are problems with her arguments (Cheah 1996; Kirby 1997). The most substantial criticism is that Butler (1993: 68) reproduces 'a linguistic monism', in proposing that materiality is an effect of power (Hackett 2000: 41). Further, Butler's attempt 'to rethink the problem of matter', contains 'a residual dualism inherent in social constructionism, in particular the sex/gender distinction' (Hackett 2000: 37). For Hackett, Butler 'does not successfully furnish an account of how discourse forms matter as she sees...form and matter, culture and nature, as mutually exclusive and distinct entities' (2000: 37). Prosser's theory of transsexual subjectivity is useful in spite of problems. His interpretation of Freud's notion of the body ego (1923b) challenges Butler's (1990a: 71-72), but helps me to propose that transsexuals' body egos are sites of gender ambivalence and oscillation.

2.2 Grosz's Volatile Bodies

For Butler bodies are indissociable from the norms governing their materialisation (1993: 10), so that sexual difference isn't a function of material difference, but shaped and formed by discursive practice. In contrast, Grosz (1994) regards sexual difference as the ground of essential difference. The implication of some of her arguments, however, is that women are necessarily synonymous with femaleness and femininity, equations which are problematic.
Grosz argues that her project, Volatile Bodies (1994) is a refiguration of interiority in terms of models which conceive of subjectivity in terms of the primacy of bodies as the 'very stuff' of the subject, and as being non-neutral, sexually specific and historical. For her, Freud, Lacan, Nietzsche and Foucault all neglect a theory of the body (Grosz 1994: viii-ix). Grosz sees the body as 'a threshold placed between a psychic, lived interiority through the inscription of its surface' (Grosz 1994: 196-97). Grosz argues that bodies, as shaped by social pressures are products of the social construction of nature and that there is no 'real' material body on one hand and its cultural, historical representations on the other. Such representations and inscriptions literally constitute bodies and help produce them as such. Hence, she argues that sexual difference is a mobile volatile concept, being at the same time the very ground on which sexual identities and their external relations are made possible. She also makes the functionalist claim that bodies 'are psychically constituted in order for the subject to be positioned in relation to the social context' (Grosz 1994: ix-x).

For Grosz, the terms of cultural production are changeable while bodies remain culturally, sexually and racially specific. She argues that social order is formative of bodies, due to their 'organic openness to completion'. For her, 'part of the nature of bodies is an organic or ontological incompleteness, or an amenability to social completion, ordering and organisation' (Grosz 1994: x-xi). What she means here by 'social completion' is uncertain. Grosz (1994: 54-5) posits the existence of a bidirectional causal relationship between sociocultural forms and materiality, in which, following Derrida, the productive force of bodies, of cultural forms over matter and nature, is not limited to the delineation of intelligible bodily boundaries, but extends to the 'stuff' of matter itself. As Cheah claims, this bidirectional causal relationship allows her to ascribe a dynamism to bodily materiality (Cheah 1996: 122).

Grosz conceptualises the embodied subject in terms of the Mobius loop, or three dimensional figure eight. She traces the bidirectional constitution of psychical interiority and material exteriority, arguing that a third term may subtend and exceed the mind/body split. Grosz sees a problem however, in her use of the Mobius loop as a figure for the interrelation of psychic interiority and corporeal exteriority. She correctly argues that it limits understanding of the subject as dualistic, and links it to a kind of monism, autonomy or self-preservation that precludes understanding the body, as the terrain and effect of difference. She argues that its advantage is to link mind and body, 'presuming neither their
identity nor radical disjunction but allowing for their capacity to twist one into the other' (Grosz 1994: 209-210).

For Grosz, the power of the psyche is the causal power over the body. She uses psychoanalysis to argue that the human subject is unique, in having a 'biologically social' nature (Cheah 1994: 122-3). Grosz argues after Freud, that the ego is an interface arising from the interaction of two different surfaces, or what records external sensory experience or bodily sensation, and where those sensations are experienced subjectively. Here, sensation and perception are shaped by a phantasmatic dimension, and become indistinguishable from psychic life. Grosz takes up Freud's interest in how memory arises from neurological excitation, arguing that consciousness is the result of a particular modality of quantitative excitations. She thus posits a causal relation between body and psyche. Hence, she sees the psyche as having a constitutive power over biological processes, which may imaginatively inscribe and change the very rhythms of bodily life. Further, psychical processes are needed to sustain biology. As she argues, '...paradoxically, human subjects are biologically social, social out of biological necessity. A lack at the level of instincts distinguishes the advent of human desire from animal need' (1994: 54-5). Cheah argues that Grosz (1994: 51-5) sees human biology as having a positive life force in producing consciousness, culture and sociality, so as to meet needs; for Grosz, in contrast with Butler's account, bodies have 'a positive dynamism' (Cheah 1996: 123).

Grosz's arguments about sexual difference are problematic. For her, it is an example of pure difference (in a Sausurrean-Derridean sense), and is constitutive of corporeal identity (Cheah 1996: 123). For her, sexual difference is neither a continuum nor a wholeness, but originary and constitutive, the ground of identity and human relations. She argues that because sex and bodies are unstable, so also are sexual identities (Grosz 1994: 208-9). As Cheah argues, Grosz sees sexual difference and sexual identity in terms of 'an aporetic embrace' (Grosz 1994: 209, cited in Cheah 1996: 125).

Grosz doesn't see sexual difference in terms of two types of independently existing sexual identities but as 'a constitutive interval between the sexes which cannot be bridged in any way' (1994: 208). She claims that women's corporeality is constructed 'in a mode of seepage', because of 'a common coding of the female body as a body which leaks, bleeds, and is 'at the mercy of hormonal and reproductive functions'. In contrast, she sees men's bodies as 'impermeable' (Grosz 1994: 202-203).
Grosz acknowledges that her project hovers close to many patriarchal conceptions of the body that identify women in essentialist, ahistorical or universalist terms (1994: xiv). Grosz’s attempt to construct a notion of bodily difference ‘outside’ paternal law tends to reify male/female difference by constructing a fixed permeable/impermeable binary. She constructs two fixed types of bodily experience, by privileging female reproductive features and functions. Grosz’s attempt to tie subjectivity to the specificities of male and female bodies elides bodily changes over time and those that exceed what is seen as ‘single sexedness’. While for Grosz, bodies are infinitely pliable and sex is unstable, only fleetingly does she suggest that bodies may exceed male or female categorisation. The major problem is that she totalises and collapses ‘sex’ into reproductive features and processes (Grosz 1994: 189), constructing it as univocal and categorical. Privileging a framework of two reproductive sexes, she constructs bodies as essentially dimorphic. Hence, she derives gender from sex. Her account of transsexuals is based on essentialism and an absolute dimorphism. As she claims:

There will always be a kind of outsideness or alienness of the experiences and lived reality of each sex for the other. Men, contrary to the fantasy of the transsexual, can never, even with surgical intervention, feel or experience what it is like to be, to live, as a woman. At best the transsexual can live out his fantasy of femininity - a fantasy that in itself is usually disappointed with the rather crude transformations effected by surgical and chemical intervention. The transsexual may look like but can never feel like or be a woman. The one sex, whether male or female or some other term, can only experience, live according to (and hopefully in excess of) the cultural significations of the sexually specific body. The problematic of sexual difference entails a certain failure of knowledge to bridge the gap, the interval, between the sexes (Grosz 1994: 206-207).

This ‘interval’ implicitly constitutes sex in binary terms. Further, Grosz ignores that ‘feeling like’ or ‘being a woman’ is part of social processes (1994: 206-7). Grosz’s construction of sexual difference is a regulatory framework, reliant upon two essential types of body, totally univocally sexed. Following the logic of her claims, ‘womanly feelings’, femininity and femaleness are derived from or reducible, to either menstruation, pregnancy, or an amorphous ‘biology’.

Phibbs (1995), commenting on Grosz’s project (1994) to find a new framework for speaking about bodies outside of binary oppositions, claims that one strategy for this, is ‘to
look at the ways non-normative bodies disrupt and render problematic dualistic notions of sex or gender' (Phibbs 1995: 6). This is precisely what Grosz fails to do in the passage about transsexuals, or elsewhere.

The 'interval between the sexes' has an echo of the hegemony of reproductive incommensurable sex, as in Laqueur's claims (1990). Grosz takes little account of intersexual bodies (see Fausto-Sterling 1993). Although she concedes that there is, 'some other term,' her account tends toward an exclusionary and fictive dimorphism, founded on reproductive functionalism.

'The transsexual' is treated in homogenising and totalising fashion as a categorical entity - and as exclusively MTF. Grosz's argument that 'the transsexual' fantasises femininity, implies that there is a 'real' femininity'. Her account ties femininity essentially to reproduction. Grosz's logic implies that 'femaleness', 'femininity' and 'womanliness', all unstable terms susceptible to disjunction, are the same. Whereas Butler regards sex as always, already gendered (1990a: 7), Grosz argues that gender 'must be understood as a kind of overlay on a preestablished foundation of sex' (1995: 265). Grosz thus separates sex from discourse and the social world that give it meaning. She elides the significance of gender and cannot explain 'the threatening and alarming disjunction of gender from sex' (Grosz 1995: 265), except as disorder.

As Phibbs claims (1995: 5), Grosz's comments on transsexualism sit in uneasy tension with her argument for moving beyond dualistic ways of conceptualising bodies. Phibbs points to Grosz's argument that:

The specificity of bodies must be understood in its historical rather than simply its biological concreteness...there is no body as such: there are only bodies...Bodies can be represented or understood not as entities in themselves or simply on a linear continuum with its polar extremes occupied by male and female bodies (with the various gradations of intersexed individuals in between) but as a (discursive) field, (in which ideological categories for example, gender, heterosexuality, race, class, caste, and religion) form body specifications (Grosz 1994: 19, as cited in Phibbs 1995: 5).

As Phibbs claims, Grosz (1994: 21-24) argues that in order to talk about bodies and identities, a new framework is needed for conceptualising bodies outside of the binary oppositions constituting male/female, normal/abnormal, essentialism/social
conventionism, materiality/physicality, nature and culture (Phibbs 1995: 5). Phibbs' criticism, that Grosz's argument about transsexualism uses essentialist notions of male/female bodies, behaviours, identities and experiences is soundly based (Phibbs 1995: 3-4). Grosz, by implicitly rejecting the notion of a natural, or real, material body while explicitly invoking it in opposition to the 'artificial' post-operative body, reinstalls a nature/culture dualism.

2.3 Gatens' Imaginary Bodies

In Imaginary Bodies (1996) Gatens investigates social, political and ethical understandings of sexed bodies, theorising embodiment with a notion of social imaginaries. Given their relevance to my concern with transsexual bodies, I focus on her claims about the sex/gender distinction and 'the transsexual'. I also problematise her claims about sexual difference, using the work of Devor (1987) Burns (1992) and Angelides (1995).

Gatens' critique of the sex/gender distinction (1996: 1-20) produces a series of claims based on terms which remain unclear or unpacked. For Gatens, the imaginary body is an anatomical body overlaid by culture. Here, Gatens casts gender differences reductively, in her use of the concept, 'biology-as-lived in culture' (1996: 11-3). However, in a later chapter, she uses Foucault to argue that the imaginary body is an effect of socially and historically specific practices (1996: 70-1). While she argues that the sexed body cannot be seen as an unproblematic biological, factual base on which gender is inscribed, and must be recognised as discursively constituted, she fails to acknowledge Foucault's claims about the technology of sex, as a totalising ideal, constitutive of intelligibility (1978: 155). In her concluding chapter, Gatens seeks:

> to move away from dualistic notions of sexual difference (sex/gender), to a position where differences are seen as constituted by dynamic networks of relational powers, capacities and effects (Gatens 1996: 149).

Gatens regards gender as the affective powers and affects of a body and sex and gender as parallel descriptions of 'modified nature' (Gatens 1996: 149). For Gatens the sex of a body does not cause its gender and gender is understood as the imaginative grasp we have on the
specificity of sexual, historical embodiments (1996: 149). I suggest however, that sex and nature are always already culturally 'modified'.

In her first chapter, Gatens draws on Deleuze's reading of Spinoza, and uses the latter's notion of imagination to theorise embodiment, in terms of multiple and specific imaginaries. She uses the notion of body image, or a psychical image of the body, drawn from psychoanalysis, to posit an imaginary body as one developed, learnt and connected to the body image of others (Gatens1996: x,12). The imaginary body is social and historical, being constructed in two ways. Firstly, by the shared psychical significance and privileging of various zones of the body (for example, mouth, anus, genitals) and secondly by common institutional practices and discourses (e.g. medical, juridical, and educational), which act on and through the body. She argues that the imaginary body is the site of the historical specificity of masculinity and femininity. Gatens attempts to decipher, 'the social and personal significance of male and female biologies as lived in culture, that is masculinity and femininity' (Gatens1996: 12). However, there are problems with this formulation.

In her notion of male and female biologies as-lived in culture, Gatens derives gender from sex and also equates sex with biology. Her later claim, that imaginary bodies are effects of socially, historically specific practices (Gatens1996: 70-1), stands in paradoxical relation to this. Gatens implies that 'male and female biologies,' might somehow be lived outside of culture, in a pure state. Butler's claim however, that 'lived bodies' materialise the matrix of gender norms, implicitly takes account of the process of body stylisation, without collapsing sex or gender into biology (1997: 138).

Gatens' focus, on specific and variable ways of being a woman, also uses psychoanalysis to grasp the gendering of bodies within culture. She goes on to claim that the relationship between the male body and masculinity and the female body and femininity is contingent, but not arbitrary, so that sex and gender are not arbitrarily connected (1996: 13). She argues that feminine behaviours are not the outcome of mere socialisation, but 'modes of defensive behaviour utilizing culturally shared fantasies about biology' (1996: 13). For Gatens, 'feminine' traits such as narcissism, passivity, envy and shame are manifestations of, and reactions to, the conscious and unconscious ideas that women share about their biology. In making this claim, Gatens criticises Freud's construction of an active/passive gender binary, which points to an implicit sexism constitutive of women as other, or lack (1996: 13).
Gatens claims that masculinity and femininity as 'forms of sex-appropriate behaviours', are manifestations of historically based, culturally shared phantasy about male and female biologies. For her, to speak of acquiring a gender is mistaken, given its 'intimate relation to biology-as-lived in a social historical context' (1996: 12-14). However, gender cannot be simply reduced to 'sex appropriate behaviours'. Further, this culturally shared phantasy presumably arises from cultural assumptions of an essential sexed nature, assumptions that help to shape and produce the affective and behavioural domain of gender. Gatens gives little recognition to gender as a social practice, and underestimates its constitutive power as a social institution.

This arises from her distaste for the sex/gender distinction. Her opposition to it is based on her position concerning the issue of sexual equality versus sexual difference, in the contemporary women's movement (1996: 4), her advocacy of a politics of difference based on essentialism and a strong investment in psychoanalytic discourses (x: 1996). Her claims may be contrasted with Butler's position, on the binary and asymmetrical naturalisation of bodies. For Butler, hegemonic discourse, constructs a domain of gender intelligibility and normativity, shaping the very materiality of a viable body (1990a: 124: 39). It is not simply fantasies about 'biologies,' which constitute this domain. Conscious and unconscious ideas about biology (Gatens 1996: 12-3), are produced in a social field of intelligibility, where taken for granted, 'unified' categories of male/female, man/woman, are conflated, helping to create assumptions about an essential nature.

However, Gatens proceeds to argue that 'masculinity' and 'femininity' correspond at the level of the imaginary body to 'male' and 'female' at the level of biology (1996: 16). The problem here, is that gender and sex acquire an all too ready correspondence which is by no means reflected in social practice. This problem arises out of her political concerns and theoretical antipathy to the sex/gender distinction. Gatens' argument that socialisation theories grounded on the sex/gender distinction are rationalist, ahistorical and contain a spurious neutrality of body and consciousness, has merit. She examines the last two assumptions using Freud, and theorising the interrelation and interaction of mind and body, as an active subjective process. She argues the importance of perception over consciousness in the practices of the sexed subject. For her, perception cannot be reduced to body or consciousness but is an activity of subjects. She locates social processes and behaviours as embedded in the subject, arguing that the subject is always sexed, and specifically sexed as male or female (1996: 16) - again the binary pair. Also, Gatens
disregards that the process of attributing or assuming a sex is a social process and a political regulation of the body (see Butler 1990a: 127-33, 1993: 12).

Gatens argues that 'the male body' and 'the female body' have quite different social value and significance. She claims that the different social value and significance of male and female bodies have a marked effect on consciousness. This is part of Gatens argument, that sexual difference is the issue, not gender. This is grounded in her claim that the very same behaviours (whether they are masculine or feminine), have different personal and social significances when acted out by 'the male subject' on the one hand and 'the female subject' on the other. She argues that such behaviour results from active subjects driven to master social relations and meanings (1996: 9-10). Gatens claims are driven by concerns for the oppression of women within phallocentric economies and notions of a spurious gender neutrality. She is correct in saying that some bodily experiences, such as menstruation, are likely to be privileged sites of significance (1996: 9), although the meanings attached vary cross-culturally (see Douglas 1969 and Strathern 1978). However, her claims tend to reinstall a male/female opposition.

Although Gatens argues that there are at least two kinds of bodies, male and female (1996: 3-20), and later seeks to 'open the dualistic conception of two bodies to other possibilities' (1996: 39), she does not open this further, by considering claims that there are at least five 'sexes' and maybe more (Fausto-Sterling 1993). It bears repeating that the male/female binary is not universal (Kessler and McKenna 1978: 40). Given the cultural variability and diversity of bodies, claims about bodily experience, predicated on two categories of male and female sex or biology, are neither adequate nor feasible.

Gatens tends to construct homogenous and categorical notions of the gendered subject, which have the effect of tying gender to biology. She uses categories such as 'the feminine male' to argue that 'he' may have experiences coded as feminine, but that these must be qualitatively different from females (1996: 10). However, are the experiences of all 'feminine females' the same for them? Is there such a neatly, categorical entity, as a wholly 'feminine female' or 'feminine male', and are they adequately descriptive of plurality in subjects? I suggest not. 'The feminine male's' experiences she argues, are parasitically dependent on the female body, more particularly, on the maternal body, by a process of identification. Gatens does not discuss the experiences of another categorical and abstract entity, 'the masculine female.' However, she proceeds to argue that socialisation theory 'fails to analyse the body and male and female biologies as masculine and feminine
subjectivities in patriarchal cultures’ (1996: 11-15). This claim tends to conflate sex-as-biology, with gender, so that a ‘feminine subjectivity’ is presumably impossible, or false, in a gay male or transsexual. The paradoxical logic of Gatens’ argument suggests that there is a true gender, implicitly derived from and essentially tied to a ‘sex’. This is why, later on, Gatens can only explain the constitution of transsexual identity, as a pathological deviation from the norm of a true sex.

She argues that ‘masculinity and femininity differ both quantitatively and qualitatively with regard to the sexes’ (1996: 11-15). However, this claim is grounded in a binary framework, and is the basis of her claim that feminist strategies aimed at the ‘degendering’ of society are utopian and ahistorical. The prior claim about gender, is founded upon an unproblematised notion of ‘the sexes,’ (meaning two?), and fails to recognise the category of sex as a regulatory ideal. There are several problems with Gatens’ claims, such as the problem of measuring such gender differences, given the mixture of gender behaviours of subjects. In Gatens’ logic gender becomes a property of the person, as well as ‘biology as-lived in culture’. Does the latter term imply reproductive capacity, and if so, does this shape all gender differences? The domain of social practice is missing in her claims. Lastly, Gatens analysis implicitly relies on a two-sex model. Her claims sit in paradoxical relation to the stress she places on the constitutive role of signification in subject formation (1996: 9), especially her later argument that a notion of corporeal multiplicity might be exploited to open up the dualistic conception of two bodies, to other possibilities (1996: 39).

Gatens concludes her discussion of the sex/gender distinction by arguing that an understanding of ‘the determination of male and female transsexualism isn’t to be found in the sex/gender distinction nor in any analysis of gender identity’ (1996: 15-17). The issue of how ‘male’ and ‘female’ transsexualism might otherwise be theorised is foreclosed by Gatens’ own investment in the signifying power of the biological terms, male and female. In constructing transsexuals as pathological, her claims have the effect of reinscribing sex as a biological given. Gatens’ account assumes the fixity of ‘gender identity’ and her account of ‘the transsexual’ reads like the pathologising accounts of sexologists.

In her discussion of ‘the male transsexual’, she argues that ‘he’ is only understood ‘by apprehending the genesis of the primitive ego and the imaginary body’ (1996: 14). Gatens provides an account of ‘his’ primary relations with his mother. She argues that the subject is constituted so that ‘his’ primitive ego conflicts with ‘his’ imaginary (and biological
body), so that his subjectivity is conceived by 'him' as 'female-in-a-male-body’. For Gatens, this involves:

...the non-resolution of the misrecognition of the body of the (m)other for his own and the arrested development of an identity established as separate from his mother, which evidence suggests is never adequately achieved (1996: 14-5).

Gatens’ emphasis on the difficulty of the male transsexual’s separation, rather than her connectedness with ‘the mother’, supports Post-Freudian narratives of development, in which ‘boys’ become boys through repudiation of distance from her (see Greenson 1968). Gatens' account of male transsexualism as pathology fails to interrogate these narratives, since in her logic ‘biology’ is the truth of gender. Curiously, her account of ‘female transsexualism’, in which subjects are also invariably constructed as pathological in psychoanalysis (see Lothstein 1983), is more sympathetic.

Gatens argues that ‘the case’ of ‘the female transsexual’ cannot be symmetrical and is much more likely to be a reaction against oppression, or the socially required forfeit of certain activities, presumably ‘masculine’ behaviour or cross dressing, that was once enjoyed. She claims that the situation may be reinforced by a desire on the mother’s part to make a husband substitute of the girl and/or by the mother’s resentment of the female role in patriarchy. Regarding the first claim, Gatens’ privileging of the Symbolic ignores subjective and social process, whereby young ‘males’ may also be required to forfeit such activities. Gatens excludes the possibility that ‘male transsexualism’ has significant elements of rebellion or revolt against the constraints of being a boy or a man, in a context where alternatives are minimal. She elides the immense pressures on boys to be thoroughly masculine (see Connell 1983) through families’ vigorous, active policing of their gender conduct. Gatens’ draws uncritically from Stoller (1968), who, as shown in Chapter Three, constructs ‘transsexual subjects’ in conformity with phallogocentric discourse. Her account constitutes transsexuals as pathological. This serves her argument that it is not masculinity per se that is valorized in our culture, but male masculinity (1996: 14-5).

There is no such thing as ‘the transsexual,’ except that which is constructed in and through discourse. The idea, as in Gatens analysis, that relations between these children and their mothers, are the only basis of formative patterns shaping these subjects, resembles objects relations theory’s reduction of ‘the problem,’ to mother-male child separation anxiety (e.g. Person and Ovesey 1974a,b). While Gatens’ account of the male transsexual fails to
reproduce Stoller's mother blaming thesis (1968) she privileges 'the female transsexual'. Gatens argues that 'the problem for transsexuals is 'sex' rather than gender, which the transsexual 'knows most surely' (1996: 15), without providing any support for the claim. It is unclear what she implies by 'sex'. As Butler argues, 'to the extent that gay and lesbian studies refuses the domain of gender, it disqualifies itself from the analysis of transgendered sexuality altogether' (1994b: 11). This also applies to the analysis of transsexual bodies. Gatens doesn't consider the part played by cultural insistence on an unambiguous binarised 'gender identity' in shaping transsexualism.

In contrast with Gatens' discussion of 'the transsexual', Devor's (1987) discussion of 'gender blending females', is more helpful. In Devor's study, the 'women' are perceived, responded to and accepted as 'men'. Devor's work allows a reconsideration of Gatens' claim, that gender is a manifestation of culturally shared phantasies about male and female biologies (1996: 12-4). The sample of females in Devor's study indicated an unapologetic command of themselves. They became socially recognisable as men, through styles of movement and personality conveying successfully to a reader, 'male sex.' Here, 'sex' can be seen as an inscribed power relation, which is signified by gender status. Devor concludes that:

there is a disjuncture between the postulates of the popular understanding of sex and gender and the way that it can actually be seen to work. Popularly it is thought that one's sex defines whether one is a boy or a girl and that gender identity then defines whether or not one is masculine or feminine (Devor 1987: 34-35).

While male and female may be the assumed ground in gender attribution processes, the reader/observer, cannot guarantee that the perceived gender corresponds with 'sex'. Kessler and McKenna argue that 'accepting the facticity of two genders means accepting the assumptions which ground the (gender) attribution process' (Kessler and McKenna 1978: 164), a process that shapes and sustains a dominant androcentric reality. In such a supposedly shared 'reality', the rules are constructed in such a way that gender is always already conflated with sex.

Kessler and McKenna's study explains the ease with which Devor's gender blending females passed as men: a dominant androcentric paradigm constitutes a 'person' classed as female, only in the absence of 'male signs' (1978: 142-167). As above, gender attribution processes are grounded in the power of shared assumptions, and gender hierarchy. They
constitute people's gender status, so that observers conflate a person's gender status with their assumed 'sex' or 'biology'. Differential (male/female) treatment is conferred on this basis, and collapses the multiplicity and plurality of subjectivities into two-ness.

Further, Burns provides a useful response to Gatens' critique of sex/gender. She claims that the issue for feminists is unjust discrimination against women rather than sexual difference (Burns 1992: 15). Burns sees a slide in Gatens' argument from the justifiable denial of a neutral body to an essentialist conclusion, as a dubious ground for feminist theory (Burns 1992: 15). Burns says that associations between femininity and the female body are contingent, in so far as things might have been and may be seen differently, if feminists succeed in altering the values and significances attached. Meanings and social contexts can change. Burns advocates the use of empiricism to rearticulate the meanings and values of femininity and female bodies (Burns 1992: 17). Burns usefully argues that the issue is the interpretation of bodily differences, since it is not merely the bodily characteristics of women that lead to discrimination, but the value assigned them (Burns 1992: 16).

Gatens, in her discussion of power, bodies and difference, argues that 'a notion of non-dualistic difference should entertain a multiplicity of differences' (1996: 73). However, Steven Angelides' work (1995) suggests that difference is haunted by sameness, as the repressed part of a binary logic that reinstalls the performative opposition of identity (sameness/difference), through which discursive nominations of identity are constituted in the 'West'(1995: 28). Following Butler (1990a), he argues that identity categories become the effects of the logic of this binarism, seeing them as effects resulting from the play of elusive differences. He invokes Young's notion of identity as the desire to think things together in a whole to argue that the demarcation of identity requires the construction of absence, or non-identity (1990: 303, as cited Angelides 1995: 28). This logic of identity depends on an illusory binary difference that excises a play of multiple differences by making arbitrary closures. For him, 'sameness' is constructed through the covering over of the differences within categories as well as the exclusion of the other. Angelides argues that:

Like all signifiers, the essence of any category is its differential position/s within a linguistic chain of signifiers; its sameness is its difference. Yet in order to establish the internal coherence of a unified category, or signifier, certain differences must be excluded. Since the
boundary drawn is moulded around a presumed core, or illusory essence, forms of identification are arbitrary closures enacted by the logic of identity (1995: 29).

For Angelides, bisexuality stands in unique relation to the logic of identity - sameness/difference: it is both inside and outside, that is, same and different and the political potential lies in inhabiting the hetero/homo opposition as neither and both (Angelides 1995: 37). By embracing this Angelides seeks to disturb and confound the effects of identity logic, through situating bisexuality in fluid spaces or subject-positions, which are bereft of rigid borders (Angelides 1995: 38). Transgenders may take a position similar to that advocated by Angelides, concerning the logic of man/woman, in their attempts to confound and disturb the binarism of Western metaphysics. Gatens (1996) however, invests in this logic by privileging difference, and shows no awareness of transgender theory.

2.4 Butler: The Matter of Bodies

In Gender Trouble (1990a), Butler argues that the foundational categories of sex, gender and desire are 'a specific formation of power' (Butler 1990: viii). For Butler, sex is a mystifying effect concealing power relations (Butler 1990a: 91-2). Further, the body gains its meaning within discourse only in the context of power relations, so that marginal forms of gender and sexuality, 'become unintelligible, within specific formations of power' (Butler 1990a: 92-3). Butler contests arguments that the body is a prima facie given, positing that bodies are demarcated within a diffuse and active structuring of social fields. For her, the body is a construction in which the gathering of attributes under sex and the discrimination of the features themselves are suspect, in that the naming of penis, breasts, vagina and so forth, restricts erogenous zones and fragments the body. (1990a: 127). She pursues a claim by Douglas (1969: 4)¹, to argue that:

the very contours of the body are established through markings that seek to establish specific codes of cultural coherence, which naturalise taboos concerning the limits, postures and modes of exchange that define what constitutes bodies (cited in Butler 1990a: 131).

For her, a naturalised idea of the body is a consequence of taboos against homosexuality that render it discrete, due to its stable boundaries. Further, she argues that the rites of passage that govern various bodily orifices presuppose heterosexual constructions of
gendered exchange, positions and erotic possibilities and that the deregulation of such exchanges disrupts the very boundaries that determine what it is to be a body (Butler 1990a: 132-133). For Butler, the boundaries of the body are the limits of the socially hegemonic, constituted through a series of fabricated binaries: inner/outer, mind/body and culture/nature. She reconfigures the body as a signifying practice, a variable boundary, whose permeability is politically regulated, within a cultural field where intelligibility is circumscribed by a gender normative heterosexual matrix (Butler 1990a: 124-139). Hence, bodies are naturalised through this domain of gender intelligibility and normativity.

In Bodies that Matter, (1993) Butler argues that the body is an agent of self-construction, which is materialised through constraints, and circumscribed through a heterosexual matrix of cultural intelligibility. She responds to criticism that her earlier work denies sex, forecloses on the question of agency and treats the body as text. Her concern is ‘the normative conditions under which the materiality of the body is framed and formed, and in particular, how it is formed through differential categories of sex’ (Butler 1993: 17). Responding to claims that constructionists refuse the reality of bodies, she argues that the issue is not that of 'conceding' the undeniability of sex or its materiality, ‘because what is included in "sex" operates through exclusion and abjection’ (1993: 10). Secondly, she argues that there must be an agent that guides construction, otherwise construction forecloses or pre-empts agency. Butler proceeds to claim that although a subject is produced in and through a hegemonic gendered matrix it is also paradoxically enabled to resist and resignify itself. Her argument that embodied subjects are produced in and through a process of constitutive constraint is useful. It allows her to argue that her notion of performativity runs counter to a notion of a voluntarist subject. She argues that:

although this constitutive constraint does not foreclose the possibility of agency, it does locate agency as a reiterative or rearticulatory practice immanent to power if not in a relation of external opposition to power (Butler 1993: 15).

She further elaborates her theory of gender performativity, using genealogy to interrogate claims about the materiality of bodies and their relation to psyche, within Western philosophy, Lacanian psychoanalysis, literature and modern film. Cheah (1996), who views the work of Butler (1993) and Grosz (1994) as immensely important to feminist theory, provides substantial criticism of Butler's project. As he argues, Butler views the construction of gender or sex as a process of materialisation of types of bodies, through the repetition of gender norms (Cheah 1996: 110). Butler argues for:
a return to the notion of matter, not as site or surface, but as a process of materialization that stabilizes over time to produce the effect of boundary, fixity, and surface we call matter (Butler 1993: 10, as cited in Cheah 1996: 110).

Butler (1993: 33-4) links the process with Foucault’s idea of productive power, making the category of sex a site of permanent contest. For Cheah, Butler alerts us to the fact that the body and not merely consciousness, is ‘a crucial link in the circuit of social production and reproduction, both constituted by and constituting, a social order’ (Cheah 1996: 112). This means that a consideration of the material category of sex is as crucial to feminist claims as gender norms, because the former is the materialisation of the latter. As he argues, a theory of sex as a dynamic process of materialisation rather than a substance, cautions against an uncritical positivist affirmation of sex as a material bedrock (Cheah 1996: 112).

Butler regards construction as a process of materialisation. Drawing on Derrida and Foucault, she claims that the matter of human bodies is an interminable process operating through the reiteration of norms. This ongoing process of construction operates within constraints, constitutes the human agent through time, and shapes the realm of cultural intelligibility. Cheah criticises Butler’s argument, that form itself, the condition under which ontological weight is conferred, is a historical production and an instrument of power. As he argues, she arrives at this claim (Butler 1993: 34-5), by syncretising Foucault/Aristotle, and arguing that ‘matter is invested with dynamism and open to contestation, since it is the product of socio-historical forms of power’ (Cheah 1996: 112-3). Also, Butler synthesises a concept of the imaginary body drawn from Lacan, (in which the psychical body image is the condition through which bodily materiality appears and can be experienced), with Foucault’s account of the body. As Cheah argues, she conflates the element of prohibition in the psychoanalytic notion of identification with Foucault’s account of regulatory power (Cheah 1996: 113 cf Butler 1993: 64).

Hence, Butler combines ‘a performative/iterative account of signification, and a theory of productive historical forms /schemas’, by synthesising ‘Foucault’s account of productive power, with a psychoanalytic notion of repressive identification’ (Cheah 1996: 118). As Cheah claims, her schema of bodies as a process of materialisation, introduces a gap between regulatory ideals/norms and the bodies through which the norms are materialised, through constant reiteration (Cheah 1994: 118). However, Butler's Lacanian based argument that desire is structured by prohibition, is strongly rejected by Foucault (1978).
As Cheah argues, Butler combines Foucault with psychoanalysis 'due to its account of prohibition and repression, which points to a domain of abjected bodies excluded from cultural intelligibility' (Cheah 1996: 118). Thus, in contrast with Grosz's notion of a positive corporeal dynamism, in Butler's discussion of subversive possibilities, the body's dynamism derives from negativity. For Cheah, because Butler makes matter and the matter of bodies a product of historical, discursive forms, she fails to effect 'a critical reinscription of the form matter distinction' (1996: 113).

For Kirby, Butler privileges culture, so that, 'the identities and sexualised hierarchies between ideality and matter, culture and nature, and mind and body are surreptitiously reinstalled' (1997: 107, as cited in Hackett 1999: 42). Hackett takes up the main criticisms of Butler's work (Cheah 1996; Kirby 1997). For him, Butler reduces the body to cultural artefact and attributes its agency and dynamism to discourse alone. Hackett's concern lies with Butler's 'working conception of the sign and her insistence on maintaining a conceptual exteriority and a paralinguistic real outside of culture' (2000: 40). As he argues, her account is premised 'upon a psychoanalytic account of subject formation where identity can only be achieved through exclusion and refutation of matter' (2000: 40, cf Kirby 1997: 106). For Hackett, Butler opposes matter to discourse and regards it as radically different from language (2000: 40, cf Butler 1993: 69). Hence, dynamic materiality is contained within the field of language and culture and 'the body is only dynamic as sign' (Hackett 1999: 41). For Hackett, Butler's claims that the body 'bears on language all the time' and that 'everything including materiality is always already language' (Butler 1993: 41), are not followed through. As Hackett argues, Butler fails to rethink bodies and matter as in relation. She constructs bodies 'in terms of the very oppositional structures that render them passive, and as outside to thought and culture' (1999: 42).

Hackett concludes that Butler overcomes the failings of social constructionism by 'maintaining the active principle within the boundary of the cultural, linguistic and discursive', thus foreclosing the possibility 'of a truly dynamic body, matter or nature' (1999: 42). For him, the way out of this dilemma, is to include the 'body or the brute matter of nature' into the fold of Butler's performativity' (1999: 42). How this can be effected without reinstalling a notion of prediscursive corporeality, is not shown. As Butler argues, 'the living body, the lived body, is the matrix of gender norms...there is no recourse to a biological fact that is not already construed normatively as the sex and the biology of a situation' (1997: 157). However, although Butler regards 'the very materiality
of bodies [as] formed in its entanglements with the social world' (Martin 1994: 110), this process is never located in specific social contexts.

2.5 Transsexual Bodies

In spite of problems shown above in Butler's work, she opens up a space of possibility for transgenders to denaturalise gender (Butler 1990a: 149). Her argument that subversive possibilities reside in the instability of gender norms, making counterhegemonic 'rematerialisations' possible, can be applied to transgenders. The bodies of transgenders who do not undertake GRS are more disruptive of binarisms and the notion of a sex-gender coherent 'identity', than those of post-operative transsexuals. As Phibbs (1995: 6) argues, individuals whose identity is 'transgendered' may problematise oppositional readings of transsexuality as conformity to normative notions of gender, biology and bodies. These subjects refuse to adopt an either/or approach to gender by resisting sex change surgery and they rupture the male/female, mind/body, normal/abnormal oppositions (1995: 6).

Butler (1993: 130-33) makes similar claims, in her discussion of drag performer Venus Extravaganza (see also Prosser 1998b: 45-50, 55)². For her, the events concerning Venus' murder show that transgenders may transgress gender norms (Butler 1993: 130-33). For Prosser however, Venus' murder shows the ongoing foundational power of essentialist categories of gender (1998b: 55). Both sets of claims have merit. Prosser's claim however, implies that compliance with rather than resistance to gender norms, is the safer course of action for transsexuals.

Butler is cautious about the possibilities for a counterhegemonic transgender identity, since it may reinforce the very gender norms on which it depends. As she argues, drag is 'the site of a certain ambivalence', or 'one which reflects the more general situation of being implicated in regimes of power by which one is constituted and hence, of being implicated in the very regimes of power that one opposes' (1993: 125). Hence, there is no necessary relation between drag and subversion. For Butler, 'transgendering' can serve both to reidealise and denaturalise hyperbolic heterosexual gender norms (1993: 125), or certain forms of heterosexual exchange (Butler 1993: 140). However, destabilisations of gender may involve:
strategies of appropriation and subversion, or an unstable co-existence of both (1993: 127-8). Drag is subversive to the extent that it reflects on the imitative structure by which hegemonic gender is produced and disputes heterosexuality's claim of naturalness and originality (Butler 1993: 125).

Butler regards transsexualism however, as a process whereby normatively construed bodies renegotiate their relationship to the norms which constitute them; 'a movement from one set of bodily norms to another' (1997: 37). She suggests that transsexuals have potential to 'radically challenge reigning epistemologies and biological descriptions of sex', by refusing a literalised performativity that aspires to realness, in and through reembodiment technologies (Butler 1997: 137-8). However, transsexuals 'may not seek to transgress sex/gender boundaries' (Hird 2000: 359).

Prosser for instance, an FTM transsexual, advances a theory of transsexual embodiment that implicitly reinstalls the boundaries of male/female masculine/feminine, inside/outside and sex/gender. His theory is nonetheless a skilful effort to account for the corporeal dimension in transsexual identity. For Prosser, the 'resexing of the transsexual body is made possible through narrativisation', as a process that begins in infancy (1998b: 5). He presents an account of transsexual identity as ineluctably caught up in personal body image, privileging transsexuals' experiences and feelings about their bodies. For him, transsexuals' feelings of difference emerge through psychic investment in phantom body parts (especially a penis or vagina), or what he sees as, 'an originally felt body image' (1998b: 84). However, Prosser argues that 'the feeling of the body or postural schema' is more significant than the body image (1998: 79). Drawing from Anzieu (1989,1990), Sacks (1990,1991) and Freud (1923b), Prosser foregrounds the importance of touch over sight and aligns sensory and internal perception in the subject, to argue that 'the transsexual's gender identity, originally invisible but deeply felt', vigourously opposes the materiality of the body (1998b: 42). Prosser claims that 'in coming out and staking a claim to representation, the transsexual undoes the realness that is the conventional goal of this transition' (Prosser 1998b: 11) - or shows that sex is a construction.

However, Prosser claims that transsexual embodiment is a narrative culminating in a coherent 'bodily integrity' (Prosser 1998b: 76,80). This notion sounds suspiciously like an effect of the power of Butler's matrix of intelligibility (1990a: 151) - or a performativity that complies with the fiction of an impossible gender identity coherence. The process of narrativisation culminating in bodily integrity is represented as too thoroughly interiorised.
It fails to account for contributory narratives to the subject's internal discourse and ignores that bodies are in relation in social space. The notion of essential transsexual interiority springing from bodily feelings and sensations is dubious. Further, Prosseer ignores the role of cross-gender fantasies and practices, tactile sensations and clothing, in shaping transsexuals' body egos. Nor does Prosseer sufficiently link disjunctions within the embodied transsexual self's relation to itself, to its interaction with the gendered social world and cultural representations of binarised gender. As shown in Chapter Three, transsexuals' bodily conflict or ambiguity is socially and inter-personally constituted through a heteronormative binary logic that constitutes the very materiality of bodies (Butler 1993).

Prosseer ultimately reinvokes notions of a 'deep' gendered interiority in transsexuals, as contradicting their 'sex', in arguing that the transsexual 'feels' differently gendered from her or his birth assigned sex', although he she/he 'doesn't look it' (1998b: 43). Prosseer's emphasis on the feeling aspect of transsexual subjectivity sits oddly with the series of photographs of transsexuals in the last section, which suggest that visual images and mirrors play a key part in transsexual identity construction. For Prosseer, GRS is implicitly justifiable as a nostalgic return to sexed body contours that 'should have been' and the attainment of 'a coherent and integral body of one's own' (1998b: 80,83-4). GRS however, supplies 'access to normalcy' for transsexuals (Bolin 1988: 82-3).

Prosseer's claims about the transsexual body rest on a refutation of Butler's notion of performativity. His refutation of Butler's notion of the body as phantasmatic (1990a: 71-2)4, is based on a reading of key passages in Freud's The Ego and the Id (1923b), cited below. For Freud, the body ego is a 'mentall projection of the surface of the body' (Freud 1923b: 26 n.2), so that:

A person's own body, and above all, its surface, is a place from which both external and internal perceptions may spring. It is seen like any other object, but to the touch, it yields two kinds of sensations, one of which may be equivalent to an internal perception (1923b: 19-20)...the ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself, the projection of a surface (Freud 1923b: 26).

In a footnote included in 1927, regarding the last statement, editor Strachey writes:
the ego is ultimately derived from bodily sensations, chiefly those springing from the surface of the body. It may thus be regarded as a mental projection of the surface of the body, besides as we have seen above representing the superficies of the mental apparatus (1923b: 26n.).

Prosser (1998b: 40-2) uses these claims to refute Butler’s alleged conflation of the body with the ego (Butler 1990a: 163 n. 43). He wants to displace her convincing argument that the imaginary body is 'an altered body ego...within the gender rules of the imaginary' (1990a: 71, my emphasis). Freud’s notion that 'a person's own body, and above all, its surface, is a place from which both external and internal perceptions may spring', leads Prosser to argue that Strachey’s footnote intends to show that the bodily ego materialises the psyche, as dependent on the body (1998b: 42). There is doubt about his claim that Butler inverts the note cited above, so as to collapse the bodily surface into the psychic projection of the body (1998b: 41, my emphasis) 5.

While Prosser challenges notions of bodies as 'surfaces or landscapes' to some extent, as in Butler's treatment, he does not show them 'at play in social relations' (Connell 1997: 64). Like Prosser, Martin reminds us that bodies and psyches are never entirely effects of discursive practice; bodies are a 'drag' or limit on signification (1994: 112). However, as Butler argues (1990a: 71-72), embodiment is simultaneously a phantasmatic and material construction, and binary distinctions between real/imaginary, mind/body and inner/outer are fabricated. This implies that distinctions between the body and the body image aren't entirely clear and stable. For Butler, transsexuals reify certain eroticised body parts (e.g. vagina or penis), as the perceived 'real' of sex, whereas 'sex' is a politically regulated and 'never merely material' phenomenon (see Butler 1990a: 127). Like Prosser's argument above (1998b: 11), this implies that transsexual reembodiment is an allegory of the construction of a 'real', 'univocal' sex. As Hird argues (2000: 357), 'the entire process is ambivalent'. But Prosser's argument (1998: 80) that the transsexual body ego is impaired or resembles a form of disability is akin to sexological claims which constitute transsexuals as pathological.

Theories of the body discussed in this chapter all contain a residual dualism. Criticism by sexual difference theorists that Butler treats bodies as signs and elides bodies and their substance (Hackett 1999: 41 cf Kirby 1997: 106-07) nonetheless conceals intentions to recuperate an essential body, as the ground of certain feminisms. It seems that sexual difference 'is politically derived' (Hird 2000: 360). Clearly, bodies, as products of cultural inscription are radically unnatural, and sexual difference is as discursively constituted as
gender. Claims that transsexualism is merely a disorder of the gendered body image (Gatens 1996) and an inauthentic representation of 'real' womanhood (Grosz 1994), ignore that notions of a 'real' body, a true sex or a coherent gender are illusory.

Last, Freud's notion of the body ego (1923b: 26-7), his claim that the ego may 'split' in an unresolved castration complex (1938), taken together with Butler's argument above (1990a: 71-2), suggest the following. The body ego may be a mental projection of its perceived or imagined form, which is unstable and constituted within and constrained by 'the gender rules of the imaginary' (Butler 1990a: 71). Hence, the body ego becomes cross-gendered when these rules are transgressed, and the body becomes a site of conflict, ambivalence or oscillation between masculine and feminine. I return to this idea in Chapter Three. Finally, all the critics discussed above seem to imply that transsexual is a stable, unitary category and homogenise its subjects, as embodying a coherent history. Chapter Three shows otherwise.
Chapter III: Sexology and Transsexualism

3.1 Introduction

In the first place, this chapter interrogates discourse about notions of the transsexual in sexology, a term defined further below. I use a genealogical approach, also explained below, which disrupts sexology's fixed meaning claims about gender and transsexuals. I contest sexological notions of the transsexual and sexological claims that reduce transsexuals' dynamic internal worlds to individual pathology. In the second respect, my aim is interpretive or constructive. I show that the MTF transsexual' is a product of the interaction between the practices of transsexuals, sexological discourse and interactions with treating professionals. The psychic processes that shape transsexual identity are also inextricable from internal family relations and wider power relations, that construct gender identities in terms of binary opposition, and demand that one's 'sex' coheres with one's gender.

The second section of this chapter outlines my approach, accounting for important claims by Prosser (1998a) and Foucault. The third traces the descent of notions of the transvestite and the transsexual as specific typologies of subjectivity, within sexology. As argued, the nineteenth century discourse of sexuality shaped the field of possibilities for self-construction, for a diverse group of 'sexual deviants'. I problematise arguments (Prosser 1998a; Prosser and Storr 1998) that nineteenth century sexology shows evidence of transsexual identities (1998b: 140) and that 'transsexual desire' preceded 'its clinical moment of definition' prior to transsexualism's apparent 'discovery' by American sexologists, in the 1950s. Prior to that period, there is evidence of claims concerning people who 'feel like', wish 'to become' or claim to 'be', members of the 'opposite' sex. However, I expose difficulties in classifying the cases discussed as indicating transsexualism. I argue that the criteria for membership of the transsexual category remain contested and unclear.

The process whereby the broad, late 19th century category of 'inversion' was split into homosexuals, transvestites and transsexuals during the twentieth century, is a critical part of my story. Gay scholars (e.g. Hekma 1996) infer that inversion means homosexuality while transsexual scholars (e.g. Prosser 1998a) argue that it includes people who would later be classified as transsexual. Contemporary sexologists who struggle over meanings
and terms, also tend to regard transsexualism, transvestism, homosexuality - and heterosexuality, as clear cut and non-overlapping categories. They are not however, always clean and stable; contradictions, ambiguities, and category-mixtures are demonstrated in the sexological case histories that I discuss\(^1\). The data shows that transsexualism, transvestism, homosexuality share certain perceptions, behaviours and desires, such as 'wrong body' stories. However, categorisation depends on who is reading significations, the criteria for reading them and for what political purpose. I hope to expose rather than suppress the continuities and gender ambivalences occurring across these three supposed 'identities'.

This chapter shows that discursive shifts in sexological discourse were significant in constituting the notion of transsexualism. Early studies (e.g. Hirschfeld 1910) laid the foundations for discourse about transvestites and transsexuals. Hirschfeld's clear separation of transvestism from homosexuality, as vigorously opposed by some psychoanalysts (e.g. Fenichel 1930), is shown to be a problem. I document key sexological struggles over the meaning of transsexualism. While Benjamin saw transsexualism as an extreme form of transvestism (1954) and placed these categories on a continuum (1966) and Stoller (1968) sharply distinguished transvestite from transsexual, I show the constitutive ambiguity of MTF transsexualism, its close relation to transvestism, and at times, homosexuality.

The fourth section analyses major American sexological theories about the aetiology of MTF transsexualism, focussing on 'psy' theories (e.g. Stoller 1968; 1975; Person and Ovesey 1974a,b). Contradictory notions of the transsexual render the notion incoherent and unstable and the notion of a 'true transsexual' suspect. I draw from Freud and others (e.g. May 1986; Connell 1987a) to show that all these theories ignore the social, the unconscious and the body. They reify normative, binarised gender regimes that constrain possibilities for gender identity construction, so as to construct transsexuals as 'pathological' products of 'pathological' parenting. I propose that the conflicted body egos of transsexuals and their efforts to resolve conflicts are entangled with binary regimes of the body and social constraint, as shaping possibilities for subjectivity. Sections three and four give substance to McKenna and Kessler's argument, (1978: 120) that transsexualism is a category, 'constructed to alleviate ambiguity or to avoid the kinds of combinations (such as male genitals-female gender identity) which all make people uncomfortable because they violate the basic rules of gender'.

83
The fifth section shows how, from the 1960s, discourse about transsexualism became hegemonic and superseded transvestism as an identity option. I discuss MTF transsexual biographies (Morris 1974; Richards 1983; Stone 1991; Cummings 1993) and sexological accounts to show this. MTF transsexuals use sexological discourse, its popular derivatives, transsexual autobiographies and notions of a unified identity, as a guide to their self-construction. Their accounts, taken together with sexological claims, show the contingency and fragility of the transsexual label. The sixth section shows that psychiatric criteria for diagnosing transsexualism, as based on contested sexological claims, are unreliable.

The seventh part uses accounts by MTF transsexuals and transvestites, and sexological data, to demonstrate that the borders between transvestism and transsexualism on the one hand, and homosexuality on the other are neither clean nor stable. However, MTF transsexuals' and transvestites' sexualities are not simply explained as repressed homosexuality, although some who 'change sex' to 'female' simultaneously alter their object choice to male. While these MTFs are anxious to preserve a 'heterosexual identity' some are bisexual and others identify as lesbian. Hence, MTF transsexual sexuality is a complex phenomenon unexplained by theories of sexuality grounded in a neat binary logic, as problematised in Chapter One (Butler1990b: 332-3).

In sum, although some people desired to 'change sex' prior to the sexological notion of transsexualism, sexological knowledge fails to demonstrate that transsexualism is a definable and clear-cut category or syndrome. It is a hypothetical construct of uncertain status, with diffuse and contradictory meanings. A diversity of MTFs use it as a signifying technology to satisfy their desires to 'be' women.

3.2 Sexology, Genealogy and Foucault

For Irvine, sexology is:

the activity of a multidisciplinary group of researchers, clinicians and educators who wished to prevail as a profession and a science, that would wield cultural authority over issues of gender and sexuality (1990: 2).

Although this notion of sexology as an umbrella term is shown to have problems outlined below, it best describes the works of authors that I explore. Much sexological discourse
about transsexuals emanates from schools of thought in Post-Freudian 'psychoanalysis', psychology, psychiatry, as well as other disciplines. Psychiatry, as a branch of medicine, became the gatekeeper regarding access to this technology. Hence, complex power relations underpin discursive productions of the transsexual, and blur the boundaries among the disciplines named above. Many sexological authors discussed below, such as Krafft-Ebing, Westphal, Hirschfeld, Stoller, and McConaghy, combine their research with psychiatric practice. People who work in other professions such as law, which has had close links with sexology, have produced sexological discourse. Some who research transsexualism, are medical specialists in endocrinology (e.g. Benjamin 1966), gynaecology (Walters 1997) and other disciplines. Surgeons and cosmetologists also contribute to sexological journals, and play key roles in research and development of transsexual reembodiment technology.

As Bland and Doan (1998: 2) argue, sexology developed throughout Britain, Europe and North America from the 1870s, but it was not recognised as a legitimate 'science' until around 1930. It shaped possibilities for talking and writing about, as well as practising sexuality and gender. It often combined 'biological, anthropological and historical data with the "case study" (Bland and Doan 1998: 2). Sexology cannot be regarded as simply a tool of repression, or, in opposition to this, an emancipatory study of human sexuality (Bland and Doan 1998: 2). As Bland and Doan argue, although sexology has contributed to the control of certain sexualities, it offers 'identities' and taxonomies which people utilise in the service of self-construction. While they regard these effects as 'positive' (1998: 4), I am not entirely in agreement, as shown below.

For Irvine (1990) sexology is a hegemonic discourse, although it has not achieved uncontested control over sexual ideas and definitions (1990: 8-10). However, its interpretive system achieves hegemony partly through the assimilation of key terms, such as notions as gender dysphoria into a cultural lexicon (1990: 9). There is evidence below, that its interpretive system and language is constitutive, and limits what can be imagined and experienced, regarding gender and sexuality. Popularised notions governing the transsexual's intelligibility, such as 'gender identity', 'gender dysphoria' and 'gender reassignment', are nonetheless limiting in their 'positive' effects. Irvine argues that systematic knowledges produced about the lives and psyches of transsexuals, were gained through surveillance, confession and empirical method (1990: 258-71). Irvine properly accuses sexology of producing essentialist and heterosexist knowledges, and of eliding gender politics, power, culture and privilege (1990: 237-40). For her, sexology is a
normalising discourse, which takes dominant arrangements as natural and constructs any sexual activity other than that of a heterosexual kind, as suspect (1990: 17). These are substantial claims. But transsexuals are not mere passive objects of sexological discourse and it doesn't achieve total control over bodies, identities and populations.

Nor is sexology a monolithic discourse. Much of it is contradictory (Bland and Doan 1998: 4, cf Weeks 1977) and it has been rife with internal tensions (Hekma 1996). Further, some early proponents of sexology (e.g. Hirschfeld, Ulrichs) urged social and political reform of the treatment of homosexuals and transvestites, while later ones sought to soften public and professional attitudes concerning the medical, legal and social treatment of transsexuals (Money and Schwartz 1969).

In spite of this, sexology's division of gender conduct into a duality of normal/abnormal and its judgements of transvestites and transsexuals as pathological assume a politico-moral dimension (see Foucault 1977: 230). Their claims of neutrality obscure the political character of research projects that 'shape cultural constructions of gender, in the mould of scientific fact' (Irvine 1990: 229). New sexological interpretations of cross-gender conduct arising in 1950s America, deeply affected power relations between clinicians and cross-gender people, producing new categories and institutions, such as medical programs for GRS.

Foucault's genealogical method (1984) is useful for constructing a history of what happened between the 1860s and up to the present, concerning sexological notions of cross-gender identity. It allows me to show how the current 'lines of battle' were arrived at, and the discursive limits imposed on what is imaginable and viable, in terms of gender identity. Foucault discusses the rules that form discourse, including procedures that limit and control it, and work as 'systems of exclusion' through the 'will to truth' (Foucault 1984: 109-111). My concern is with normative bodies of rules which ground notions of the transsexual, especially the internal procedures that classify and order knowledge (see Foucault 1984: 118). I question the status of sexology's expert knowledge, showing the influence of prestigious experts and their exclusion of knowledges helpful for explaining the production of transsexuals (see Foucault 1984: 119-20).

Discourse about transsexualism is grounded in binarisms (e.g. sex/gender, mind/body, normal/abnormal), and prescriptive notions of 'gender role' and 'gender identity'. Although Freud 'dismantled the traditional antinomy of culture and nature' (Connell 1987a:
198), I show that much sexological discourse about transsexualism perpetuates it, in the service of explaining gender variations as pathological.

I focus on the immense contribution of American sexology to differing notions of the transsexual. I locate production of these notions in the historical and socio-political context of the period, as pervaded by cultural anxiety over gender ambiguity and homosexuality. American sexology, with the help of medical technology, reified normative social rules for gender construction, in constituting notions of the transsexual. Further, sexology's efforts to define and manage transsexualism are haunted by unresolved claims about its causes and an ongoing category crisis, concerning differences between transvestism and transsexualism. I focus upon the discontinuities, inconsistencies, gaps and silences, in discourse about transvestism and transsexualism, to argue these claims.

Hence, my genealogy calls into question the field of meaning within which transvestism and transsexualism can be considered separable, and stable and coherent. Given Ferguson's claim that 'the dominant frame orders thinking in such a way that alternative orders are silenced', my analysis challenges the frames which order questions about transsexualism, 'so that elements in the fringes of a frame may become audible, and the explanations of the frame [may] do their work' (Ferguson 1993: 7-8). Drawing from works by Freud, May (1986), Connell (1987a), Butler (1990a,b) and de Lauretis (1994), I show problems with sexology's models of the self as grounded in Post-Freudian psychoanalysis, ego-psychology, masculinism and heterosexism, and construct an interpretation of the 'transsexual' self.

For Foucault, discourses of sexuality 'systematically form the objects of which they speak' (1978: 49). However, as Storr argues subjects are never simply coterminal with categories, but 'the fact that the former always exceed the boundaries of the of the latter should neither surprise us nor lead us to premature obituaries of categorization as such' (Storr 1998: 23). Further, as Felski argues, Foucault's history of the rise of 'sexual science' (1978) 'is intentionally a history without agents' (1998: 2). Hence:

we are led to believe [that] new identities were created by these discourses; individuals recognised themselves in the impersonal, medical descriptions of the sexologists and took on these sexual sexual identities as their own. What is missing from Foucault's account is any substantive account of the messy and complicated interaction, conflict and negotiation
between the discourses of sexual science, other aspects of nineteenth century culture and the experiential realities of human subjects (Storr 1998: 2).

The constitutive impact of sexological literature about transvestism and transsexualism upon the subjects, is difficult to evaluate. Bland and Doan show that fin de siècle sexologists sought to restrict access to their literature (e.g. Krafft-Ebing) because such sexual knowledge was deemed dangerous (1998: 2). As a later example of this, German sexologist Stekel (1922) warns non-medical readers about the material on the title page of his book about fetishism. Although Bland and Doan claim that in the British context, attempts to withhold this literature from a larger readership 'frequently failed' (1998: 3), Ellis' major work Sexual Inversion was banned in 1898 (Wilson 1989: 178-9). Although Rosario argues that sexological knowledge was readily available in French bookstores in the 19th century, it seems uncertain that this was the case, in Germany, America and Australia, in the first half of the twentieth century. However, American media representations of transsexualism were frequent by the mid-1950s (Meyerowitz 1998) and from around 1953, there is substantial evidence that transsexuals read sexological literature or its popular derivatives, in the service of identity construction.

Further, transsexuals' active procurement of GRS implies that Foucault's notion of the implantation of perversion (1978: 43-4), is inapplicable to their circumstances. De Lauretis, re-reading Freud's case histories, argues that 'those suffering from or made dysfunctional from their symptoms, are the neurotics and the hysterics, not the perverts, most of whom would or did live as well as they could without the help of psychoanalysis' (1994: 24). I show that this distinction is unclear regarding transsexuals and transvestites. People have sought help from 'psy' professionals for around 80 years, wanting either permission from the state to live as another 'sex' or GRS. This suggests that their neuroses have continuity with the specific socio-political, gendered contexts in which they live, and are exacerbated when social and legal constraints make it difficult and dangerous for them to live in the 'preferred' gender.

As Foucault argues, regarding the relational character of power relations, points of resistance are mobile and transitory, producing 'cleavages in society...furrowing across individuals themselves, cutting them up and remoulding them' (1978: 96, my emphasis). This claim is useful for my argument that, in 1960s America, medicine offered 'sex changes' as a means of gender normalisation, in a society deeply hostile to cross-dressing and homosexuality. Epstein and Straub's claim (1991: 11) that 'there is nothing
new about gender dysphoria' except the medicalising and professionalising of terms is
universalising. I show that desires for 'sex transformation' are shaped by an intersection of
people's cross-gendered practices and fantasies, and discursive, social constraints and
available medicine, in specific contexts. Modernist, American sexological discourse
produced notions of transsexualism and gender dysphoria that reproduced the dominant
meanings and gendered practices within specific contexts, and neutralised their
contestation.

Foucault's work (1979; 1978; 1982) is also valuable for grasping the processes through
which 'psy' disciplines isolated, measured, classified, managed and corrected the bodies of
people classified as gender anomalies. Sexologists use normative and masculinist
rationalities of government - totalising and individualising techniques that subject and
subjugate 'transsexuals', in the service of normalising and standardising their bodies and
their gender conduct, in compliance with heteronormativity. However, transsexuals also
resist sexological/medical ownership and control of the discourse. People seeking GRS
shaped and appropriated sexological discourse in the service of multifarious desires, some
of which sexologists fail to account for. As argued, notions of transsexual identity are
negotiated, struggled over and produced by complex and sometimes adversarial power
relations, involving transsexuals and clinicians.

For Prosser, Foucault helps to relegate the term transgender 'to indexical sign for (or
absolute construction) of homosexuality' (1998a: 117). He is correct, but I show that his
claim that 'sexual inversion was transgender' is overgeneralised (1998a: 117). His
argument that the category of sexual invert 'allowed the transsexual to emerge as a sex-
changeable subject' (1998a: 118), is substantial. I show that discourse about sexual
inversion, psychic hermaphroditism, homosexuality and transvestism, laid the grounds for
this possibility. Further Prosser's (1998a) intervention in the late nineteenth century
discourse of sexology, challenges Foucault's now famous claim. For Foucault:

the psychological, psychiatric, medical category of homosexuality was constituted from the
moment it was characterized - Westphal's famous article from 1870 on 'contrary sexual
sensations' can stand as its date of birth - less by a type of sexual relations than by a certain
way of inverting the masculine and the feminine in oneself. Homosexuality appeared as one
of the forms of sexuality when it was transposed from the practice of sodomy onto a kind of
interior androgyny, a hermaphrodite of the soul. The sodomite had been a temporary
aberration; the homosexual was now a species (Foucault 1978: 43).
Immediately below, I explore the basis of these claims and the processes that Foucault
describes. Drawing from a range of commentaries on Westphal’s study, I show that
Foucault, like British sexologist Ellis (1933: 188), is among several scholars who conflate
the late nineteenth century category of sexual inversion with homosexuality. Foucault
marginalises 'sexoesthetic inverted', the term originally used by Ellis to describe people
otherwise labelled transvestites, as 'minor perverts' (Foucault 1978: 43). For Ellis, they are
'remarkably common', and 'next in frequency to homosexuality among other sexual
deviations' (1933: 209-210).

3.3 Sexual Inversion, Transvestism and Transsexualism: 1870-1953

Cauldwell (1949) was first to apply a variant of the term transsexual, or 'psychopathia
transsexualis', to a patient in clinical practice. Well prior to this, sexological discourse
produced knowledge of two new sexual categories, inversion and transvestism. Below, I
explore whether some people classified under these terms from 1870 up until 1949, may
have been transsexual.

Hence, for the purposes of this discussion, I define transsexualism according to the two
most common attributes which characterise it in sexological literature and transsexual
autobiographies; as a condition in which people despise their genitalia and either feel
themselves to be, or wish to live permanently, as the 'opposite' sex (see also Freund 1974;
Pauly 1969). While my definition accounts for Prosser's argument (1998a) that
transsexualism occurs independently of the availability of GRS, it doesn't tell us much
about the subjects or their practices, and is thus provisional and problematic.

Let us return then, to the mid-nineteenth century, when a theory of degeneration arose, as a
framework for identifying, classifying and treating a variety of 'abnormal' people (Foucault
1994h: 55). Sexology grew out of this kind of biomedical scientific approach and espoused
two very powerful ideas which propelled its essentialist legacy; male and female typologies
were innate in all forms of life, and heterosexuality was 'the telos and pinnacle of sexual
evolution' (Herdt 1996a: 28-9). The impact of Darwinian thought and natural selection
theory particularly, pushed sexology toward gender and sexual essentialisms. Accordingly,
it reduced the purpose of sex to reproduction and construed people's sexual nature as
biologically determined (e.g. Krafft-Ebing 1886: 186-7). Hence, people whose gender or
sexual conduct indicated divergence from reproductive aims were constituted as 'degenerate' in early sexological accounts of pederasty, sexual inversion, cross-dressing, perversion and so forth.

Rosario charts eighteenth century sexologists' internal battles and their professional struggles for authority, especially in legal matters concerning 'perverts' (Rosario 1997: 51-57). The latter involved contests about the boundaries of pathology/criminality, and normal/perverse (Rosario 1997: 62). As Rosario shows, forensic considerations drove clinical interest in sexual deviations (1997: 86). Krafft-Ebing's work (1886: xix, 333-411) shows that sexologists and lawyers shared an interest in sexual inversion. Sexology could explain the roots of its pathology for law, and law was able to make judgements which validated sexology's scientific authority. Further, concern about deviant sexual conduct, for example, sodomy and pederasty, threatened disruption of public morals, due to 'gender and class deception' (Rosario 1997: 77). By 1870, cultural anxieties over 'deviants' who crossed boundaries of class and gender had helped to produce the notion of 'sexual inversion'. This category, as the salient focus of Krafft-Ebing's major work Psychopathia Sexualis (1886), encompasses notions of pederasty and sodomy, which now come under the umbrella of homosexual behaviour, and a host of other notions, such as bisexuality, clothes fetishism and psychical hermaphroditism.

As Rosario argues, sexual inversion was invented by German sexology, probably due to the greater legal repression in Germany, of 'unnatural' behaviour. In contrast, the French had previously decriminalised private sodomy between adults in France (1997: 83). Around 1870, a German sexologist, Westphal, conceptualised sexual inversion as mental illness, or as 'a syndrome of organic degeneration and social disintegration' (1997: 110). However, as Rosario argues, some inverteds embraced the scientific fictions of inversion that sought to condemn and contain them. They used science 'to defend their "naturalness", consolidate an identity, and disseminate their stories of passion' (1997: 110-111).

For example, in 1862, Karl Ulrichs, a German lawyer, devised the terms, 'urning' or Uranian', to describe a 'third' category of persons who had a male soul enclosed in a female body, or vice versa. Its similarity to the transsexual 'trapped in the wrong body' narrative, is noteworthy, but it also diverges from notions of transsexualism. For Ulrichs, 'urnings' (manly women or womanly men), had an absence of physical characteristics and attitudes deemed to be present in heterosexuals (Hekma 1996: 219). Curiously, the object of the urnings' desire was male in body and soul, a notion which rests on a dubious,
masculine/feminine [homosexual] identity dualism (Hekma 1996: 221). Ulrichs' theory also proposes a dichotomy between body and soul, in which soul rather than body was imagined as that of the other sex (Hekma 1996: 220). In this respect, Ulrichs' notion corresponds with claims made a century later, by and about transsexuals. For Prosser, Ulrich's notion 'opens up the conflict between sex and gender by using the medical trope that would come to define transsexuality' (1998a: 119). He also claims that Ulrichs' typologies 'represent the most extreme cases not of homosexuality but of transgenderism', because Ulrichs was measuring 'transgender identification', rather than merely homosexuality (1998a: 119). However, this is doubtful and whether Ulrichs' subjects were people who sought to live as the 'opposite sex' and repudiated their genitalia is unknown.

Hekma, a gay scholar, argues that for Ulrichs, Uranism represented 'homosexuality combined with gender inversion' (1996: 218). He fails to recognise that this combination closely resembles the gender conduct and sexual preference of some modern transsexuals, although the 'gender inversion' is explicitly womanly among transsexuals. As Hekma argues, Ulrichs' form of this inversion was limited, as compared with 'other third gender forms', in non-Western cultures, such as berdaches (1996: 218). However, he notes that displays of effeminate behaviour in men during Western Europe at this time were constrained, due to problems in employment, housing and family relations (1996: 220). This opens up possibilities that 'earnings', or some of them, may have otherwise conducted them, in a more openly feminine manner, and that Ulrichs' category contained MTF transsexuals. Bullough and Bullough argue that cross-dressing was illegal in France and Germany during Hirschfeld's time (1993: 211). However, some of Hirschfeld's (1910) transvestites lived as women, and he argues that in Germany, 'It is a fact that cross-dressers who behave themselves in an unassuming manner and commit no crimes are seldom bothered by the police' (1910: 298)². Hekma's (1996: 220) claims also cast doubt on whether any of Ulrichs' subjects were transsexuals.

However, prior to Hirschfeld's Transvestites (1910), Westphal (1869), a German psychiatrist, discusses two patients who reported that they felt like, or experienced the desire to behave like, members of the 'opposite' sex. One had been imprisoned for dressing as a woman (Greenberg 1988: 386). Rather than adopt Ulrichs' term, Westphal used a different category to describe the pair: contrary or antipathetic sexual feeling. Krafft-Ebing (1886) adopted his term. It was translated into English and French as sexual inversion. While Westphal's notion of contrary sexual feeling described a congenital 'psychoneuropathic condition...associated with hereditary taints' (Rosario 1997: 84),
Krafft-Ebing (1886) maintained that some forms of it were acquired. However, the emergence of sexual inversion, was a pivotal moment in the pathologisation of all sexual behaviour that did not comply with a heterosexual reproductive aim.

As Prosser shows, Hekma (1996) conflates sexual inversion with homosexuality. Prosser argues that Hekma 'describes gender inversion as the sexologists' conjured constraint on homosexual identities' (1998a: 117). Prosser is right in claiming that sexual inversion 'described a much larger gender-inverted condition of which homosexuality was only one aspect' (1998a: 117). For him, Westphal's representatives of contrary sexual feeling are 'profoundly cross-gendered subjects' (1998a: 119). He cites as evidence, Bullough and Bulloughs' reading of the two cases. For them, Westphal's study shows that:

The first was a young woman who from her earliest years enjoyed cross dressing like a boy and engaging in boy's games. She sexually attracted only to women. The second case involved a man who wanted to wear women's clothing and live as a woman all the time. His sexual orientation is not clear from the case study (1993: 204).

The last comment supports Prosser's argument that, on occasions, 'homosexuality is not indicated in inverts' desire at all' (1998a: 118). Further, the expressed desire of this 'man' to live as a woman, closely resembles claims by people later described by Hirschfeld (1910), as transvestites. As Prosser shows, citing the case notes, the female subject, who was exclusively attracted to women, had told Westphal that she would like to be a man (Prosser 1998a: 119, cf Lothstein 1983: 21-2). However, this case fulfils only one of my criteria for transsexualism. Westphal's data about these cases is too limited to substantiate claims that they were transsexuals and Hekma argues with some justification that the 'woman' is a lesbian. However, in a dubious effort to recuperate homosexuality as inversion, Hekma claims that the 'male' subject was 'apparently' a 'heterosexual man', who showed no signs of gender inversion, apart from his clothes and his voice (1996: 224). Van der Meer's argument (1996: 137) that sexual inversion refers to the same phenomenon described by Ulrichs is specious. It is wrong to conflate sexual inversion with homosexuality or with transvestitism or transsexualism.

Whether Westphal's male cross-dresser resembles Ulrichs' male Uranian, is doubtful. As Hekma argues, Uranians do not necessarily show signs of effeminate behaviour, and they present themselves as men (1996: 220, my emphasis). Hirschfeld (1981: 148) claims that most homosexuals in the period did not cross-dress. Krafft-Ebing uses the term 'psychic
hermaphroditism', as an aspect of sexual inversion which might seem to shed light on the subject. However, this differs from Ulrichs' notion of a female soul in a male body (1886: 231-40). Storr (1998) rightly claims that Krafft-Ebing's 'psychic hermaphrodite' means bisexuality, although I read it as also including cross-dressing.

For Krafft-Ebing 'sexual inversion' is either congenital (1886: 230-61) or acquired (1886: 188-221). In the congenital form, Krafft-Ebing posits a perverse same-sex attraction as the determining factor. He clearly sees this as a constitutional homosexuality. In contrast, the acquired form is defined by 'a want of sexual sensibility for the opposite sex', as a functional sign of degeneration (1886: 221). However, Storr shows that Krafft-Ebing's reduction of the data into two forms of inversion elides the diversity and multiplicity of behaviours labelled perverse (1886: 16-19). Further, in both of Krafft-Ebing's 'congenital' and 'acquired' categories, there are four stages of possible development. As Storr (1998) argues, the cases of acquired sexual inversion that Krafft-Ebing (1886: 16) discusses are far from straightforward examples of exclusive love for one's own sex. All of them include people who initially desired members of the 'opposite' sex, prior to further sexual developments, in other directions. These stages bear resemblance to the process of development of a modern cross-gender identity, at least concerning how some people shift simultaneously from heterosexual to homosexual, and transvestite to transsexual.

Krafft-Ebing's four stages of metamorphosis move from heterosexual attraction, through a stage of feeling themselves to be women during sex and then toward delusions of having changed sex, which in a few cases, is followed by 'paranoia' (Krafft-Ebing 1886: 188-221). These stages certainly offer 'genealogical possibilities' regarding 'transsexuals and other transgendered people' (Storr 1998: 16). But they do so in terms of a pattern of identity development that resembles that of some transsexuals. Krafft-Ebing's interest lay in the degrees of degeneration from one's 'proper' male or female 'nature', in which a minority of people slid into the delusion of a 'sex change'. Prosser's claim that he was seeking to 'map the presence of transgender' (1886: 120) is presumptuous. Yet, Prosser's argument that Krafft-Ebing's four degrees of (congenital) sexual inversion respectively represent bisexuality, homosexuality, transgender/transsexuality and intersexuality (1886: 120) is substantial. Nonetheless, depending on the position of the reader, it is equally possible to read most of the case histories which Prosser views as transgender/transsexuality - appearing under the heading of 'effemination' (Krafft-Ebing 1886: 253-7), as being about homosexual men who love drag3. Krafft-Ebing's cases of 'clothes fetishism' also include one (1886: 165, case 107), that resembles Hirschfeld's
transvestite (1910). Finally, the circumstances of Eliza Edwards (see Krafft-Ebing 1998: 257), who had worn female attire since age fourteen and worked as an actress, bear comparison with patterns of conduct similar to those of twentieth-century transsexual drag queens (see Perkins 1983). A medical examination showed evidence that Eliza had experienced passive anal sex. There is however, no indication that she hated her male genitalia.

However, one of Krafft-Ebing's case studies of 'acquired' sexual inversion is noteworthy. It concerns a Hungarian doctor, who experienced 'physical sensations' of 'a change of sex' (Krafft-Ebing 1886: 200). In early infancy, he was a pretty child who was treated by girls as 'so much like one of themselves' (Krafft-Ebing 1886: 201). As a teenager he had 'a definite feeling of preferring to be a young lady', and 'had to exaggerate' in order not to appear feminine. He 'liked best to be at home' with his mother, 'who meant everything to him' (1886: 201).

He took special interest in women's masquerade costumes, but fear of ridicule prevented him from presenting as a woman. He mentions that his mother dressed him elegantly, and that he was ridiculed for 'girlishness'. As a wild student who duelled and drank, he refused dancing lessons; for fear that he would 'betray' himself. Fearful and envious of females, he was 'lovingly attached' to a male friend 'with a girl's face', and wished that they were both girls (1886: 203). He also liked putting on women's gloves and was treated 'according to the custom of women' by women (1886: 203). He adds that, 'Even on my marriage night, I felt that I was only a woman in man's form' and that 'it seemed to me that my place was under the woman', in sexual intercourse (1886: 204). His last claim reflects later ones, made by transsexuals (Benjamin 1966: 49) and, as shown below, transvestites (Hirschfeld 1910). For him, a 'passive' sexual role is possible because his wife 'is somewhat masculine', and the arrangement is more an 'amor lesbicus' (Krafft-Ebing 1886: 211). Other claims, that he thought he was a man with 'obscure masculine feeling', and that he 'thought he was a depressed man who would come out of himself' suggest that his 'gender identity' is uncertain and ambivalent. However, in mid-life, after a spate of illnesses, he was in a bath one evening, when he 'suddenly changed', and felt, 'exactly like a woman with libido' (Krafft-Ebing 1886: 205). A complicating factor is that he had just taken an overdose of hashish extract - 'three of four times the usual dose of it', so that he 'almost died of hashish poisoning' (Krafft-Ebing 1886: 205).
After this, the doctor's experience of feeling and thinking like a woman remained. His identification with women became 'total' (Krafft-Ebing 1886: 212). He also claims that prior to his 'change', he 'would not have shrunk from the castration knife' (Krafft-Ebing 1886: 202). This case thus fulfils both of my criteria for transsexualism. However, certain modern sexologists would regard the doctor's fetishism as disqualifying him entirely from transsexualism (e.g. Stoller 1968), or from 'primary' transsexualism (Person and Ovesey 1974a). Others would read him as a fetishistic transvestite who 'degenerates' into a transsexual (Bancroft 1989). For instance, he reports cross-dressing in the privacy of his room, which causes him sexual excitement, and states his primary attraction - to female attire (Krafft-Ebing 1886: 202). His 'only happiness' was, 'to see [himself] dressed as a woman without a feeling of shame' and his religious convictions save him from 'a great [unstated] lapse' (Krafft-Ebing 1886: 210). His idolatry of women, their clothing, their bodies and their maternal, caring 'nature' (1886: 213) resembles' Morris' (1974), discussed further below.

Krafft-Ebing, who received a letter from the doctor in 1893, claims that although he had not changed, his 'intellectual powers were intact and he was thus saved from paranoia' (1886: 214). However, Stoller argues that people who hallucinate body changes 'as if their anatomy were becoming that of the opposite sex', are psychotic rather than transsexual (1975: 151, see also Krafft-Ebing 1886: 218-221 and Freud 1911: 3-82, on the Schreber case). Prosser argues that although the entanglement of this case with paranoia caused some confusion in later categorisation, the patient is 'the most likely MTF transsexual' (1998a: 124) in Krafft-Ebing's study (1998: 124). The doctor's hashish induced psychosis nonetheless played a crucial role in his psychic break with masculinity. A close reading of Krafft-Ebing's text shows that the doctor is the only possible male candidate for transsexualism.

Prosser also discusses the case of Sandor/Sarolta (see Krafft-Ebing 1886: 284-91), a female aristocrat who lived as a man, and not simply for the purposes of sexuality. Sandor's disgust with his genitals and his 'horror' of his own menstruation may show that 'a much more fundamental rejection of bodily sex is at work than can be explained by homosexuality' (Prosser 1998a: 124). For Prosser, s/he is a transsexual without access to medical technology (Prosser 1998a: 125). It is equally possible however, to read Sandor as a lesbian. Cross-dressing prevailed among lesbians prior to the advent of 1960s gay and lesbian liberation movements (see Garber 1992: 139, 145, 146, 149, 231). Lesbians may also apply a transsexual-type narrative to describe their relation to the body. As Waters
reports, 'one lesbian wrote in 1963, "I have felt very strongly that I was a male...who had been put into the wrong body" (1998: 175).

Hence, the crucial issue is who decides 'what' this person - and the three others above, 'are', and on what authority and criteria, and for what purposes. Rosario claims that the problem of distinguishing transsexualism or homosexuality is due to 19th century sexology's collapsing of two distinct issues - gender inversion and same-sex attraction, into sexual inversion. However, these two terms are not necessarily mutually exclusive, as shown further below. Thus, Rosario conflates sexual inversion with homosexuality, in spite of his argument that sexology conflated diverse sexual and gender anxieties in the diagnosis of inversion (1997: 86). Raffalovich, a late nineteenth century French sexologist, shares his view, although Rosario (1997: 98) rightly criticises his strategy of pitting 'virile homosexuals against effeminate, degenerate ones', in the 1890's. For Rosario:

His campaign to normalise homosexuality was the forerunner of the political strategy employed by current homosexual apologists who campaign for the rights of "good" homosexuals by perpetrating the marginalisation of "bad" ones: cross-dressers, sadomasochism enthusiasts, flamboyant effemimates, and so on (1997: 98).

Raffalovich advanced the term unisexual, which resembles the current notion of homosexuality, a 'form of sexuality in which sexual attraction is directed towards a person of the same sex' (Petite Larousse 1985, S.V. cited in Rosario1997: 100). He attacked 'effeminate' novelists and sodomites, regarding Ulrichs' model of the female soul in a male body was inadequate because, 'some inverts were more virile than regular men and were attracted to men because of the invert's fondness for masculinity' (Rosario1997: 100). Raffalovich's efforts to exorcise the spectre of the effeminate homosexual from cultural awareness were repeated later, when transsexuals became the scapegoats of an exclusionary gay identity politics (e.g. Altman 1972: 134, 136).

Hirschfeld (1910), arguing that cross-gender conduct is atypical of homosexuals, constitutes homosexuality as normatively gender-intransitive. For him, fifty to sixty percent of homosexuals are masculine and only ten percent cross-dress (1910: 148). Hirschfeld challenged Krafft-Ebing's view that cross-dressing was a variant of homosexuality. He viewed transvestism as independent of homosexuality. Rather than unconscious homosexuality (1910: 188-9), Hirschfeld saw transvestism as an innate sexual disposition in its own right, containing elements of masochism and fetishism. However, his
arguments, as shown below, imply that both male transvestites and homosexuals have a very strong feminine identification.

His problematisation of the universality of the male/female dualism (1910: 17), in his theory of sexual intermediaries (1910: 122), is significant. His intermediaries are people who exhibit 'psychically strong admixtures of the other sex' (1910: 18). They include hermaphrodites and people who have secondary sexual characteristics resembling the other sex. They also include homosexuals, bisexuals, and people whose sexual practices involve gender inversion, such as men who act in a passive, feminine manner in sex with women. In group four Hirschfeld includes the four transvestites in his study, who had lived as another 'sex' (1910: 17-20). He describes intermediaries as 'manly formed women' or 'womanly formed men', at 'every stage' (1910: 215). Prosser's claim (1998a: 122) that Hirschfeld represents intermediaries as transgendered in some sense is substantial.

Hirschfeld adopted the term transvestite for the sake of brevity, in spite of his dissatisfaction with it. In a study involving seventeen case histories, he argues that the researched all have strong drive 'to live in the clothing' of the other sex (1910: 124, my emphasis). Hirschfeld also argues that all of his researched, 'know too well that a profound contradiction exists between their bodies and their souls...therefore one can understand that most of them wish they had been born female, a wish that is certainly expressed in great measure by homosexuals' (1910: 129, my emphasis). As shown below, the abovementioned 'drive' and this 'contradiction' are salient characteristics of transsexualism. Male homosexuals' wishes to be female might be explained partly by the contemporary social difficulties of being homosexual, or may reflect contemporary 'inversion' discourse, as grounded in a gender binarism.

Hence, it is quite possible that if GRS became available then it could have become a 'treatment' for homosexuality and transvestism. Later, perhaps it effectively did, as shown below. Parts played by Hirschfeld, who claims that transvestites have a 'soul/body' split (1910: 129) and Benjamin who claims that transsexualism concerns a mind/body split (1966) were crucial in this respect.

Further, four of Hirschfeld's sample of seventeen express a wish to be 'complete' women (cases 3, 9, 16, 17). Because four of the researched lived as the opposite sex, for periods of time (cases 1, 5, 8, 15), Bullough and Bullough argue that they 'might have become transsexuals' if they had lived at a later time (1993: 211). However, none express a hatred
for their genitals, which was later seen as a salient transsexual symptom (Pauly 1969). Eight of the men researched report substantial feminine gender conduct during childhood (cases 1, 3, 7, 9, 10, 12, 13, 16), which some regard as a crucial indicator of transsexualism (e.g. Stoller 1968). While Green (1987) argues that this is much more likely to predict homosexuality than transsexualism, Burich and McConagy (1985) show it is characteristic of 33% of transvestites in their study. However, for Hirschfeld, if transvestites consider themselves to be women, they are victims of the illness coined by Krafft-Ebing, 'metamorphosis sexualis paranoica' (1910: 182).

Hirschfeld's discussion of the case of a young, asexual twenty two-year-old man is also of interest. He draws from a study by Swiss sexologist Fourel, concerning this man, who insisted he was a girl, wore women's clothing and wanted to have a woman's career. There is no indication that he hated his genitalia. For Hirschfeld, this is a 'purely emotional inversion of the personality...a purely emotional hermaphroditism' (1910: 320-1). I surmise that the boy's father, an obnoxious drinker, contributed much to the boy's loathing of masculinity - and his subsequent feminine identification, as the best available option.

Hirschfeld divided transvestites from homosexuals on the basis of the former's heterosexuality, a separation that was later contested. The only female in Hirschfeld's study is bisexual. Of the sixteen male transvestites in Hirschfeld's study, nine were married and seven of them were fathers. Hirschfeld's argument that in most of his subjects, there is 'not a trace' of homosexual desire is problematic. He argues that the experiences of a couple who had 'experimental' sexual relations with men are not unusual for heterosexual men. For him, their experiences are 'transient and superficial', or a type of pseudo-homosexual conduct, a claim he justifies with the problematic idea that only the 'congenital' homosexual is the 'true' form (1910: 148). But, in four cases, transvestites' sexual fantasies contain homosexual content, or involve flirting with men. Further, in seven (cases 1, 3, 4, 5, 7, 13, 17) subjects preferred to be the passive partner with women in sexual relations, and some mention a liking for masculine women. As shown below, MTF transsexuals often choose men as sexual objects but some identify as lesbians. Hirschfeld discusses the narcissism of male transvestites who characteristically admire themselves when cross-dressed in front of mirrors and experience erotic feelings. Most in his study deny any such erotic feelings (1910: 156) but transvestites and some transsexuals (Burich and McConaghy 1977a, b) report them. Yet, who is looking at, or flirting with whom - in these mirror scenarios?
Studies by British sexologist Ellis (1913) led him to use the term sexo-aesthetic inversion, in place of transvestism. He later replaced it with the term Eonism 6, which, like homosexuality, he saw as an innate condition (1928: 110). Eonism described people who, although heterosexual, adopted the clothes, habits, tastes and dress of the opposite sex (1928). However, Ellis saw an identification with that sex, as the more complete form of Eonism. While less common, 'complete' Eonists so identified themselves with the 'physical and psychic traits' of the opposite sex, that they felt they really belonged to that sex (1928: 36, as cited in King 1993: 37). For King, his distinction 'comes very close to the contemporary one between transvestism and transsexualism' (1993: 37). However, for Fenichel (1930: 225), the person in Ellis' later study who desired castration kept deferring his request because he was fetishistic. Recall that fetishism, or sexual excitement associated with cross-dressing, excludes diagnoses of transsexualism for some (e.g. Stoller 1975: 147).

Binet, the French sexologist, argues that fetishism is part of 'ordinary love'. But he also argues that it was pathological, when it directed sexual life away from the purpose of heterosexual reproduction (see Binet 1887a: 144, as cited in Rosario 1997: 127). Binet's claim that fetishes were an effect of chance sexual impressions influenced Freud's exploration of whether perversions are innate or constituted through infantile sexual conflicts (1905a: 67, 87). Freud (1905a) drew from sexological data but broke with Hirschfeld and Krafft-Ebing by focussing on psychic mechanisms to account for inversion and perversion, rather than notions of innateness or hereditary degeneration. Although Freud fluctuates between biologism and constructionism (see 1905a), his contribution toward social theories of gender is valuable.

Freud doubted that 'inversion' was the product of an essential 'bisexual nature' (1905a: 52). He later gave the preservation of childhood narcissism a primary role in male homosexual attachment (1905b: 290). However, his *Three Essays on Sexuality*, with their ambiguities and discontinuities are not a 'normalising and normative synthesis' (de Lauretis 1994: 20). He questions 'the innate constitutional roots of the sexual instinct' (1905a: 87). His emphasis on the centrality of the unconscious (see 1915a), as shaping sexual object cathexis, led to formulations concerning an 'inverted' oedipus complex in his case history of the 'Wolf Man' (1918), briefly discussed below. This remarkable case history contributes to my account of the shifting, contradictory and conflicted constitution of transsexual subjectivity in section four. Freud's foregrounding of the role of repression in forging neuroses, particularly regarding the substitution of 'sexual aims' (Freud 1915a:
530), his analysis of fetishism (1927), and his claims about oedipus complex (1909, 1925), laid the grounds for psychoanalytic theories of transvestism. These theories represented transvestites less sympathetically than Freud may have.

Gutheil (1922), Stekel's German pupil and collaborator, provides the first psychoanalytic discussion of a case of transvestism. His account, grounded in the problematic notion of 'Electra Complex', shows the co-existence of transvestism, fetishism and homosexual desire in a woman. For Gutheil (1922: 293), 'psychic hermaphroditism' or the woman's strong masculine gender identification, is the basis of her transvestism. To read his study as merely an account of unresolved oedipal conflict between heterosexual and homosexual object choice is reductionist, because, as Gutheil argues, the 'deepest motive behind [the woman's] transvestism is to be man' (1922: 312) - a key motive later attributed to transsexuals. However, for this woman 'being a man' did not imply a repudiation of her genitalia.

Gutheil agrees with Hirschfeld that transvestism cannot be reduced to fetishism (1992: 317). However, he exposes Hirschfeld's ignorance of transvestites' incestuous attachments to parental figures in spite of substantial evidence, in the case of subjects 2, 4 and 5 particularly (Gutheil 1922: 314). In Gutheil's account, such attachments are the major psychic motive to cross-dress (1922: 314), and the neurosis proceeds from them to fetishism, and thence to transvestism (1922: 316).

In line with Hirschfeld's claims about transvestites (1910: 167), Gutheil argues that the patient's desire for copulation was slight. For Gutheil, her desire for men was displaced through attachment to their clothing (1922: 309) causing her to identify totally with the 'opposite sex'. Hence, he deems her homosexual (1922: 309). For him she is 'a manifest homosexual', whereas the homosexuality of transvestites is 'more frequently latent' (1922: 310). However, arguments that transvestites are 'really' homosexual ignore Freud's claims that desire oscillates between different sexual objects, 'in all of us, throughout life' (1920: 154), and that people's object choice is not necessarily exclusive to one 'sex' (1905a: 47).

Gutheil regards the patient's sexuality as based on an undissolved incestuous attachment to her father, who died when she was two, and lack of love from her mother (1922: 287, 294, 300). Significantly, although the patient is sexually attracted to women, she experiences orgasm and obtains far greater sexual pleasure by dressing as a man (Gutheil
1922: 281-9). Crucial to her 'flight from men', argues Gutheil, is an active castration complex, in which sexual energy is displaced to her clothing (1922: 310). While sexologists represent the dynamics of male transvestitism in similar ways, some regard 'fetishistic' female transvestites as an oxymoron (e.g. Stoller 1975). Stekel regards the woman's neurosis as more deeply based in childhood wounds to self-love, rather than based on her childhood attachment to her dead father's coat, and as dealt with later through identification as a man. He argues that her strong narcissistic component is derived from her mother's lack of love for her. He thus blames her mother for failing to socialise her properly as a heterosexual woman and seems unsympathetic to her request for permission from police to live as a man. Stekel gives her neither affirmation of her masculinity nor any credit for what she has made of her experiences of loss, rejection, desire and gender. She is 'euphoric' as a man. To regard her 'case' as one of either homosexuality, fetishism, transvestism - or transsexualism is reductionist.

Fenichel provides the earliest psychoanalytic account of a case of male transvestism. He disagrees with Stekel that transvestism is a mask for homosexuality. Nor, for him, is the transvestite simply a fetishist, because - like transsexuals, he wants to 'live altogether like a woman' (1930: 212, my emphasis). Fenichel argues that transvestism is not reducible to mother-fixation, given other characteristics or complexes, as follows: fetishism, masochism, exhibitionism, and narcissism, histories of seduction by sisters, aversion toward physical sexual relations, nakedness, and naked female bodies. While he acknowledges Hirschfeld's finding that some transvestites have a passion for masculine women, he claims that Hirschfeld's classification of transvestites as either asexual, homosexual, heterosexual and narcissistic is misguided (Fenichel 1930: 212, see also, King 1993: 36-38).

Fenichel draws from Freud's argument (1927) that fetishism is linked to castration anxiety, in which boys pose the defence of disavowal, which prevents them from accepting female castration. Fenichel's argument that fetishists, homosexuals and transvestites share a fundamental similarity in unconscious mechanisms that prevents its acceptance is mirrored in later accounts of transvestism (e.g Bak 1953,1968). Fenichel makes the crucial argument that transvestites' fetishistic relations with their mother's clothes and representation of themselves as phallic women serve to refute the idea of castration. He regards their 'narcissistic' and 'regressive' dispositions as similar to those of homosexuals. He also argues that their object choice is directed 'in the deeper mental strata' toward the father, and more superficially toward the mother (1930: 214-5).
Fenichel's tale of male transvestitism constructs women as having the perverse power to feminise males. Fenichel (1930: 217-8) argues that the patient's gender ambivalence arose through passivity toward a strict, domineering, cruel and castrating stepmother. Fenichel claims that his passivity was further forged by an older sister, who seduced him and dressed him as a girl. Upon discovering she had no penis, the transvestite began a pattern of secret cross-dressing, combined with masturbation. Perhaps the subject's guilt derives from his ambivalent identifications and transgression of the perceived intrinsic moral order of gender norms. His 'feeble' and 'passive-anal' father also gets the blame from Fenichel, for creating his 'perversion' (1930: 216, 222). While threats to the transvestite's masculinity seem to proceed from all quarters, Fenichel concludes that transvestism, as directed at castration anxiety reflects, 'at bottom a dread of impregnation by the father' (1930: 223). This speculation about the 'true meaning' of transvestite identity tends to undermine his assertion that transvestites are not repressed homosexuals. Fenichel makes substantial claims supported elsewhere that transvestites 'want to be perceived and loved as women, by women, but in subservient relation to them' (1930: 213-5 cf Krafft-Ebing 1886: 201, 211, and Hirschfeld 1910 as cited above).

Fenichel's claims reflect the psychic reductionism in classical psychoanalysis whereby, 'any other explanation becomes resistance' to its psychic 'truths' (Barrett 1988: 113). Fenichel's construction of transvestism as 'regression' resembles Freud's (1920) argument that female homosexuality is regressive. While an apparently close adherent to Freud's central ideas (see Brown 1966: 81,221), Fenichel does not seem to share Freud's opposition to claims that 'so called perversions' are abnormal 14. As King argues, Fenichel treats transvestites as 'a set of pathological symptoms' and has little focus on 'the subjects or their actions' (1993: 39). Fenichel's view of transvestism as a perversion created by pathological family relations took hold strongly in American Post-Freudian 'psychoanalysis' (e.g. Stoller 1968), after World War II.

As King shows (1993: 39), in the literature of the 1930s and 1940s, there were three salient notions of transvestism. One concerned masquerade or impersonation, which dominated popular literature and was discernible in sections of clinical literature. Another, as characterised by Ellis and Hirschfeld, saw transvestism as an intermediate sexual variation. Thirdly, it was regarded as pathological (e.g. Fenichel 1930). Fetishism was a guiding thread concerning Freudian-based theories. But in the 1970s, some sexologists regarded fetishism as not excluding transvestites from classification as transsexual.
King (1993: 39-40) also shows that medical technology was used in the service of social control of sexual dangers and oddities. For example, during the 1920s and 1930s, sex offenders were surgically castrated, following legal provision, in Germany, Holland, Switzerland, Finland and the Scandinavian countries, as well as in some states in the USA. Interest in the use of hormone treatments for this purpose grew in the 1940s.

Dr. Harry Benjamin, discussed below, took an interest in Hirschfeld's work on transvestites. Both drew inspiration from attempts by Steinach to change the sex of rats in 1902 (Meyerowitz 1998: 161), and Benjamin attempted to induce breast development in a male patient using hormone treatment, in the 1920s. Benjamin (1966: 12) records that in the 1920s, Hirschfeld received transvestites at his Institute for Sexual Research. The ostensible purpose of their visits was to gain his assistance for permission to dress as the other sex. But Meyerowitz (1998: 163) shows that Hirschfeld also recommended surgery for a female homosexual transvestite. She later lived as a lesbian. In 1930s and 1940s Europe, amid growing media publicity, more people desiring to live as women also began to use reembodiment technologies (Meyerowitz 1998: 161-63). At least two doctors were involved in early 'sex change' operations (King 1993: 41). Pauly (1965), an American sexologist, reports that about 28 cases of attempts at MTF 'sex change' occurred, prior to Christine Jorgensen's in 1953. Sixteen were castrated, seven had penectomies and six had an artificial vagina constructed, two of them as early as 1931. As King argues, the 'actual condition' of the patients was unclear, although Pauly (1965) describes them as transvestites (1993: 41).

Hence, transvestites sought reembodiment technologies or help to live as 'the opposite sex' prior to 1950. This casts doubt on Benjamin's (1966: 14) simplication that transvestites want to be 'left alone' and transsexuals seek help for their condition. Both transsexuals and transvestites are characterised by a desire to live as 'the opposite sex'; a preferred choice of self denied them prior to Hirschfeld and Benjamin's help, and the advent of available medicine. Hostile social contexts and pathologising discursive regimes also stood in their way. These circumstances, and charges that transvestites were perverts, constitute a recipe for promoting neurosis among transvestites. Neither Freud's claim that 'neuroses are the negative of perversion' (Freud 1913: 209) nor Stekel's counter-argument that perversion is 'the positive of neurosis' (1922: 15) take account of these conditions.
The earliest case of a cross-dresser seeking surgical intervention concerns a European woman. In 1882, a surgeon's efforts to render her genitalia more like men's 'masculinised her', but it is unclear as to whether this person was a pseudo-hermaphrodite (Bullough and Bullough 1993: 255). The best known pre-World War II 'sex change' operation was undertaken in Germany in the 1930s by a Danish male artist, who became Lili Elbe. Elbe also produced the first partially autobiographical account, of an MTF transsexual (see Stone 1991). Although Elbe had been married, she became convinced that 'a sort of twin being, a female, shared his body' (Bullough and Bullough 1993: 255). Meyerowitz notes that the book presented its subject as 'an occasional cross-dresser whose female personality had come to predominate' (1998: 163). Elbe died in the immediate post-operative period following the construction of a vagina, and prior to a proposed marriage to a male French painter. This 'case' can be read as one of transvestism, in which the subject develops a sense of a womanliness through practice. The availability of GRS allows this further corporeal materialisation.

To classify as transsexual the above cases where 'sex change' was sought or undertaken in the pre-1950s period is premature, given problems shown below of distinguishing transsexualism from transvestism. Further, Meyerowitz (1998: 161) shows that 'the concept of medicalised sex change did not depend on the invention of synthetic hormones or the development of sophisticated plastic surgery techniques'. Nonetheless, in 1950s America, GRS became a routine remedy for normalising intersexual bodies. Advances in surgery, anaesthesia, and the development of synthetic hormones in the earlier part of the century arguably made significant contributions toward this (Hausman 1995: 78).

GRS involves the realignment of body parts and/or hormonal treatment to fit a 'viable representation of a given sex' (Hausman 1995:78-9). Clearly, the schemas used for this purpose were grounded in a two-sex model, as based on cultural norms of dichotomised gender and heterosexual 'orientation'. As Hausman argues the nineteenth century absolutism of anatomical sex died in the process, so that 'there is no true sex, since no single component (e.g. chromosomes, gonads, hormones) can be invoked infallibly as the final indicator of sex' (Hausman 1995: 78-9).

As I read Hausman's claims about medical intervention regarding intersexuality in America (1995: 78-83), sexological discourse played a critical role in the development of functionalist and empirical concepts of gender. The clinical literature, in its concern about the subjects' social and psychological adjustment to a sex, was grounded in notions of

105
'psychosexual' behaviour/identity. For Hausman the basis of medical management plans was dependent upon psychological and emotional factors concerning the patients - and technological capacity (Hausman 1995: 82-3). The work of sexologists John Money and the Hampsons (1955, 1957) in producing the concept of gender role to help manage intersexual identity, was also constitutive of the discourse and medical treatment of transsexuals. As Hausman claims, the term 'gender role' was used, rather than sex role, because the behaviour of intersexuals was not be seen by Money and his colleagues, to be based purely on biological sex (Hausman 1995: 96)\textsuperscript{15}.

Their reasoning is sound here but Money's theory is deterministic, because 'gender role', or the behaviour of the actor as revealing category membership (man/woman), is seen as fixed, or irrevocably 'imprinted' in early infancy \textsuperscript{16}. As Hausman argues, Money et al.'s work produced a new essentialism that fixed identity within a heterosexual framework. As she claims, sexologists used social learning theory to argue that intersexuals' 'gender roles' were the outcome of gender socialisation within the family (Hausman 1995: 95-96). Later, Stoller supplemented the notion of gender role with the concept of gender identity, to theorise transsexual identity (1964, 1968, 1975)\textsuperscript{17}. Most importantly, around 1950, as King argues:

the idea of sex change began to dominate the literature. The new term of transsexual, arose to distinguish those seeking such a change from transvestites and along with the spectacular reporting of some cases in the media, medical reports in England began to define the boundaries of the new category (King 1993: 43).

Cauldwell (1949), an American psychiatrist, produced the notion of 'psycopathia transsexualis', applying it to a female patient who wished to be a man. The notion of a 'transsexualist' was coined in 1953 by Benjamin (1954) - immediately following Christine Jorgensen's 'sex change'. This crucial moment, as constitutive of notions of transsexual identity, occurred in a social context of profound 'sex and gender anxiety', accompanied by particular fears that boys' masculinity was at risk (Irvine 1990: 237, 70-3). For Irvine:

'Ex-GI Becomes Blonde Beauty' was the banner headline of The New York Daily News, of December 1, 1953, announcing Jorgensen's surgical transformation. It signalled the beginning of public awareness in the USA of transsexualism, and was the first step toward what would eventually become a major enterprise of medical sexologists on a global level (Irvine 1990: 257).
As King shows, the modification of Jorgensen's genitalia in 1953 was constituted as a 'sex change' by media reporting, rather than the surgeons. The medical team who operated upon her, saw Jorgensen as a homosexual man receiving treatment in the form of castration. Not until later did they see it as a 'sex change' (King 1993: 56; Sorensen and Hertoft 1979: 168). Jorgensen's actions must be contextualised in the contemporary socio-political climate in America. At the time of her operation, homosexuality was 'widely regarded as a menace in American society', during a period of 'witch hunts and purges' (Rubin 1984: 270, see also D'Emilio 1983: 40-53). Bullough and Bullough (1993: 259-60) argue that in the early period of treatment for 'transsexualism', many presenting for treatment were homosexual. They claim that 'homosexual orientation' was an early requirement for surgery in some of the gender identity clinics established in the 1960s, a requirement which was later dropped.

As Califia argues, the media subjected Jorgensen to a barrage of attention, which reflected a generalised 'gender paranoia' among Americans (1997: 23). As she argues, it was related to the 'hysteria' of an intense Post World War II media campaign, 'to get women back into the kitchen and men back into the factories' (1997: 23). Further, Califia's concern about Jorgensen's disdain for, and denial of, transvestism and homosexuality (see Jorgensen 1968: 157, 33), leads her to wonder if Jorgensen's 'biases' against them pushed her toward surgery, 'rather than less radical adjustments' (Califia 1997: 28-9). For Califia, Jorgensen was 'paranoid' about being gay (1997: 21). In the 1950s, American Post-Freudian psychoanalysts saw transvestism and homosexuality as perversions, associated transvestism with fetishism (e.g. Bak 1953), borderline functioning (Hora 1953) and the transvestite's creation of a phallic woman through fear of castration (Lukianowicz 1959).

Contemporary constructions of transvestism and homosexuality as perverse probably contributed to Jorgensen's rejection of an offer of psychoanalysis and her conviction that she was meant to be a woman (Jorgensen 1968: 51). She states that her surgeon, Dr. Hamburger, said that she was suffering an innate condition, which psychiatry could not cure (Jorgensen 1968: 92). Hamburger's advice probably convinced Jorgensen to seek a medical alternative. As a teenager, she was harassed for being effeminate, and became very troubled after consulting literature about sexual deviations from 'the closed shelves' of a library (Jorgensen 1968: 22). She tries 'to fit [herself] into a world that's divided into men and women...to live and feel like a man, but [she had] been a total failure at it' (1968: 43).
This, and further evidence below, implies that transsexualism is category constituted by the logic of Butler's matrix of gender intelligibility.

Further, as Person and Ovesey argue (1974: a: 9, cf Jorgensen 1968: 79), Jorgensen's conversations with a doctor prior to her GRS show that her conviction of femaleness is clearly an interpretation drawn from her reading of clinical literature. After reading medical literature about the effects of synthetic hormones, and taking classes in medical technology, Jorgensen obtained and self-administered the hormone ethinyl estradiol, prior to psychiatric assessment for GRS. Constructing herself as transsexual in and through discursive practices, Jorgensen effectively helped to construct transsexualism as an iatrogenic 'illness'.

As Kessler and McKenna (1978: 116) argue, prior to 1966 and the opening of the Johns Hopkins Gender Identity Clinic in the U.S.A. in 1969, the transsexual was a not separate diagnostic category in the clinical literature. Their further claim that it became so, 'largely because of advancements in medicine and cosmetology' (1978: 116), is substantiated below. In the process, 'the surgeons eventually triumphed over the psychotherapists' (Kessler and McKenna 1978: 116). Irvine's work (1990: 258) suggests that this was due to patients' determined insistence on GRS, as much as the claims of those sexologists who saw psychotherapy as useless for transsexuals (e.g. Benjamin 1954: 228). Hence, surgical intervention became the privileged remedy. But a major problem for sexologists remained - determining what constituted a transsexual.

Benjamin, an endocrinologist with biologicist leanings, began this quest. His work led to the formation of the Harry Benjamin International Gender Dysphoria Association in 1977 (Irvine 1990: 258-9), which still sets guidelines for medical treatment of transsexuals. After Jorgensen's operation, Benjamin viewed transsexuals as 'the most extreme group of transvestites who wish to change their sex because a transformation of sex is their foremost desire' (Benjamin 1953: 12, emphasis added). In this view, a fantastic desire - made possible by GRS, is the basis for a 'new' identity construct. As Irvine (1990: 258) claims, 'the medical diagnosis of a cross gender fixation consolidated in the mid 1950s', ten years before 'gender identity' became a central principle grounding discourse about transsexuals. This is evident regarding Benjamin's definition of 'the transsexualist', in an early paper (1954). This opportune paper was given at a 'symposium', on December 18 1953 - less than three weeks after Jorgensen's 'sex change' was completed. Benjamin makes the following distinction:
The transvestite wants to be accepted in society as a member of the opposite sex; he or she wants to play the role as completely and successfully as possible. The male transvestite admires the female form and manners and tries to imitate both with intensity that varies...Transsexualism is a different problem and a much greater one. It indicates more than just playing a role. It denotes the intense and often obsessive desire to change the entire sexual status including the anatomical structure. While the transvestite enacts the role of a woman, the transsexualist wants to be one and function as one (1954: 20).

Although Benjamin's distinction between transvestite and transsexualist bears a similarity to that made by Ellis (1928), he provides no evidence of a pattern of regularities to justify the construct 'transsexualist'. His criteria for inferring it hinge upon a slippery distinction between role playing at and 'being a woman'. The ontological stability of the latter is doubtful (Butler 1990a: 16-25). Further, problems with the prescriptive notion of 'role' (see Parsons 1959: 25-6, 236-48) are clearly demonstrated (see Connell 1979). How 'being a woman' gets established in the desiring subject, is a key issue taken up in my conclusion to this chapter. Further, for Stoller, 'transsexual desires are found in many people', although he claims that not all people who feel them are 'true' transsexuals (1975: 151). As shown further below, the proliferation of discourse about transsexualism enabled a very diverse group of cross-dressers to act on their desires, in furtherance of their wishes to live as the 'opposite sex' and obtain GRS. Transsexualism's burgeoning discursive power is evident in the publicity accorded Jorgensen, the hundreds of letters both she and Dr. Hamburger received in roughly equal numbers from FTMs and MTFs, as pleas for help, and the 'large demand' for papers given at the symposium in December, 1953 (Benjamin 1969: 3-4).

The rise of transsexualism's discursive power must be further located within 1950s America's oppressive, contemporary socio-political climate. Perceived internal and external threats to the functioning and coherence of 'democracy', 'society', 'family', 'masculine heterosexuality' and 'identity' were rife. Legal sanctions constrained cross-dressers from entering public places (Benjamin 1954: 27, see also Sherwin 1969: 417; James 1969), and they could even be prosecuted for cross-dressing in their own homes (Benjamin 1966: 41). 'The profound secrecy' that attended their circumstances (Benjamin 1954: 27) is understandable, in a climate of anti-homosexual persecutions, political witch-hunts and crusades (see Rubin 1984: 270).
In this context, Benjamin the humane 'expert', became the benefactor and advocate of 'transsexualists'. Later, Benjamin proposed four reasons that people had for wanting a 'sex change'. Linking the sexological discourse with the social context described above helps to show why 'transsexualists' focussed so heavily on obtaining reembodiment technologies. People's need for them is thus partly explained by the immense contemporary difficulty of transforming their legal and social treatment. Benjamin cites the problems confronting transsexuals' as unmet needs to have [hetero] sexual pleasure, to live in the preferred gender, to end the fear of legal consequences of public cross-dressing, and to end their harassment and embarrassment (1966: 113-4). Although Benjamin recognised these issues as social and legal, medical 'solutions' predominated.

As Califia argues, Benjamin was 'practical', and 'compassionate rather than moralistic', in his efforts to assist transsexuals (1997: 52-3). Later, his work, The Transsexual Phenomenon. (1966), made him the major authority on the subject. Benjamin (1966: 46-69) casts his medical gaze over these unhappy transsexuals, offering diagnostic criteria and a technological fix. His claims reflect contemporary professional struggles between disciplines over transsexualism, as to whether 'nature' or 'nurture' was responsible. In his study of 152 transsexuals and transvestites, he claims that constitutional or 'organic' factors are more likely causes, than social 'conditioning'. For him, research in genetics and neurophysiology may explain transsexualism (1966: 163). In an earlier paper Benjamin argues that 30% of transsexuals have a biological anomaly (1964). As Stoller argues, he provides insufficient clinical evidence to support this (1968: 85). Benjamin also dismisses prior claims (e.g. Gutheil 1922), that transsexualism is a masked form of homosexuality, and argues with some justification that Freud would not deny a 'a possible constitutional basis' for transvestism. For him, current psychoanalytic theories are so inflexible as to be 'something like a cult if not a religion' (1966: 39-40). But in spite of his contempt for psychoanalysis, Benjamin uses psychiatric categories, in his discussion of various 'pathologies' that affect transsexuals (1966: 47-49, 51-2, 67-8).

Benjamin claims that transsexuals have 'a greater degree of sex and gender role disorientation' than intermediates and transvestites (1966: 33). The influence of functionalist socialisation theory seems apparent here. But as Benjamin argues:

\[\text{attempts to define and classify the transvestite and the transsexual appear vague and unsatisfactory...because a sharp and scientific separation of the two syndromes [transvestism}\]
and transsexualism] is not possible. *We have as yet no objective methods at our disposal to differentiate between the two* (Benjamin 1966: 21, my emphasis).

Benjamin's solution to this problem, is a scalar model, which places transsexuals and transvestites on a continuum. Hence, transvestites are those who like to cross-dress but do not desire to alter their bodies. Between this group and transsexuals, are the intermediates, as wanting to experience some physical changes, such as breast development, but not GRS. Transsexuals are 'more emotionally disturbed' than the previous groups because they regard their genitalia with disgust. However, their desire for surgery is either 'moderate' or 'intense' (Benjamin 1966: 18). Benjamin also uses the Kinsey sexual orientation scale, (Kinsey et al. 1948), to rate erotic preferences across this continuum. The 'moderate intensity' transsexuals rate between 4 and 6, and those with 'high intensity', rate 6 - the 'classic' case. For Benjamin, unlike most transvestites, male to female transsexuals almost invariably desire men (Benjamin 1966: 20-3). The major problem is that Benjamin's schema is based on differentiating people according to their desire for GRS. It barely considers the psychical processes and does not account for shifts in subjectivity over time.

Benjamin (1954) also anticipated ethical and professional concerns about the legitimacy of GRS within medicine. He draws boundaries, concerning the 'right' authority for assessment of patients, arguing that psychiatrists must have 'the last word', in decisions about whether patients should have a 'sex conversion operation' (Benjamin 1954: 25). His disdain for psychotherapy, as useless for transsexuals (1966: 91), his contestation of the dominance of psychology and psychoanalysis in the field of 'sexual deviations', is grounded in a faith in 'biological facts', and in biological psychiatry (1966: 72). By 1980, psychiatry, as an arm of medicine, had codified transsexualism as a diagnosable syndrome. Problems with the diagnostic category are shown further below. Sexological discourse shaped its criteria through efforts to establish the aetiology of transsexualism. I thus explore major theories of MTF transsexualism below.

### 3.4 Sexology and the Aetiology of Transsexualism

Below, I interrogate the foundations of major 'psy' theories that emerged from the 1960s, concerning MTF transsexualism's aetiology. I show that notions of identity, gender identity, gender role, and the binarisms of sex/gender, mind/body, and masculine/feminine, came to govern sexological discourse about transsexualism, and to ground its discursive
power and meaning. I show how sexology's notion of transsexualism as pathological emerged and persisted, either in ideas of biological anomaly or as individual maladjustment to social norms caused by familial failure. Grounding both ideas, is the notion of an idealised [heterosexual] gender normativity that spurred psychiatrists, Post-Freudian psychoanalysts, surgeons and endocrinologists to manage, treat, 'correct' or eliminate, gender-crossing behaviour. Their concern with aetiology and treatment coincided with efforts discussed below, to promote 'normal' childhood gender development.

The major focus is a comparison of two major 'psychoanalytic' perspectives about the causes of MTF transsexual identity (Stoller 1968; Person and Ovesey 1974a,b), which arose in the USA during the early growth period of transsexual medicine. Problems are also shown in theories that followed (e.g. Docter 1988). My critique draws from Freud's work, given his useful contribution to social theory about gender and sexuality (see Connell 1987: 194-8). I do not propose a comprehensive psychoanalytic theory of transsexualism. Rather, I use Freud's claims (e.g. 1918), May's (1986), Connell's (1987), de Lauretis' (1994) and Butler's (1990a,b) to unravel paradigms and theories concerning MTF transsexualism. I cast serious doubt on the transsexual/transvestite distinction and problematise sexological representations of transsexuals' sexualities. I show that transsexual identity is a signifying practice dependent on creative technologies of the self. The process entails cross-gender fantasies and practices, which, in tandem with crucial encounters with discursive and social power, create intersubjective conflict. Further encounters, with clinicians and sexological narratives about transsexualism, help the subjects to link their developing gender practices with the identity construct of 'transsexual'.

During the 1960s, the USA was the epicentre of an experimental project to discern the causes and treat the 'symptoms' of transsexualism. Increasing numbers of people requested GRS (Irvine 1990: 258), fostering sexology's preoccupation with the aetiology of transsexualism. Early psychiatric diagnosis of this 'condition' essentially rested on self reports (Irvine 1990: 258-9), and surgical solutions prevailed, contingent upon the kind of narrative subjects produced (Irvine 1990: 261). This remarkable situation was due to lack of official diagnostic criteria for determining transsexualism. However, Green and Money's Transsexualism and Sex Reassignment (1969), became the first sourcebook for diagnostic and other medical purposes, and a gender clinic was opened at Johns Hopkins Hospital in 1969. As Stoller, claims 'transsexualism was scarcely an issue for physicians until a few years ago' (1968: 250). From this period, about fifty articles appeared each
year, in sexological journals (McConaghy 1993: 81). The 'psy' discourses discussed below, were shaped by a medical model which emerged in the 1940s and 50s (see Connell 1987a: 191-211), and influenced their claims about transsexualism. The models of self it entailed were amenable to 'cure' through medical intervention.

Further, McConaghy, an Australian psychiatrist, argues that once transsexualism was recognised as a clinical entity, theories of aetiology stimulated formulation of the concept of 'sex identity'—usually referred to as gender identity (1993: 162). Stoller (1968; 1975) particularly, explored how people get their sense of 'maleness' or 'femaleness' and how it became 'distorted' or reversed, in the process of socialisation. Object relations psychoanalysts (e.g. Person and Ovesey 1974a,b, 1978) also adopted a notion of gender identity in their exploration of this process. Both perspectives, as grounded in a notion of bipolar gender identities, constitute normalising regimes of the self.

Notions of identity and gender identity are products of ego psychology, an approach which contradicts 'the basic assumptions of psychoanalysis', chiefly, that of the unconscious (May 1986: 177). This school of thought, having a passion for structure, became dominant in an American cultural context of 'flux and disorganisation' (1986: 180). The notion of identity was invented by Erikson (see Erikson 1959: 111, as cited in May 1986: 179). As May argues (1986: 179), 'it is an ambiguous term, with distinctly American appeal', which extols 'an assured sense of inner continuity and social sameness'. Further, it implies 'a substantial degree of organization and unification of internal experience that is not true to the actual flux and contradiction of people's internal worlds and experiences of self' (May 1986: 181). As May also argues, the concept of gender identity is of narrow clinical and theoretical interest, although his claim that 'virtually every human being has a clear and stable gender identity by age five' (1986: 183), is usefully problematised by Butler (1990b). As argued, the impossible ideal of a unified gender identity became a major ruse of transsexualism's discursive power. As serving to suppress or erase the 'fluid excess' or feminine otherness within male subjects (see Cornell and Thurschwell 1987), it had utility for those seeking to constitute themselves as transsexual.

During the 1960s and 1970s, two broad schools of sexological thought, organised by counterposing notions of 'nature' and 'nurture', emerged concerning the aetiology of transsexualism. Although several researchers often qualified their claims by speculating about 'interaction' between biological and environmental forces, the arguments generally fall into either camp. Essentialist, biological origin theories (e.g. Benjamin 1966, 1969;
Money and Primrose 1969) were common, although speculation that transsexualism was a product of the family and social environment, was rife (Green 1974, Pauly 1969). While some directed attention to foetal hormonal factors as determining 'psychosexual identification' (e.g. Erhardt and Money 1972), others were more convinced that intra-family psychodynamics were causative (Stoller 1968, 1975; Person and Ovesey 1974a,b). These differing perspectives were developed in further research.

Sociobiological theories of transsexualism (e.g. Eicher et al. 1981) also arose. Most recently, Jiang-Ning Zhou et al. (1995) argue that gender identity is a product of localised brain difference, as produced by interaction between brain development and sex hormones. There are problems with theories of this nature (see Spanier 1991), which I do not have space to elaborate below. However, the 'nature' thesis remains as inconclusive as the nurture thesis, and the status of necessary conditions for inferring transsexualism remains contested.

Discourse about transsexualism is grounded in binarisms of mind/body (Benjamin 1966) and sex/gender (Stoller 1968). These binarisms helped to codify transsexualism as diagnosable illness. They also had the effect of enabling splits within bodies. Crucially, they supported medical reembodiment projects, which aim to 'correct' the transsexuals' bodies, so that they 'fit' their minds. This notion grounded Benjamin's (1966: 91) advocacy of GRS for transsexuals. It also gained legitimacy because of the prevailing notion that 'core' gender identity was fixed in the pre-oedipal phase (Stoller 1968). Notions of gender identity drawn from Stoller's work became a key essentialising norm, in the discourse about transsexuals.

Further, as Irvine argues, the sexological schemas constructed demand, 'the internal consistency and permanence of gender identity, gender role and sexual preference' (Irvine 1990: 267). Moreover, sexology constituted gender related problems, 'in terms of roles and identities to be learned, accommodated and negotiated within the context of marriage and family' (Irvine 1990: 234). As Irvine claims, the notion of role permeated clinical and sociological literature, so that 'dysfunctions' in family relations were traced to deficiencies in 'sex role function within the family' (1990: 237). Hence, issues regarding gender and power become individualised, so that 'psychology becomes a matter of rearranging the social structure, or as in the case of transsexuals, of individuals 'learning a new role' (May 1986: 176)18.
Certain Post-Freudian proponents of the 'nurture' thesis (e.g. Stoller 1968; Person and Ovesey 1974a,b; Beitel 1986), grounded their claims in a blend of ego psychology, social learning theory and object relations theory. These male centred approaches organised a discourse about boyhood femininity, transsexualism and transvestism, which constructs malsocialisation by families as causative. Considerable importance was attached to the need for boys to disidentify with their mothers, as crucial to their normal development (Greenson 1968).

'Proper' management of children's gender conduct by families, especially boys', thus became a central focus of sexological discourse. The discourse produced theories of gender socialisation which amount to theories of maladjustment (see May 1986). Its cornerstone is mother blaming, although 'absent' fathers are also given a role. For Stoller (1968), transsexualism emerged through an overly close mother and (male) child 'symbiosis'. For Green (1974), children's learning of gender 'inappropriate' conduct, as encouraged by parents, was a cause of gender identity conflict. He argues it could lead to transsexualism, although he also suggests that biological anomalies may be responsible. Sexologists' claims about 'failed', 'proper', or 'good enough' mothering prevailed. Variations included mothers or parents who failed to discourage inappropriate feminine behaviour in boys (Green 1974), transsexual-creating mothers (Lothstein 1983), mothers who don't 'confirm their boys' maleness' (Beitel 1985) and 'lack of empathic mothering' (Person and Ovesey 1974a). 'Over involved' pathological mothers and 'absent fathers', are the scapegoats in Stoller's discourse (1968). He advocates careful monitoring of mothers' conduct toward children - in the interests of the 'science' of personality theory (1968: 277).

These discourses are preoccupied with regulating motherhood so as to ensure the masculinity of boys. Stoller (1968) draws from the premises of object relations theory, role theory and ego psychology. Theorists of the object relations school refute Freud's claims (1931) that the development of female sexuality is more troubled than male sexuality. For example, Stoller, like Greenson (1968), argues that are 'special problems' for a boy, in developing his masculinity, because of close attachment to his mother. The argument is that, unlike girls, boys have to surmount this identification, a task which Stoller regards as frequently incomplete. For him, the threat of children being 'engulfed' or feminised by their mothers, makes it imperative that males become boys (1968: 263-4)\(^\text{19}\).

Stoller (1968,1975) seeks to bring order to disorderly, individual gender configurations, with a particular concern to eliminate 'gender deviance' in boys. As shown below, his
regime of identity grounds his theory of transexualism, as focussed overwhelmingly on boys, and serves this purpose. Stoller's notion of 'core' gender identity constitutes an ideal of unified, homogenous subjectivity. It is a masculinity effect of repression that serves to collapse the disorderliness of 'male subjectivity' into a spurious whole.

For Stoller, MTF transsexuals are not able to separate themselves from identification with femaleness and femininity, because their mothers' prolong an intense 'symbiosis' with their boys (1968: 263-4). He supports his claims with interview material which attempts to show that the mothers of 'pre-transsexual' male children prolong symbiosis and feminise them. However, it is doubtful whether these are pre-transsexual boys. Green's (1987) longitudinal study of 'sissy' boys shows that the patterns Stoller describes almost invariably lead to homosexuality. Stoller's interviews with the mothers (1968: 277-348) show clearly that the boys are actively constructing themselves as girls. He portrays their mothers, who fail to oppose and expunge their cross dressing, as 'empty', 'penis envying' and 'angry' women, who are overly permissive (1968: 279). Stoller fails to account for the boys 'creativity and resistance', to conventional notions of gender (see Connell 1987a: 194).

Stoller's key argument is that children develop a 'core' gender identity, or 'the persistence of one's self as male or female' (1968: 39-40). Although he claims that transvestism and transsexualism are both 'severe disturbances of gender identity' (1968: 176), he maintains that only transsexual boys develop a 'core' female gender identity. For him, sex, along with gender, as masculinity or femininity, and gender role, as overt behaviour which establishes a person's position in social relations, all cohere in 'normal' people (1968: x). This normative notion of sex-gender coherence, serves to falsely stabilise his notion of 'identity' and explain contradiction and ambivalence as pathological. Empirical notions of gender, such as the idea that masculinity and femininity are measurable and quantifiable substances (1968: 9) also underpin his claims. Yet Stoller admits great difficulty in defining identity and gender identity (1968: viii-ix).

For Stoller, sex is 'maleness' or 'femaleness' (1968: 29). However, he argues that a subjective 'sense of maleness' (or core gender identity), becomes permanently fixed, 'long before the classic phallic stage', which lies between age 3 to 5. The 'sense of maleness' derives from a child's awareness of the anatomy and physiology of the genitalia, and the 'attitudes' of parents, siblings and peers toward the child's gender role. Crucially, it is not dependent on the possession of a penis, which 'augments' the sense of maleness.
However, although the penis is 'not a sine qua non' (1968: 58), it is still 'the clearest sign of maleness' (1968: 185). Stoller's idea that 'sex', although an objective entity is also socially constituted and potentially unstable, rather than the firm foundation of identity, is contradictory.

Further, Stoller (1968: 40) assumes the part of gender policeman, when he argues that an affirmation of children's 'sex' is required by parents, to ensure that the child's gender complies with a masculine/feminine binarism. Here, and elsewhere, Stoller's insistence on gender coherence, according to an exclusionary, binary logic, pathologises mixture and plurality within gendered subjectivity. As Butler argues, phallogocentric assumptions ground the notion of gender identity, which constitute the fiction of coherent and discrete gender identities within a naturalised heterosexual frame (Butler 1990a: x).

For Stoller, transsexuals are those who want to 'do away with their undesired maleness' (1968: 189) and mothers are responsible for wrecking it. Stoller's case history of Lance, aged six, who had cross-dressed constantly from age one, purports to be an analysis of how his mother turned him into a transsexual. Stoller's presumptuous classification is based on his belief that Lance's cross-dressing is 'non-fetishistic', a claim that ignores the unrestrained sensuality of Lance's practices. His mother is described as, 'a strongly bisexual woman with severe penis envy derived from her male parent and siblings', whose 'excessive permissiveness...helped to corrupt the child' (Stoller 1968: 118-20). For Stoller, Lance's mother was not helped by her own 'empty' mother, to 'learn femininity', and her 'bisexuality' is evident from an inappropriate 'mixture of masculine and feminine identifications' (1968: 112). Stoller's model of personality resembles others that present:

[an] homogenous picture of the core [which] misses and marginalises that mixing of elements of gender which classical psychoanalysis referred to as normal bisexuality and which even scalar conceptions of personality have now acknowledged as important' (Connell 1987: 194).

Further Stoller's analysis of Lance's mother and her child, implies that identity should be non-contradictory and conflict-free. Hence, his insistence on the singularity of gender identity leads him to pathologise the 'bisexuality' in her personality. Thus, here and in his interviews with mothers (1968: 277-349), he constitutes a fictive 'normality', by consigning 'male transsexuals' and their mothers, to a subordinate domain of pathology.
These discursive manoeuvres turn upon Stoller's deployment of his normative notion of a 'core' gender identity. It derives firstly, from his claim that 'postnatal psychodynamic factors', is a powerful contribution to gender identity. Secondly, against the view of some social learning theorists, he 'believes' that there is a 'degree' of innate biological disposition to gender (1968: 83). Thirdly, this essentialising 'core' rests on claims tied to biologicistic notions of gender, so that, for Stoller, girls' femininity exists prior to the phallic stage, just as a primary masculinity does for boys (1968: 58-9, 63-4). This notion rejects Freud's inference that there are no significant psychological distinctions between boys and girls in the narcissistic pre-oedipal phase (1925). While Freud is criticised for overemphasizing 'the analogy between the attitude of the two sexes' (Freud 1931: 229)20, Stoller ignores that Freud (1933) revises his earlier claims.

For Stoller, the notion that 'little girls believe themselves to be castrated boys' is absurd and prejudicial conjecture, because it is obvious to him that 'definitive signs of femininity' precede the phallic and oedipal phases (1968: 63-4). The notion that gender develops in the pre-oedipal phase, with differing implications for boys and girls, has considerable support in object relations psychoanalysis. It foreshadowed consequent remappings of the psychic and historical process constitutive of gendered subjects (see also Connell 1987: 202-3). However, the idea that there are clear, settled libidinal 'phases' following in linear progression, rather than intertwined processes which may persist unconsciously during adulthood, is doubtful (see Mitchell 1974: 27; Cornell and Thurschwell 1987).

Stoller presents an idealised model of personality that Freud would surely reject. As Freud argues, the ego is 'a frontier creature' that defends against perceived internal and social dangers to the self (1923a: 476-7). Freud's discussion of a case history of fetishism shows how the ego fragments, in the service of self-preservation (Freud 1938). He then applies the notion of splits in the ego to neuroses in general (see Freud 1938: 274n). Subsequent psychoanalytic theories about the ego's status, cleave broadly into those which adopt conceptions of the ego as either fundamentally, alienated, narcissistic and unstable (e.g. Lacan 1977), or as rational, centred and knowing. Stoller adopts the latter position, because he wants to recover a notion of 'whole personality'. Hence, he merges the ego with 'identity' and removes the Freudian idea of conflict between different layers, 'phases', or ongoing, unconscious aspects of personality (see Connell 1987a: 194).

Stoller equates identity with the 'I', because of his concern that the 'I' disappears 'when dissected into ego, superego and id (1968: viii). Thus, he abandons crucial parts of
'Freud's pioneering work', (1968: x), by collapsing 'self, ego identity and self representation' (see 1968: x), into a stable, static persisting 'I', as 'identity'. Further, Stoller (1968: 39-40) implies that children aged between one three in the pre-oedipal stage, obtain a centred 'I' who can know, that 'I am male' (Stoller 1968: 40). This notion of essentially rational self assumes an unlikely correspondence between adult and infantile attributions of gender (see Kessler and McKenna 1978: 103-9)\textsuperscript{21}. Secondly, Stoller's model makes the infant's self-recognition of his maleness dependent upon:

a cognitive act, central to the structuring of emotion without acknowledging either the social structuring of such cognition...or its dependence on emotional processes that are not cognitively organised (what Freudians call primary process) (Connell 1987a: 194).

Stoller's notion of 'core' gender identity, as a fixed sameness or oneness, resurfaces in Person and Ovesey (1974,ab) and Beitel (1986), in efforts to discern transsexualism's aetiology. They use object relations theory, formulated as humanistic 'science' and containing revisions of Freud problematised below. Proponents of object relations theory differ on certain issues. However, they all view people as essentially 'object seeking' and as in need of 'real' others, rather than as having projected or narcissistic relations with others, or as seeking to 'reduce tension drive' (Flax 1990: 110-11)\textsuperscript{22}. The idealised notion of a stable, knowing 'core' self, as coherent, self-identical and as tied to gender identity, organises the discourse in object relations theory (see Flax 1990: 110).

At the core of Person and Ovesey's (1974a,b) proposals is object relations theory's notion of 'good enough' or 'unempathic mothering' and claims that gender identity is 'normally' stable and secure, by around age three. The authors regard the MTF transsexual 'disorder' as a result of mothers' failure to cater for children's unique, individual needs, thus disrupting their core gender identities. Person and Ovesey's framework also derives from Kernberg's (1959) notion of borderline personality, in which the self is diffused and hovers between neurosis and psychosis. It allows them to construct transsexuals as 'ego-defective', 'borderline' personalities (Person and Ovesey 1974a: 18-9, 1974b: 188).

Beitel (1986) centres on the notion of a dissociated or split cross-gendered self, so that MTF transsexualism is derived from a splitting of the ego. He too, holds 'unempathic' mothers' responsible - for failing to confirm transsexual boys' 'maleness'. For Beitel (1986) a spectrum of gender identity disturbances leads to the formation of either a visible, if 'false' cross gendered self, or a 'secret' one, where it is hidden from other people.
Person and Ovesey's data (1974a: 16), discussed in detail below, contradicts Beitel's equation of the 'false' self with transsexualism and the 'secret' self with transvestism. In *all ten* of their sample of 'primary' transsexuals, childhood cross-dressing was 'surreptitious'. Their three-tiered classificatory schema also exceeds Beitel's transvestite/transsexual typology, but both accounts noted above institute a hierarchy of cross-dressing pathologies. Further, Beitel's implicit notion of a 'true', singularly gendered self grounds the 'false' transsexual self. This true/false binarism fits comfortably with object relations theory, which, in its ego-psychological language, posits that 'pathologies' can be 'cured', through 'readjustment' to new 'roles'. This is characteristic of a peculiarly American optimism and pragmatism (May 1986: 177) and is also reflected in Benjamin's approach (1966).

For Person and Ovesey, MTF transsexualism is the outcome of unconscious engagement in fantasies of symbiotic fusion with the mother (Person and Ovesey 1974b: 175). Key to this, are claims that gender 'disorders' are due to transsexuals' 'unresolved separation anxiety', arising from unempathic mothering, during the first four years of boys' lives. They also link the anxiety to instances of prolonged mother-child separation. Hence, for them, transsexualism is a result of disruptions to the self, as child development progresses along a 'separation-individuation gradient' (1974a: 5).

However, Person and Ovesey break with Stoller, by dividing MTF transsexuals into primary and secondary 'syndromes', and classifying them as asexual, homosexual and heterosexual, on the basis of reported sexual behaviour patterns. The 'primary' group comprises those whose gender identity varies from biology at an early age - the true or 'asexual' transsexuals, in the authors' schema. In these cases, the 'disorder' progresses from the pre-oedipal stage to the oedipal phase (Person and Ovesey 1974a: 5). 'Primary' transsexuals are said to allay their separation anxiety in a symbiotic fusion with their mothers, and thus become asexual. The attribution of 'asexuality' on this basis is suspect. I return to and focus on it below because it also implies lack of a sexual disposition.

The 'secondaries', as respectively 'homosexual' and heterosexual - or 'transvestic' transsexuals, are said to quell the anxiety by resorting to transitional objects and part-objects, and 'develop' later into transsexuals. For them, adolescent stress and trauma are said to produce 'regression' that reactivates mother-fusion fantasies, and leads to the 'full blown' transsexual syndrome (Person and Ovesey 1974a: 6). Person and Ovesey posit that
heterosexual and homosexual transsexuals have a disturbance in ‘gender role,’ and ‘true’ (asexual) transsexuals a ‘deeper’ one, in gender identity (1974a: 5).

This reification of normative notions of ‘gender identity’ is characteristic of theories of transsexualism. They are grounded in binary oppositions, which constitute and mandate normative patterns of clean separation between mothers/boys and masculine/feminine. While Person and Ovesey (1974a,b, 1978) demonstrate the failure of unified, coherent, gender invariant, ‘male subjectivity’, they constitute a split between ‘normal’ and ‘deviant’ genders 24. As de Lauretis claims in her reading of Freud (1905a), the normal is ‘an approximation and a projection’ (1994: 23). The American ‘psy’ discourses discussed in this section also assume a masculinist model of self. They privilege ‘manliness’ and its presumption of ‘autonomy’ and ‘individuality’, as characterised by distance and separation from, rather than connection with, feminine doings and females.

Person and Ovesey’s claim that the patterns of gender identity construction they describe, are ‘symptomatic distortions of gender’ (1974: a6) rests on a notion of discrete and ‘authentic’ gender identity. This notion, and Beitel’s dichotomisation of true or false self reflects the grounding of object relations theory, in a clean differentiation of masculine/feminine subjectivity 25. While Person and Ovesey contend that male transvestites are ‘outside’ of ‘normal masculinity and femininity’ (1978), ‘normal’ femininities and masculinities are shifting and unclean, or ‘internally fissured and in tension’ (Connell 1987a: 209).

Person and Ovesey’s study implies that male transvestite, homosexual and transsexual subjectivities are not so discrete as previously assumed. They downplay the glaring ambiguity of their assembled categories of asexual, heterosexual and homosexual transsexuals – in spite of noting that ‘some’ subjects ‘straddle two or even three’ of them (Person and Ovesey 1974a: 6). The authors then explain the differences between asexual, heterosexual, and homosexual MTF transsexuals as merely ‘different ways of handling separation anxiety’ (Person and Ovesey 1974a: 5). These attempts to structure and order transsexuals’ complex and shifting subjectivities lose the movement of their libido, as ‘a formless energy that flows hither and thither’ (May 1986: 180). In privileging separation anxiety and the narcissistic pre-oedipal ‘stage’, Person and Ovesey (1974a) sideline the vicissitudes of desire which characterise the oedipus complex. For Person and Ovesey (1978) sexual motives for cross-dressing imply transvestism, which derives from
unresolved and intense oedipal struggles, in which 'female clothing' comes to represent the mother as a 'transitional', incestual object.

Although 'asexual' transsexuals are presumed not to relieve their anxiety by resorting to 'transitional' objects, data from Person and Ovesey's case studies explored below suggests otherwise. I explore details from the two case studies supplied out of their sample of ten 'asexual transsexuals', bearing in mind Benjamin's claim that psychoneurosis among transsexuals is 'more pronounced the greater the sexual frustration' (1966: 51).

These two case studies provide glimpses of the immense difficulty for the subjects to choose a preferred gendered self during childhood. Parents foreclose the subjects' choices. The first, whom I shall call boy 'A', was 'severely berated' by his mother for cross-dressing at age ten and desisted until four months prior to GRS. Boy 'B', who bravely expressed a preference to be a girl, was discovered while cross-dressed around the same age by his family and forbidden to do it again. The two subjects report having engaged in 'rare' or 'very occasional' childhood masturbation. All in the sample report that their childhood cross-dressing (which began between ages three and ten), had no erotic component (1974a: 11-12), so that for the authors, 'asexuality' and self-loathing, particularly of the genitalia, define 'primary transsexualism'. On this basis, they argue that the clothing represents nothing but separation anxiety for the boys (Person and Ovesey 1974a: 17). This proposition is problematised by Bentler's data, showing that prior to GRS, cross-dressing has an erotic component for 18% of 'asexual transsexuals', for 50% of 'heterosexual transsexuals' and for 23% of 'homosexual transsexuals' (1976: 574).

As Flax argues, object relations theory desexualises the notion of self. Hence, Person and Ovesey's emphasis on object relatedness, unlike Freud's 'libido' theory, obscures 'the non-object related aspects of sexuality and desire' and de-sexualises the mother-child relation (see Flax 1990: 110). For Freud the repression of incestuous desires in the oedipus complex is the ground of neuroses (1909), although he later doubts the centrality of the complex in this respect (see note 20). But for him, the oedipus complex - complete resolution of which is an ideal, has a double orientation, wherein children vacillate or fluctuate in their parental attachments (Freud 1925: 404-5). Further, a 'negative' outcome may result in bisexuality - or severe repression (Freud 1937: 243-4, 1940: 188-9). Freud's discussion of the 'Wolf Man', a case of male infantile neurosis, posits that repression or 'substitutive formations' - say, cross-dressing, are directed against libidinal object-cathexis (1918: 110).
Freud's rich case history thus provides an avenue of approach to questions concerning boys A and B. Freud charts the development of the patient's pre-oedipal hysteria and its displacement by an obsessional neurosis, both of which he links to an unconscious 'passive' homosexual desire for the father. He emphasises the patient's 'extraordinary' ambivalence, in maintaining 'simultaneously the most varied and contradictory libidinal cathexes, all of them functioning side by side' (1918: 119). An 'extraordinary ambivalence' concerning gender and obsession with femininity is evident in Person and Ovesey's two case studies. As adults, the two boys discussed above succeed admirably in 'masculine pursuits', as shown below, but these pursuits alternate with the boys' 'obsessive' preoccupation with femininity (Person and Ovesey 1974: 9-12,19). The subjects outwardly comply with social pressure to be 'normal' men while struggling internally with a yearning to embody femininity.

Like Stoller, Person and Ovesey ignore Freud's (1923b) threefold structure of the psyche, as a way of exploring these tensions and their implications for sexuality. De Lauretis usefully connects Freud's conception of sexuality (1905b) with the triad of ego, id and superego, to serve as a 'rough analogue for the exchanges between normality perversion and neurosis' (1994: 20-23). Given that the superego incorporates oppressive cultural taboos such as cross-dressing and homosexuality, evidence presented below suggests that the boys' gender conduct and sexuality is constrained by a rigid superego.

Repression of uncomfortable unconscious material may influence libidinal cathexis (Freud 1918) but it requires locating in the context of specific social relations, and discourses of power that shape sexual subjectivity. The two boys sublimate their desires for feminisation in 'solitary fantasy worlds' (Person and Ovesey 1974a: 10-16). As adults, seven out of ten in Person and Ovesey's sample of asexuals report masturbation less than once a month. For all in the sample, shame was closely associated with cross-dressing since childhood, hence, they checked the impulse. Presumably, their shame is an effect of actual or imagined parental-social censure of conduct that transgresses gender norms and the gender hierarchy. Loss of masculinity implies shame because the social imperative to be a properly gendered male person assumes a moral dimension.

Freud's (1918) analysis of the 'Wolf Man' shows a pattern of conflicted object cathexis, characterised by infantile hysteria and subsequent obsessiveness, that has parallels with the above case histories. Whether the 'Wolf-Man' was a 'repressed homosexual' is a moot
point 29. Nonetheless, Freud's account (see particularly 1918: 111-3) suggests that the apparently abstemious sexualities of Person and Ovesey's 'asexual transsexuals' might be due to intense repression of incestuous oedipal impulses, which leads to the ego's withdrawl of libido. Shame, induced by a combination of social censure and parental transphobia would be tied in with this.

Person and Ovesey's case history of Boy 'A' (1974a: 10-13) begs the question regarding the relationship between his cross-dressing, masturbation and object choice. He had frequent nightmares of being pursued by a monster, wet his bed into his teens and was mildly anorexic 30. These fragments of evidence suggest that, for boy 'A', castration anxiety, as represented in the nightmares and parental censure of his cross-dressing produce intense repression of sexuality. The boy's step father, who was apparently a 'good' father 'surrogate', separated from his mother who also departed the home six months after him, for two years. The boy then began dressing in his mother's clothes. In Person and Ovesey (1974a), this memorialisation of his lost mother is never linked with disavowal of female castration, or incestuous impulses concerning his lost mother or stepfather.

However, as adults, following their transitions to 'womanhood' - and prior to GRS, boy 'A' sought sexual relations with men while boy 'B' had 'interfemoral intercourse' with a man. Butler's argument concerning Freud's work on the effects of lost love in relation to oedipal conflict, suggests that boy A's melancholic denial and preservation of homosexual cathexis is the ground for his production of a feminine, heterosexualised gender. That is, haunted by his disavowal of a 'homosexual' object choice and obeying the binary logic mandated by a heterosexual 'law' of desire, he constructs himself as a heterosexual woman (see Butler 1990a: 57-65). I take up the issue of transsexuals' sexuality further below.

However, the two boys discussed above obtain knowledge of transsexualism in their teens (Person and Ovesey 1974a: 12-16). Their entry into transsexualisms' gendered power/knowledge relations helps them to seek reconstitution of their bodies as 'female' and resolution of sexuality through a heterosexual logic. Given findings in a subsequent study (Bentler 1976: 570), this pattern of 'heterosexual' resolution applies to many transsexuals. Bentler shows that, 50% of 'asexual transsexuals' regarded having sex with men as 'a basic reason for surgery', in contrast with 53% of 'homosexual transsexuals' and 10% of 'heterosexual [transvestic] transsexuals' (Bentler 1976: 574, my emphasis).

124
In sum, the significance of Freud's castration complex is diminished in Person and Ovesey's analysis (1974a). The authors don't explain how masculinity and femininity develop but it is implied that they precede the castration complex. According to Bak, diminution of the significance of castration complex and the 'phallic phase' is an unfortunate turn within contemporary psychoanalysis (1968: 17 cf Freud 1923b: 144). For Bak transvestism concerns the construction of an imaginary phallic woman as a defence against castration. He argues that for all perversions - presumably including transsexualism, the main defence is reinvestment in the fantasy of the maternal or female phallus, so that fetishism is 'the basic perversion' (1968: 17). The phallogocentrism of this claim aside, Bak provides a convincing argument, supported by a previous case study (Bak 1953) that Freud (1938) overestimates children's knowledge of genitalia. Kenna and Kessler (1978: 84-91) also problematise Freud's thesis (1925), so that I am thus not completely convinced by his theory of oedipus complex 31. Its presumed universality and the idea that gender identity is settled then and thereafter are doubtful (Kessler and McKenna 1978: 89).

For Bak however, 'the [transvestite] child's ego suspends the decision about the presence or absence of the mother's penis', rather than undergoing a split, therefore upholding an uncertain attitude to the question, as a 'maybe'. This uncertainty plays a role in perverse sexual fantasies (Bak 1968: 24), say, transvestite fantasies of self-feminisation. Further, it 'helps maintain an oscillatory identification' that sustains a bisexual, rather than clearly heterosexual or homosexual identification (Bak 1968: 29). Transgender research (Perkins et al. 1994; Hooley 1997a: 46) supports this claim concerning around a fifth of MTF subjects. Taken together, Fenichel (1930) and Freud (1914: 152) suggest that concerning transvestites, anxiety associated with disavowal of women's castration leads to substitution of their [female] clothing for the mother's imagined penis31. On this view, 'fetishistic' cross-dressing, as a substitute for the mother's penis, is said to conceal the 'unwelcome fact of women's castration' (Freud 1927: 156). For Bak (1968) it results from the transvestite's uncertainty about women's genital difference. His notion of 'uncertainty' (1968) is incompatible with Freud's notion of splitting (1938). In spite of Bak's neglect of constituted binary gender differences, as symbolically encoding and reifying 'sex difference', this might help to explain transvestites' and transsexuals' attitudes toward the body. I return to the issue of transsexual embodiment, in closing this section.

However, my discussion above suggests that the transvestite/transsexual distinction is extremely troubled, a claim substantiated below. The distinction was honed by Stoller's
flimsy argument that gender identity has a core that is 'normally' internally stable and without fluctuation (Stoller 1968; 1975). For Stoller, as shown above, gender identity is only partly tied to biology. As Hausman argues (1968: 39-40) it is closely related to the notion of gender role (Money et al: 1957). Hence, it involves 'social expectations and regulations about behaviour as well as parental attitudes about appropriate compliance with those codes' (Hausman 1995: 104). In contrast with Stoller, Person and Ovesey (1974a,b, 1978) don't explicate the notion of gender identity while maintaining it has a 'core'. Further, their transsexual/transvestite divide relies on the tenuous distinction between disturbance in gender identity of the former, and disturbance to gender role in the latter. This distinction is so muddy that it effectively collapses the difference between transsexualism and transvestism. As shown, Benjamin's earlier distinction (1954) rests on wanting to play at being a woman, or being a woman. As the notion of gender performativity (Butler 1990a) implies, the opposition of gender identity/gender role is grounded on false ontological assumptions, and 'core gender identity' is a fictive ideal (1990a: 1-35).

Indeed, so significantly do Person and Ovesey (1974a: 7,5,14,15) differ with Stoller (1968; 1975) on key issues that the notion of [MTF] transsexualism unravels. Most importantly, Person and Ovesey contest Stoller's formulation of transsexualism as a unitary category. For them, transsexuals' 'core' gender identity is 'ambiguous' and 'confused' in all cases, whereas Stoller (1968) claims that it is non-conflictual and clearly 'female'. Further, for Person and Ovesey, MTF transsexuals are the products of emotional distance from their mothers, rather than prolonged symbiosis, as in Stoller's claims. Moreover, Stoller's transsexuals are definitively feminine from infancy onward, whereas Person and Ovesey's primary, or 'true' transsexuals show no evidence of this, except in one case of 'effeminacy' within their sample of ten.

Indeed, Person and Ovesey's primary or asexual transsexuals, can and do make 'a good behavioural adaptation' as men: as a man, boy 'A' played football, and like boy 'B', also became a drag car racer (1974a: 10). Asexual transsexuals are totally absent from Stoller's typologies. Stoller also claims that although MTF cross-dressing is an erotic activity for many transvestites, transsexuals and homosexual cross-dressers do not experience sexual arousal when cross-dressing (1975: 146-55). Bentler's findings bluntly refute this (1976: 574). Further, given Stoller's argument that transsexuals are always feminine from their earliest years, and that cross-dressers who alternate between masculinity and femininity are
transvestites (1975: 147), it follows that Person and Ovesey's 'primary transsexuals' are transvestites who want GRS.

For Stoller, MTF transsexuals resemble 'typical hysterical females', have no masculine behaviour are 'naturally feminine,' rather than 'effeminate', and are incapable of sexual relations with women (1968: 192, 248, 176-93, 277-328). Problems with the notion of a natural femininity have been demonstrated earlier in this study. As Person and Ovesey argue (1974a: 13, cf Bieber 1962) Stoller's childhood histories of transsexuals resemble those of homosexual boys. Clearly, if both 'primary transsexuals' and transvestites are devoid of boyhood femininity, and the former have an ambiguous core gender - and if, given Money and Tucker's claim that male transvestites have 'two gender identities' (1974: 28), the difference between transvestites and 'primary' transsexuals evaporates. In light of this, and Benjamin's argument (1966: 21) that 'many transvestite desires are probably transsexual', 'slippage and confusion seem to be constitutive rather than accidental features of the attempt to define transvestism' (Garber 1992: 132) - and of attempts to differentiate it from transsexualism.

Person and Ovesey's claims resemble Stoller's in an important respect; they maintain that 'true' MTF transsexuals have no history of or desire for sexual relations with women. The idea, prominent in the sexological literature, that a 'true' MTF transsexual identity is essentially dependent on attraction to men is based on a masculinist, heterosexist logic (see Bolin 1988: 62). Benjamin argues that 'many transsexuals have no overt sex life' (1966: 50, my emphasis). However, he acknowledges that prior to GRS, 'other' MTF transsexuals partake of sexual relations in marriage, or have boyfriends with whom they practice receptive anal intercourse (1966: 50).

In sum, taking the claims above together with Person and Ovesey's, that primary transsexuals' core genders are ambiguous, the idea of MTF transsexual identity as a monolithic, clear-cut gendered singularity collapses. In spite of this, the notion of a core gender identity persists in sexological discourse. For example, William Walters, an Australian gynaecologist and co-author of a major text on transsexualism argues that transsexualism is, 'an incongruity between biological sex and the core gender identity of an individual' - although for him it remains 'an enigma' (1997: 147). As May argues, the sameness of gender identity elides a 'chaotic and contradictory jumble of wishes and worries', so that in terms of treatment, it constitutes a 'resistance', and in terms of character an 'impoverishment'. He also suggests that its deployment in clinical practice generates
anxiety, and imposes limits on the 'I' (1986: 188). As argued below, transsexuals constitute rather than discover their 'true identity'; it is an interactive process shaped by cross-gender fantasies and practices and encounters with clinicians/sexological narratives about transsexualism, as providing identity constructs.

Foucault's notion of technologies of the self (1988: 18, 26-7) helps to illuminate the creative process through which transsexuals locate 'the problem', analyse their desires and authorise their self-constructions. Person and Ovesey's narrative confirms that such processes occur. Person and Ovesey record that their patients speak of their great confusion during adolescence, 'as to what they were - heterosexual, homosexual, transvestite - until they learned of transsexualism. This revelation offers relief...by giving the patient an identity ' (Person and Ovesey 1974a: 17, my emphasis). As Irvine argues, the mantra of transsexuals was that they felt like one sex trapped in the body of another sex, and surgical candidates repeated this master narrative after studying the literature (1990: 261). For Person and Ovesey:

The conviction, "I am a female soul," usually crystallizes rather abruptly in early adolescence or adulthood, when the patient learns of the existence of transsexualism... the literature on transsexualism [as widely read by people in the research sample] offers a medical vehicle for fantasy - the wish to be a woman - to be converted into a reality. It is at this point that the wish hardens into the conviction that the patient is indeed a woman trapped in a man's body (Person and Ovesey 1974a: 17, my emphasis).

Hence, transsexuals' intertextual, binarised narratives effectively appropriate Ulrichs' notion of 'psychic hermaphroditism' to construct their modern 'wrong body' story. It serves their fantasies and constitutes their desires for a certain, unified self, and is transformed through discursive practice, into a 'conviction'. The availability of GRS then presents the illusory promise of identity coherence. Attachment to notions of transsexual identity is negotiated through individual struggles for order, stability and Identity, and reading, reflections and clinical encounters. As Person and Ovesey argue, Christine Jorgensen 'ingeniously' forged her own identity, 'not simply out of some inner process' (1974a: 9, my emphasis) - but by using technologies of the self (Foucault 1985). However, Person and Ovesey also claim that Jorgensen is a primary transsexual. Recall that for them, boyhood effeminacy, as characteristic of Jorgensen, is characteristic of only one in their sample of ten. Recall that for Stoller, transsexuals are not effeminate - but 'naturally' feminine. Thus, the sum of my claims is that 'the [MTF] transsexual', as hard to
differentiate from transvestite, is a contradictory construal, an unstable construct produced by intertwined social, discursive and psychic power/knowledge relations.

Arguments about what constitutes a 'true' transsexual continue to be rife in sexology, but the notion that transsexualism is a non-unitary phenomenon has gained authority. For instance, Bentler's study (1976), with a sample of 42 MTF transsexuals uses a classificatory schema similar to Person and Ovsey's and shows a diversity of sexualities. Of Bentler's sample, 14 were 'asexual', while 13 had been married and reported that they had successful heterosexual relationships before surgery. Bentler (1976) termed them 'heterosexual transsexuals', in contrast with the remaining 15 'homosexual transsexuals'. His classification of transsexuals as asexual due to unpleasant and unsuccessful experiences with females is problematic. Over half of Bentler's 'asexual' group classified themselves as heterosexual prior to GRS, while post-GRS, 30% of them engaged in anal intercourse and 67% in vaginal intercourse. Prior to GRS they report achieving orgasm more frequently than the other two groups, in spite of reporting a low libido. Two thirds of Bentler's asexuals reported 'disappointment' about the effects of their GRS in contrast with more satisfied heterosexual and homosexual transsexuals (1976: 571). It is also noteworthy that, post-GRS, all the homosexual transsexuals considered themselves heterosexual. As Bentler argues, these findings are worthy of further study (1976: 570). His study provides no support for the notion of a 'true' or 'classic' case of transsexualism, along the lines of Stoller.

American psychologist Richard Docter (1988), provides the latest major theory of male transvestism and MTF transsexualism. His classificatory schema is also based on a primary/secondary transsexualism hierarchy. His theory opposes Stoller's claims that homosexuals and transvestites cannot be transsexual and posits that primary transsexuals are homosexual (1988: 9). He analyses the histories of men's cross-dressing behaviour patterns to argue that transvestites are heterosexual (1988: 9). This ignores the significance of his own data that shows that a third of the transvestite sample had satisfying homosexual experiences (1988: 132). He assumes that a clear-cut heterosexual/homosexual binarism characterises sexuality in general. Further, Docter's notion of self incorporates social learning theory, a binarised notion of gender identity, Hilgard's model of 'divided consciousness', and Epstein's cognitive model of the self. Hence, Docter constitutes the self as a largely rational and cognitive entity. It is atomistic too, since he takes little account of it as social or relational (1988: 78-9). Docter argues that Stoller's 'psychoanalytic theory' of gender disorders, shows that 'gender envy', as an 'intense longing to be like

129
women' (1988: 88) is a component of transsexualism and transvestitism. However, this formulation doesn't sufficiently acknowledge the complexity of personality, or the co-existence of opposing emotions toward objects, such as affection and hostility. Docter emphasises socially acceptable motives and rational process, so that for him, transsexualism and transvestism are cognitive-behavioural distortions of the self-system.

Bullough and Bullough (1993: 326-334) provide an interdisciplinary approach, which proposes a 'multivariant theory of causality' for transvestism, transsexualism and homosexuality. This theory has three stages: a genetic predisposition for cross-gender identity, exposure to prenatal hormones that furthers the former, and a socialisation pattern that shapes the predisposition. This is an additive and largely biologicist approach, which views the nature/nurture dichotomy as an interactive process. The authors' approach is similar to those above, as serving to explain the maladjustment of deviants to dominant social expectations. They provide the extraordinary essentialist argument that some children are born with a deviant gender identity, a contradictory notion that assumes that identity can be pre-social. They then claim that anomalous biological characteristics at birth may be exacerbated by 'socialisation' gone wrong, with either transvestite, transsexual or homosexual outcomes (Bullough and Bullough 1993: 326-34).

Ross, an Australian psychologist, persists with the notion that transsexualism is either a primary or secondary syndrome and argues that transsexualism is 'a pathology with varying degrees of severity' (1986b: 1). He cites multiple causes, as follows:

- varying disorders of parental rearing patterns, psychopathology and psychological disturbances
- or lack of ego development, social and environmental factors, object losses or separations,
- general stressors or a lack of a core gender identity (Ross 1986b: 26).

He claims that the difficulty of establishing causes of transsexualism is due to the fact that it was previously considered 'a unitary syndrome with unitary aetiology' (Ross 1986b: 26). He concludes that:

- not until we are able to differentiate subgroups of gender dysphorics will we be able to do more than guess at the causes of transsexual symptoms and delineate the gender dysphoria syndromes (Ross 1986b: 25, my emphasis).
Susan Bordo's (1993: 45-68) feminist analysis of the medical construction of eating disorders suggests an analogy, regarding Ross' approach to transsexualism. For her:

The description, classification and elaboration of pathology drives virtually all research, and as each proposed model is undermined by the actual diversity of the phenomena, ever more effort is put into precise classification of distinctive subtypes... the one unifying element in relation to eating disorders is the cultural context and that such disorders have particular relevance, in terms of the situation of contemporary women and the cultural meanings of slenderness and femininity (Bordo 1993: 49).

Ross ignores binarised gender as a central organising principle of transsexualism and merely adds 'social and environmental factors' to the list of causes cited above (1986b: 26). Also, as Irvine argues, during a time when gender became a locus of political rebellion, sexology 'offered the promise that gender was subject to control and predictability' (Irvine 1990: 260) 33.

This section has shown why sexology sought to 'impose order on the inherently disorderly universe of gender and sexual behaviour' (Irvine 1990: 267). Sexologists focused on groups like transsexuals because they offered career opportunities 'to study the whole problem of how human beings normally get this sense of being a male or a female' (Worden and Marsh 1955: 1282, as cited in McConaghy 1993: 162). Further, sexologists constituted certain problems regarding gender as requiring correction, in the service of 'scientific theory', 'family', 'society', 'normal masculinility' and 'helping the deviant'. Hence, sexology focussed almost entirely on 'male gender deviance'. Hence, not until 1983, did Lothstein produce the first major study of FTM transsexualism. Finally, sexologists' refusal of any discontinuity between the 'normal' and 'abnormal' produced borders that constructed transys as pathological objects of their scrutiny.

In contrast, Freud's *Three Essays on Sexuality* (1905a) offers a conception of sexuality as containing 'structural and constitutive ambiguity' (de Lauretis 1994: 20). The theories discussed above share an inability to recognise, 'the inevitability of intrapsychic and social conflict that follows from a notion of the unconscious' (May 1986: 176). They consign reproductive criteria to total irrelevancy and 'lose and disrespect the body' in their formulations, making their 'psychoanalytic credentials weak' (May 1986: 176-7). They largely ignore 'the social practices and relations in which bodily processes occur' (Connell 1997: 63).
Excluded from sexologists' consideration is Freud's claim that the ego is a bodily ego, or a pyschical projection of the body which develops from the id\textsuperscript{34}. It is a site of negotiation between the internal and external worlds (Freud: 1923b: 27), which, linked with Freud's notion of the sexual instinct, as lying on the frontier between the mental and the physical (Freud 1905a: 168), overcomes a mind/body dualism. Freud also argues that the [male] ego may split in defensive response to castration – or perhaps anxiety and desire about feminisation. This seems to be manifested in the repudiation of the 'real' biological body, particularly the penis, by young cross-dressing boys (see Person and Ovesey 1974a; Stoller 1968: 277-349). However, as Kessler and McKenna argue:

It is difficult to incorporate within an orthodox psychoanalytic framework, persons with penises, seen as male by others, who conceive of themselves as being female, unless this is seen as psychosis or other severe pathology (1978: 88).

Butler's matrix of intelligibility, as framing these persons, constitutes the problem and suggests the following theoretical development – at the risk of being too positivistic, and homogenising or doing violence to transsexuals, in ways indicated by Butler (1990b) Put simply, a male child may develop a strong feminine identification, and if an imaginary embodied 'female' self develops it collides with the norms of entrenched gender practice. The male child's body ego thus becomes a site of intrapsychic and social conflict. However, his transgendered self need not be conceptualised through a phallogocentric logic, like Beitel (1986), as false – but as disrupting the pseudo-objective reality – read moral order, of obligatory sex-gender coherence. The child's experience of cross-dressing, translated by him as shameful, is thus almost always-secretive (see Docter 1988). What kind of body he can materialise is constrained through binarised discursive limits imposed by Butler's naturalised matrix, as excluding 'third' possibilities for subjectivity (see Williams 1986; Garber 1992). Hence, his fantasies and practices about being a girl are already working to transfigure his relationship to the body, as manifested in say, tucking of the penis between the legs to simulate its absence (see Richards 1983:56-7). Renee Richards' story (1983), briefly discussed further below, points toward the pattern described above, which may continue into adulthood. Richards' narrative implies that the transsexual body ego is social and historical and in perpetual dynamic flux, in spite of efforts to fix it through reembodiment technologies.
The processes described above can be read alongside sexological data (Burich and McConaghy 1985; Bancroft 1989: 354-55) to account for 'male transvestites' who become 'heterosexual transsexuals'. As sexual motivation fades and social constraint becomes intolerable they ingest 'female' hormones and seek GRS. Docter's evidence that the great majority of transsexuals are 'secondaries' (1988: 89) support's this idea of a 'transvestite-transsexual identity shift'. Cummings (1993), Richards (1983) and Fox (1997) seem to fit the relevant pattern of a history of cross-dressing, heterosexual relationships and transition to womanhood. Bentler's work suggests that 'heterosexual transsexuals' largely undertake GRS so as to integrate identity, whereas the motive for 'asexual' and 'homosexual' transsexuals in undertaking GRS is often sexual (1976: 574). These findings (1976: 570) confirm that GRS may serve as a 'heteronormalising procedure' (Hausman 1995: 3-7).

The notion of 'asexual transsexuals' is especially problematic. Evidence that some people seeking GRS misrepresent their histories, sexual and otherwise, due to sexologists' construction of a hierarchy of true/pseudo transsexualism, casts the category in another light. As Stone (1991) argues, from the time that Benjamin's book (1966) appeared sexologists assumed that transsexuals experienced no erotic penile pleasure. As she claims, transsexuals perpetuated this fiction, for fear that counter-admissions would disqualify them from GRS (1991: 291-2). It may be that 'asexuals' discussed above dissimulated their histories due to such fears, because Bentler's (1976) findings cast grave doubt on their professed 'asexuality'. The notion that a 'true' transsexual has no sexual disposition has clearly been a regulatory device with definite divisive effects, and probably, harmful personal consequences.

The 'cases' discussed in this chapter suggest that sorting MTFs into asexual, heterosexual and homosexual transsexuals is futile or of limited usefulness. As this and later sections of the chapter show, it seems difficult or impossible to know transvestism or transsexualism, 'except by means of these categories' (King 1993: 197). My concern below is how discourse about [MTF] transsexualism particularly, limits and shapes possibilities for constructing a cross-gendered subjectivity.

3.5 Psychiatry, Control of the Discourse and Transsexual Desire

Sexologists, in their diverse if related capacities as expert researcher, author and treating professional, produce and guard the 'true' knowledge about transsexuals. It needs
emphasising that many of these 'expert authorities' on transsexualism (e.g. Benjamin, Stoller, Money) were part of a larger and major medical enterprise, which I term transsexual medicine. Transsexual medicine's project involves the modification of 'sexed bodies', as requested by people who claim to suffer from a gender identity 'disturbance'. Sexologists' efforts to discern 'origins' of identity disorder were obscured by major differences over transsexual aetiology shown above. Further, the advent of multiplying transsexual typologies compounded the problem of the lack of an official psychiatric diagnosis. Following Benjamin's continuum theory (1966) and others discussed above, criteria for membership of the transsexual category expanded, and as Fisk argues (1974) disrupted the notion of 'classic' transsexualism. The broad parameters of the diagnostic criteria used in psychiatry from 1980 are an effect of this expansion and the collapse of unitary notions of the transsexual.

As King claims, in the literature and the clinics of the 1960s, the role of the psychiatrist came to the fore as organiser, theorist and gatekeeper to surgical facilities (King 1993: 58, 59). Bolin supports this claim about psychiatry's pivotal role (1996: 1). The interest and assistance of surgeons (e.g. Haertsch 1997) for the improvement of surgical technologies, was also critical to 'successful' outcomes of GRS. The major concern, however, was to establish reliable diagnostic criteria for transsexualism, in order for transsexual medicine to become a legitimate professional enterprise. Psychiatrists, as part of American gender clinics, or medical teams in Australia and England, had the ultimate responsibility for making a correct diagnosis of transsexualism. The notion of 'gender dysphoria' emerged in sexology during the 1970s, as a response to the problems concerning diagnosis. However, as Docter argues (1988: 75,89), this notion is 'a massive generalisation', with a 'vague' definition. I explore problems with this concept in the next section of the chapter.

My immediate concern below is the constitutive effect of sexological knowledge about transsexualism, and its appropriation. While clinicians saw transsexualism as a 'condition' to be diagnosed, a diverse client group fought for unimpeded access to transsexual medicine. Transsexuals generally embraced 'a condition view' of their circumstances and 'looked to the medical profession for legitimation' (King 1981: 181). For them, GRS served the general aims of 'completeness', 'Oneness' and 'Identity' (e.g. Morris 1974: 148-9), or 'wholeness' and 'realness', in place of mere cross-dressing as 'masquerade' (Richards 1983: 135-50). For some it served movements from the transvestite to the transsexual category (e.g. Richards 1983; Cummings 1993). Transsexual autobiographies,
sociological and sexological studies help me to show how people encounter and use knowledge about transsexualism to craft their identities.

To begin with, King's study describes a major discursive shift in clinical interest, management and treatment from the transvestite to the transsexual from the mid to late 1960s. He argues that 'between roughly 1964 and 1969, a mere five years, the old world of the [male] transvestite was superseded by the [MTF] transsexual'; 'a steep rise' occurred in studies of transsexualism in sexological literature around the same time eclipsed studies of transvestism (1993: 58-9). The 1960s also saw the rise of co-ordinated inter-disciplinary 'gender reassignment' programs, or clinics and 'team' medical programs in the USA (King 1993: 59). In 1980, a similar kind of program began operating in Australia, in connection with Monash University (see Lewins 1995). Drag performer Carlotta (1995) is probably the first to undertake GRS in Australia, in 1974. Due to the experimental nature of the procedure, she paid no fees.

King rightly argues that 'the burst of categorising activity' by the medical profession in the 1960s and 1970s, as discussed above, is 'part of medicine's controlling mechanism' (King 1993: 173). As King argues, the likelihood of people identifying themselves as transvestites or transsexuals grew with the availability of the terms. The emergence of communities built around these labels helps to influence perceptions of the problem and the assumption of categories (King 1993: 144). For example, in Sydney, MTF transsexual communities in inner urban areas such as King's Cross, and in the 1980s, a transsexual welfare agency, Tiresias House, became resources for information and transsexuals' self-construction. McConaghy argues that most people seeking 'sex conversion' mix in 'a homosexual subculture' that accepts their cross-dressing. Here, he argues, they meet other transsexuals, from whom they learn selection criteria (McConaghy 1993: 152). However, people also gain this knowledge, and confidence to pass as women and seek GRS through attending transvestite clubs, such as the Seahorse Club, inaugurated in 1972.

Irvine claims that in America, the 'routinisation' of sex reassignment was accomplished with great rapidity so that by the 1970s, it had consolidated into a thriving medical industry. Throughout the 1970s, gender identity clinics proliferated and 'surgery rates soared throughout the country' (Irvine 1990: 258). Morris reports that by 1972, at least 600 people had undertaken GRS in the USA, and 150 had done so in the UK. The figures represent both MTF and FTM transsexuals (1974: 120). According to transgender author Stone, some of the early clinics performed surgery on demand at a time when there were no
official diagnostic criteria. She adds that, 'the final decisions on eligibility for sex reassignment at the Stanford University clinic were made by staff on the basis of an individual sense of the appropriateness of the individual to their gender of choice' (Stone 1991: 290). Stone claims that circulating sexological discourse produced a model for 'emulation, subscription and inscription' of identity as transsexual (Stone 1991: 290). She adds that it took several years for American researchers to realise that candidates for GRS had used Benjamin's text (1966) as a source book for shaping claims and behaviour, in the service of medical acceptance for GRS. For Person and Ovesey (1974a: 9), Christine Jorgensen's autobiography (1968) became transsexuals' 'bible', in the service of such aims. Also, sexologists acknowledge that people claiming a transsexual identity had previously read relevant clinical literature (e.g. Money and Primrose 1969: 127; Stoller 1975: 175). For Docter, people 'overstate gender dysphoric feelings', in the hope of obtaining GRS (1988: 90). As Stone argues, people use sexological literature about transsexualism, to produce biographical narratives which psychiatrists recognise as reliable (Stone 1991: 291-2).

Hence, as Stone claims, American transsexuals in this period, produced pseudo-unified and homogenised accounts of their gender identities. Further suppression of the plural and ambiguous nature of transsexual identity occurred, in the narratives of applicants for GRS (Stone 1991: 291-2). Indeed, Stone maintains that during the 1960s, assessment procedures were so lax that transsexuals were 'whoever signed up for medical assistance' (Stone 1991: 290). Murray (1997) argues that dissimulation of sexual and personal histories is a continuing problem for psychiatrists required diagnosing candidates for GRS (Murray 1997: 161).

Therefore, Bullough and Bullough's argument that the advent of GRS as a much publicised alternate treatment 'caused the psychiatrists to lose their monopoly over a segment of the client population', is substantial (1993: 266-67). As Dixen et al. argue, in a study carried out at the Gender Dysphoria Program in Paolo Alto, California, 'the majority of individuals...not only diagnose their own condition [as transsexualism] but prescribe a specific treatment by requesting surgical gender reassignment' (1984: 270). But although access to discourse about transsexualism enabled a range of people with different sexual histories to apply for GRS, psychiatrists remained gatekeepers to surgical facilities. For instance, in the study cited above, the Gender Dysphoria Program's psychiatrist, who found that 145 were transvestites, 138 were homosexuals and 37 were transsexuals (1984:
274), diagnosed 80% of 479 ‘male’ applicants for GRS. Presumably, only 37 were approved for GRS.

As King shows, complaints by sexologists about the problem of distinguishing the ‘true’ transsexuals from patients who are transvestites or homosexuals, were exacerbated by the publicity given to the process of changing sex (King 1993: 192). Stoller (1968, 1975) foremost among the complainants, proposed the most vehemently categorical definition of the ‘true’ [MTF] transsexual, as being essentially feminine, as hating ‘his’ penis and as having a ‘core’ female gender. In contrast, he views transvestites as masculine, heterosexual men who retain a core male gender, and don’t ‘truly’ feel that they are female. Their fetishism concerning women’s clothes and their attachment to their penises are also defining features for Stoller (1968: 177-193)35. However, Stoller’s argument that transsexuals are never fetishistic rests on his claim that there are simply no reports of sexual excitement induced by garments’ (1975: 147, my emphasis). This is refuted above and further below.

Stoller became suspicious that transvestites were using reembodiment technologies. For him:

There is a group of men, seen these days by our research team in much greater number than we see transsexuals, who also appear to be quite feminine. They all want their bodies feminised, though not all want female genitals (Stoller 1975: 177-78, my emphasis).

Stoller claims that these people are ‘really transvestites who had learned to pass as women after years of rehearsal’, and claims that none of them have the overly intimate, ‘pathological mothers’ of true’ (male) transsexuals (1975: 178). Stoller is concerned with loss of control of the process of classifying tranys and ensuring that their feminine masquerades tastefully and faithfully replicate the ‘real’ ones of heterosexual women. He naturalises ‘true’ transsexuals by gauging their feminine conduct as ‘authentic’ (1975: 178), and views ‘transvestites’ constructions of ‘woman’ as artificial. He adds that:

We are seeing increasing numbers of such people [seeking to use reembodiment technologies]. Twenty years ago they were unknown. From where did they come? From us, of course: from those who have written about transsexualism. This group of subjects has been freed by publicity and by the public’s milder attitude toward cross gender behaviour (Stoller 1975: 178, my emphasis).
However, recall that Gutheil (1922) recognises transvestites' strong desire to be 'the opposite sex'. Gutheil unwittingly anticipates the effect of reembodiment technologies on this desire. As he argues:

The transvestite satisfies himself with the appearance of belonging to the opposite sex; he makes use of the clothing in order to possess some rudiment of reality in the fictitious transformations which he has accomplished...[he] projects his wish into the future and anticipates the great miracle, the miracle of his sexual metamorphosis (1922: 318).

Further, as King claims, following Foucault, 'the process of classification or categorisation of the sexual field...both transmitted and produced the power to control it' (1993: 196). Hence, categories:

are not static and one-dimensional but are ever changing and multifaceted and although they may shape and limit 'knowing' they do so as part of a complex process in which categories are actively used, not mechanically applied (King 1993: 197).

As the above statements imply, subjects use sexological discourse and categories, transsexual autobiographies and psychiatric expertise, to constitute the 'truth' of their transsexualism. Burich and Beaumont (1981) lend empirical support to my argument about significant slippages between [male] transvestite and [MTF] transsexual, as shaped by the promise of personal metamorphosis offered by reembodiment technologies. Only 36% of an Australian sample of 97 were satisfied with cross-dressing alone and 37% wanted GRS.

Passing as either a man or a woman and obligatory heterosexuality are cultural imperatives within Anglo-European societies. Transsexual narratives discussed below show much conformity with this pattern of gender coherent conduct. Two subjects maintain a clear separation of masculine and feminine practices of the self, prior to their transitions. However, internal and social conflicts arise which threaten the maintenance of this compartmentalised conduct. Transsexual medicine then becomes constitutive of their solutions to identity conflicts. Following Probyn's argument, I show below that, 'it is in the articulation of problematizations and practices that certain modalities of the [transsexual] self historically emerge' (1993: 128).
Profuse media publicity about transsexualism during the 1960s and 70s helped to make it a glamorous and exotic alternative to transvestism. For Stoller, seemingly oblivious to gay liberation, transsexualism became novel and 'exotic', while homosexuality was largely regarded as 'something to be ashamed of in [American] society' (1975: 159). However, Jan Morris' autobiography (1974), with its account of her GRS in a 'sex change' clinic in Casablanca, contributed to the notion of transsexualism as an exotic and exclusive status. For her, the experience of sexual metamorphosis is 'full of fascination' (1974: 115) and she belongs to 'the ultimate club' (1974: 135).

The fascination and exoticism implied by transsexualism produces the promise of a fantasised status as a 'real' woman, while transvestism has increasingly acquired a less attractive status (see Docter and Prince 1997). 'Male' transvestites try to maintain singularly masculine, nominally heterosexual statuses by cross-dressing discreetly, outside the 'public' gaze. The cost in such cases is suppression of their 'feminine identity' and its social development (e.g. see Cummings 1993: 190). For male transvestites living in modern Anglo-European social contexts, where gender conduct is constrained by institutionalised binary frameworks, transsexualism presents possibilities that the 'female part' in cross-dressers', can be 'recognised and liberated' (Cummings 1993: 190). However, the possibility of having a 'sex change' generates a mixture of pleasure, desire - and fear - of medical technology and the borders of gender categorisation. Gender transition is a risky option for males, resulting in significant losses concerning socio-economic status, family and career (Perkins et al. 1994). But as Bullough and Bullough claim, nearly half their sample of 65 transvestites either considered a 'sex change' or ingested hormones (1983: 252).

For sexologist Bancroft, some transvestites 'demasculinise' themselves through cross-dressing, in their 'progress' toward transsexualism (Bancroft 1989: 354-55). Renee Richards, an American doctor, who later proceeded to GRS, is a possible case in point, but Bancroft (1989: 354) describes the process pejoratively, as 'malignant'. He fails to recognise the constructive role of gender practices and the constitutive effect of awareness of reembodiment technologies.

Richards' story (1983) highlights the inner turmoil of cross-gender identity. She is perpetually volatile, being rent by obsession with femininity and anxiety about object choice. She engages in public cross-dressing and sexual encounters with men prior to transition. Richards writes about Dick and Renee, his co-existing masculine and feminine
personae in the third person and as if they were two different people. For example, 'For Dick [having just read the story of Lili Elbe's 'sex change', as discussed earlier] it was a revelation of dire overtones. Renee had been up to this time, only a persistent fantasy' (1983: 54). At this crucial moment, a technological means of enacting Dick's fantasy and a possible solution to ambiguity is found.

Richards' desires and anxieties about where the fantasy of feminisation may lead are thus invoked by a tale of sexual transformation. Like Stoller, Richards regards cross-dressing as travesty and masquerade and seeks 'real' womanhood (1983: 135-50). 'He' visits a psychiatrist who, like others, humiliates him for his proclivities. 'He' becomes Renee, goes abroad for GRS but grows fearful and turns back. He/she has a mastectomy, falls in love with a woman and gets married - then gets divorced and goes through another feminisation process. After GRS she has sexual relationships with men and women, but identifies as lesbian. Tyler, using a feminist-psychoanalytic approach grounded in Lacan's categorical either/or framework, argues that transsexuals - as represented by Richards, deny homosexuality by changing gender (1989: 173). She briefly acknowledges that some become lesbians (1989: 183) but this can't be allowed to interfere with her deterministic view36.

As Bullough and Bullough argue, many 'male heterosexual transvestites' adopt 'an almost dichotomised personality' (1993: 183). Both Richards' and Cummings' 'double fantasy' lives (Garber 1992: 108) exemplify this compartmentalisation of gender conduct, prior to constituting themselves as transsexual. Cummings had decided as a young adult that she wasn't a transsexual after studying the sexological literature (1993: 56). She experiences around forty years of being an occasional transvestite and belongs to a transvestite club, before an immense mid-life crisis leads her to reconstruct herself as transsexual. It seems to be largely precipitated by her wife's despair about her cross-dressing and her insistence that Cummings cease it. In the midst of an ensuing standoff with her wife and beset with conflicting emotional currents, Cummings' 'obsession' with embodying femininity pushes her toward GRS (1993: 188-93). She argues that she was 'irrational, even insane at the time', when obsessiveness, 'desperation' and 'despair' drove her to change her sex (1993: 230). However, 'the onset of mortality' and desire for 'wholeness' also shape her choice to change sex (1993: 213). Cummings accepts the label of 'genuine transsexual', a proposition bestowed by a 'pragmatic' psychiatrist. It sits uneasily with her claim that her psyche, although 'divided', is 'male' for the 'far larger part' (1993: 190, my emphasis) - which contradicts an earlier one (1993: 46, see Chapter One). When Cummings begins to
live as a woman her wife despairs (1993: 213). Cummings then renounces her transsexual identity to save her marriage but it collapses in the wake of hurt and her pursuit of GRS (1993: 190, 215). As shown earlier, Cummings advances the notion of gender dysphoria to explain her 'condition' as an individual problem with a medical solution.

Unlike the accounts above, Morris reports no history of cross-dressing prior to her decision to change sex. For Benjamin, this conduct is exceptional for transsexuals (1966: 17) whereas for Pauly (1969) it's common. Morris regards transvestism as essentially erotic and maintains that transsexualism has nothing to do with sex or sexuality (1974: 156). Living as a man, she 'resents' her body and is 'tormented by [her] own ambivalences' (1974: 78,68). The 'club-like brotherhood' of men tantalises, repels and attracts her (1974: 34). When she becomes contemptuous of manhood and masculine excesses in mid-life, she consults Harry Benjamin, assimilates knowledge of transsexualism, and begins 'cultivating impotence' (1974: 91). She had 'relished soldiering' but the 'femininity within' cast her into turmoil (1974: 34, 37). She is wracked by an 'inner dichotomy', and with her anxiety verging on paranoia, she becomes obsessed with fantasies of Womanhood on route to GRS. She had once 'suppressed' homosexual feelings while 'pining for a man's love', but cannot openly acknowledge her desires until after her GRS. She then admits 'at last how attractive men could be', and does not completely dismiss the sexual possibilities (1974: 36,146).

Morris is unconvinced about the medical notion of gender dysphoria, because for her, transsexuality is an enigma, while gender, as 'not physical at all', represents 'the soul' (1974: 84, 86-8, 31, 156). But she suggests that gender identity is a form of passing, in arguing that she 'concealed from everyone' her inner femininity (1974: 31). Her ideals and idols are, 'the persons of good women'. She constructs herself as an exotic enigma (1974: 136) pursuing a metaphysical 'Grail' (1974: 102), or Woman as soulful embodiment of the Good. For her, the notion of 'gender confusion' is a 'philistine misnomer', because she had no doubt about her feminine gender, since recognising it as a three year old (1974: 31,11). She thus represents transsexualism as an essential interiority. In Morris' Welsh fairy tale, the guiding principle of identity is reified, as a 'more divine condition', or an all-transcendent notion of Identity (1974: 18). She represents transsexualism as a mystical quest for 'Identity' that allows her to end her secret torment, envy of femininity and gender ambivalence. She is much more fortunate than Cummings is, in retaining the support and loyalty of family (1974: 156).
While Morris' account is a romantic 'female soul in a male body' narrative, other accounts above present a similar story. Encountering discourse about transsexualism is a turning point for all, in stories characterised by crisis over masculinity, idealisation of femininity and obsession with materialising a feminine body image. They show how, in spite of detours, gender reversals or delays, personal crises are created and/or surmounted by the interaction between gender ambivalence, knowledge of transsexualism, and desire for feminisation. However, as Garber shows (1992: 105-110), the masculinity and gender ambiguity of MTF transsexuals is not entirely effaced by GRS (see also Greer 1975). Sexual ambivalence is also evident in two cases above.

3.6 Psychiatry and the 'Wrong Body' Story

Transsexualism was acknowledged as an illness in the DSM-III in 1980 by the American Psychiatric Association. The DSM's diagnostic criteria produced from then up to the present elide inconsistencies shown above in sexological data, about the nature of transsexualism. For Bolin (1992), research claiming to show alleged commonalities of transsexualism was elevated to the level of diagnostic criteria. There is evidence of this in the DSM's criteria, shown below. As she argues, these criteria, consisting of etiological correlates and behavioural characteristics, reflect stereotypical male perceptions of females. Two diagnostic attributes are the aetiological correlate of dominant, over-protective mothers in association with absent fathers (e.g. Stoller 1968: 102,263-64) and the behavioural characteristics of heterosexual orientation (e.g. Benjamin 1966). For Bolin, these characteristics are by no means predictive of transsexualism. On the other hand, I show problems below with the definition of transsexualism in the DSM-III(R) and the DSM-IV which contribute the arbitrariness of assessment processes, regarding 'candidates' for GRS.

Psychiatry codified transsexualism as a product of 'gender dysphoria', following the erosion of 'classic transsexualism' and Fisk's proposal (1974) to 'liberalise' indications for GRS. His definition was simplified in the revised edition, the DSM-III-(R) (1987). It defines the diagnostic criteria for transsexualism as follows:

The essential features of this disorder are a persistent sense of discomfort and inappropriateness about anatomic sex and a persistent wish to be rid of one's genitals and to live as a member of the other sex. The diagnosis is made only if the disturbance has been
continuous (not limited to periods of stress) for at least two years, is not due to another disorder, such as schizophrenia and is not associated with physical intersex or genetic abnormality (1987: 261-2).

The passage below, from the DSM-III-(R), uncritically reinscribes sartorially gender coded and binarised norms. It also incorporates a notion of 'gender discomfort', a term coined by Benjamin (1966: 11) - to explain why transvestites have a desire to cross-dress:

Individuals with this disorder usually complain that they are uncomfortable wearing the clothes of their own anatomic sex: frequently this discomfort leads to cross dressing (dressing in the clothes of the other sex). Often they choose to engage in activities that in our culture tend to be associated with the other sex. These individuals find their genitals repugnant, which may lead to persistent requests for sex reassignment by surgical or hormonal means (1987: 262).

The DSM-III-(R) also states that some cases of transvestism 'evolve' into transsexualism. The DSM-IV (1994) also characterises this phenomenon as Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual type (GIDDANT). This category represents 'secondaries', or homosexuals and transvestites who become transsexual. Swedish psychiatrist Bodlund (1994) claims that GIDDANT is more prevalent than transsexualism and that these people have no persistent desire to change sex. But his further claim, that some people with GIDDANT 'evolve' into transsexuals suggests the considerable fluidity of transgender identity (1994: 3-4). Whereas the DSM-III-(R) claims that transvestites 'have no wish to be rid of their genitals' (1987: 263) GIDDANT permits transvestites to be diagnosed as gender dysphoric, or transsexual. This shift may be explained by the diminished influence of Stoller's argument that desire to eliminate the penis essentially distinguishes transsexuals from transvestites. As shown above, this distinction is not fixed or entirely clear at all, because the process of transsexual identity construction is a dynamic, contradictory, non-linear process. Both 'transvestites' and 'transsexuals' are 'phallessentialist', when they overestimate the penis, as the identity signifier. Hence, written into the old DSM-III-R (1987: 263), is Stoller's phallessentialist claim that the penis is the 'absolute insignia of [one's] maleness' (Stoller 1985: 30, as cited in Garber 1992: 97-98).
The DSM-III(R) also makes a claim about transsexuals' childhood gender conduct, which as shown above is doubtful. It incorporates discourse that blames families for creating gender 'deviant' children. It states that:

Pervasive, extensive childhood femininity in a boy or childhood masculinity in a girl, increases the possibility of transsexualism, which develops in the context of a disturbed parent-child relationship (1987: 263).

Most importantly, the DSM-III-(R)'s characterisation of 'gender dysphoria' demonstrates psychiatry's discursive power and it efforts to control the discourse. As King argues, transsexualism and transvestism, being historically constituted in various ways, as either 'orientations' or 'conditions' [(states of being)] could lend themselves to self-definition by the subjects. However, the imposition of the term 'gender dysphoria,' as a diagnosis for which GRS is the treatment, is a hegemonic strategy that consolidates medical power (King 1993: 64). King's argument mirrors Stone's concern about medical ownership and authorisation of notions of transsexualism (1991: 290-293). Moreover, King rightly claims that:

Gender dysphoria underlines the element of gender and ties it to the whole family of gender concepts and terminology. It affirms professional authority and as a disease becomes the property of the medical profession. It potentially widens the area of expertise of interest of the practitioner, who becomes concerned not only with the transsexual, but with all those who suffer from gender dysphoria...this includes everyone, to some degree (1993: 64).

'Gender dysphoria' erases and homogenises the complex vicissitudes of gender, identification and desire, as part of processes constitutive of transgendered selves. It makes the anxieties associated with what Freud characterised as 'the fact of psychological bisexuality' (1940: 188), and a 'mixture of character traits', which may not 'tally with biological...ones' (1905a: 220) an illness - which 'all of us' might contract. The 1987 gender dysphoria paradigm closely resembles Benjamin's notion of 'trapped in the wrong body' (1966: 9). For Docter, however:

The construct of gender dysphoria is much too broad [for diagnostic purposes]. It is an oversimplification of multiple feelings, affects, self evaluations and expectations - not a unidimensional indicator of self perceived gender (Docter 1988: 90).
This also raises the huge difficulty of reconciling the objective and subjective concerning the notion of 'gender dysphoria'. The criteria for gender dysphoria in DSM-III(R) (1987), as equivocal and contradictory, pose further problems for psychiatric diagnosis. McConaghy regards them as failing to prescribe limits - given what he sees as the large extent of 'mild deviations' from 'sex identity' (McConaghy 1993: 168). For him:

The lack of resolution concerning the nature and aetiology of sex or gender identity is evident in the series of statements concerning it in DSM-III-R. These include that some forms of gender identity disturbance are on a continuum, whereas others may be discrete; that when gender identity [disturbance?] is mild, the person is aware that he is a male or she is a female, but discomfort and a sense of inappropriateness about the assigned sex is experienced; and that disturbance of gender identity is rare. This attempt to accommodate all possible views accommodates none. It is not compatible with concepts of categorical gender identity, yet those who believe that sex identity is on a continuum from mild to severe would not accept mild deviations are rare (McConaghy 1993: 168).

McConaghy's narrative conflates sex and gender but he at least acknowledges a major problem - the categorical nature of the notion of 'sex or gender identity'. His view of identity as 'dimensional' rather than categorical supports the argument that psychopathological entities cannot be quantitatively discriminated from 'normal personality'. As Bodlund argues, 'the boundaries between normal and abnormal personality styles' and between personality disorders, 'are to a large extent arbitrary' (Bodlund 1994: 9). However, for McConaghy, the DSM-III-R's inconsistency is due to the 'unresolved nature/nurture debates in the clinical sphere', a problem which leads him to emphasise the likelihood of biological determinants of transvestism and transsexualism (1993: 168). Appealing to this suspect idea he proposes that determining patterns of individual gender malfunction may hold the key. He argues that:

The prolonged disputes concerning the nature of sex identities both of normal subjects and those with sexual anomalies, and whether these identities are entirely learned or are influenced by biologically based urges, will require further evidence to be resolved. To support the role of environmental factors, it needs to be established that specific differences occurred in the rearing of different groups of cross-gendered subjects (McConaghy 1993: 168).

The DSM-IV (1994) replaced the criteria for transsexualism with gender identity disorder (GID). Although GID retains much the same meaning as the previous gender dysphoria
model, it no longer specifies 'a persistent preoccupation for at least two years with getting rid of one's primary secondary sexual characteristics' (DSM-III-R 1987). Indeed, GID is a looser, global concept that incorporates GIDDANT and transvestic fetishism, although the DSM-IV states that these contraindicate transsexualism. GID (DSM-IV 1994: 248) is characterised by:

- A strong and persistent cross-gender identification.
- Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
- The disturbance is not concurrent with a physical intersex condition.
- The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

As Murray argues, the formulations of gender identity disorder for adolescents and adults (DSM-IV, 302.85) and transsexualism, (DSM-IV 1994: F.64), 'do not usefully discriminate applicants for GRS' because 'the majority will qualify for the diagnosis', in an assessment process which promotes premature closure (1997: 158)\(^3\). For him, patients' dissimulation of a history 'consistent with classical life long gender identity and current conformity to a flawless stereotype of the target gender', magnifies this problem (1997: 161).

Murray (1997: 158) criticises current assessment criteria which use 'collateral diagnoses, such as transvestism and 'passive homosexuality', as 'contraindicating' the use of GRS. As he argues it is unnecessary and potentially misleading to invoke diagnoses aimed at 'explaining' these phenomena. Hence, the two formulations above have limited value; they are 'mostly irrelevant' and are 'logically redundant' in the assessment process (Murray 1997: 158161).

Using the term 'transgendered persons' instead of transsexuals, Murray rightly argues that categorising them as a class risks obscuring the diversity of the group. However, Murray makes pointed comments regarding 'unacknowledged homophobia' and 'strongly anti-homosexual sentiments' among some candidates for GRS, raising the question 'of whether their transsexual identity is a defence against personally unacceptable homosexual impulses' (1997: 163). Murray also raises serious concerns regarding the intimate relation between the coincidence of diagnosis for transsexualism and the advent of GRS (1997: 161). He hints that transsexualism is an iatrogenic illness, stating that if GRS and 'gender
reassignment programs’ had not arisen, 'it would be interesting to speculate what the diagnostic status of the condition would be' (Murray: 1997: 161).

This is a damning report on the current criteria and procedures used for assessing people for GRS - among other things. Lowe's report on 'Gender Reassignment Procedures' supports several of Murray's arguments. For Lowe, 'candidates will frequently tailor everything they say in assessment towards achieving a favourable recommendation for surgery' so that 'the openness required for a therapeutic relationship may be absent' (1996: 50). Whether Lowe's recommendations overcome the problems is doubtful (see Lowe 1996: 9-11). The assessment process inevitably involves subjective judgements about patients' claims and behaviours and is a pseudo-scientific charade. The availability of reembodiment technologies for 'transsexuals' presents opportunities - and considerable risks for patients, such as loss of fertility and sexual desire, as well as post-surgical complications, as shown in Chapter Four.

3.7 Transvestism, Transsexualism and Homosexuality

As shown below, data from sexologists, transvestites and transsexuals expose problems with the notion that transsexualism and transvestism are clearly separable from each other and from homosexuality. Early psychoanalytic accounts often constituted transvestites as fetishistic perverts and disagreements regarding their sexuality continued. The DSM-IV, however, implicitly includes heterosexual males alone, in its two-part definition of transvestism - in spite of Bullough and Bullough's (1993: 296) substantial argument, shown below, that most transvestites are homosexual.

Disorder No. 302.3 of the DSM-IV (1994: 245) defines transvestism as, 'recurrent, intense, sexually arousing fantasies, sexual urges, or behaviours involving cross dressing'. The second part of criteria for diagnosis refers to 'clinically significant distress or impairment in social, occupational or other important areas of functioning' (1994: 245). This does not indicate however, a shift away from the notions of perversion, because transvestism comes under the heading of 'paraphilias'. Significantly, and like earlier Manuals, the definition also excludes those who claim to cross-dress for 'gender comfort', women, and homosexual cross-dressers, wrongly implying that they may not experience fetishistic arousal to the clothing of the 'other sex'. Docter's (1988: 117) argument that
cross-dressing has a strong erotic component for some transvestites and a calming effect for others might have been influential here.

The definition of transvestism narrowed following the removal of homosexuality from the 1980 Manual, and efforts by transvestites from the 1950s, to normalise cross-dressing as an activity of heterosexual men. (Bullough and Bullough 1993: 220-21; McConaghy 1993: 144). As Bullough and Bullough (1993: 324) claim, Virginia Prince, the founder of American transvestite clubs, separated transvestism from transsexualism in a 1957 article published in the American Journal of Psychotherapy. By the 1970s she had helped to reshape the meaning of transvestite, by circulating a discourse that constituted cross-dressing as merely an 'added personality component' to some heterosexual male identities (Bullough and Bullough 1993: 293). As Bullough and Bullough (1993: 324) argue, under Prince's influence transvestites acquired a collective identity that shaped their self-concepts, so that transvestism became a 'respectable' male middle class heterosexual practice for those expressing 'the woman within'. As King (1981: 178) argues, Prince was much concerned with separating transvestism from homosexuality. Her normative notion of transvestism excluded masochism, bondage, sadism, fetishism, transsexuals - and references to sex. In Australia, sexological researchers and male transvestite clubs also collaborated to produce research about transvestism in the 1970s and 80s. 39. 'Heterosexual transvestite' discourse may have influenced some sexological accounts of transvestism, as a benign variation or gender-role disturbance (e.g. Brierly 1979).

But as Benjamin argues, (heterosexual) transvestites 'minimize' the sexual nature of cross dressing, 'because they like to conform to morality...to the antiseual atmosphere of our culture' (1966: 32). Further, Rubin (1984) best characterises this phenomenon as 'sex negativity', or cultural suspicion of sexual activities that are not focussed on love and reproduction, in spite of changing sexual practices (see Connell 1997). The placement of transvestites and transsexuals on the bottom of a sexual hierarchy of value (Rubin 1984: 278-9) helps to explain why some might perpetuate narratives about lack of sexual desire. They serve a conservative sexual morality, upholding transvestism as a 'respectable' variation and may assist transsexuals to obtain GRS.

Gutheil's (1922) argument that transvestism is a masked form of homosexuality did not gain substantial support. Hirschfeld's (1910) argument that transvestites are mainly heterosexual, while showing an attenuated eroticism toward female objects, finds recent support from Person and Ovesey (1978). On the other hand, Benjamin speculates that
'many transvestites may be latent bisexuals' (1966: 13), while Bak (1968: 24,29) argues that they are bisexual or ambivalent regarding object choice. Empirical support for this first came from Bullough and Bullough (1983: 25-52). They show that a homosexual or bisexual ‘orientation’ occurred when transvestites were cross-dressed, in about half of their sample of Australian and American 'heterosexual transvestites.' Hence, homosexual and heterosexual attraction alternates - depending on whether they are presenting as women or men. This suggests that their embodied subjectivities have double, mobile orientation that turns on an axis of oppositional gender/sexual difference. Bullough and Bullough read their two studies (1983, 1993) alongside another Australian-American study. In Burich and Beaumont's (1981), 87% of transvestites reported exclusive heterosexuality when dressed as men, but only 52% were exclusively heterosexual when dressed as women. The Australian sample of 86 shows that although 72% reported exclusive heterosexual orientation when dressed as men, only 56% reported a heterosexual orientation when dressed in women's clothes. Two thirds also reported interest in reembodiment technologies because cross-dressing alone failed to 'satisfy' them and a third reported engaging in bondage while cross-dressed. However, Bullough and Bullough take the three studies together to conclude that, 'for many transvestites homosexual fantasies or experiences are part of the sexual script for cross-dressing episodes' (1993: 295).

Feinbloom's (1976) study contains a narrative from a transvestite who later became a transsexual which further illuminates this claim. As part of a subculture of 'homosexual and heterosexual transvestites', the tranv had been involved sexually with several transvestites. She felt that transvestites have the desire to attract members of the same sex in their subconscious and that through cross-dressing they are saying, 'I want a man to desire me...to make love to me'. She infers that this is a barely repressed desire in the context of cross-dressing clubs of which she was a member. But she claims to have discovered that she was 'really' a transsexual who found her 'true nature' (Feinbloom 1976: 279).

Drag queens, as performance artists who live as women - and whom Stoller (1975: 144) would probably classify as 'effeminate homosexuals' rather than transsexuals, also require consideration. Drag queens largely tend to have male sexual partners. Some report that they do not fetishise women's clothes like transvestites (e.g. Jackson 1976). However, Bentler's finding that 'homosexual transsexuals' are sometimes aroused by cross-dressing (1976: 574) casts doubt on this. Nonetheless, for drag queens, drag is not merely a vehicle to attract 'real' or heterosexual men (see Brown 1976). Like 'heterosexual transsexuals' transsexual drag queens (Perkins 1983) identify and live as women, drawing pleasure and
self-regard from this. For them, women's clothing and reembodiment technologies are essential for signifying their identity as women and some proceed to GRS. Stoller, however, views cross-gendered males so categorically that they are either 'real' transsexuals - who are not 'really' homosexual, heterosexual transvestites or effeminate homosexuals (1975).

The blurred boundary between transsexualism and transvestism became a particular concern for certain transvestites. In the 1970s, Prince, who then labelled herself transvestite, became concerned about it because increasing numbers of transvestites and homosexuals were changing sex. She regards GRS as only appropriate for a small minority like 'asequals' (1976: 266). She discusses a tendency for a growing number of transvestites to confuse sex with gender. She obscures problems raised earlier about this distinction. However, for her, GRS is undertaken by many that mistakenly come to believe they need it. She rightly implies that the transvestite/transsexual division blurred as a result of the availability of reembodiment technologies. Constituting 'true' transsexuals as a 'special group', she describes sex reassignment as 'a communicable disease' (Prince 1976: 266). However, Prince, who later identified as a transgenderist, represents a blurring of the transvestite/transsexual categories, by living 'as a woman' - 'permanently' and ingesting hormones (see Prince 1971). As Prince argues, it is 'perfectly possible to be a woman without having sex change surgery' (1976: 268). While she rightly implies that gender is practice she ignores reproductive criteria and how they govern social assignment to gender categories.

Fox is another MTF whose practice suggests that she shifts from transvestism to transsexual identity. Her story (1997), like Richards' (1983), also illustrates continuities between transsexualism, transvestism and homosexuality. Fox passes as a heterosexual man, while after her transition, she passes as a homosexual woman. Her account of her path toward GRS explains that she grew up in a 'homophobic city', so that for her, 'the idea that I might announce my difference and find a solution, was totally unacceptable' (1997: 194). During her marriage Fox had cross-dressed privately. As she claims, 'Outwardly, I was socially and professionally very acceptable in my male role', or 'a normal heterosexual male’, who played sport and appeared to be 'a normal guy'. When the marriage collapses, Fox 'she decides 'not to risk' exploring her sexuality but to be 'asequal', which alleviates confusion about her sexuality that had persisted for thirty years (1997: 194). She then goes to work as a man and cross-dresses privately at home (1997: 194-5). She is diagnosed as a transvestite after the breakup but finds a more 'expert'
psychiatrist who diagnoses her as transsexual. Just prior to undertaking GRS, she finds that, 'I was definitely heterosexual...I saw myself as a female and I had come to realise that I was attracted to men' (1997: 196), a claim addressed below. Fox does not report sexual arousal while cross-dressed, as do the great majority of transvestites (see Burich and Beaumont 1981: 271). Nonetheless, some psychiatrists might classify Fox as a 'marginal transvestite' who 'becomes transsexual', rather than a 'classical transsexual'.

Australian psychiatrists Burich and McConaghy found all male subjects in their sample of 12 to be 'marginal transvestites', as characterised by sexual arousal to women's clothes, a sustained cross-gender identity and a desire for GRS (1977b: 223)\(^{40}\). The authors classify transvestites as either 'nuclear' or 'marginal', largely on the basis of sexuality. They claim that marginals have 'a stronger homosexual interest' and a 'greater intensity of feminine gender identity', which drives them toward either 'feminine homosexuality' or transsexualism. The authors argue that they are pseudo rather than 'classical' transsexuals (1985: 417-8). Their earlier findings about 'marginal' and 'nuclear' transvestites are of particular interest (1977a,b). The marginals were seen as having certain 'characteristics' present only in transsexuals, including the ingestion of hormones and the desire for GRS.

Burich and McConaghy found that some of the marginals and some of the transsexuals in their study were 'fetishistic'. Further, 9 of the 35 transvestites interviewed ingested female hormones and wanted 'sex change' operations, while 14 actively sought female hormones. In contradiction of Stollerian doctrine, 5 transsexuals reported previous experiences of fetishistic arousal when cross-dressing (1977a: 490). Burich and McConaghy argue that 'marginal' transvestites are akin to transsexuals in having a 'strong opposite sex identity', in spite of their 'fetishism'. Some transvestites they had classified as marginals 'later identified as transsexual' (1977a: 494, see also 1977b).

While the authors' conclusion is that transsexualism and transvestism are separate clinical syndromes, on the basis of criteria of 'core gender identity,' sexual history, fetishism, the time at which they first cross-dressed fully and object preference, problems shown above with their interpretation of data undermine it. For instance, they concede that fetishism does not exclude a diagnosis of transsexualism (1977b: 233). While Burich and McConaghy regard the fact that significantly more transvestites marry than transsexuals as a critical differentiating factor (1985: 415), they take no account of social pressures to be a 'normal guy', as suggested in Fox's story. Nor do they bring to light that some may later 'become' transsexual lesbians. Bornstein (1994) is a possible example of this trend.
Kessler and McKenna (1978: 89) speculate that Freud may have considered transsexualism an outcome of unresolved oedipal conflict, resulting in the subjects' inability to accept their genitals and consequently their gender. For them, this implies that transsexualism is an extreme form of homosexuality accompanied by guilt feelings about its denial. However, this theory conflates genitalia with gender, and excludes other possibilities. Nonetheless, as de Lauretis claims, 'certain object relations...become privileged in individual and singular history...depending on the degree of repression', and sexuality results from 'the process of negotiation with both the internal and external worlds' (1994: 23).

Crucial to this process of negotiation is that it usually occurs in familial and broader social contexts pervaded by homophobia and transphobia, which prompt transsexuals to distance themselves from notions of perversion. The accounts of Jorgensen (1968) and Fox (1997) suggest that certain contexts make passing as female a safer or more 'respectable' choice than homosexuality. Bentler's claims that many homosexual transsexuals identify as heterosexual (1976: 570) provide some support for this. However, my experiential knowledge of Sydney's inner city transgender community is that transgenders are usually able to enjoy sexual relations with men without guilt or GRS.

Further, reading transsexuals' feminised gender conduct as a mask for homosexuality is reductionist; this constructs its meaning through a lens of an exclusionary heterosexual/homosexual binarism. While intense femininity is a key aspect of MTF tranys' sense of identity, sexual desire for men doesn't always follow from this. Although transsexual lesbians are an impossibility in Stoller's schema, Bolin reports that out of seventeen transsexuals in her sample, six were exclusive lesbians and nine were bisexual (1992). Transsexuals' womanliness most distinguishes them from homosexual men. Homosexual men may be camp, feminine or gender-transitve, but many usually value and preserve status as men, while 'heterosexual transvestites' preserve their masculine status by splitting off their (public) 'masculine self' from their (private) 'feminine self'. For some married 'heterosexual transvestites', sex with their wives alternates with intermittent, eroticised cross-dressing. These are elaborate, complex and difficult 'double fantasy' lives (see Bullough and Bullough 1993: 332-52), lived in an oppressive social context where it seems imperative to conceal the discontinuity of gendered personality from public scrutiny, and, in some cases, to suppress desire for men. Transsexuality thus promises ways of surmounting social difficulties in homophobic and transphobic contexts.
However, it can’t be assumed that the binary logic of object repudiation referred to by Butler (1990b: 332-33) necessarily operates in transsexual or transvestite sexualities. There are lesbian transsexuals (e.g. Bornstein, Stone) - and Stryker, who presumably contests naturalised heteronormativity, 'in ways that might include but are not limited to' a heterosexual object choice (1998: 149). Data discussed above suggests that bisexuality may be common among transsexuals and transvestites - presuming that they are clearly separable.

Finally, the notion of 'fetishism' serves to stigmatise and divide tranys. The fetish, instead of being viewed as the displacement of a heterosexual object, or framed in terms of binarised subject/object, masculine/feminine relationships, is best conceptualised as a mobile signifier of gendered vestimentary codes and associated desires (see also Garber 1992). Both Freud and Stoller (1968: 189) overestimate - as may transsexuals, what Freud terms 'the normal prototype' of the fetish - 'a man's penis' (Freud 1927: 157). The notion of the penis as the 'prototype' - or the original signifier of identity and the fetish as its duplicate, invokes a phallocentric notion of sexual identity and elides the fetishism within patterns of heterosexual desire (see Garber 1992: 118-122). While Freud spoke of homosexuality as 'regression' he sensed that 'heterosexual identity' is not unified, free from gender disjunctions and discontinuities, and inevitably fixed regarding sexual object choice (1920: 171).

De Lauretis' (1994: xx) argues that a theory of sexual identity based on 'the negative trace of perversions' - such as the fetish, is possible. Hence, the everyday practice of gender is a language of fetishistic vestimentary codes; clothing often accentuates or exaggerates binarised body codes that symbolise certain bodily features or protrusions. As Finkelstein argues, 'clothes emphasise the sexuality of the body and direct the viewer's gaze to certain body parts' (1994: 35), such as crotches, breasts, chests, bottoms or legs. Sexologists discussed above don't problematise conduct that has such effects when it serves [hetero]sexuality or human reproduction. However, when it transgresses notions of unified male 'gender identity' especially, sexologists pathologise 'males' who wear the 'clothes of the opposite sex'. Hence, gender essentialism, transphobia, homophobia and masculinism characterise American and Australian sexological discourse about MTF tranys, discussed in this chapter.
3.8 Conclusions

This chapter casts serious doubt on the very foundations of sexological knowledge about transsexuals. This knowledge grew out of sexology's development of notions of transvestism and intersexuality over the first half of the twentieth century, and technologies for management and 'correction' of these phenomena, as medical/psychiatric conditions. As shown, people who might otherwise be classified as homosexuals or transvestites acted upon their desires to be 'the other sex' before the emergence of a medical disorder model for transsexual identity. While Benjamins's interventions were pivotal to the emergence of the idea of the transsexual, Jorgensen pioneered the process of its construction. Others followed her, seizing the discourse and forcing sexologists to rewrite it in incipient searches for truth and meaning. Subsequently, the notion of transsexualism became broader and muddier and the transvestite/transsexual distinction has blurred.\(^{41}\)

MTF transsexual identity is an effect of the power of sexological discourse, as having 'scientific' authority to tell the truth of cross-gender identity. My analysis of transsexual autobiographies, sexological theories and case histories, and psychiatric models shows the productive power of the master narrative of transsexualism, the 'wrong body' story. This narrative, grounded in notions of 'gender dysphoria', 'Identity', or aspirations for a unified, true self supposedly free from gender ambiguity, is invoked to authorise crossings from male to female. However, my narrative of embodiment, constructed at the end of section 3.2, problematises sexological categorisations. It acknowledges slippage between 'transvestite' and 'transsexual', repression and ambivalence, and hinges on the productive linkage between bodies, psychodynamics, discourse and social relations.

To develop it further, I propose that the desire to 'be a woman' is the major element unifying 'transsexualism' and 'transvestism'. The desire is strongly indicated among 'asexual', 'transvestitic' and 'homosexual' transsexuals. Pre-1950 sexological findings also show that transvestites profess or demonstrate a strong desire 'to be' or 'live as' the 'opposite sex' (Hirschfeld 1910: 29; Gutheil 1922: 312; Ellis 1928: 36; Fenichel 1930: 212). Benjamin (1953) however, obscured these early findings, arguing that 'transsexualists' are different from 'role-playing' transvestites because they want 'to be' the opposite sex.\(^{42}\) However, practice, or playing at 'being a woman' is 'the way in which that "being" gets established' (Butler 1991: 18, my emphasis). Hence, the practice of cross-dressing is constitutive of 'being a woman'. So too, is the discourse about transsexualism. Possibilities for MTF tranys to 'be women' 'permanently' were
revolutionised by the advent of transsexual medicine. As Meyerowitz (1998) shows, it created new choices and harrowing dilemmas, as indicated in Richards' and Cummings' narratives.

Second, for 'male' tranys, and through feminine self-identifications in childhood, an intense hunger to 'be' or 'live as' the 'opposite sex' may develop, infusing and modifying the body ego. In spite of intersubjective conflict and social constraints, the subject's body image, and to an extent, the body itself is transfigured through fantasies, discourse, and practices of cross-dressing. The body ego becomes a site of intrapsychic-social conflict and the desire to 'be a woman' encounters discursive limits constituted by Butler's matrix that stipulate sex-gender coherence. But where there is division, due to investment in masculine practices also (e.g. Morris 1974; Richards 1983), feminine identity construction may be partial and uneven. The desire to 'be a woman' thus may fluctuate, rather than being pervasive. The desire to 'be a woman' may also be intermittent, submerged or compensated by occasional cross-dressing (e.g. Cummings 1993). It may be temporarily abandoned, delayed and resisted (e.g. Richards 1983). Maintaining marriage or family attachments, 'normality' and status as a man, sexual attachment or ambivalence - all play a part in transsexuals' identity detours. The desire to 'be a woman' may also be constituted by contingent circumstance, such as visiting a drag venue (see Perkins 1983: 47), intensified by knowledge about GRS or transsexualism, or shaped by personal crises around masculinity or sexuality (e.g. Jorgensen 1968).

The lability and chaos of transgendered subjectivities is inscribed as pathology through the normalising sexological gaze, and its investment in the masculine/feminine, hetero/homo binarisms. Sexology thus occludes understandings of 'gender identity' as a shifting unstable performativity, as having no necessary coherence and best seen as a history of contingent and shifting identifications (Butler 1990b). Sexological notions of the 'true', 'naturally' feminine transsexual are therefore fictive norms. The 'psychoanalytic' theories of transsexualism discussed above dispense with key Freudian notions such as the unconscious and reify the ideal of normal gender development, so that failure of gender identity is attributed to individual pathology. They ignore the interplay between psychodynamics (the ego, id and superego) and social/discursive formations of gendered, heterosexist power, which work as disciplinary agents in micro and macro contexts, to tie the differently gendered child up in knots. Freud's 'drive' theory has shortcomings (see Connell and Dowsett 1992). However, object relations theory's displacement of 'libido' in
favour of notions of symbiosis, or infantile security and safety needs, desexualises 'the transsexual'.

Sexological discourse, its popular derivatives and the promise of GRS, interact with psychic process and produce 'transsexual' desires in a broad group of 'males'. Hence, on one view, transsexualism, is certainly an 'interactive kind' (Hacking 1999: 104), enabling transys to take on the idea of transsexualism, and change the way in which feel about, experience and conduct themselves. Further the institutionalisation of the notion of the transsexual and perceptions of it as a more exotic or appealing option than transvestism or homosexuality enables a diversity of MTFs to live as the 'opposite sex'. Sexological ideas of the 'classic' or true transsexual arising in the 1960s are exposed as fictive ideals, perhaps as much a product of some transsexual autobiographies as the sexological imagination - but useful for producing the correct 'wrong body' story for psychiatrists. Meanwhile, sexologists struggle over the truth of transsexualism, setting up exclusionary hierarchies. Any of the criteria for 'true' or 'primary' MTF transsexual identity as used by Stoller (1968, 1975, 1985), Person and Ovesey (1974a,b) and Docter (1988) would exclude Morris, Richards, Cummings and Fox from consideration - largely on the grounds of sexual history. Jorgensen may qualify, although in the rigid Stollerian framework she might be an 'effeminate male'.

The argument that transvestism may 'evolve' into transsexualism (DSM-III-R 1987: 261-63) represents a belated, faint acknowledgment of the fluidity of gendered subjectivity and of the ingenuity and diversity of those seeking GRS. In the 1960s, the advent of institutionalised GRS and requirements for reliable psychiatric assessment criteria tended to sharpen sexological distinctions between transsexualism and transvestism. From the 1970s, these became shaky and classificatory schemas arose to subcategorise transsexuals (Person and Ovesey 1974a,b; Bentler 1976; Docter 1988) and transvestites (Burich and McConagy 1977a,b; Docter 1988). The futility of trying to fix and stabilise categories that leak or flow into each other led psychiatry to produce the 'liberal' dysphoria model in the DSM-III-R in 1987. The DSM-IV'S recent widening of opportunities for diagnosis as transsexual implicitly acknowledges that sexology's 'classic' transsexual is a fiction. Murray also provides evidence of this (1997: 158-9)43. While Murray uses 'transgender' to account for the diversity shown above, many critics in 'psy' professions (e.g. Devor 1997) constitute a strict division between transgender from transsexual, depending on the extent of 'sex dysphoria' involved 44.
My findings show considerable continuities between transsexual, transvestite and homosexual. But as Butler claims (1993: 127-8), it is all too easily and wrongly assumed that cross-dressing and drag indicate homosexuality, or reflect misogyny and appropriation of women. Differences within both transsexualism and transvestism imply that neither can simply be reduced to forms of repressed or gender-transitive homosexuality. Nonetheless, adopting a transsexual identity may constitute a heterosexualising procedure, as in Jorgensen or Fox's case. The possibility that bisexuality, as reported among both transvestites and transsexuals, indicates that they are linked by a 'special', unresolved psychological conflict between heterosexuality and latent homosexuality (Freud 1937: 243-4), assumes an exclusionary heterosexual/homosexual binarism. These 'identities' have a complexity that simply exceeds neat binary frameworks. Research about transgender identity in the next chapter confirms this and illustrates the diversity of transgendered sexualities.
Chapter IV: Australian Transgender Research

4.1 Introduction

This chapter discusses Australian research carried out by transgenders, which provides support for my argument that transgenders are diverse group, particularly in respect of their sexual practices. Two major profiles of transgender communities (Perkins et al. 1994; Hooley 1997a) and an earlier study of transsexuals in Kings Cross (Perkins 1983), show that discrimination and violence against tranys are common. Prior to discussing findings in the two profiles noted above, I show that the historical emergence of drag balls, drag shows and street prostitution became prime sites for the construction of transsexual identity, and a subcultural 'transgender community' in Sydney. The impact of the HIV/AIDS epidemic on this 'community' and subsequent political activism, as influenced by American transgender discourse and criticism of pathologising tendencies in sexological discourse, shaped the work of Perkins et al. (1994) and myself (1997a), in ways discussed below.

4.2 The Emergence of Transsexual Identity in Sydney

As Wotherspoon argues, by the 1920s, Sydney was among the fifteen largest cities in the world. However, it was deeply parochial, dull and conservative, with considerable social pressure to conform with sartorial and [hetero]sexual conventions. Religion was a powerful vector of morality, and social conventions were often adhered to (1991: 33-7). However, the years between 1918 and 1939 were also a period of increased discussion about sex and sexuality, although homosexuality was still 'largely a taboo topic' in public discourse (Wotherspoon 1991: 41). Media reports of sexual and gender transgression, as a mixture of huge discretion and sensationalist reportage about 'freaks' and criminal monstrosity, (1991: 42-6, 85), tended to conflate transvestites' and homosexuals' conduct. The newspaper headline, 'Strange death of Man in Woman's Clothing', is an example (see Wotherspoon 1991: 85). However, visible homosexuals lived on the fringes of society, and in the 1930s, occupied inner Sydney suburbs full of flats and boarding houses, such as King's Cross, Potts Point and Darlinghurst.
The Cold War period in Australia was characterised by obsessive concern with homosexuality (Wotherspoon 1991: 109-34). As Wotherspoon claims, the effect was to 'define homosexuality into existence' and people knew far more about it than previously (1991: 134). Hence, public discourse was crucial in shaping homosexual identity. The first of several private homosexual clubs was inaugurated in Sydney in 1962 (Wotherspoon 1991: 137-8), while the first private Sydney [heterosexual] transvestite club, Seahorse, was founded in 1972. However, transvestites and transsexuals are not Wotherspoon's concern; he subsumes drag queens under homosexuality, not acknowledging that many early drag performers identified as transsexual and used reembodiment technologies (e.g. Jackson 1976; Carlotta 1994).

Drag balls, and drag shows especially, as an integral part of the development of Sydney's Post-World War II homosexual subculture, gave rise to a distinctive transsexual subculture described by Perkins (1983). Both homosexual and 'bohemian' heterosexual men - in or out of drag attended drag balls, held in Sydney dance halls from the 1930s. By the 1960s, police raids occurred on these balls increasingly (Wotherspoon 1991: 76-7, 79, 97-8, 135; Perkins 1983: 36-7). From the late 1940s, drag venues arose and became sites for the construction of transsexual identity. Drag shows were first performed in Sydney, by a group of ex-New Zealand soldiers, 'The Kiwis', who performed a show called 'Boys Will Be Girls' (Perkins 1983: 37). In the mid 1950s The Jewel Box, in Darlinghurst, was the first regular show to open in a club, followed by the Purple Onion in Kensington (Jackson 1976: 22; Perkins 1983: 36). Like the more famous Les Girls at Kings Cross, the inspiration for these ventures was drawn from similar American Las Vagas style drag shows. In the 1950s and 60s, the local police raided suburban parties attended by people in drag (Perkins 1983: 38) and harassed transsexuals who performed at Les Girls (Perkins 1983: 39). As Rose Jackson argues, 'some...who were living as women were constantly arrested' (1977: 27). Drag queens, who performed at these venues and helped to popularise drag, such as Carlotta and Rose, were among the first visible transsexuals in Sydney. Although audiences were largely homosexual to begin with at Les Girls, large heterosexual audiences were received from suburban Sydney during the 1960s.

Given Perkins' claims (1983) and experiential knowledge, between the 1960s and early 1980s, most Sydney drag performers used reembodiment technologies and lived as women. Some, such as Carlotta (1994) undertook GRS and 'settled down' in de-facto relationships with men in suburban Sydney. Drag queens forged an existence in which they combined performances as 'female impersonators' for heterosexual audiences and camp
comedienne for gay audiences, with daily lives as women. In Kings Cross, these multiple practices served to blur the boundaries between gender as performance and as 'natural', between gay and transsexual, and between man and woman.

However, the emergence of Sydney's 'Gay Liberation Movement' in the 1970s, led to tensions and divisions between gays and lesbians on the one hand and between them and transsexuals on the other, particularly within the inner eastern Sydney subculture. Sydney gays and lesbians sought to make homosexuality a matter of sexual rather than gender difference. The 'gay' movement became riven internally by conflict between gays and lesbians over gender issues and its political orientation (see Abello 1999). At its height, adverse publicity for transsexuals arose with publication of The Transsexual Empire (1979) by lesbian-feminist Raymond. A 'macho clone' style had also been adopted by some gay men by the 1980s, partially in response to dominant notions of gay men as effeminate. Hence, transsexuals tended to be marginalised as other. As Perkins argues:

The transsexual community...has developed since the reforming movements of the 1960s and the redefining of homosexuality by the gay community...has forced transsexuals to find their own point of reference (1983: 25).

As Hooley and Perkins (1997: 8) argue, a distinctive transsexual subculture grew in Kings Cross as a result of developments described above. Although some transsexual drag performers remained within gay subculture, many that suffered discrimination by gay men sought support within emergent youth subcultures. By the 1990s however, in contrast with the 1960s and 1970s, transsexual drag queens were greatly outnumbered by gay men in drag shows at Sydney's gay venues. Few current drag performers use reembodiment technologies or live as women, a significant phenomenon that requires research.

However, from around 1961, transsexuals became visible in Sydney - primarily as drag queens attached to Sydney's homosexual subculture, and later, as street prostitutes. With media publicity given to drag performers and transsexualism, the publication of transsexual autobiographies (e.g. Jorgensen 1967; Morris 1974) as well as the development of medical facilities for carrying out GRS at Sydney's Prince Henry Hospital in the 1970s, possibilities grew for crafting a transsexual identity outside of the inner city subculture.

Perkins (1983) produced the first substantial piece of empirical research about transsexuals in Australia, in the form of long interviews with twelve transsexuals who lived in the Kings
Cross subculture. Their life histories show that the subjects usually suffered discrimination during childhood, from peers and teachers particularly, as a result of their feminine behaviour (1983: 62, 72, 83, 87, 107, 120). In three cases, drag shows were the vehicle for subjects' transitions from man to woman (1983: 48, 62, 120). Four took various jobs as women upon leaving school (1983: 42, 72, 87, 83, 92, 116), including barwork, and later drifted into working as drag queens or prostitutes (1983: 92, 109, 116). As Connell argues (1987a: 76), some of these transsexuals were uncertain about where they belong and why. Although the drag queens in Perkins' study clearly made a living 'as transsexuals' (Connell 1987a: 76), they are a heterogenous group, and the available employment they were able to procure, while 'living as women' was largely in the above capacities. The life histories of transsexuals in Perkins' study more closely resemble Jorgensen's (1968), rather than those of Cummings (1993), Morris (1974) Richards (1983) and Fox (1997). The last four 'came out' as transsexuals in mid-life and show less propensity for sexual relations with men or none at all.

In the 1980s however, increasing drug use, violence, social isolation and poverty confronted young transsexuals, producing a need for refuge accommodation. The newly founded Australian Transsexual Association made representations to the NSW government. In 1984, Attorney General Frank Walker helped to establish Tiresias House in Petersham, Sydney, an accommodation unit for transsexuals, funded under the Supported Accommodation Program. In 1991 this non-Government Organisation situated in the Central Sydney Area Health Service (CSAHS) became the Gender Centre (GC). Simultaneously, a new term, transgender, borrowed from American transgender discourse, came into use among the GC's welfare workers, as an umbrella term that included post-operative, pre-operative and non-operative transgender people. The GC's funding was supplemented substantially by grants provided by the AIDS Bureau, through NSW Department of Health for HIV prevention in 1992, in response of the effects of the HIV/AIDS pandemic on transgenders.

These developments and other issues influenced the perspectives and the data of the researches discussed below. Firstly, the notion of 'transgender issues' and the discursive interventions of a lobby group, the Transgender Liberation Coalition (TLC), formed in 1991, generated conflict over general adherence to a medical 'condition' perspective. The TLC constituted transgender issues as primarily social in nature, using the term trany, as shorthand for transgenders and transsexuals. From 1991, the TLC engaged in a lobbying campaign to obtain protection for transgenders under NSW and Federal Anti-
Discrimination law, while a breakaway organisation, the Transsexual Action Group (TAG), sought changes to birth certificates for post-operatives. In 1995, bitter conflict exploded within the subcultural community between those who saw 'transgender issues' as primarily medical and transgender activists who regarded them as social (see May-Welby 1996). It did not subside until 1998. Roberta Perkins, an inspiring figure to many sisters, her transgender research assistant, Aidy Griffin, and myself produced their researches in the context of the abovementioned internal differences. Griffin was instrumental in founding the TLC and by 1995 all three of us were active members of this body.

Further, the two studies discussed below often neglect to differentiate MTF and FTM transgenders, both in terms of statistical breakdown of the data and their analysis of it. This is a most unfortunate shortcoming of the researches and not solely attributable to the authors' biases, as 'MTF transgenders'. My study was conducted under working conditions, time frames and political upheavals that prevented me from analysing much of the data as thoroughly I wanted, but its 'MTF-centrism' requires acknowledgment 2.

4.3 A National Study

Perkins et al. (1994) conducted a national study that was commissioned by the Commonwealth Department of Human Services and Health. The project was offered to the coordinator of the School of Sociology at the University of New South Wales. The School organised a team of three fieldworkers to undertake the research led by Perkins (1994: 2).

The project's aims were to 'determine the health and welfare needs of transgenders with respect to current services and assess what is required to prevent the spread of AIDS across their community' (Perkins et al 1994: 2). A self-administered questionnaire was distributed to obtain the following data:

1.) an estimate of the population of transgenders across Australia; 2.) their levels of education and job skills; 3.) their past and present sources of income; 4.) information on gender crossing and sex reassignment; 5.) various health issues; 6) legal aspects; 7.) housing; and 8.) other relevant issues (Perkins et al 1994: 2).

The data was collected from a variety of venues (see below). Questionnaires were distributed for return by mail or completed in the presence of researchers. They were also
sent to distribution points in Perth and Tasmania and advertisements were placed in two rural areas of NSW and Polare, a magazine for transgender people. The GC also sent out questionnaires. The sample of 146 is dominated by 129 MTF respondents, although a 'respectable number' of 17 FTM transgenders also took part (Perkins et al. 1994: 3).

Perkins et al. argue that research into the situation of transgenders had been limited and sporadic, much of it being clinical research carried out by medical investigators. Thus, 'very little empirical social research on transgenders has been done in Australia' and 'little has been done to understand the social interactions involving transgenders' (1994: 5-6). Previous research, undertaken in Sydney (Perkins 1983, Perkins 1991, Allan et al. 1991), showed that such understanding was 'best achieved through participant observation, which reveals a subcultural world of social outcasts who have developed a unique means of survival in a society hostile to the concept of crossing gender' (Perkins et al. 1994: 6-7). The findings of Perkins et al. (1994) support the earlier Sydney studies (cited above), in showing that

the social ostracism of gender crossers [or transgenders] has led to a series of negative outcomes that have resulted in these people's low self esteem, powerlessness and vulnerability to HIV infection and other potentially lethal risks (Perkins et al. 1994: 6-7).

Perkins et al. define gender as 'the social significations of one's sense of self as masculine or feminine', or 'the social, psychological and behavioural aspects of masculinity or femininity', without assuming 'that a person's sex and their gender are necessarily congruent' (Perkins et al. 1994: 8). They reject an identity based approach grounded in 'traditional terminology', and claim that the medical terminology is inappropriate because the terms transvestite and transsexual serve to constitute subjects as experiencing 'psychiatric disorders'. Instead, they use the term transgender because it acknowledges a degree of commonality, flexibility and diversity in the behaviours of the target group. Their use of the term transgender follows the meaning constructed by TLC, as referring 'specifically to behaviours and social status; it does not carry any connotation or implication of identity or personality type' (1994: 10). The researchers argue that, 'All of the target population can be said to live outside the gender norms of our society, i.e., their behaviour, either on a permanent or casual basis, would ordinarily be described as gender-inappropriate' (1994: 10).
In their methodology, Perkins et al. (1994: 17) recognise the difficulty for 'outsiders' in accessing a representative range of transgenders because of the 'pronounced' levels of distrust and hostility in the transgender community. This distrust arises from tranys' accounts of discrimination and ridicule, by personnel in numerous government organisations. Hence, transgender researchers familiar with the range of problems experienced by the transgender community were employed to resolve these problems and explore issues neglected by other researchers (e.g. sexual assault and violence, HIV risk factors). Perkins et al. acknowledge a geographical bias in their sample of 146, which included 80 Sydney residents, 43 of whom lived in the eastern suburbs of Sydney (1994: 18). They regret the 'lower attention' given to other cities. The researchers defend this bias by arguing that, along with fiscal and time constraints, 'as many as half the transgenders in Australia lived and worked in Sydney' (1994: 18). This claim was not empirically substantiated, although it is a reasonable estimation. Their earlier claim, that transgender subculture in Sydney was 'much more open, and apparent to the most casual observer' (1994: 18), is certainly borne out by my personal experiences during visits to the cities of Melbourne, Brisbane, Perth and Launceston, between 1995 and 1999.

Perkins et al. (1994: 18) used a self-administered coded questionnaire so as to tap the largest possible sample quickly and effectively across the largest geographical area. It included sections on demography, sexual issues and practices, health issues and transgender issues and comprised 40 questions, providing mostly for optional answers. It was distributed diversely across the transgender population via personal contacts and responses to advertisements. The researchers visited transgender organisations, referral centres, bars, clubs, drag shows, brothels, transgender sex workers' street locations, sex workers' organisations and trany welfare organisations in Sydney and country areas of NSW, the Gold Coast, Brisbane, Canberra, Melbourne and Adelaide. Other distribution points for the questionnaire were medical and psychiatric professionals, sexual health clinics and needle exchanges. These were located in metropolitan NSW, and in country and coastal areas in Adelaide, Melbourne and Brisbane. Anecdotal information was also gathered during the period of data collection that confirmed the main findings, including a degree of professional ignorance of transgender issues.

For Perkins et al., arriving at a reliable estimation of the transgender population presented much difficulty. This was partly due to the persistent usage of the transsexual category by medical professionals and previous researchers. For example, Perkins et al. (1994: 19) argue that in their retrospective study of client records at a major Sydney sexual health
clinic, the Albion Street Centre, it was difficult to know how respondents identified themselves. It was uncertain whether clients of the Centre had been psychiatrically diagnosed as transsexual or labelled as such, by the service provider. Another problem was that the Australian Bureau of Statistics did not collect data on transgender status.

Perkins et al., using an estimation by Ross et al. (1981), that 1: 24,000 males and 1: 150,000 females in Australia are likely to be transsexual, and ABS data (1988) concerning the total number of males and females living in Australia, argue that approximately 400 transgenders of both sexes could be said to exist nationally in 1988 (Perkins et al 1994: 19). However, considering other claims (Alan et al. 1990), that estimations of the NSW population 'with transsexualism' vary between 50 and 2,000, they argue that 50 is an underestimation, given that 'a single Sydney surgeon had reported performing GRS on 80 clients between 1987 and 1990' (1994: 19). Further, Allan et al. (1990), state that 8% of the population experiences the psychiatric diagnosis of gender dysphoria, and that between 2 and 4% of the adult male population experience 'intermittent or continuous gender identity conflict or transgender fantasies' (Perkins et al 1994: 19).

Based on the above claim (Allan et al. 1990), Perkins et al. (1994: 19) argue that between 40,000 and 80,000 adult males living in NSW experience such conflict or fantasies. On this basis, they 'guesstimate' the 'trany' population exceeds 2,500, for NSW, and is around 5,000 nationally. They then argue that their sample of 146 represents 3% of their national estimate of 5,000 (1994: 20). It is doubtful that this is a reliable figure. However, as Perkins et al. argue, the transgender population is probably not evenly spread geographically and NSW has a disproportionately higher concentration, especially in inner city areas of Sydney, Newcastle, Wollongong, Lismore and Albury. Also, it has a high level of interstate and international movement. Finally, while Melbourne has established specialist medical services which provide medical and surgical interventions, the easier availability of such specialist services in Sydney makes it a popular destination and domicile for transgenders from country regions, other states and countries in the Pacific region, including New Zealand (1994: 20).

The researchers' demographic data shows that 'a complete reversal of gender' did not take place for all in their sample (1994: 21). This is based on the finding that only 105 of the 129 transgenders assigned to the male category at birth (88% of the sample), 'considered themselves to have made a complete change' to the female category (Perkins et al. 1994: 21). Perkins et al. argue that this 'may reflect a belief in biological rather than social criteria
for determining gender', among some respondents (1994: 21). It seems that most did not regard biological criteria as determinative of sex or gender: while 88% considered that they had undergone a 'complete change' of gender category, only 38% of the sample had undergone GRS (1994: 55).

The researchers also found that the average age of the sample was in the early 30's and that 40% of the sample crossed from one gender category to the other in their 20's (1994: 22). A disproportionate number of transgenders were found to be located in urban settings and considerably more transgenders rented from both private and government sources, than the general population (1994: 23). Perkins et al. (1994: 23-24) also found that the population is characterised by a high level of mobility, given that only a quarter moved residence once or not at all in the last 5 years, while as many moved from one residence to another six times in the same period. Also, the number purchasing or owning homes is 'considerably lower than the national census' (owners 36% and buyers 37% in 1986), according to an Australian Bureau of Statistics (ABS) report (ABS 1992: 314, as cited in Perkins et al. 1994: 23). The researchers conclude that residential instability occurs in large numbers of the population (1994: 24).

Perkins et al. (1994: 25) compared the type of occupation undertaken by transgenders before and after crossing gender, as well as currently. A significant finding was that, 'In nearly every type of occupation there is a decline from before to after the gender crossing by between 25% and 50% reduction in work experiences' (1994: 25). The only exceptions to this trend are in sex work and pornography, which are often the only options left for many tranys 'when they cross the gender line' (1994: 24). The researchers attribute transgenders' reliance on sex work to workplace discrimination. This claim is supported by their data on transgenders' educational achievements. Almost 20% of the sample had attained a tertiary degree and the sample's educational levels are higher than the national population of 40% attaining schooling below the highest secondary level' (1994: 25). The researchers also found that over half the sample had never married, with 16% currently living in defacto relationships, 6% being married, 12% divorced and 10% separated. This data indicates 'a high level of permanent unattachment [sic] in the transgender community' (1994: 25). Finally (1994: 26), in response to a question about the birthplace of their parents, 52% of the sample had 'White Australian parentage' (1994: 26). The next largest groups were born in the British Isles (12.3%) and New Zealand (12%) (1994: 26).

Regarding sexual issues and practices, Perkins et al. sought to:
examine the sexual health and practices of the target population, to try to establish the level of transgender dependency on the sex industry, and to identify sex-related HIV risk behaviours within the target population, and the factors that contribute to and reinforce such behaviours (1994: 29).

Their findings show that, 'in the area of sexual behaviour, the transgender population is characterised by its diversity' (1994: 42). It contains 'a fairly wide range of sexual identities' (1994: 29). Further, 'less than half identified as heterosexual, suggesting that there is no singular transgender sexual identity or practice' (1994: 42). However, while most transgenders were seen to distinguish between sexual and gender identity, the statistics 'must be treated with a degree of caution as transgender people may sometimes understand these terms to have rather different meanings from the everyday understandings of the terms' (1994: 30).

Also, the researchers found 'a broad range of sexual identities among transgenders before and after their 'gender change', with 'changes in sexual identity often occurring pursuant to changes in gender representation' (1994: 29). Their data about sexuality contains 'three intriguing findings' (1994: 29), as set out below:

• While 28.1% identified as homosexual and 9% as gay prior to their 'gender change', only 9.5% nominated both of these categories after their 'gender change'.

• There was a 'surprisingly high level of bisexuality', in that 17.8% identified as bisexual prior to their gender change and 19.9% identified as such afterwards.

• There was an 'unexpectedly even distribution' between heterosexual (24.7%), homosexual/gay (34.3 %) bisexual (17.8%) and asexual (14%) categorisations.

In terms of raw figures, 50 of the sample (or 34.3%) of 146 respondents indicated they were gay or homosexual prior to changing gender, while only ten (or 6.8%) indicated that they were homosexual after gender change (1994: 29-30). There was also a sharp rise in numbers identifying as heterosexual after their gender change (up from 24.7% to 36.3%) with a corresponding fall in the numbers identifying as gay or homosexual (down to 10.5% from 34.3%). The above data suggests that for a considerable number of transgenders, changing one's gender conduct simultaneously redefines one's 'sexuality' - or creates
conditions for engaging in preferred sexual acts. This data correlates with my claims about certain transsexuals' sexuality, made in Chapter Three.

Regarding the 'surprisingly high' level of bisexuality, both before, for 26 subjects (or 17%) and after a 'gender change' for 29 subjects (or 19%) (1994: 29-30), it is clear that bisexuality increases slightly after a 'gender change', while asexuality falls almost by a third. The researchers argue that it is unclear whether the 'before' level of asexuality reflects a sexual disposition or an involuntary lack of sexual contact (1994: 29-30). Indications are that most MTFs in the sample engage with male partners (1994: 29-36). Perkins et al. also found that 38% of transgenders currently had no regular partner, while half had regular partners or defacto lovers (1994: 31). They conclude that there is a high level of interpersonal sexual abstinence among transgenders, which is by no means voluntary, and that there is 'a large variety of sexual identities among the sexually active' (1994: 32). Further a 'significant' portion of the sample encounters difficulties in forming lasting sexual relationships and suffers loneliness (1994: 32).

In response to a question about what kind of sex transgenders engage in with their partners, 84% indicated 'oral sex', 56% 'anal sex', 48% 'vaginal sex', 30% 'fantasy' and 15% bondage and discipline or sadomasochism. Of interest here, is that 43% of MTFs and 13% of FTM's reported having anal sex. Almost two thirds of the sex workers practised anal sex, while only a quarter of non-sex workers did so, due to clients' requests. A quarter of MTFs who had undergone GRS reported that they had experienced anal sex (1994: 32). Perkins et al. also draw attention to the fact that:

the high level of vaginal sex exceeds the 38 genitally constructed women by 10. Vaginal sex was also reported by a few transgender men (FTMs) and by some genitally intact women [pre-operative] MTFs. While it is not precisely clear what practices were in fact occurring, (e.g. if vaginal penetration occurred, was it digital, penile or by some other means, such as toys?), this figure alerts us to the dangers of assuming sexual practices slavishly follow assumptions that people are tempted to make about [transgenders] and reinforces the need for sensitivity and an open-minded approach in this area (1994: 32).

Sexual assault also concerned Perkins at al. Because MTF transgenders' participation is sex work is extensive it exposes them to sexual assault and violence (1994: 34-42). Further, 66 (or 45%) of the sample of 146 'reported having spent some time engaged in sex work' and that 70% had 'at some time' engaged in street sex work (1994: 34). The latter exposes
MTF prostitutes to 'particular pressures in relation to HIV/AIDS' and the threat of abuse and assault (1994: 34-5). Nearly half the sample (48.4%) had engaged in sex work for more than five years, which for the researchers, is 'a striking figure' (1994: 34-5). Indeed, 'many transgender sex workers are permanently engaged in sex work' (1994: 34-5). Whether any are FTM's is not stated.

Perkins et al. uncovered 'a major area of previously unrecognised sexual abuse and violence' experienced by transgenders: 71 of the sample reported 157 incidents of sexual assault, a third reported rape by an unknown assailant, one in eight reported pack rape and a fifth reported other types of assault (1994: 38). The reported level of child sexual assault was over 40%, peaking between ages 11-13 (17%), dropping away slightly from age 14, and then maintaining a constant level for years 14-25 (15%) before starting to slowly drop off (1994: 38). Also 'transgender survivors of sexual violence were concentrated in the sex worker category' (1994: 38). Sex workers, all or most of whom are presumably MTF transgenders, were found to be far more likely to have been sexually assaulted than non-sex workers. Sexual violence was concentrated in MTF street prostitution (1994: 39). Perkins et al. report that no 'transgender specific' services exist to deal with the effects of rape, assault or incest and argue that further research is needed to clarify the issues surrounding assault and violence. The researchers recommend that special 'psycho-social' transgender counselling services be set up in each state and that the police and the judiciary be 'sensitised' to transgender issues. They also recommend the decriminalisation of prostitution in Australia (Perkins et al., 1994: 75,77).

Perkins et al. sought data about transgenders' sexual and general health. They found that while 60% of the sample had never contracted a sexually transmitted disease (STD), 44% 'contracted a disease directly attributable to sexual contact' (1994: 43). This is a result of the frequency of unsafe sexual practices, in which 10% of sex workers reported not using condoms and only three-quarters always used them (1994: 36). The researchers regard incidences of gonorrhoea (13.7%) and hepatitis B (11.6%) infection as 'high' and 'worrying' (1994: 43). They argue that sex work is the major contributor to STDs, although 'regular sex partners are no more a guarantee against infection than temporary liaisons' (1994: 44). Another major finding was that transgenders 'consumed large quantities of drugs', legal and otherwise (1994: 44). For example, 15% of the sample had used heroin, compared to only 2% of the general population (Department of Health, Housing and Community Services 1992: 32, as cited in Perkins et al. 1994: 44). The most frequently used drugs were marijuana (39%), followed by prescription drugs (28%) and
cigarettes (24%), although ecstasy, amyl nitrate and amphetamines were consumed by about 15%. However, the researchers argue that intravenous drug use, evident in a quarter of the sample (1994: 53), is the most acute problem in terms of HIV infection. This is largely because a quarter of the sample of users reported having shared a needle within the last five years (1994: 45). Other health problems are indicated as follows:

**Table 1: Transgenders' general health problems (Perkins)**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Frequency</th>
<th>N=146</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>91</td>
<td></td>
<td>62.3</td>
</tr>
<tr>
<td>Chronic Fatigue Syndrome</td>
<td>15</td>
<td></td>
<td>11.0</td>
</tr>
<tr>
<td>Emotional problems</td>
<td>51</td>
<td></td>
<td>34.9</td>
</tr>
<tr>
<td>Bad Diet</td>
<td>49</td>
<td></td>
<td>33.6</td>
</tr>
<tr>
<td>Infections other than STDs</td>
<td>3</td>
<td></td>
<td>8.9</td>
</tr>
<tr>
<td>Depression</td>
<td>65</td>
<td></td>
<td>44.5</td>
</tr>
<tr>
<td>Isolation</td>
<td>36</td>
<td></td>
<td>24.7</td>
</tr>
<tr>
<td>Physical problems</td>
<td>21</td>
<td></td>
<td>14.4</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>43</td>
<td></td>
<td>29.5</td>
</tr>
<tr>
<td>Loss of sexual pleasure</td>
<td>43</td>
<td></td>
<td>29.5</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td></td>
<td>8.2</td>
</tr>
<tr>
<td>None</td>
<td>6</td>
<td></td>
<td>4.1</td>
</tr>
</tbody>
</table>

Source: Perkins 1994: 46

Perkins et al. observe that 'certain problems, such as chronic fatigue syndrome and loss of sexual pleasure, are related to street sex work, although the latter is also not uncommon with post-operative trannies' (1994: 46). However, they argue that:

problems experienced by a third to two thirds of our sample, such as stress, emotionality and depression are probably closely related to the societal attitudes toward gender crossing. Some will respond to their stress and depression by isolating themselves from the rest of society, while others will end it by taking their lives. These psychological conditions which are
idiosyncratic with most people and easily overcome by changes in lifestyle or personal attitudes are insurmountable for transgenders and because their causes are external they may only be overcome with changes in widespread social attitudes (1994: 46).

For Perkins et al., the high level of health problems among transgenders leads them to make heavy use of health and medical services. However, while general practitioners (GPs) are used by 89% and psychiatrists by 37% of transgenders, 'hormonal and genital treatments' are the main reasons for their visits to these professionals. As the researchers show (1994: 48) the sample used medical services largely for the purposes of obtaining GRS (38.4%) and hormones (77.4%). Also, 40% of transgenders consult endocrinologists and 24% plastic surgeons. While 31.5% obtained general counselling, another 31.5% obtained some form of psychiatric assessment (1994: 48), the latter probably being related to gender identity conflict or GRS. While a quarter of the sample obtained STD checkups, sexual health clinics (SHCs), although arguably better equipped to provide information and advice than general practitioners, were utilised by only 17.1% of the sample (1994: 47).

The main suggestions by respondents for improving health services were a need for more sensitivity by staff to trany issues (73.3%) and for more tranys to be employed in health services (64%) (1994: 49). Perkins et al. conclude that the large extent of health problems among transgenders is due to 'social attitudes to gender crossing' as helping to produce stress, depression and emotional instability, which in turn may lead to drug addiction (1994: 53).

Perkins et al. also explored 'areas of transgender social interaction' (1994: 54). Given the differing sexual health needs of genitally intact transgenders and those who had obtained GRS, they sought 'to establish the nature of relations between transgenders and their social milieu, within a context of HIV/AIDS' (1994: 54). While they found that almost 40% had 'changed their gender' during the years 21-30, only 38%, or just over a third of the sample had obtained GRS (1994: 55). The last finding is 'at considerable variance with the popular impression that all transgenders undergo surgery' (1994: 55).

Regarding the outcome of transgenders' GRS, as compared with their expectations, the researchers received 'a wide range of views' (1994: 55). While 37% of post operative transgenders reported 'unequivocally positive outcomes', and 24% reported 'mildly positive outcomes', 26% 'were definitely disappointed' with the results. Five respondents provided no answer and whether any FTMs undertook GRS is not made clear. But as
Perkins et al. argue (1994: 55), 'These findings are at variance with a claimed surgical success rate by transsexual medical practitioners of approximately 80%' (Walinder and Thuwe 1975; Walters and Ross 1986: 175). Also, those who underwent GRS, an average slightly in excess of one corrective operation for each GRS operations, reported 40 corrective surgeries. Furthermore:

These figures do not correspond with those usually presented in the [medical] literature such as McEwan et al. in Walters and Ross (1985) who reported 17 'complications' in 68 cases, a quarter of all their operations (Perkins et al. 1994: 55).

While acknowledging that criteria for evaluating success vary from study to study, Perkins et al. argue that:

The focus on surgical measures as a means of resolving transgender issues is misplaced, ignored by most transgenders and of value to a limited number within that group. However, it must be borne in mind that among a minority of transgenders who successfully undergo surgery, its importance should not be underestimated (1994: 55).

In addition to GRS and the 40 corrective surgeries, a further 100 surgeries were also undergone by a third of the sample. Most of these interventions were electrolysis (nearly fifty) followed by rhinoplasties (nearly twenty) and breast enlargements (around twenty) (1994: 57-60). Perkins et al. (1994: 55) argue that they are the product of efforts to avoid or relieve 'public ridicule and social contempt', by successfully passing in the new gender. This claim has some substance, given the perceived necessity to pass but it omits other possibilities, such as aspirations by transgenders to embody idealised gender representations. Most transgenders were found to rely primarily on GPs for their medical needs, and while respondents regarded the performance of GPs as satisfactory in 72.6% of cases, their opinions of services offered by psychiatrists were divided, so that 41% saw these as satisfactory and 30% as unsatisfactory (1994: 56-7). The researchers recommended that GRS 'and any other operations essential for the well being' of transgenders be supplied on Medicare, the national health system (1994: 77). They also recommended that transsexualism, 'as a symptom of gender dysphoria syndrome, be removed from further editions and reprints of The Diagnostic and Statistical Manual' (1994: 78). The implications of such moves are taken up in my conclusions.
Although Perkins et al. (1994: 57-63) researched discrimination against transgenders, the term is never defined, and reports of it are reliant on the subjective perceptions of respondents. The reader is left to assume that it encompasses prejudicial treatment and transphobic behaviour, as both direct and subtle. There is no way of knowing whether for respondents, it also includes verbal, emotional or even physical violence. However, the researchers provide an explanation for discrimination against transgenders, based on experiential knowledge.

For Perkins et al., discriminators impart that 'the transgender is engaged in gender-inappropriate behaviour or presentation' and that he or she is not perceived to be a 'real' man or woman (1994: 66). For the victim, discrimination constitutes 'an attack on their very identity' (1994: 67). Further, 'the unpassable [transgender] is treated as a joke and not taken seriously, while those most successful are prime targets for the most vicious vilification, as though they were being deceitful' (1994: 67). Finally, given the general hostility to their expression of their preferred gender, 'transgenders feel that they are treated as non-persons, and because of the continual denial of their identities, transgenders feel they are treated as non citizens' (1994: 67).

Perkins et al. found high levels of discrimination in various settings against transgenders, after asking respondents to 'nominate who discriminated against them, where this occurred, how often it occurred and what strategies they considered might help to end these discriminations' (1994: 57). The major discriminators were as follows:

- gays (40.4%)
- family (39.7%)
- 'men in general' (35.6%)
- police (34.2%)
- friends (32.2%)
- lawyers (29.5%)
- public servants (29.5%)
- employers (25.3%)
- fellow workers (22.6%)

Moreover, discrimination 'occurs just about everywhere' (1994: 58). Transgenders nominated sites where it commonly occurred as follows:
• the family home (33.6%),
• gay venues (29.5%),
• friends' homes (26.7%),
• shops and restaurants (23.3%)
• the police department (26.7%)
• the workplace (30%)

The authors uncovered a 23% unemployment rate. This does not include sex work (1994: 62). They argue that 'almost all sections of society practice discrimination against transgenders' (1994: 57). Further, 'That about 40% of our sample found their own families discriminating against them is startling, and perhaps ought to be read in conjunction with the figures below on isolation, family separation and suicide attempts' (1994: 57, see below). Perkins et al. also found that one in five transgenders also reported discrimination at the Department of Social Security and one in six at the [then] Commonwealth Employment Service. They argue that the 'staggering figures' concerning discrimination are 'the result of narrow attitudes' held by Australians. Only 12% reported no experiences of discrimination (1994: 58). They recommend that 'comprehensive Anti-Discrimination laws and Equal Opportunity legislation to protect transgenders' be enacted by all Australian states and territories (1994: 74).

They also found 80% of the sample had obtained welfare benefits, that almost two thirds had utilised unemployment benefit, now 'Newstart allowance', and that disability support pension had been used by 40% of the sample. They argue that, 'Of those receiving benefits, 56 (39.4% of the sample) could be classified as long term welfare recipients, since they had been receiving benefits for one or more years' (1994: 61). They conclude that 'Clearly the nexus between unemployment, welfare dependency, discrimination and poor health that is apparent in the transgender community needs urgent attention' (1994: 61). The study further revealed that transgenders were largely reliant upon their mothers and other transgenders for social and emotional support, although for 'a great many', support from families, neighbours and workmates is non-existent (1994: 61). Regarding 'action taken by transgenders in response to victimisation', over a third of the sample had attempted suicide. The researchers compare this with Dutch research, particularly the claim that 'trany deaths by suicide and "unknown causes" is five times higher among the transgender population than in the general population' (see Asscherman et al. 1989, as cited in Perkins et al. 1994: 62). While a third of transgenders emigrated or moved interstate in
response to victimisation, 50% isolated themselves, 50% left their families and just over 40% left friends - presumably as a result of transphobic behaviour (1994: 62). Perkins et al. conclude from the above data that 'the two processes of changing gender and discrimination are inextricably linked' 1994: 62, my emphasis). The implications of this are that:

the everyday experience for many is isolation, family rejection, unemployment, and maltreatment from just about everyone, from the courts, public servants, the police, and professionals to the average person in the street. For many, far too many as our figures indicate, this leads to loneliness, depression, low self-esteem and poor health...Loneliness and depression are easy prey to desperate emotional needs and suicide may only be prevented by drug addiction [all placing] transgenders amongst the most vulnerable of social groups for AIDS (1994: 63).

Only one transgender in the sample reported being HIV+ (1994: 43). Perkins et al. argue that the HIV Surveillance Report (1993), carried out by the National Centre for HIV Epidemiology and Clinical Research, shows that 0.7% of tranys, 'or nine times the percentage in 1994, for the Australian population', are infected (1994: 65). They regard this as 'a considerable proportion of the transgender population' (1994: 65).

Further, they separate transgenders into 'three fairly distinct subgroups, according to HIV/AIDS risk:

1) those who are at high risk for HIV due to high levels of unsafe sex and/or needle sharing 2) those who are at low risk for HIV because, although they have an active sex life, they use condoms regularly and/or rarely, if ever, share needles 3) those who are at no risk of HIV at all because they have negligible sexual experiences and never use injecting drugs (1994: 72).

Perkins et al. argue that this is further evidence of the socially heterogeneous nature of the transgender population (1994: 72). Given the extent of transgenders' personal, social and economic difficulties, they regard it as unsurprising that 'tranys' are very vulnerable to HIV risk (1994: 65-70). Clearly, AIDS remains a critical issue for tranys. The researchers provide much consideration of the risk factors and several means of combating them (1994: 65-73). Also, they recognise that HIV risk factors cannot be disentangled from the social context of transgenders' lives. For example, they argue that transgender sex workers need:
...strategies for manipulating their clients into practising safe sex, which is very difficult for any marginalised group, but especially so for transgenders in a subculture lacking pride or political motivation who have fully adopted the oppressive gender norms in our society (1994: 72).

Perkins et al. provide policy makers with significant, new information about transgenders. Findings about discrimination and social exclusion and the consequent effects on transgenders' health, self-esteem and employment prospects (1994: 66) are especially important. Perpetrators of discrimination and sexual assault clearly contribute to HIV risk factors. The federal government has not yet provided legislative protection to overcome these problems and many of the authors' recommendations (1994: 74-8) still require action. However, the data of Perkins et al. challenges assumptions that transgenders or transsexuals are necessarily heterosexual and that they routinely proceed to GRS.

4.4 Transgender Issues in Sydney

My study (1997a) is a health needs assessment for transgenders living in an inner city area of Sydney. It arose from concerns expressed by the Gender Centre (GC) about poor health outcomes for transgenders. The project was commissioned by the Central Sydney Area Health Service (CSAHS) through Marrickville Sexual Health Service in 1995, and assisted by the GC. The aims of this project were as follows (1997a: 5):

- To obtain data so as to understand the reasons for transgenders' under utilisation of sexual assault, sexual health and HIV services
- To obtain data about transgenders perceptions of HIV risk factors
- To identify gaps and propose improved programs for the CSAHS
- To seek out community requirements and identify unmet needs in order to reduce HIV and STD risk

As Project Officer my task was to link with service providers in pursuit of these and other aims, such as (1997a: 6):

- Gaining an understanding of the social and cultural barriers to health service access
- Producing knowledge of subcultural community norms
- Raising health issues of concern for the target group

176
• Developing a transgender-specific best practice model for community health gain
• Rendering appropriate, the type and quality of transgender specific services

A prime methodological concern was assuring respondents of confidentiality and ensuring trust as vital to the project's success (1997a: 17, cf Perkins et al. 1994: 17). CSAHS, who also felt that transgenders were more likely to disclose to one of their own kind, employed me to carry out the study. A steering committee also assisted me. It comprised representatives from the transgender community, including a sex worker. It also included representatives from The GC, and sexual health and HIV services, and the sexual assault and drug and alcohol services, within the CSAHS.

Several methods of data collection were employed. The first and major method was a quantitative survey instrument, or a self-administered, coded questionnaire. The first part of the questionnaire sought to obtain data concerning the accessibility and appropriateness of relevant health services in the CSAHS, for transgenders. The second part sought information about sexual practices, sexuality and transgender issues. The total number of questions asked was 60 (see Appendix 1). The questionnaire provided for multiple responses and optional answers, along with space for comments after questions. A pilot study was successfully carried out with around a dozen respondents. Using personal contacts, I then distributed questionnaires among transgenders in inner city Sydney. Around thirty were completed in my presence, although without any coaching, following distribution to a diverse sample of sex workers in the Eastern Sydney Area Health Service (EASAHS). Questionnaires were also distributed to psychiatric and medical professionals, Sexual Health Clinics (SHCs) and needle exchanges, in CSAHS and Eastern Sydney Area Health Service (EASAHS). Around 50 completed responses were received from the above distribution points. A further 200 questionnaires were then mailed out through the GC. Here, my sample prioritised clients of the GC who had inner western or inner eastern Sydney postcodes, or whom I knew to be MTF or FTM transgenders who lived as women or men, rather than transvestites. My feeling at the time was that some responses were from transvestites and that this explained certain irregularities in the data shown later. However, as my arguments in Chapter Three show, I later revised my assumptions about the transvestite/transsexuals distinction.

Around 40 responses were received (1997a: 20), so that a final sample of 90 respondents to the questionnaire was obtained. Twelve responses were received from outside the Sydney area through the GC. Given that Perkins et al.'s estimate of the NSW transgender
population as 2,500 is reasonable, my sample amounts to about 3%. Most of the responses were from the inner eastern suburbs (44.5%) and the inner western suburbs (24.5%) of Sydney (1997a: 25).

My methodology was based on previous empirical research about transgenders, especially that of Perkins et al. 1994, and a series of relevant Australian HIV related studies (e.g. Stefanof 1993; Rotem 1994; Dowsett 1992). It also drew from various perspectives about gender (e.g. Connell 1987a; Lorber 1994; Butler 1990a), medical perspectives about transsexualism (e.g. Benjamin 1966; Walters and Ross 1986) and critiques of such medical views (e.g. Stone 1991; Irvine 1990). These works helped me to formulate a methodology for exploring cultural barriers that may discourage transgenders from using relevant health services in the CSAHS.

While Perkins et al. indicate that discrimination by medical services was experienced by only 16% of transgenders, it attributes this to 'doctors' rather than other health care professionals (1994: 57). My study sought to test their argument that the social environment is generally hostile to transgenders and unaccommodating of their differences. It was also guided by the proposition that transgenders often fear or expect discrimination, due to past treatment (Hooley 1997a: 15,17), as Perkins et al. (1994: 17) indicate. Nonetheless, my working hypothesis was that the barriers to service access were related to institutional and social perceptions of transgenders behaviour, as 'gender-inappropriate' (Perkins et al. 1994: 66-7).

Data about institutional and organisational HIV related discrimination against gay men in health settings (e.g. Puplick 1996: 7; Herdman and Kippax 1995: iii) suggested that significant discrimination would probably be encountered by transgenders, but in different ways. My methodology thus proposed that social arrangements within institutions might maintain a gender dichotomy, as grounded in a male/female binary, as having particular effects for transgenders, at the point of service delivery. I sought to find if this was a basis of discrimination against transgenders in health care settings, in terms of practice and procedure (see Connell 1990a). Support for this view lay in data about transgenders' encounters with government authorities and bureaucracies (Perkins et al. 1994a: 17,58). Lastly, there was anecdotal evidence about transgenders' difficulty in safely negotiating public space, as presenting problems for transgenders seeking health care (see also Perkins et al. 1994: 37-42,58). Thus, I sought data about transgenders' perceptions and/or
experiences of health services, so as 'to locate manifestations of discrimination at and around the point of service delivery' (1997a: 15).

Focussing on transgenders concerns about assault and public safety, the first section of my questionnaire sought:

- to elicit transgenders current feelings about personal safety in public
- to collect data on levels of assault in public and assess its impact as a possible deterrent to service access
- to collect data on levels of assault and find reasons as to why treatment was not sought
- to assess transgenders' knowledge of the location of sexual assault, sexual health HIV and drug and alcohol services close to their homes (1997a: 15).

I also sought to evaluate transgenders' perceptions and/or experiences of these services, regarding whether they would provide or provided:

- sensitive and respectful treatment
- appropriate and helpful responses to transgenders' needs
- access to appropriate bed, toilet and shower facilities where needed
- the types of services most comfortably accessed (1997a: 15).

Finally, the first part of the questionnaire further sought to find:

- the extent to which survivors of assault and sexual assault had used services
- indications of possible health problems which remained unaddressed for survivors (1997a: 16).

The second part of the questionnaire sought information about feelings, behaviours or events in transgenders' lives, for example, suicidal ideation, ongoing depression, loneliness, drug use and physical and social activities. Here, I sought indications of their coping skills and mental and physical health. I sought to correlate this with data obtained about assault and sexual assault, sex work, unemployment and welfare dependency (1997a: 18), so as to gain a better appreciation of HIV risk factors. Time, and the advent of upheavals described in Chapter Six, did not permit a complete analysis. But this section of the questionnaire also sought data about the outcomes of GRS for transgenders.
It also focussed on tranys' perceptions of HIV/STD risk factors, and included questions about transgenders' sexual practices and partners, their health problems and transgender issues. In regard to the first issue, my methodology acknowledged that 'HIV/AIDS research based on a survey approach is faced, above all, with a major problem of sampling' (Rigby and Rosenthal 1990: 6).

Therefore, my survey analysis was complemented by ethnographic research which sought unorthodox and diverse approaches to service delivery. This involved prolonged involvement with the target group. The aim was to ensure that HIV/AIDS was identified as a relevant community concern (Norman 1990). An ethnographic approach with flexible research schedules was undertaken, given that many transgenders were best located after dark, either in gay venues, in brothels, in their homes and in parlours or on the streets doing sexwork (Hooley 1997a: 16).

My methodology also took account of the need to produce data about the specificity of transgenders' sexual practices, identities and bodies. As argued:

The gap between gender/sexual identity and behaviour, as revealed by HIV/AIDS research, required that the study identify complex risk factors for tranys, most of whom have not had GRS, and whose expressed identities may conflict with sexual practice. Altman (1992: 37) stresses the importance of 'the basic distinction between behaviour and identity' in locating risk factors, the range of diverse lifestyles in minority sexual groups and their cross cultural expression of sexuality (Hooley 1997a: 16).

My assumption was that, for transgenders, sexual identities and practices, and perceptions of risk factors, were likely to vary considerably. I sought data about the relationship between transgenders' identities and their sexual practices, in order to identify risk factors. This also involved collecting data about their status, as MTF or FTM, and as post-operative and pre-operative, and the relationship of these variables to the gap between behaviour and identity (Hooley 1997a: 16). I used Connell's (1990b) approach to social science methods for HIV research, to obtain some life history analyses, so as to explore the strength of coping skills and support networks within the transgender community. The latter were seen as crucial to encouraging safe sex practices (Connell 1990b). Unfortunately, circumstances permitted only a few completed interviews (1997a: 20).
Transgender issues were also seen as having a bearing on social support and coping skills. I sought more information about the nexus of factors identified by Perkins et al., (1994: 61,65-73), in which the relationship between gender crossing, discrimination, unemployment, isolation, rejection, low self-esteem, sex work and drug usage may contribute to poor health. Unstructured interviews were undertaken, to obtain data about sexual and personal history and current sexual behaviours. Further, data about the outcomes of GRS was sought to shed more light on previous findings. A third process involved ongoing action research, involving consultation with transgenders and relevant health services, so as to identify gaps in service provision and develop new programs (Hooley 1997a: 20).

In terms of demography, the sample ranged from 16 to 61 in terms of age, 58% falling between the ages of 21 and 40 years and 35% between 41 and 61 years. Five respondents recorded their birth sex as 'other' than male or female, or 'both', suggesting that these respondents probably had intersex status at birth. This was later confirmed in two cases, during unstructured interviews. The respondents discussed dreadful experiences of stigmatisation in childhood, particularly, about being neither one nor the other sex, and their concerns about 'corrective' surgery.

A major limitation of my study is that only 5 FTM transgenders responded to the questionnaire. While developing FTM contacts, I perceived that FTMs were considerably outnumbered by MTFs, in inner city Sydney. I discuss the issue further toward the end of this chapter.

Similar to the findings of Perkins et al. (1994: 21), 53 MTF transgenders in my survey gave their current status as female, while 23 respondents (or 25.6%) reported that they were 'other' than male or female. For Perkins et al. (1994: 21) this pattern may reflect 'a belief in biological rather than social criteria for determining gender'. It may alternatively indicate a sense of bodily incompleteness or corporeal sexual ambiguity. Another possibility, given that 72% of the sample indicated that they used hormones (1997a: 50) and that under a quarter had undergone GRS (1997a: 54), is that some of the 23 respondents view their corporeality as a mixture. It should also be noted that a few MTF transgenders, including myself, 'do not subscribe to MTF categorisation' (1997a: 27), because it pays homage to a gender dichotomy.
Data about respondents' living arrangements provides the first indicator of the sample's heterogeneity. It reveals that 40 (or 44%) of the sample lived alone, that 16 (or 18%) lived with partners and that 12 (or 13%), lived with other tranys. Others who shared accommodation lived with people variously identified as gay men, lesbians, and heterosexual men and women (1997a: 23-4). My study confirmed the finding by Perkins et al. (1994: 23), that transgenders are a mobile group. While 46.7% of the sample had lived in their current residence between 2 and over five years, 48.3% had resided there from between 3 months and 1 to 2 years (1997a:25). In terms of education, and again, similar to findings in Perkins et al. (1994: 24-6), 35 (or 39%) did not proceed beyond year 10, or school certificate level in NSW, a figure slightly below that of the national figure of 40% (ABS 1992: 147 as cited in Hooley 1997a: 26), while 16 (or 18%) had obtained tertiary qualifications.

Data concerning transgenders' current sources of income shows that 24 (or 27%) obtained it from sex work and that 27 (or 31%) received government welfare payments. This means that a total of 51 (or 58%) of the sample is outside the salaried workforce. Of those in the salaried workforce, 15 (or 16%) were engaged in professional/technical occupations and 4 (or 4.4%) were in administrative/executive positions. Fifty-four (or 60.1%) were born in Australia, eleven (or 12.2%) in New Zealand all of whom were of Maori descent, and 4 others (or 3.4%) were born in other Pacific islands.

I regarded research about access and safety issues as crucial. My study found that, 'The [common] assault figures...paint a very disturbing picture of public and domestic violence against transgenders' (1997a: 29). There was 'a widespread dynamic of physical and verbal assault against transgenders' (1997a: 29). My findings confirm those in an unpublished report funded by the TLC and undertaken earlier, by Shan Short, in inner city Sydney in 1994. It documented 'the existence, types and extent of discrimination and verbal and physical abuse transgenders experience because they are transgenders' (Short as cited in Hooley 1997a: 30). It showed 34 counts of verbal and physical assault, or a combination of these, among 44 incidents which were reported by 23 transgenders in a seven month period (Short, as cited in Hooley 1997a: 30).

In my sample, 37 (or 41%) reported 'never' or 'hardly ever' feeling safe in public and 33 (or 36.7%) reported feeling safe in public 'sometimes'. Only 17.2% felt safe in public 'often' or 'very often' (1997a: 29). Indeed, 53 (or 59%) of respondents in my survey had experienced assault - including the author. Of the 53, 34 had experienced it once to five
times, 9 of had experienced it 6-10 times and 10 more often than 6-10 times. Less than half sought help indicating 'a lack of trust...in the ability of services to empathise and provide care' (1997a: 30). Finally, 'the counselling provided did not enable respondents to feel safer on the streets' (1997a: 301). A therapeutic framework was deemed futile without support from protective legislation and public education programs.

Findings concerned with transgenders' experiences of sexual assault and counselling services show that 'a very large group of 49 respondents (or 54% of the sample), had been sexually assaulted between 2 and 45 years of age' (1997a: 32). Most respondents experienced it between 7-11 years (16 or 17.8%) and 16-25 years (12 or 13.3%). Only 32 (or 36%) in the sample of 90 reported never experiencing sexual assault. Also, of 20 sexual assault victims 9 reported 'never' and 11 reported 'hardly ever' feeling safe in public, while another 19 (or 21.1%) reported feeling safe in public 'sometimes' (1997a: 32). Only half of the 49 who had experienced assault knew of the counselling services available. For 41 of the 49, there were expectations and/or experiences of inappropriate counselling (34% of 41) and expectations and/or experiences of a lack of understanding reported about 'transgender issues' (1997a: 32). Again, transgender sex workers, presumably MTFs, were found to be more likely to have suffered sexual assault, and 5 MTF transgenders reported rape by the police. Police were also found to respond inappropriately to transgenders' reports of violence against them (1997a: 33). I supplied the NSW government with these findings. To what effect is uncertain.

However, the pattern of drug and alcohol use in my study was different from that reported by Perkins et al. (1994: 45). While eight of the sample reported having between 2 and 4 drinks a day and another 8 reported having more than 4 drinks a day (1997a: 37), most prefer other substances. Regarding levels of intravenous drug use, 7 (or 7.8%) of the sample reported heroin and cocaine use and 11 (or 14.4%) amphetamine use (1997a: 53). This data is similar to that reported by Perkins et al. (1994: 45), of 10.3% current usage of heroin and cocaine and 16% for (non-prescribed) amphetamines. My findings about cigarette smoking (42 respondents smoked between 10-25 cigarettes per day) were also similar to those of Perkins et al. (1994: 45). In contrast, however, I found that levels of and marijuana use (20 users or 22.2%, 1997a: 53) were around half of those reported by Perkins et al (1994: 45), of 39.7%. This discrepancy might be explained by the larger number of transgenders in the 41 to 61+ age group, in my study. This group totalled 35 respondents in my sample of 90, compared with 36 in Perkins et al.'s sample of 146 (1994: 22).
Only 13 (or 14%) of the sample sought the use of drug and alcohol services, eleven of whom reported some benefit from these. Two did not complete detoxification programs for reasons that were unclear. While five respondents felt that they were treated with respect by staff in drug and alcohol services, three disagreed and four were unsure (1997a: 34). These services lacked adequate education about transgender issues. Also, some transgender service users 'reported experiencing isolation and lack of understanding due to discrimination', especially by men who were undergoing detoxification programs (1997a: 34). A special service is required to successfully meet the needs of transgenders who need detoxification and rehabilitation programs. This is presently impossible, due to lack of funding. I recommended that transgenders needed to be trained and employed in both sexual assault and drug and alcohol services, and that a crisis phone line was needed for tranys to deal with drug and alcohol issues, among others. The latter project at least, was subsequently set up at the GC.

The study sought to build on data collected about health and well being by Perkins et al. (1994: 46). The table below provides an indication of transgenders' experiences of depression, loneliness, isolation, anxiety and loss of sexual pleasure. These experiences were significant for between a quarter to half of the sample. The table has been edited to indicate the main problems identified by respondents.

<table>
<thead>
<tr>
<th>Event/Activity</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep disturbances</td>
<td>55</td>
<td>61.1</td>
</tr>
<tr>
<td>Frequent loneliness</td>
<td>46</td>
<td>51.1</td>
</tr>
<tr>
<td>Daily depression</td>
<td>40</td>
<td>44.4</td>
</tr>
<tr>
<td>Frequent anxiety</td>
<td>36</td>
<td>40.0</td>
</tr>
<tr>
<td>Frequent isolation</td>
<td>39</td>
<td>43.3</td>
</tr>
<tr>
<td>Loss of sexual pleasure</td>
<td>37</td>
<td>41.1</td>
</tr>
<tr>
<td>Suicidal feelings</td>
<td>29</td>
<td>32.2</td>
</tr>
</tbody>
</table>

Source: Hooley 1997a: 53
My report adds that, 'Sleep disturbances may be attributable to various factors, among which may be the ongoing effects of assault or sexual assault' and the reported high loss of sexual pleasure is 'hormone and/or surgery related' (1997a: 53). Improved mental health for transgenders is unlikely given the current hostility of the social environment toward them.

Sexual health was a particular concern of the study. It sought information about patterns of sexual behaviour and norms within the transgender community, which may contribute to HIV or other infections. Seeking data about respondents' perceptions of HIV risk, I sought to test a previous finding (Perkins et al. 1994: 72), that transgenders comprised 'three fairly distinct subgroups according to HIV risk'. This was shown to be the case in my study, with the 'low risk' group comprising those who engaged in no sexual activity in the last six months (24 or 26.7%) and who did not use needles (1997a: 44). Thirty respondents (33%) in my sample had contracted a sexually transmitted disease (STD) (1997: 38), compared with that 44% in (Perkins et al. 1994: 43). Again gonorrhoea (12.2%) was the most commonly contracted infection, followed by non-specific urethritis (7.8%) (Hooley 1997a: 40).

Respondents' knowledge of HIV risk factors was mostly very good. However, 7 respondents (or 7.8%) - all MTF, reported HIV+ status. This is a major concern, given the findings of the National Centre for Epidemiology (1995), showing that 20 transgenders had been diagnosed as HIV+, as at June 30, 1995. In contrast to my findings, this is a seroprevalence rate of only 0.7%. Also, all of the seven HIV+ subjects had engaged in sex work (Hooley 1997a: 42-4). Perkins et al. argue that a 'failure to internalise safe sex messages' (1994: 42), evident in at least a quarter of their sample (1994: 33) is a consequence of social hostility toward them (1994: 42). I also found that respondents' risky sexual behaviours had links with a lack of self-esteem, and poor social treatment by others. Although I found 'an even spread of safe and unsafe sexual practices' (1997a: 49) by MTF transgenders, 12 (or 13%) of the sample never used condoms. Only 47 (or 52%) of the sample of 90 always used condoms, while 16 (or 18%) used them sometimes. In total, 28 reported having unprotected sex at some time or other (1997a: 42-3). Given that most partners of MTF transgenders are male (1997a: 47), I recommended that messages and campaigns about safe sex messages need to be directed toward 'men who have sex with men' (MSM), as well as transgenders (1997a: 49).
Of the 90 transgenders in my sample, 43, (or 48%) of the sample either presently or previously engaged in sex work. I assumed that all were MTFs. While only 20 (or 25%) reported currently doing sex work (1997: 46), the finding did not correlate with demographic data showing that 24 (or 27%) of respondents derived their income from sex work (1997a: 26). The number currently doing sex work may be nearer to 30, as just under a third of the sample. The sample's knowledge of HIV services was limited, with 5.6% using the CSAHS, while most used the ESAHS. While 9% of respondents were aware of the AIDS Council of NSW (ACON), less than 5% knew of the Albion Street Centre and a quarter knew of no HIV services. In all, 28 respondents, or 31.1% of the sample used SHCs for counselling/treatment of STDs. Of 23% who were unaware of any sexual health clinic near to their homes, a large number were sexually inactive. Most tranys reported feeling comfortable using their GPs in sexual health matters. However, 56% reported feeling uncomfortable using SHCs and less than half expected or experienced, an understanding shown by staff, about transgender issues (1997: 39).

My study, as much concerned with sexuality and sexual practices indicates a diversity of transgender identifications and behaviours in terms of sexual practice (1997a: 46). In response to an open-ended question asking them to nominate their sexuality, respondents gave some distinctive descriptions of their sexuality. They showed some bewildering or mixed categorisations (e.g. gay/heterosexual), suggesting fluidity or uncertainty. Nonetheless, I analysed the data to arrive at the following:

<table>
<thead>
<tr>
<th>Sexuality</th>
<th>Frequency n=90</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>26</td>
<td>28.9</td>
</tr>
<tr>
<td>Bisexual</td>
<td>19</td>
<td>21.1</td>
</tr>
<tr>
<td>Lesbian</td>
<td>13</td>
<td>14.5</td>
</tr>
<tr>
<td>Transsexual/Transgender</td>
<td>11</td>
<td>12.2</td>
</tr>
<tr>
<td>Fluid/Queer</td>
<td>9</td>
<td>10.0</td>
</tr>
<tr>
<td>Gay</td>
<td>5</td>
<td>5.6</td>
</tr>
</tbody>
</table>

186
Asexual 3 3.3
Not reported 4 4.4

Source: Hooley 1997a: 46

The percentages above regarding bisexuality, lesbianism and heterosexuality are similar to those reported by Perkins et al. (1994: 30). Reports of a 'fluid' or 'queer' sexuality are interesting in light of the recent constitutive effect of discourse. Regarding those who nominated transgender/transsexual as their sexuality, some 'category confusion' seems to have occurred. Some people may not follow academic distinctions made between gender and sexuality. However, taken together, sexological and transgender research reviewed in this study shows that a large group of transsexuals identify as heterosexual.

Of the 26 respondents who identified themselves as heterosexual, 16 were MTFs who had undertaken GRS. The finding nonetheless suggests that for these MTFs, sexuality is a function of the form that sexed bodies take. Not all understand sexuality in this way, because of the other 3 who had undergone GRS, 2 identified as lesbian and the other as bisexual. Of 5 who identified as homosexual, none had undergone GRS (Hooley 1997a: 46). There were no indications that FTMs had undergone phalloplasty.

Of the 66 sexually active respondents, 39 practised receptive anal intercourse, 49 practised receptive oral intercourse and 11, receptive vaginal intercourse (1997: 46). The diversity of transgenders' sexual partners is shown below, in response to the question, 'Do you have sex with any of the following?':

<table>
<thead>
<tr>
<th>Sex Partners</th>
<th>Frequency</th>
<th>Percentage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual men</td>
<td>47</td>
<td>52.2</td>
</tr>
<tr>
<td>Bisexual men</td>
<td>36</td>
<td>40.0</td>
</tr>
<tr>
<td>Gay men</td>
<td>30</td>
<td>33.3</td>
</tr>
<tr>
<td>MTF tranys</td>
<td>21</td>
<td>23.3</td>
</tr>
<tr>
<td>Heterosexual women</td>
<td>15</td>
<td>16.7</td>
</tr>
</tbody>
</table>

Table 4: Transgenders' indications of sexual partners' sexuality
Bisexual women 18 20.0
Lesbians 14 15.6
FTM tranys 8 8.9

* Some transgenders identified more than one category of partner.

Source: Hooley 1997: 42

Whether transgenders' partners identify themselves as shown above is uncertain. However, it is clear that most MTF transgenders experience sex with male partners, most often in oral form. Two respondents indicated that female partners were reluctant to engage with them sexually.

Regarding the kinds of penetrative sexual activities undertaken with partners in the previous six months, respondents reported a mixture of acts. A table showing the range of their diverse sexual appetites is set out below. Note that only 5 respondents were assigned as female at birth, and identify as FTM (1997a: 27). Respondents were asked to indicate the kinds of sexual activity which they had undertaken in the previous six months.

Table 5: Sexual practices of transgenders

<table>
<thead>
<tr>
<th>Activity</th>
<th>Receptive sex (frequency)</th>
<th>%</th>
<th>Insertive sex (frequency)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal Intercourse with a man</td>
<td>11</td>
<td>12.2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Vaginal intercourse with a woman</td>
<td>1</td>
<td>1.1</td>
<td>8</td>
<td>8.9</td>
</tr>
<tr>
<td>Oral sex with a man</td>
<td>49</td>
<td>54.4</td>
<td>19</td>
<td>21.1</td>
</tr>
<tr>
<td>Oral sex with a woman</td>
<td>5 *</td>
<td>5.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Anal intercourse with a man</td>
<td>39</td>
<td>43.3</td>
<td>12</td>
<td>13.3</td>
</tr>
<tr>
<td>Anal intercourse with a woman</td>
<td>4</td>
<td>4.4</td>
<td>5 *</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Taken together, tables four and five contain a wealth of data, not all of which could be analysed (1997a: 42-3, 46-49). The data shows that transgenders engage in multiple sexual
acts with a variety of partners. Further, while table four indicates that subjects had sex with either women or men, the findings were correlated with those in table five (see questions 43 and 48 in Appendix I). Hence, in some cases, the subjects referred to were transgender men or women. Given that only five FTM transgenders participated in the survey, table four shows that 16 MTF transgenders had MTFs as partners - a surprising fact, even if some were among the 5 intersexsuals. Table four also shows that three FTMs engaged in sex with MTFs. Findings also showed that at least three MTF transgenders had engaged in sexual practices with men and lesbians, although precise figures are lost. Anecdotal evidence revealed that two MTFs had experienced both FTM and MTF transgenders as partners. These behaviours show considerable sexual fluidity or 'diverse sexual tastes' (Hooley 1997a: 47). They explode assumptions that MTF transgenders invariably have sex with heterosexual men and that they do not have sex with one another. They also disrupt the fixity, meaning and logic of the 'MTF' category.

The data shows that MTFs are not merely passive or 'feminine' in sexual practice. While MTF transgenders were much more often the receptive partners rather than penetrative partners, table four shows that 12 transgenders also practised insertive anal sex. Only five of them could possibly have been FTMs. Further, 21% of transgenders practised insertive oral sex with men. Most are also likely to be MTF transgenders. While the data showed evidence that some MTF transgenders engaged in both 'receptive' and 'insertive' sexual acts with men, it was, like some other data, unable to be recorded.

The 11 respondents in table four who experienced vaginal sex with a man, were among the 19 MTF transgenders who had undergone GRS, in the sample of 90. Five of the 19 also practised anal receptive sex (1997a: 47-8). According to table three, significant numbers of transgenders, four of whom were FTMs, reported that they engaged in sex with women. However, this does not correlate with data in table four, which indicates that little sexual activity actually occurred in this respect. It seems that either some either respondents misread question 43 as 'would you like to have sex with...' disregarded the six-month time frame or were heterosexual transvestites who lived as men. However, no respondents identified as transvestite.

My findings show that some transgenders acknowledge a personal sense of sex or gender ambiguity. In response to question three, 53 saw their 'current gender' as 'both' male and female. Further, in response to question fifty-four, only 41 of 85 MTF respondents, including 16 of 19 in the sample, who had undergone GRS, saw themselves as women.
Indeed, 33 of these MTFs saw themselves as either 'both' or 'neither', with six adding 'transgender', four 'queer', and one, 'woman sometimes'. Others responded to question 54 with such phrases like 'unique', stuff your categories' or 'individual' (Hooley 1997a: 23,48-9). However, there were other indications in writing that some saw their identities as incomplete, presumably because they had not undergone GRS. Findings by Bliss and Porter (1998: 36) strongly support the argument that not all of the 33 accept their corporeal sexed ambiguity.

My sample probably represents a reasonable cross-section of the MTF transgender inner city community. Of my sample, 52 identified themselves as transsexual, including most of those who had undertaken GRS, and the rest identified as either transgenders or tranys. A few who identified as transsexual also identified as transgenders (1997a: 48), indicating that for some, the terms are interchangeable.

My study sought data about GRS outcomes, given that some doubt had been cast on the efficacy of this procedure.6 While a Sydney surgeon claims to have performed 205 genital realignment operations, 193 of them MTF (Haertsch 1997), the combined research findings of Perkins et al. (1994: 55) and myself 1997a: 54) suggest that at most, only a third of all transgenders proceed to GRS, mostly MTFs.

Nineteen transgenders in my sample - all MTF, had undergone GRS. Eight indicated that it met their expectations, although one qualified this with the comment, 'in so far as penis removed' (Hooley 1997a: 54). One of the eight stated that it exceeded expectations, while three others didn't answer the question (Hooley 1997a: 54). As many as 8 reported that GRS failed their expectations (Hooley 1997a: 40-1, 54). Three of them, speaking at length about the poor results of their GRS, showed distress concerning the physical-sexual, emotional and social consequences. Two said that development of better surgical techniques was imperative and reported a lack of adequate, personalised medical care. All 8 respondents who saw GRS as failing to meet their expectations supplied written comments in the survey, which are as follows:

* very, very bad.
* harder to come and chronic pain.
* Sex is painful and unfulfilling and my vagina is always wanting to close up.
* Negligent medical practice. Skin grafts were required.
I expected acceptance from straight men. I did not expect to be inorgasmic. I put my faith in
the medical system and was rewarded with butchery.

I was sold a lie and colluded in the greatest sexual abuse I ever experienced.

Poor

Butchery. (Hooley 1997a: 54)

These responses imply that reduced quality of life and serious mental health issues may
sometimes be consequences of GRS. Three of the above who were interviewed reported a
lessened capacity to experience orgasm following transsexual medical intervention (Hooley
1997a: 54). For two, the depth and width of their 'neo vaginas' were inadequate to satisfy
them in penetrative sex. One indicated that she had undergone corrective surgery to
overcome this problem, which resulted in some improvement. One respondent, as above,
regarded GRS as a kind of passport to heterosexual womanhood, a notion that gave way to
disillusionment (Hooley 1997: 54). In three cases at least, the data is evidence for
Benjamin's argument that disappointment with GRS is invariably related to sexual
functioning (1966: 128). In sum, for half the transgenders who had undergone GRS in my
sample, the outcome falls well short of expectations. The extent to which this involves
sexual functioning, social and sexual acceptance of MTFs as heterosexual women,
diminished well being and poor mental health, or a combination of these, requires research.

My study recommended that CSAHS should provide a service specifically tailored to the
needs of transgenders, similar to that of the Aboriginal Health Service in Redfern, NSW.
This was deemed impossible due to lack of funding7.

4.5 Conclusions

My discussion of the two reports fails to acknowledge their broader constitutive effects. A
discussion of the political and epistemological constraints imposed by research that was
conducted to serve certain social policy needs is presently impossible, due to limitations of
space. In spite of these shortcomings, the studies of Perkins et al. (1994) and Hooley
(1997a) show that transgenders are a diverse group, in terms of their sexualities and their
gender identifications. My report shows that transgenders are 'clearly in a vulnerable
position as clients of health services' - particularly regarding GRS services, and that
'emotional, psychological, and physical health outcomes for transgenders are shaped
within a social context that invalidates them and discriminates against them' (1997a: 55).
Short (1994: 11) argues that verbal and physical assaults are easier to recognise than discrimination. Although this casts some doubt on the reliability of findings about discrimination shown by Perkins et al. (1994) and myself (1997a), Irwin (1999: 68) shows that 80% of transgenders experience it in workplaces. Irwin argues that, for transgenders:

…the effects of discrimination were wide ranging and resulted in diminishment of their capacity to be productive in the workplace. Discrimination in the workplace against transgender people is a major issue of concern and justifies further research (1999: 68).

Forms of physical, verbal and sexual violence against transgenders are also pervasive, resulting in social exclusion and serious problems of health and well being. For example, the marginal social and economic position of transgenders places many at risk of disease, including that of HIV infection. Such exposure occurs mainly among large numbers who have little alternative to a salaried job, except sexwork. Perkins et al. (1994) and myself (1997a) urge coverage of transgenders by anti-discrimination law and provision of specialist government health services run by and for transgenders.

A major shortcoming of the researches discussed above is their bias toward MTF transgenders. The findings in Perkins et al. (1994) Hooley (1997a) and Irwin (1999) neglect to show important differences between MTF and FTM practices. However, Irwin's study included 39 transgender respondents, 20 of whom identified as FTM (1999). FTM transgenders are thus probably underrepresented by Perkins et al. and myself, rather than being significantly fewer in number. The absence of attention to FTM transgenders in our findings is not simply due to bias, although MTFs and FTMs sometimes inhabit separate subcultural networks. Research into FTM issues carried out by FTM transgenders is urgently required.

A study mentioned previously found that most transgenders want GRS (Bliss and Porter 1998: 36). In light of this and negative findings shown above, research is needed to determine the impact of GRS on transgenders' sexual, physical and mental health. It needs to evaluate the efficacy of current criteria for a successful outcome of GRS, focussing especially on transgenders' expectations regarding sexual activity and their social well being, post-GRS. Some of the issues are outlined below.

Psychiatrist Murray claims that success following surgery, is measured by 'psychosocial' factors, in which improved emotional, sexual and interpersonal satisfaction occurs,
although 'sexual functioning' may be 'imperfect' (1996: 4). According to his exhaustive assessment, as based on cross-cultural empirical studies produced by medical workers in the field, GRS provides beneficial effects for 'the subjective well being of candidates, selected on traditional criteria' (Murray 1996, cited in Lowe 1996: 52).

However, Murray (1996: 4) also argues that such generally positive findings require balancing with the cautionary results of findings Perkins et al. (1994), which contradict the clinical findings. Further, a survey of medical 'gender reassignment' by NSW Health, shows that around half the subjects who undergo GRS do not usually return to their treating psychiatrists for follow up (Lowe 1996: 8). This finding, mine and those of Perkins et al. (1994: 55) suggest that rates of success regarding GRS may not be as high as medical reports show (Walinder and Thuwe 1975). Australian sociologist Lewins claims that a basic measure of well being following surgery is 'improved body image and satisfaction' (Lewins 1995: 161). There is good sexological evidence that this measure is inadequate. Findings imply that GRS is privileged over other concerns and that disappointment is not uncommon for MTF transsexuals post-GRS, concerning their ability to manage economically, as women generally in social relations, and in sexual relations (see Rehman et al. 1999; Bentler 1976: 571)8. Hence, transgenders might consider the option of GRS carefully in light of their knowledge and experience of what gives them sexual pleasure, rather than expecting that GRS will fundamentally alter - for the better, their sexual and social lives.

In sum, the findings in Perkins et al. (1994) and myself (1997a) provide a bleak perspective of the life chances of Australian transgenders. Discrimination, poverty, isolation, poor general health, unemployment and the large number of MTF transgenders dependent on sex work are the lot of many. But Perkins et al. (1994), the TLC and myself (1997a) used the findings to urge policy initiatives by government discussed in Chapter Six.

A significant byproduct of transgender activism/research was the formation of supportive relationships with other researchers/activists within Sydney's 'queer community'. Perkins, Griffin and myself attended the first national *Health in Difference Conference*, organised by the Lesbian and Gay Research Centre (LGRC) at Sydney University, in 1996. These conferences brought together lesbians, gays, bisexuals and transgenders under the same umbrella, to discuss the personal, social, cultural and political dimensions of health issues for these groups. Links between transgenders and others within the Sydney 'queer
community' grew and the inclusion of transgenders as research subjects in Jude Irwin's study (1999) was a positive outcome.
Chapter V: The State, Law and Transsexualism

5.1 Introduction

The formation of a transsexual identity depends on sexological discourse and reembodiment technologies. This chapter shows that transsexual subjectivity is also shaped by forms of regulatory expertise at the hands of law, with the assistance of its handmaidens, medical and sexological knowledge. As part of state agencies, the institutionalised law of Commonwealth courts uses these 'expert' knowledges to sex transsexual subjects, largely in the service of 'our society's rigid dualistic views of male and female bodies and their support of the heterosexual paradigm' (Muller 1994: 111). In the most recent of three legal rulings discussed below, involving the Department of Social Security, \( \text{DSS v SRA} \), law is shown as phallessentialist in its determinations of transsexuals' sex, because it privileges GRS as indicating a 'change of sex'.

My approach takes law and sexology as part of the workings of government, in the Foucaultian sense of the term (1988). On this view, law is a 'direct' form of government that regulates transsexuals' relations with themselves, partners and state bureaucracies in the service of hegemonic notions of 'sex', heterosexuality, and assumptions about 'public opinion' regarding transsexuals. Using Foucault's notion of governmentality and an approach that takes disciplinary power as gendered, I examine MTF transsexuals' encounters with law in Commonwealth courts in the UK and Australia, concerning the issue of sex determination. The famous \( \text{Corbett v Corbett} \) case\(^1\), in the UK, created a long-standing precedent that influenced cases of sex determination concerning transsexuals in Australian law. I analyse this precedent and legal discourse in selected cases that followed it (\( R \text{ v Harris and McGuinness}, \text{DSS v SRA} \), exploring how law constitutes sex and discursively positions transsexuals.

I contrast legal and transgender discourse, in a remarkable case involving the Department of Social Security and a transsexual, \( \text{DSS v SRA}^2 \). The first legal decision made in this case about the transsexuals' sex was more flexible than prior ones but was overturned on appeal by the DSS. The knowledge law used to determine what constitutes sex during appeal processes was phallessentialist, and framed in terms of binary oppositions. The outcome, as also dependent on law's legitimation of medical knowledge about transsexualism posed problems for the TLC's legal reform agenda. The lobby group sought to propose a notion
of transgender identity based on neither medical nor biological criteria. I discuss its efforts in using this to have transgenders included under NSW Anti-Discrimination law in Chapter Six.

The schemas used in legal decision making about transsexuals' sex in all these Commonwealth court cases are grounded in binarised, heterosexual norms. The earliest decision discussed below, implying that sex is merely a function of heterosexual coitus and reproductive capacity is problematised by later decisions concerning transsexuals' sex. Although they destabilise the notion that a person's 'sex at birth' is immutable law remains mired in binarisms and phallessentialism, as constitutive of the truth of sex.

5.2 'The State' and Gender Relations

Law, as an agency of the state, serves to regulate individual conduct and that between persons, the state and 'the community'. As shown further below, law is a bearer of 'truth' about 'sex'. It deploys notions of truth grounded in rationality and objectivity to produce the sex of transsexual subjects. However, as shown below, the character of the state is contested by several schools of thought, in spite of agreement that it is complex, non-unitary and constitutive of pre-existing interests, rather than representative of them. Structuralist approaches raise criticisms of Foucault's ideas that I address below. On the other hand, the notion of 'interests', which structuralists use to explain the actions of 'the state' and those who act upon it, is a particular problem. My approach is to treat the state and law as part of the broader 'government' of gender relations, in which 'the conduct of personal life [becomes] a crucial mechanism in the exercise of political power' (Miller and Rose 1988: 174).

Connell's discussion of the state and sexual politics is a substantial structuralist approach. For Connell, patriarchy serves to organise social and economic life. It is 'a serviceable term for historically produced situations in gender relations where men's dominance is institutionalised'. On this basis he proposes the totalising notion that the state is patriarchal, if not 'male' (Connell 1990: 509). Connell argues that the state is a bearer of gender, and as the main organiser of relations of power and gender, it is historically patriarchal in procedures, policy and concrete practices. Further, the state has a major interest in gender politics, so that 'the exercise of power is a constant incitement, to promote or defend its interests' (Connell 1990: 512).
For Connell, the state criminalises stigmatised sexuality, embodies masculine hierarchy and organises collective violence in policing, prisons and war (Connell 1990: 520). In spite of my misgivings about his reification of the 'male' state, his argument that the state is not a static, non-contradictory entity is substantial. It is productive and prohibitive, in constituting the shape of gender relations. It is able to react on and regulate categories, and depending on political influences, to generate categories, the production of 'the prostitute' being one example (Connell 1990: 526-32). Muller (1994) provides some support for this view, in her argument that law is heterosexist in rulings concerning transsexuals. As Connell argues (1990: 529-32), the state is also a focus of pressure groups, or social movements organised around gender and sexuality, such as the TLC.

Franzway et al. (1989) provide a similar perspective. They seek, a 'general theory of the state as an actor in sexual politics and as constituted by the history of gender relations' (1989: xii). For them, the state, as 'constituted by gender relations and shaped by the vicissitudes of sexual politics' (1989: x), is 'an initiator of important dynamics and a place where interests are constituted as well as balanced' (1989: 33). Indeed, they argue that it is the 'central institution of social power', which is involved with the patterning of gender relations, the 'gender order' of the society as a whole' (1989: 52). Further, it has a 'constitutive role', and takes a prominent part in constituting gender categories...and regulat[es] the relationships among them by policy and policing' (1989: 52). As Franzway et al. argue, it creates historical possibilities through its policing, such as the emergence of modern homosexual politics (1989: 52), and later, transgender politics. As they claim, it is also non-unitary, complex, and entails contradictory process which contain 'divisions of interest and systematic sources of conflict' (1989: 34). Finally, as 'a regulatory force', it 'has complex calculations to make about the allowable pace and direction of change in the gender order of society' (1989: 55).

Like Franzway et al. (1989), Connell (1990) point to problems with Foucault (1978) and Donzelot (1979). For him:

they picture the state as part of a dispersed apparatus of social control... [this] is useful in getting beyond the state as an organisation to its sphere of operation, making the connection with everyday life. It also allows a recognition of the multiple and sometimes contradictory apparatuses at work. But it is not at all clear in this approach why the state regulates to the
extent that it does, unless it is simply prurient. Foucault and Donzelot do not account for the constitution of interests in sexual politics (Connell 1987a: 127).

The argument of Franzway et al., that 'theories of regulation do not account for the constitution of interests in sexual politics' (1989: 18) is similar. They claim, like Connell, that these theories are 'helpful in getting beyond the notion of the state as a preconstituted object, as an organisation and nothing else' and showing 'the multiple, overlapping and sometimes contradictory apparatuses at work' (1989: 18).

Since its revitalisation by Lukes (1974), the notion of interests or 'real' interests', as objectives or benefits which people are prevented from recognising or realising is a much disputed concept (Hindess 1986). As shown below in the case of DSS (Department of Social Security) V SRA, the department's own financial interests were not served by obdurately opposing the courts' decisions about a transsexuals' sex. If government exists in 'the medium of thought, of mentalities and rationalities of government' (Dean and Hindess 1998: 9), perhaps a mentality of bureaucratic rationality and rectitude which adheres to a certain 'truth of sex' accounts for the motives of DSS. Why people recognise one set of interests to the exclusion of others and the reasons for their action may depend on available discourses (Hindess 1986).

As Hindess argues, interests are not structurally determined or given properties of individuals or groups. They don't function as 'a mere transmission between social structure on the one hand and what actors do on the other' (1986: 129-30). As he argues, interests, as a form of explanation of action, are seriously incomplete and the formulation of interests depends on definite discursive and other conditions. He suggests that a 'concentration on discourses which are available to actors and employed by them, and on the form of assessment of conditions and locating themselves and others in relation to them that those discourses provide', is required (1986: 130).

While Connell (1990) and Franzway et al. (1989) point to 'the state' as part of social and political processes within gender relations and their mutually constitutive roles, the constitutive role of discourse is ignored. Further, 'the state' is a huge abstraction that contains extensive contradictions difficult to accommodate. Notions of the state's character as 'post-patriarchal (Yeatman 1998: 19) recognise its problematic, non-unitary character. However, Yeatman agrees with structuralist claims about its constitutive role. For Yeatman, its role is expressed not only in how the state names social phenomena:
but in how it proceeds to regulate them and to subject them to policy. Viewed in this way, the history of the state is coterminous with the history of the subjection of social life to policy (1998: 19).

For Yeatman, the modern interventionist state extends the scope of conventionalised phenomena that is subject to policy intervention. Thus, 'social life becomes subject to policy to the degree that it is denaturalised' [or] 'no longer left to the implicit direction of customary practice', because increased bureaucratic organisation of social life makes it more amenable to control, efficient management and prediction by 'experts' (1998: 18). An example of this kind of activity is recent voluntary relationship education carried out by the Australian government, so to address the problem of 'family breakdown' (Smith 1999). This form of 'indirect' state intervention in social life, drawing from dominant discourse about 'family' and using 'expert' knowledge, points to the usefulness of Foucault's notion of government.

Weeks' (1981: 8) criticism that Foucault diminishes the role of the state in constructing attitudes to sexuality and the regulation of deviance ignores that Foucault clearly regards the state as a major organising apparatus of social life and regulation of populations. However, Foucault's notion of governmentality (1988: 224-5) implies that rather than being a given set of structures embodied by a unified state, government is a pervasive and heterogeneous activity within liberal democracies, which is undertaken at a multiplicity of sites, and works through various technologies. Hence, 'Post-Foucaultians' Dean and Hindess claim that government, as 'the manner in which individuals, groups and organisations manage their own behaviour' is a broad enterprise which 'should not be seen as emanating from a single controlling centre' (1998: 2-3).

Foucault argues that the liberal state may be cautious about 'governing too much', or imposing its will directly onto 'civil society' (1982; 1994g). He regards the suspect state/civil society dualism as a schema that enables governmental processes to work indirectly on people in diverse and subtle ways (1994g: 75). Put another way, government can't be reduced to law making and enforcement because liberal rationalities view individual liberty as necessary to its practical ends. They work with and through the 'autonomous' conduct of individuals (Dean and Mitchell 1998: 17).
What Dean and Hindess ignore however, is the gendered character of power/knowledge relations and liberal rationalities (Sumner 1990), referred to in Chapter One. They also ignore that the conduct of gender relations is a major component of government, as concerned with 'the formation and shaping of the identities, capacities and statuses of members of the population' (Dean and Hindess 1998: 10). This process begins in infancy, when parents and legal apparatuses use binary regime of truth about sexed bodies, to assign children to categories of male or female. These categories are simultaneously biological and social, and law sexes subjects in ways that 'mirror and interact with the sexing operations of social norms' (Davies 1997: 28). As shown below, law's sexing of subjects hinges on what is counted as or assumed to be proper knowledge about sex. Its relies on ostensibly 'objective' methods and 'scientific' knowledge to determine the truth of sex, often presuming that they are untainted by the workings of gendered power.

Taken together, the above perspectives about 'the state' imply that it is less coherent, unified and unidirectional than may be supposed. Although it can be repressive it is constitutive of categories and conduct in the realm of gender relations. Its power is less static than notions of a monolithic 'patriarchal state' imply. However, as part of 'the state', law's power to constitute notions of sex in the cases described below, is imbued in the phallogocentric discourse that shapes its determinations (Smart 1990).

5.3 Sex, Transsexualism and Law's Truth

Smart (1990), who shows that law is a field of power constitutive of the truth of sex, poses a feminist challenge to notions that law has the method to establish the truth of events in rape trials. As she argues:

If we accept that law like science, makes a claim to truth and that it is indivisible from the exercise of power, we can see that law exercises power not only in its material effects (judgements) but also in its ability to disqualify other knowledges and experiences. Non-legal knowledge is therefore suspect (Smart 1990: 7).

Smart's critique of law's method draws from Foucault's argument that truth and power are intimately linked in scientific discourse. But as Smart claims, Foucault does not compare the scientist's claim to truth with the lawyer's claim (Smart 1990: 4). However, she argues that there are close parallels between the workings of legal and scientific claims to truth.
She argues that law has its own testing ground, its own specialised knowledge and system of results, and while it may have lower status than science as a field of knowledge, it sets itself apart from other discourses in the same way as science. Law sets itself hierarchically above knowledges like psychology, sociology and ‘common sense’ (Smart 1990: 4-5). Further, law, translating everyday experience into legal relevances and excluding what might be relevant to parties, makes its judgement on a tailored or scripted account. Smart’s major concern is ‘the dichotomy between what law may establish as truth and women’s experience, and indeed men’s experience’ - although she claims that the difference here, is not the same difference (1990: 6).

Law is ‘alien’ and ‘shifting terrain’, compared to women’s experiences, shaping discourses and making judgements which are both phallocentric and logocentric (Smart 1990: 7-10). Law disqualifies women’s experiences of sexualised power relations in legal determinations concerning the crime of rape (Smart 1990: 3). Smart’s analysis of law’s phallogocentrism, of its claim to truth as part of its power, and its exclusion of the nature and relevance of women’s experience (1990: 1), guides my exploration of legal determinations of transsexuals’ sex. Law also excludes transsexuals’ experiences and knowledge that could challenge its phallogocentrism, in cases involving transsexuals. As Smart argues, law organises human identity hierarchically, in terms of this binary opposition. For her, the male/female binary is based upon ‘a rationalist, occidental and sexist tradition’, structuring sexual difference ‘by encoding thought and desire within a Lacanian phallocentric structure of ‘the law of the father’ (1990: 7-10).

From the 1970s, increasing legal claims concerning transsexuals raised the problem of determining their sex. Drawing from Smart’s arguments (1990), I show that in the Commonwealth law cases noted above law may disqualify transsexuals’ experiences of themselves, and that it constitutes their identities in ways that reify binary discourses of sex, gender and sexuality. I argue that transsexuals’ experiences and the narratives constructing their subjectivities in legal testimony are often mediated by essentialist claims about identity, and grounded in hegemonic discourse about transsexualism.

Law’s discursive power is often legitimated and supported by medicine, as a form of ‘bio-power’ (Foucault 1978). However, in recent decisions, Australian legal apparatuses such as the NSW parliament, the Federal Administrative Appeals Tribunal (AAT) and the Supreme Court of NSW, deregulated hegemonic notions of the body, as in Butler’s heterosexual matrix (1990a: 151). Yet, even in these legal decisions, as intended to redress
discrimination or hardship for transsexuals, the knowledges reproduced about the objects of legal determination are often essentialist and phallocentric. Nonetheless, in the case of *DSS v SRA*, decisions by the Social Security Appeals Tribunal (SSAT)\(^3\) and the AAT\(^4\), provide an exception to legal determinations historically requiring the alignment of genitalia with gender. However, the legal necessity for requiring coherence between genitalia and gender arose in a precedent set in the UK in 1971, regarding a determination of sex in marriage law.

Ormrod J set this powerful precedent, in *Corbett v Corbett*\(^5\). Ormrod’s legal interpretation of medical knowledge constituted an essentialist truth of female identity, which disqualified the experiences of a transsexual. This ‘truth’ was grounded in the essentialness of reproduction for marriage and the naturalness of sex. While anti-essentialist determinations in the AAT and SSAT overturned this logic, other court decisions have generally legitimated the truth and efficacy of phallogocentric discourses. This is the case, in *R v HH*\(^6\) and *R v Harris and McGuinness* \(^7\). Further, law has historically regulated cross-gender behaviour by implicitly reifying a binary (hetero) sexual logic, as in *DSS v SRA*. In the final ruling in this case, Lockhart J relies on this logic to argue that undertaking GRS represents a change of sex (Mountbatten (1994: 174)\(^8\).

As shown in the cases discussed, the medical and psychiatric discourses that shape legal discourse about transsexuals are mutually legitimating. As Foucault argues, regarding the 'scientific' study of sex and its relationship to law:

> And the mere fact that one claimed to be speaking about it from the rarefied and neutral viewpoint of a science is in itself significant. This was in fact a science made up of evasions since, given its inability or refusal to speak of sex itself, it concerned itself primarily with aberrations, perversions, exceptional oddities, pathological abatements, and morbid aggravations. It was by the same token a science subordinated in the main to the imperatives of morality whose divisions it reiterated under the guise of the medical norm. Claiming to speak the truth, it stirred up people's fears...It thus became associated with an insistent and indiscreet medical practice, glibly proclaiming its aversions, quick to run to the rescue of the law and public opinion, more servile with respect to the powers of order than amenable to the requirements of truth (Foucault 1978: 53-54, my emphasis).

As argued below, in proceedings in *DSS v SRA* and other cases, law, like science, seeks support from other ‘expert’ knowledges, especially psychiatric knowledge. As shown later
in *DSS v SRA* it invoked 'public opinion,' being servile both to 'science', and imagined majority opinion, within the Australian community. As to the inability or refusal to speak of sex itself, law seeks the authority and help of science, to define the meaning of key signifiers, such as 'male,' female’ and ‘opposite sex’, which it regards as critical determining transsexuals’ sex. As Mountbatten's legal analysis shows (1994: 171-72) these terms are *undefined*, and taken for granted in Australian social security law.

The power of law's precedent is borne out in instances where Commonwealth law exercises its method to determine the truth of transsexuals’ sex. The case of *Corbett v Corbett* is particularly significant in that respect. But in this case and others (*R v Harris and McGuiness* and *DSS v SRA*), I show that the legal criteria used to determine sex are shifting, uncertain and ambiguous.

### 5.4 Transsexualism and Marriage Law

Hucker (1985), in a legal discussion of transsexualism, argues that there is fundamental difficulty in reconciling medical or biological concepts with social legal concepts of sex. He advocates recognition of 'sex change' but points to the problem that courts are 'not simply equipped to deal with complex, confusing and possibly contradictory medical data' (Hucker 1985: 394). In *Corbett v Corbett* and later, law looked to another similarly high status profession, medicine, to assist it in deciding what constitutes sex.

In this case Ormrod J took medical evidence to adjudicate upon a petition for nullity of marriage on behalf of Lord Corbett. Matthews J notes that, in later proceedings, *R v Harris and McGuiness*, Corbett was aware of his wife’s ‘background’ prior to the marriage, presumably meaning her transsexuality. The marriage however, was never 'consummated'. Ormrod, in a ground breaking but contentious ruling, drew from submissions by nine medical experts to obtain four criteria for determining sex - gonadal, chromosomal, genital and psychological factors. He applied these in his judgment, arguing that the first three had to be congruent for the purpose of marriage law.

As Kessler and McKenna argue, the question of what it means to be a male or female, is merely another way of asking how one decides whether another person is male or female (1978: 3). Ormrod J however, regarded sex as fixed at birth, and grounded it in a telos of normative assumptions, which imply that reproduction is the purpose of marriage. In his
now famous judgment, he applied this notion of sex and granted Lord Corbett an annulment of his marriage to the ‘post-surgical transsexual’ model, April Ashley. Corbett’s judgment stated that:

Having regard to the essentially heterosexual character of the relationship which is called marriage, the criteria must, in my judgement, be biological for even the most extreme degree of transsexualism in a male or the most severe hormonal imbalance which can exist in a person with male chromosomes, male gonads and male genitals cannot reproduce a person which is naturally capable of the essential role of women in marriage (cited in Muller 1994: 106)\textsuperscript{11}.

Hence, Ormrod saw sex in marriage as a biological function of heterosexual union and reproduction. In determining that Ashley was ‘a post operative male transsexual’, Ormrod argued that she could not have ‘natural’ intercourse (meaning heterosexual) intercourse for reproductive purposes. In elaborating the purpose of marriage he argued that it was axiomatic that a valid marriage is heterosexual, deeming this impossible for Ashley, given her incapacity for natural intercourse and her inability to perform the essential role of women in marriage, which for him, was reproduction\textsuperscript{12}. In this view, female identity, or womanhood, is contingent on reproductive capacity for the purposes of a ‘valid’ marriage, a heterosexist notion that reduces women to their wombs. In applying the four criteria he disqualified Ashley’s ‘sex change’ surgery because her body did not comply with his notion of women's essential reproductive role.

The four criteria Ormrod used to determine sex set a precedent for future Commonwealth legal proceedings, as concerned with the issue of transsexuals’ sex. Although law ‘invokes phallogocentric notions of sexual difference in all its determinations’ (Smart 1990: 7). Muller shows that Ormrod’s ruling is heterosexist. As she argues, dichotomous thinking about sexuality set up a series of binaries (man/woman, normal/abnormal, natural/unnatural), as implied in this ruling. Muller (1994: 106) draws from Weeks’ (1984: 90) argument, that the notion of normality has usually been defined by sexual practices, which bear some relation to reproduction, and Rubin’s (1984: 279) claim that modern Western societies appraise acts according to a hierarchical system that privileges heterosexuality.
5.5 Transsexualism and Criminal Law

Although Ormrod’s findings carried some weight in a significant test case in Australia, they were not decisive. In the NSW Court of Criminal Appeal in 1988, two appellants, Vicki Harris and Phyllis McGuiness, contested a prior ruling which found them to be male persons, under a charge of attempting to procure male persons, for the purposes of committing indecent acts. (The charge was part of the New South Wales Crimes Act, number 40, part 3, section 10, now defunct). Vicki Harris a ‘post-operative transsexual’ and Phyllis McGuiness, a ‘pre-operative’, had pleaded innocence at the initial trial in 1982. As Perkins (1983: 137) argues their pleas were grounded in their identification as women, although they were found to be male persons under the charge.

As this case shows, Australian transsexuals are constituted as gender and/or sexual ‘deviants’ in their encounters with law. The appellants were among numerous Sydney MTF transsexuals, who, in the 1980s, encountered law as objects of intense police persecution, during their involvement in street prostitution (see Perkins 1983: 136-9). As subjects with culturally unintelligible bodies, these transsexuals became objects of medico-legal surveillance and criminalisation. Their bodies, monitored in legal proceedings for their naturalness or intelligibility, became a site of legal contention over the truth of their sex.

In the 1988 appeals hearing involving Harris and McGuiness, the judges gave different rulings as to whether they were male persons under criminal law. While Carruthers J ruled against both, leaning heavily on Ormrod’s use of the four ‘scientific’ criteria, Street CJ and Matthews J ruled to give effect to Harris’ ‘sex change’ surgery. Hence, she was found not to be a male person, within the meaning of criminal law’s section 81A. However, the same ruling was not applied to McGuiness for reasons discussed below.

Giving his judgement in *R v Harris and McGuiness* Carruthers J sees the question of sex to be of critical importance in a number of areas of law. He praises Ormrod J’s four scientific criteria, as credible in the service of law’s purpose, in arriving at the truth of the appellants’ sex. For Carruthers, whether Harris was a male person is an issue of objective fact, determinable by application of Ormrod’s criteria. He assumes that sex has a universal, objective and irreducible character, which remains static over a person’s life cycle. Carruthers, using the same ‘scientific’ criteria as Ormrod J, regarded ‘post operative’ Harris as a male person. Law, in this instance, embraces Corbett’s model of sex, which Carruthers sees as having a trustworthy scientific objectivity.

205
Carruthers also assumes the veracity of sexological knowledge about transsexualism, particularly the notion of 'gender dysphoria' and its medical treatment. This shows in his argument that surgical and hormonal treatment existed to alleviate gender discomfort, thus erasing anxiety and depression and treating schizoid-obsessive personality features. In his judgment he cites Dr Alfred Steinbeck, an endocrinologist who provided evidence for the hearing. Steinbeck argues that such treatment does not alter a person's sex, but exists to harmonise gender identity and genitalia so that they are no longer discordant. Steinbeck implies that sex is a natural, fixed and unchanging phenomenon. For him, 'sex reassignment' surgery does not give 'the transsexual' the true biological attributes of their apparent sex, and transsexuals cannot change their sex, only their identification. For Steinbeck, bodies are always already sexed - as male or female, and cosmetic alterations cannot alter the objective nature of sex as biological fact.

Perkins, then a transsexual activist who supported the appellants during the hearing, rightly argues that Steinbeck's interpretation is narrowly based in biology. She argues that a reflexive social relationship between the display and attribution of the appellants' gender identities overrides biology. For Perkins, the gender display and identification of Harris and McGuinness constitute 'social fact' (1983: 138). Responding to Steinbeck's claims, she claims that:

It is this very identification that should be taken seriously because...biological sex is the least important aspect of our relations with one another. We act in particular ways that depend on clear cut social guidelines...the way that others respond to our actions is not only dependent on culturally established patterns of interaction but on the way we express our identities (Perkins 1983: 138).

Whether Perkins' sophisticated sociological perspective was presented to the court in some form is uncertain. If it were it would likely have been disqualified as irrelevant because of the precedence given to 'biological factors' by the judges.

However, Matthews J shows more flexibility than Carruthers, in determining the sex of the post-operative Harris. She regards Ormrod's criteria as inappropriate, given that no question as to the sex of marriage partners is relevant to the hearing. Arguing that law should permit other factors to override chromosomal and gonadal ones, she posits that the presence or absence of internal female organs has no ultimate bearing on sex. Recognising
that female bodies have a terminable reproductive cycle, she implies that depriving a woman with a total hysterectomy of her status as a female, would be ludicrous.\textsuperscript{17}

Considering Harris' case, Matthews J argues that the decisive issue was ‘...a person’s gender identification, where it differs from biological sex’.\textsuperscript{18} Street CJ endorses the consideration that she gives to Harris' surgery. Hence, Harris was found not to be a male person within the meaning of criminal law's section 81A.\textsuperscript{19} Carruthers, however, upheld Ormrod J's logic. He emphasises the desirability of certainty, consistency and common sense, and applies law’s internal logic and reasoning, in the service of an 'objective' truth of sex, as essentially biological.\textsuperscript{20} This is most apparent in Carruthers’ consideration of McGuiness’ sex, where he argues that, ‘Law could never countenance a definition of male or female that depends on how a person views his or her gender’.\textsuperscript{21}

The \textit{R v Harris and McGuiness} hearing is also an instance of legal rulings about sex determination, which are logocentric, or construct meaning in terms of a logic of opposites (Smart 1990: 8). Further, law’s power to arrive at truth depends on positivist, empiricist knowledges of bodies, as enshrined in its elevation of 'reason', demonstrable 'proof' and literal representation. 'Reason' in this case, as Grosz (1986: 198) indicates, proposes universality and notions of objectivity and rationality, as associated with the norms and values of masculinity. For Grosz, these terms are all closely related to the overvaluation of science and truth as models of knowledge (Grosz 1986: 198-202).

The differential treatment given to preoperative McGuiness exposes law’s phallocentrism, or ‘sexual difference as codified in the absence or presence of a single feature - the male sexual organ’ (Grosz 1990: 188). The salient issue shaping the decision in law’s efforts to determine sex, was whether or not the appellants possessed a penis. Matthews J did not apply the same qualification to McGuiness, regarding the importance of a person’s gender identification, where it differs from biological sex.\textsuperscript{22} For her, biological factors could not be seen as \textit{entirely} secondary to psychological ones. She argues that not to recognise McGuiness as a male person would create enormous difficulties of proof and trivialise transsexuals’ already immense difficulties.\textsuperscript{23} Hence, McGuiness, as a preoperative transsexual, was ruled to be a male person under criminal law. While all three judges determined that McGuiness was ‘a male person’, Street CJ and Matthews J saw Vicki Harris' GRS, or her lack of a penis, as proof that she was not a male person.
Law also validated GRS, given that the ‘physical re-construction of sexual criteria pays the ultimate tribute to the essentialness of our sexual natures - as men or women’ (West and Zimmerman 1991: 32). Most crucially, law’s validation of GRS supports Stoller’s claim that transsexuals are ultimately defined by their desire to be rid of the penis, this organ being seen as ‘the ultimate insignia of maleness’ (1968: 188). Hence, it approves the phallessentialism in sexological discourse about transsexualism. Given these claims, it was hardly a radical paradigm shift by Matthews J and Street CJ, to decide that Harris’ genital surgery overrides Ormrod’s four criteria. The legal outcome was somewhat ambiguous for Harris, who was found to be neither male - nor female. Her ontological status, as lacking a penis and therefore ‘not male’, resembles that accorded women in phallogocentric regimes, of other constituted by lack.

To some extent, Matthews recognises that the means used to classify people as males or females, are ‘socially agreed upon biological criteria’ (West and Zimmerman 1991: 14). Her response to the issue of whether a woman who’d had a hysterectomy was still a woman, contests Ormrod’s regulatory schema, undermining its abstract essentialism and medico-legal authority. However, all the judgements in the above case reiterate and reinforce ‘expert’ medical knowledges produced about transsexualism, and its phallessentialism. As Dunderdale (1992) shows, Ormrod’s four criteria supported rulings in many other cases involving transsexuals and intersexuals, which favoured the annulment of their marriages. She adds that the law should not be gendered, that freedoms should be available ‘without distinction as to sex in any way’ (Dunderdale 1992: 26). As she claims, people do not consent to classification as male or female and have no right to change it. In spite of her useful human rights based approach, she supports the notion of gender dysphoria and fails to recognise that transsexuals also invest in bipolar notions of sex.

The authority of law and its ‘expert’ allies, in medicine, endocrinology and psychiatry, produced a pseudo-neutral and abstract view of bodies. The largely biological criteria established by the precedent in Corbett v Corbett were accepted as authoritative and used routinely in legal rulings against transsexuals, long after Ormrod’s decision (see Finlay 1995: 4-16). Knowledge provided by psychiatry and medicine commanded law’s respect as highly scientific and rational, and as serving to legitimate law’s judgments, power and claims to determine truth. In the two cases above, mutual legitimation of the power of sexological discourse and law occurs, disqualifying the claims by people whose gender identification disrupts naturalised binary frameworks. Hence, law, psychiatry, endocrinology and biology, as mutually legitimating discourses, enable and consolidate
each other’s power. Using heteronormative presumptions, they claim to state the facts and the truth of ‘sex’, as natural, hierarchical, and binarised.

5.6 Transsexualism and Social Security Law

In 1991, a significant legal decision in *DSS v HH* 25, was made within the context of Social Security law. It was more sympathetic to transsexuals than in *R v Harris and McGuinness*. I briefly discuss this before turning to the case of *DSS v SRA*. The case of *DSS v HH* concerned whether a post-operative MTF transsexual was entitled to an age pension at 60 years, (65, at that time, being the age at which pensions are granted to male persons). It came before the AAT as an application to review a decision of the SSAT, which found for the purposes of the Act, that the applicant was to be regarded as a woman (see Mountbatten 1994: 167). The AAT unanimously affirmed the decision of the SSAT. As Mountbatten notes, two members of the tribunal, O’Connor and Muller, held that transsexuals who had undergone genital realignment surgery should be classified in their ‘reassigned sex’ for the purposes of the Act (see Finlay 1995: 34 and in appendices, 19-23). The judgment stated that 26:

The tribunal is of the view that only those transsexuals who have undergone sex reassignment surgery should be classified for the purposes of the Social Security Act as their reassigned sex. This is a difficult area and the Department of Social Security will need to have (for ease of administration and to prevent fraud), workable and established criteria upon which to base its decisions.

The AAT also ruled that post-operative transsexuals should be required to give the Department a certificate along the lines of those provided for in South Australia’s *Sexual Reassignment Act* of 1988 27.

South Australia’s *Sexual Reassignment Act* allows people who have undergone GRS to obtain a special recognition certificate that shows their ‘reassigned sex’, by applying to a magistrate. A major problem is that although people with a certificate are recognised within South Australia, this is not so outside state borders (Finlay 1995: 23-26). This legislation was the only state legislation in Australia which recognised a ‘change of sex’, until passage of the TAB in NSW in 1996. South Australia is currently the only state other than NSW, which effectively covers transsexuals under Anti-Discrimination or Equal Opportunity law,
although the South Australian Bill's provisions are more limited than those of the TAB are 28.

While Mountbatten rightly asks where the AAT's decision in *DSS v HH* leaves the pre-operative transsexual (Montbatten 1991: 170), those who prefer not to undertake GRS completely escape his calculations. Neither does he consider the issues regarding female to male transsexuals for whom surgery is a much more complex and difficult endeavour (see Laybutt 1996). In the first case, the stipulations of DSS, and the rulings in *R v Harris and McGuiness* (1988) and *DSS v HH* (1991), assume that GRS is obligatory and necessarily desired by all transgenders. This amounts to a policing of gender that regulates it according to requisite genitalia. As Muller argues, these rulings serve certain interests, since they are based on the perception that:

the transsexual, once embracing the chosen sexual identity and role, becomes, in a sense an acceptable heterosexual, (particularly if sexual reassignment surgery is undertaken). In other words, the greater the commitment demonstrated by the transsexual to the desired (biological) sex, the more favourably is the case reviewed. Such "commitment" sanctifies our society's rigid dualistic views of male and female bodies and their support of the heterosexual paradigm (Muller 1994: 111).

The decision in *R v Harris & McGuiness* also shifts notions of 'femaleness' away from reproductive essentialism. It does so by altogether ignoring reproductive criteria, seen by Ormrod as an essential component of 'sex'.

The last case I discuss concerns proceedings by the DSS against SRA, an MTF transsexual. Here, law used psychiatric discourse about transsexuals to enforce commitments by transsexuals to phallessentialism and heterosexuality. Mountbatten discusses the situation of SRA and constructs the history of her identity as follows:

She felt uneasy and confused about her biological identity from the age of three or four. These feelings persisted. By the time she was eleven she was dressing as a girl and acting and behaving as she felt a girl would. By the time she was sixteen, she realised she was a transsexual and sought psychological and psychiatric assistance. In 1982 she was told that she was too young to embark on gender reassignment surgery (she would have been no more than 17 years of age then), and she began to attend weekly meetings of a transsexual self-help group at the Wayside chapel. The following year after consulting an endocrinologist, SRA
began taking hormones and presenting full time as a woman. The court accepted that from 1983 she ceased to present as a man (Mountbatten 1994: 170).

In 1983, SRA, then in receipt of an invalid pension and obtaining unemployment benefits at the single rate, met a man who later became her de facto husband (B). Since early 1984, she had been receiving unemployment benefits in a female name. Later in that year, she left Sydney with B to live together, advising DSS of their domestic arrangements. Under the Act at this time, married or de facto couples were eligible for a joint pension only, this being less than two combined pensions payable at the single rate. Hence, Mountbatten as claims that SRA did not stand to gain financially in making her application, because it would have been ‘in the taxpayers interest’ for SRA to have succeeded in her action (Mountbatten 1994: 171). Aidy Griffin, spokesperson for the TLC at the time of the hearing, argues that DSS ‘squandered thousands of dollars fighting the case which could’ve been used to integrate tranys into the general community’ (Griffin: 1993a: 8).

As Griffin argues, DSS was unaware that SRA was a transsexual when it decided in 1985, that a wife’s pension rather than unemployment benefit was appropriate for her. However, in 1990, DSS decided that, as SRA was male, a wife’s pension was inappropriate. How DSS came to regard SRA as male is unknown. On the surface, their decision seems to have been based on bureaucratic adherence to ‘facts’ and correct procedure. As Griffin claims, ‘Ms SRA’ appealed against this decision to the SST who ruled in her favour. Then, DSS unsuccessfully appealed to the AAT. Griffin, applauding the AAT’s ruling, argues that in determining ‘the issue of gender’, emphasis should be given ‘to a person’s psychological sex and the social aspects of how that person lives and is accepted by their community’ (1993a: 8). Griffin claims that in this case, social and psychological factors can and ought to override anatomical or biological factors. She also argues that ‘tranys’ ought to be recognised as members of their ‘chosen gender’, irrespective of GRS (Griffin 1993a: 8).

Mountbatten’s claims about the case are uncritical of abstract claims by male psychiatric professionals that they can know the truth concerning ‘the psychological sex’ and ‘cultural identity’ of ‘a woman’. That is, SRA was diagnosed as a ‘suitable candidate to undergo sex reassignment surgery’ in 1989, and medical evidence supported the contention that she had ‘the psychological sex and cultural identity of a woman’ (Mountbatten 1994: 171). Mountbatten quotes a medical report (1994: 171) submitted during the final hearing, regarding SRA’s ‘failure’ to undergo GRS. It states that:
The fact that she has not had surgery to me is irrelevant. The aim of surgery is to make somebody feel more comfortable with their body, not to turn them into a woman...in my opinion, (SRA) is no less a woman for not having had surgery, nor would she be any more a woman having had surgery 29.

Mountbatten is uncritical of this commentary, which disregards reproductive criteria as having any bearing on what constitutes a woman. But the case raises doubts about the meaning of ‘woman’ and ‘wife’ as they appear in section 37 of the Social Security Act, since as Mountbatten argues (1994: 171) there is no definition of the word woman within it. He notes that (1994: 172) ‘wife’ is defined for the purposes of the act as ‘a female married person’, and ‘married person’ is defined as including a de facto spouse. De facto spouse is defined as meaning:

a person who is living with a person of the opposite sex, to whom he or she is married, in a relationship that, in the opinion of the secretary...is a marriage-like relationship. The words “opposite sex” are not defined, although a marriage like relationship, is extensively defined in terms of joint obligations, nature of the household, social aspects of the relationship and the like (Mountbatten 1994: 171-72, emphasis added).

In DSS and SRA (1993), the AAT, presided over by O'Connor J, reviewed Re v HH. It decided that undergoing GRS doesn't conclusively indicate one's 'psychological sex'. Further, the judgment stated that, 'we would consider that in determining the issue of gender...emphasis should be given to a person's psychological sex and the social and cultural aspects of how that person lives and is treated by the community'30. Hence, for the AAT, gender as social conduct, overrides consideration of SRA's anatomy or biology. As Mountbatten argues, the AAT eschewed a narrow statutory construction of sex, and its unanimous decision was 'enlightened and courageous' (Mountbatten 1994: 173).

However, following SRA's success in DSS's appeal to the AAT, DSS launched another appeal in the Federal Court, which reversed the AAT's ruling. In this court, Justice Lockhart's judgement considered decisions post-Corbett v Corbett, and others in non-Commonwealth countries. Mountbatten (1994: 174), referring to the judge's argument that Australians would consider post-operative transsexuals to be women, rightly argues that Lockhart's judgment rested on his appeal to public opinion. Here, while Lockhart J argued that 'judicial opinions in this area of the law must be liberal, understanding and guided by
the signposts of what is in 'the interests of society and the transsexual', he also maintained that legal opinion was conflicted, in the case of pre-operative transsexuals\textsuperscript{31}.

For Mountbatten, the principle reason for caution lies in Lockhart J's appeal to public opinion. Although he argues that legal claims regarding transsexuals in this case are 'liberal, understanding, compassionate and 'humane,' he regards the court's decision as disappointing (Mountbatten 1994: 175). Mountbatten also draws attention to law's discriminatory treatment of married intersexuals, in which courts declared their marriages a nullity, due to incongruities in their chromosomal, gonadal and genital 'sex'. Corbett's influence prevails here, and as Mountbatten argues, law must grapple with these complexities and recognise that sexed bodies change, for various reasons (Mountbatten 1994: 177).

5.7 Law's Truth: The Privileging of Genitalia

Griffin, then current spokesperson for the TLC, responded to the outcome of \textit{DSS v SRA} in the \textit{Sydney Star Observer}, a queer community newspaper. As she argues, the notion of sex, and the phallessentialism and heterosexist norms, which pervade medical and legal discourse, shaped the court's decision, which: :

\ldots provides us with new evidence and insight into the absurdity of classifying people by their genitals. The desperate attempt to retain the 'natural' category of sex collapses on its head...The central, endlessly repeated issues in all cases involving a trany's status have been the assumptions that i.) humanity is divided into two 'obvious' categories called male and female and ii.) the 'obvious' need for certainty in all cases on this matter...These assumptions remain legally unquestionable, despite volumes of evidence that invalidates them both...[as] Justice Black [the chief justice in the Federal Court hearing] puts it, in all its bluntly heterosexist horror: 'A line has to be drawn somewhere'...One wonders what freedom means in a society where the state and its medico-legal apparatus doggedly insists on a monopoly in sex-determination. For tranys this latest rebuff is both a setback and an opportunity. Closing the option of court-led reform allows tranys to focus on political options to achieve our agenda. The judgements indicate that heterosexism is so firmly entrenched in the legal system that the prospects of law reform seem remote...the sexist effect of the Court’s ruling is that F to Ms (female to male transgenders) are denied having any possibility of their desired genders recognised (Griffin 1993b: 8).
Griffin, attacking the Full Court for 'not including and weighing up all the relevant data', rightly claims that knowledges other than those of law and medicine, such as queer critiques of what constitutes sex, were elided (Griffin 1993b: 8). However, the decisions of the SST and the AAT, in *DSS v SRA*, unsettled law's phallogocentrism and biologically based notions of gender. Griffin foregrounds the value of tranys' experience and the need for resistance to experts, in the following tirade:

> It is both sad and ironic that the 'experts' in this area have seen fit to label tranys suffering from an "incurable psychiatric disorder" while they themselves seem to suffer from an incurable aversion to unpalatable facts (commonly called a neurosis). The evidence that tranys possess, in our bodies and our life experiences, has the potential to revolutionize the way that gender, sex and sexuality are understood and to reduce these pompous 'experts' and self appointed identity brokers to the irrelevance they so richly deserve. As long as we [tranys] continue to acquiesce to the expectations of others, as long as we remain silent and invisible, as long as we hide that evidence in our closets, things are unlikely to change meaningfully. It's really time that tranys reversed the scales and started to pronounce judgments on the establishment's perverse view of gender and desire (Griffin 1993b: 8).

Smart's claim (1990: 4) that law arrogates power to itself by making positivistic claims to truth is most evident in the ruling. Historically, in Australian legal struggles, the experience of transsexuals has been mediated by hegemonic or sexological discourse, and their experiences were largely disqualified until the decision in *DSS v HH* 32. As Smart argues (1990: 1-10), the cases discussed above show that while law does not entirely disqualify transsexuals' experiences nor their identity claims, it grounds its rulings are grounded in terms of binary oppositions. The rulings are also phallessentialist.

For Muller, 'transsexuality' is 'a configuration of sexual identity' with the potential to destabilise rigid conceptions of sex and gender, governing 'Western, patriarchal, socio-cultural systems' (Muller 1994: 103). As she argues, in crucial court decisions about the sexual identity of transsexuals, 'legal views based on medical opinions prove to be conservative', as they are based on 'a non-variable dualistic recognition of sexual identity' (1994: 103). Her argument that more favourable decisions occur in legal cases when transsexuals have undergone GRS (1994: 103), is borne out in *DSS v SRA*. However, she does not discuss the ground-breaking decisions in this case, by the SSAT and the AAT, which broke with notions that genitalia and gender category must correspond.
Muller’s article also predates the advent of the Transgender (Anti-Discrimination and Other Acts Amendment) Bill (1996) or TAB, prior to which law’s power as a repository of logic and wisdom, was solely dependent upon ‘expert’ medical knowledge. In 1991 however, the TLC began a law reform campaign based on criticisms of the notion of sex in queer theory (e.g. Butler 1990a). It sought to deal with a problem raised by Muller’s claim, cited at the beginning of this chapter (1994: 106). That is, how to overcome common legal opinion about sex, as trapped in a dualistic perception of the body as either male or female, and based especially on whether it lacks a penis or otherwise.
Chapter VI: Transgender Law Reform in New South Wales (NSW)

6.1 Introduction

As shown in Chapter Five, legal determinations of transsexuals' sex reinscribe hegemonic, abstract notions of sex, as mediated by phallogocentric discourse. Below, I show that while the NSW Transgender (Anti-Discrimination and Other Acts Amendment) Bill (1996), hereafter referred to as the TAB or the Bill, is more flexible in its interpretation of 'sex', particular sections of it are problematic. As chiefly concerned with how the Bill constitutes notions of transgender and sex, I explore the effects of its provisions. I do so as a transgender person who was involved with its passage as a researcher and as an activist with the TLC, which sought to have a broad, inclusive notion of transgender instituted within the Bill. From 1993, I was part of the TLC's lobbying campaign to have the Bill passed. Between September 1995 and September 1996, a period immediately preceding the passage of the legislation, I also carried out social research on transgender health issues for the Central Sydney Area Health Service. I submitted available findings from the project about violence and discrimination against transgenders to selected NSW politicians.

I discuss the part played by two lobby groups, the TLC and the Transsexual Action Group or the TAG, in shaping the TAB's provisions. Both purported to be the 'true representatives' of their constituents. Information about the involvement of the TAG in obtaining amendments to NSW Anti-Discrimination laws, is impossible to obtain. Hostile relations between the TAG and the TLC did not permit it. Hence, although submissions from both groups had some bearing on the Bill's terminology and provisions, it is hard to determine the precise nature of the TAG's intentions and recommendations. I therefore focus on the discursive struggles and political aims of the TLC, in its efforts to influence NSW politicians to include transgenders under NSW Anti-Discrimination law. Information about the possible involvement of others concerned with advancing the rights of transsexuals and transgenders through the Bill, such as medical professionals or organisations, is not presently available. However, two psychiatrists who assess transsexuals for GRS in NSW supported the TLC's aims for a definition of transgender, which did not require that the subjects had undertaken GRS.

Although the Bill is a welcome response to problems of discrimination against transgenders, two key sections of it constitute a certain regulatory sex regime. One is
concerned with anti-discrimination (TAB 1996: 3A, 38A,.c). The second (5A, 32A-1), concerns the Bill's distinction between two types of transgender person. This effectively constitutes one type, who may obtain birth recertification as post-operative transsexuals, and privileges it over those who are pre or non-operative. Although the Bill omits notions of transsexual this provision reinscribes the dominant logic implied by that category.

The TAB, in generating the category of transgender person (1996: 3A, 38A), serves different interests both within and outside the 'transgender community'. In codifying the category of 'transgender person,' it effects some loosening of the boundaries of social identification regarding sex. It provides for appeals against discrimination, for persons who commute across sex categories. Although the Bill constructs sex oppositionally, its Anti-Discrimination provisions also cover intersexuels (TAB 1996: 3A, 38A,.c). However, the TAB also legitimises GRS in the birth recertification provision noted above (5A, 32A-1). Although the categorisation 'transgender persons' covers all transgenders under Anti-Discrimination (1996: 3A, 38A) and Anti-Vilification (1996: 38R-T) law in the Bill, it constitutes a hierarchy of legal rights for transgenders. It does so by granting new birth certificates only to those transgenders who have undergone 'sexual reassignment surgery', or GRS, calling them 'recognised transgender persons'¹, and constructing those who have not, as unrecognised others. This part of the Bill is of ongoing concern for transgenders and the Gender Centre (GC), given that most transgenders do not undergo GRS. This section legally codifies a medically endorsed 'sex change', and reifies phallessentialism, by stipulating that surgical procedures are necessary for a new birth certificate (TAB 1996: 5A, 32A).

The extent of involvement by medical experts about transsexualism (e.g. psychiatrists and endocrinologists) in constituting provisions in the TAB is uncertain. However, the birth recertification provision (5A, 32A-1) implies an interaction between transsexual medicine as a disciplinary regime, and law as a regulatory institution, to produce what Grosz (1986: 199) calls 'a body pliable to power'. For her, this body is constituted as 'a machinic organism in which components can be altered, adjusted, removed, or replaced' (Grosz 1986: 199). Section 5A, 32A-1 of the Bill legitimates transsexual medicine and the power of transsexuals' discourse. It legislates surgically modified reproductive organs as a 'sex change', constructing the body as 'a commodity to be traded' (Finkelstein 1994: 106).

The TLC constructed a counter discourse to transsexualism to guide its overall political strategies. Drawing from claims by Foucault (1978) and Butler (1990a), it sought to untie
transgenders from the tyranny of sex, in its struggle to secure amendments to NSW Anti-Discrimination law. The TLC used the legislature as a site for exercising its discursive power. Some of its members resisted categorisation of transgenders by sex. However, it sought to represent the respective concerns of MTFs and FTMs, through Nadine Stransen and Kelby Evans, its MTF and FTM co-convenors. It also provided NSW parliamentarians with submissions from intersexuals within its ranks, so as to have them included under the TAB's anti-discrimination provisions.

While the TLC produced queer transgender knowledges to attain legal redress for transgenders against discrimination, the TAG, advocating birth recertification for post-operative transsexuals, reproduced phalessentialism. Differences between the TAG and the TLC exacerbated tensions and divisions within the imagined Sydney 'transgender community.' As the TAG spokesperson, Carne (1995) endorsed the psychiatric gender dysphoria model and notions of bipolar sex. In her article, discussed below, the TAG largely represented the interests of post-operative MTF transsexuals. For the TAG, section 5A, 32A-1 of the Bill, seems to be a means for this group alone, to 'authenticate' a 'true sex'. The effect of this section of the Bill, to divide transgenders by their genitals, presents problems for FTMs as shown below, and provides transgenders with unequal sets of rights. GRS for FTM transgenders is a more difficult procedure, which is hard to procure in Australia (see Laybutt 1996). While the NSW Labor government accounted for respective claims by the TAG and the TLC, and the Bill produces certain outcomes desirable for both, it privileges post-operative MTF differences, in section 5A, 32A-1.

The TLC based its claims on 'human rights' and repudiated all medical/sexological terminology, including transsexual, in advancing its claims for legal reform. Griffin observes that the NSW legislation was the first in the world to legally enshrine the term transgender, rather than transsexual (1995: 10). This may be true but I've been unable to substantiate it. The TAB nonetheless compromises the TLC's aims, in ways shown above.

In spite of this, the TAB acknowledges certain of the TLC's aims, as founded on queer transgender knowledges. The TLC's agenda, which intervened in legal and psychiatric discourse about transsexualism contributed to this. Prior to the TAB, law's power as a repository of logic and wisdom, was most dependent upon 'expert' sexological/medical knowledges. As Dunderdale (1992) shows, these often prevailed over transsexuals' claims in legal decisions after Ormrod J's precedent was set in Corbet v Corbett. However, the TLC's public criticism of the judgments by the SSAT, the AAT, and the Federal Court in
DSS v SRA, provided momentum for a more flexible legal approach. Its advocacy of 'transgender issues', as social rather than medical issues met with favour among NSW Labor politicians. It advocated a community health model based on the research (Perkins et al. 1994, Hooley 1997a), which shaped and assisted its law reform and political agenda.

However, section 5A, 32A-I of the TAB may encourage further transgenders to focus on obtaining GRS. As enabling people with a genitally realigned 'sex' to legally become another, it has multiple implications. It makes 'changing sex' a privilege for MTF transgenders who have the financial means to undertake GRS. It makes obtaining a birth certificate more difficult for FTM transgenders because GRS is a more difficult procedure for them, than for MTFs (see Laybutt 1996). In section 5A, 32A-I of the TAB, a person who has undergone 'sexual reassignment surgery' and then obtained a new birth certificate that resignifies their birth sex, is called a 'recognised transgender person'. The relevant issue for transgenders, is what constitutes 'sexual reassignment surgery'. How those who framed this section of the Bill understand 'sexual reassignment surgery' is uncertain. They seem to have assumed that this term implies either the accomplishment of vaginoplasty for MTFs or phalloplasty for FTMs - a more difficult procedure than the former (see Haertsch 1997), which are both usually preceded by hormone therapy. If so, FTMs who undergo the most common procedure, a double maeectomy, and MTFs who don't undertake vaginoplasty are excluded from obtaining new birth certificates and becoming 'recognised transgender persons'.

If section 5A, 32A-I is to be normatively construed in this way, the 'essential determinant' of sex in the above section of the Bill is a surgically constructed vagina or penis. This genitally centred formula excludes about three quarters of NSW transgender from legal recognition and marriage according to information provided by the Anti-Discrimination Board. According to this information, those administering the 1995 NSW, Births Deaths and Marriages Registration Act (BDMA) construe surgically constructed genitalia as the criteria denoting 'sexual reassignment surgery'. Hence, section 5A, 32A-I the TAB is inherently discriminatory, in spite of the symbolic, legal and social value, of section 3A, 38A..c), as providing legal redress against discrimination. However, as the latter section rightly implies, it is transgenders' gender conduct instead of their genitals or 'sex', that is the basis of discrimination against transgenders. In this respect, those who framed the legislation apparently heard the TLC's claims.
6.2 The TLC's Campaign for the Transgender Amendment Bill

The TLC, previously the Transsexual Liberation Coalition, was formed in Sydney, Australia in 1991. Its renaming reflected an important discursive shift in intra-community politics, previously organised by the term transsexual. For the TLC, 'transsexual' was a stigmatising medical label. The TLC comprised a group of activists, sexworkers, welfare workers and academics from the inner city areas of Sydney. It grew out of the need for political, social and legal reforms in a context where the HIV/AIDS epidemic had taken hold within the imagined 'transgender community' (see Anti-Discrimination Board 1992: 77; Hooley 1997a: 12-13). For the TLC, transgenders' poor social treatment was a product of an institutionalised, binary gender logic that pervaded people's ideas about gender identity and resulted in transphobia. The TLC acted upon the discrimination and violence meted out to transgenders, by setting up Anti-Violence project that produced a report (Short 1995). Although it was eventually published distribution was restricted due to lack of funds. Thus the TLC sought data for its claims and the political mobilisation of its legal reform campaign.

As research (Perkins et al. 1994; Short 1995) shows, the poor health status of many transgenders is indissociable from a social context of discrimination. This and the effect of transsexual medicine on transgenders' health concerned the TLC. While it was officially neither pro nor anti GRS, there were tensions and differences over this issue within its ranks and in Sydney's inner city 'transgender community'. The TLC's privileging of social rather than medical issues, also part of its tactics for promoting legislative reform in NSW, disrupted discourse grounded in sexological knowledge, within transgender subcultures. From 1991, it sought amendments to NSW Anti-Discrimination law so as to include all transgenders, irrespective of whether or not they had undergone GRS. Hence, in the interests of diversity and inclusiveness, it wanted a broadly defined notion of transgender to frame these amendments. In seeking to influence the terms of the law reform campaign and gather support for it, the group undertook a series of actions and meetings in order to build 'strong, self sufficient, supportive community structures' (Perkins et al. 1994: 74).

As part of this campaign, TLC activists argued that gender was a fluid or shifting process. They used the queer media to advocate this idea, as part of their agenda for law reform. In 1993, MTFs Aidy Griffin and Norrie May-Welby, began writing columns under 'Gender Agenda' in the Sydney Star Observer. Their claims in the above newspaper were part of an agenda that associated transgenders favourably with emergent notions of queer. They
sought to change perceptions of transgender issues within both the transgender and gay and lesbian 'communities', and garner their support for the TAB. The TLC challenged medical professionals' perceptions of transgender issues, and sought their support in its campaign for the TAB. Griffin and I presented claims which contested notions of transgender or transsexual as pathological. Griffin and May-Welby popularised the terms transgender and transy. Griffin and I gave radio interviews about transgender politics and argued publicly with psychiatric professionals concerning their notions of gender and transsexualism. The Sydney Gay, Lesbian and Bisexual Issues in Psychiatry Group, which held conferences between 1995 and 1997, brought together heterosexual, gay, lesbian, and bisexual psychiatrists, as well as academics and activists from the 'queer community'. Griffin and I gave papers at the above conferences and gained the TLC some supporters. In a national television debate on the Australian Broadcasting Commission's *Latrine* program in early 1994, Griffin engaged effectively with a clinician servicing transgenders, Dr Herbert Bower, arguing against sexological terms and distinctions and promoting 'transgender issues'.

May-Welby, a post-operative MTF, distanced herself from notions of transsexualism and attacked its medical model in her newspaper column. At times she aligned herself with feminism, at times with queer. For example, she argues that in interviews with the popular magazine, *Woman's Day*, some transgenders supported a model of woman challenged by feminists (1993). For her, GP's and psychiatrists pressured transgenders to accept a 'traditional' view of women' upon which they relied for a promised surgical salvation (1993). May-Welby argues that she had once played the role of demure, dependent, 'properly dressed and groomed female', until she became comfortable enough to push the boundaries and attain what she calls gender 'fluidity'. She also notes the ridicule meted out to transgenders who challenge 'gender conformity' by transgenders who don't (May-Welby 1993: 12).

Griffin also constituted a shifting transgender positionality, and argued that certain transgender practices were queer. For her, 'people with transgender issues,' are those who live 'outside the norms of gender which society constructs' (Griffin 1993a: 12). She sees 'transgender issues' as social issues which arise 'whenever an individual chooses or feels compelled to live 'outside gender norms' (Griffin 1993a: 12). However, whether anyone is entirely within them, or whether it is possible to be 'outside' gender norms is problematic. She also adds:
For those who are lost without the signposts of identity, a person with transgender issues may identify any way they please - gay, lesbian, trany, queer, pangender...Our community organisation [TLC] includes people who have previously been classified as transsexuals, hermaphrodites, lesbians, gays, bisexuals, etc. (Griffin 1993a: 12).

Between 1992 and 1994, the TLC's efforts to collapse certain of the abovementioned boundaries met with virulent resistance, from certain gay and lesbian organisations. For some lesbian-feminists, transsexuals are part of a patriarchal conspiracy to invade 'female spaces' (e.g. Raymond 1978), a view advanced by others at Brisbane's 1994 Lesbian Confest. This meeting excluded two MTF transgenders from participation. Griffin's response was to attack the essentialism behind this move, arguing that Janice Raymond's (1979) construction of transgenders is 'contradictory, dated and vitriolic' (1994: 13). She appealed for dialogue and unity among queer groups who have common interests in eliminating 'prejudice' (Griffin 1994: 13). In November 1994, few months after Griffin's article, the Sydney Lesbian Space Project (LSP) debated whether transgenders could be members. Some LSP advocates produced the confused essentialist notion of 'women-born lesbians' or 'born women', to argue for the exclusion of transgenders. After acrimonious debate LSP decided that transgenders could not be admitted. Less heated discussions between LSP and transgenders occurred some years later, but without altering the situation. In spite of these divisions, some members of the Gay and Lesbian Rights Lobby (GLRL) welcomed transgenders as valued participants in the queer community and actively supported the TLC's campaign for law reform.

Concerning the latter, the TLC had first approached the NSW government in 1992, through the Attorney General, John Hannaford. The Anti-Discrimination Board had produced a report concerning discrimination against people with HIV+ status, which showed that a disproportionate number of transgenders had acquired that status (1992: 77). However, this was regarded as insufficient research data for the TLC to press its claims to have transgenders included under anti-discrimination law. The findings of a later, major study (Perkins et al. 1994) altered this situation. They were presented by the TLC's delegation to NSW Labor opposition shadow Attorney General, Geoff Shaw, on 23 November 1994. The findings about violence and discrimination particularly, seem to have prompted legislative action. Shaw gave a commitment to the TLC at this meeting that he would advocate support for amendments to current Anti-Discrimination among his party colleagues.
With the NSW Labor Opposition elected to government in March 1995, the TLC swung into an intense lobbying campaign. The TLC met with Dr Refshauge, NSW Health and Aboriginal Affairs Minister, in the new NSW Labor government in April 1995, who supported the group's proposal for the development of a community health model for transgenders. Consequently, NSW Health provided extra funding of $26,000 to the GC.

Copies of Perkins et al. (1994) were circulated among selected Labor and independent MPs. The TLC's proposal that the legislation should include all 'transgender persons', whether or not GRS had been undertaken, met no resistance from most of these parliamentarians. The TLC used research findings cited in Chapter Four, in claims to parliamentarians that medical resolutions were a minority concern, and provided no solution to a hostile social context deeply marked by systematic violence and discrimination against transgenders. The TLC used research by Perkins et al. (1994) and myself (Hooley 1997a) to advocate the use of transgender rather than transsexual, as terminology within the Anti Discrimination amendment. As it argued, the term better reflected the diversity of self-concepts among transgenders (Hooley 1997a: 46-49).

In November 1995, and after a sustained three year campaign by the TLC, Shaw publicly announced that he would amend the NSW Anti-Discrimination Act, to include transgenders and allow birth certificates to be changed for post-operative transgenders (Griffin 1995: 8). While cabinet and the ALP caucus endorsed Shaw's moves, the final drafting was still in progress (Griffin 1995: 8). Griffin argues that the suicide in late 1994, of a transsexual who had recently completed GRS, fuelled the momentum created by the TLC for legislative reform (1995: 9). However, this event raised major concerns - among TLC members, transgender welfare workers at the GC, health professionals working with transgender clients - and within the NSW Health.

The Attorney General was informed of the suicide and the coroner's findings through Dr Refshauge, as Minister for Health (Griffin 1995: 9). The coroner found that 'inadequate therapy' had been provided for the transsexual who took her life, as a result of severe post-surgical complications. These led to impaired eyesight, following GRS. A story on the front page of the Telegraph Mirror on 2 August, 1995, reported that the coroner called for 'urgent legislation' and 'professional guidelines' for people undergoing 'sex-change' operations. The coroner Mr. Hand, was quoted as claiming in the newspaper report that NSW did not provide 'adequate services for men seeking sex change operations' or for transsexuals after the operation. His report led the NSW government to institute an inquiry.
into 'gender reassignment procedures' by a consultant. Some of the findings from Lowe's subsequent report (1996) are discussed earlier in this study.

Media reports about the tragic suicide described above and subsequent discussion of it within the transgender 'community' brought pro and anti-medicalisation perspectives into relief. Speculation over why the suicide had occurred was rife. Some transgenders regarded it as evidence of the hazards of GRS itself while others noted deficiencies in post-surgical care. Perhaps the coroner's findings and the blaze of media publicity arising from the suicide influenced the Attorney General to produce that section of the TAB which validates 'sex changes' and enables birth recertification. While being advocated by the TAG, section 5A,32A-I was not sought by the TLC. Prior to Shaw's announced intention to amend the NSW Anti-Discrimination Act, already tumultuous relations between the TLC and the TAG were severed, following disputes about the terminology to be used in the Bill.

In December 1995, the period leading up to the TAB's passage, open political conflict about the efficacy of transsexual medicine exploded in the transgender community. The TLC's claim that transgender welfare practice at the GC was dominated by the influence of medical perspectives grew out of concerns generated by the suicide. A series of bitter disputes followed between the GC and the TLC (see Hooley 1996 and May-Welby 1996). The bitterness of these disputes - focussed on the TLC's claims that welfare practice at the GC colluded with transsexual medicine and lacked other any other useful ways of dealing with transgender issues, spilled over elsewhere. It fuelled conflict between transgenders who saw the birth recertification provision of the TAB as vital and those who saw it as unnecessary, and as privileging MTF transgenders.

The logic ruling the NSW government's support for birth recertification follows that of the TAG (see Carne 1995). NSW Labor parliamentarians were unmoved by claims from the TLC, that birth recertification for post-operative transgenders would be divisive and discriminatory (Griffin 1995: 8-9). I put the same concerns to NSW Attorney General Shaw who responded by pointing to the dictates of a certain 'political reality'. The influence of the coroner's findings may be reflected in the response I received from the Attorney General's Department, dated March 3. 'Concerns', said the letter from Shaw's office, 'such as those raised by yourself in relation to gender reassignment surgery, have been raised to the government's attention': it also added that 'the political reality' was that 'the government is concerned to limit recognition to those persons who have taken

224
permanent and irreversible steps to alter their sexual identity'. Alarmed by what the words 'limit recognition' meant, I brought the letter to the attention of TLC members. As we learned shortly before its passage, the Bill allowed people who undertook 'sexual reassignment surgery' alone to get a new birth certificate. It would identify them as female if they were MTF transgenders, and as male if they were FTM transgenders. Others were only covered under anti-discrimination and anti-vilification provisions.

Perhaps Shaw's words show the difficulty for some people in accepting the fluid notion of identity proposed by the TLC. They implicitly assume that 'sexual identity' is fixed or alterable according to operations upon genitalia, as reflected in the final form of the Bill. Unwittingly it seems, Shaw made 'changing sex' a privilege for MTF transgenders and those with the financial means to undertake GRS. Asked the question as to whether a post-operative person with a birth certificate will be identified as female, Shaw concurred (Hansard 5 June 1996 at 2483, my emphasis). The assumption behind the question is that transgenders are all MTF. Whether this exchange indicates phallocentrism or lack of relevant knowledge is uncertain. It seems that parliamentary representatives failed to grasp FTM issues in spite of the TLC's efforts and proposals by its FTM spokesperson.

The TLC decided however, not to oppose birth certification for post-operative transgenders (Griffin 1995: 9-10). The spirit of generosity behind this was misplaced, according to some of its members. May-Welby (1995) makes a substantial argument that section 3A, 32A-I promoted 'surgically acquired legal privileges'. For her, birth certification was a negative step, since it put more pressure on transgenders to have GRS, with the possibility that they would end up like the transsexual who suicided in late 1994 (May-Welby 1995: 10,14). May-Welby also noted that post-operative 'tranys' informed her that they deserved birth certificate changes as a special reward for surgery. She added that TAG had only considered the interests and welfare of those who had undergone GRS. Herself a post-operative MTF, she argued that asking for the exclusive right to amend birth certificates was a delusion of superiority, a claim for damages, compensation or both. She also pointed out that the results of currently available surgery are not as pleasing for FTMs. For May-Welby, birth certification legislation serves 'self righteous, self serving and sanctimonious tranys who want to reinforce the myth of gender polarity' (1995: 10,15,19).

An argument made to Clover Moore (Independent MLA Bligh) and Meredith Burgman (MLC Labor), by myself as project officer for the Transgender Project (1997a), was that changes of birth certification for post-operative transgenders should be approached
cautiously. I informed them of findings indicating distressing GRS outcomes (Hooley 1997a: 54) and others indicating a misplaced emphasis upon GRS (Perkins et al., 1994: 55, 61). I argued that section 5A; 32A-I of the Bill constructed these people as first class citizens and others as second class. This section legitimates GRS as the true and privileged path to transgender identity, in spite of research findings shown earlier that run counter to this notion. Section 5A; 32A-I has productive power. Undertaking GRS, and then obtaining birth recertification as male or female enables transsexuals to claim a sexual status that law certifies as biologically 'real'.

For MTF Carne, birth recertification represents the assertion of her 'right' to alter her birth sex, to that of her 'reassigned sex' (Carne 1995: 10). Carne claims that the TAG’s ideal was to include 'pre-operative transsexuals' in their plans for changes of birth certification (Carne 1995: 10), a proposal that clearly defied what the Attorney General saw as the 'political reality' about 'sex'. She also argues that gender identity is an irrevocable fact and argues that 'the overwhelming majority of our society holds to the belief that a person with male genitalia and male chromosomes is a male, regardless of artificially created hormone patterns, dress preference or declared state of mind' (Carne 1995: 10). This argues Carne, is why transsexuals seek GRS:

> it completes the picture and removes a terrible nagging contradiction...it's because we agree to some extent with that common view, however distasteful this may be and so we seek harmony of mind and body (Carne 1995: 10).

Finally she claims that, 'there is nothing about me which is male, save my chromosomes...it is not a reward I claim; it is my right' (Carne 1995: 11). Carne’s essentialist position, desiring to expunge ‘maleness’, endorses and installs a hegemonic gender dichotomy. In contrast, the TLC activists were more inclined to uphold Dunderdale’s assertion (1991: 26), that it is a fundamental human right not to be asked what sex one is. The agendas of the TLC and the TAG are a contrast between respectively social and medical agendas. The TAG failed to address what the TLC justifiably saw as more pressing issues for transgenders, such as discrimination, violence and unemployment.
6.3 Parliamentary Discourse and the TAB

The NSW parliament amended NSW Anti-Discrimination law to include all transgender persons in June, 1996. The swiftness of the TAB's passage, and the substantial level of support given it by NSW parliament surprised some members of the TLC and unsettled certain conservative members in both houses. The TLC won the incumbent Labor government's support, and secured the key votes of three members in the upper house or legislative council. The support of these MLC's (Members of the Legislative Council) from the Greens, the Democrats and The Better Future for Our Children Party, was utterly vital for Bill's passage. The TLC produced certain arguments that supported their claims. First, the discriminatory treatment of transgenders violated their human rights and dignity. Second, the TLC persuaded its parliamentary supporters that gender as behaviour and social construct, and as distinct from sex, was the main issue related to discrimination. Third, given the diversity of identities in the 'transgender community', the term transgender rather than transsexual, required parliamentary recognition. Traces of these arguments appear in parliamentary speeches supporting the Bill. My discussion below shows this, focussing on arguments in debate in the Legislative Council, or the upper house of review. I briefly review the Bill and explore whether it meets the TLC's objectives.

The TAB, on its first reading in the NSW Legislative Assembly on May 1, 1996, was introduced by Labor Minister Kim Yeadon, who claimed that the government had introduced the Bill since there was 'no provision under current law to protect transgender persons, given high levels of violence and discrimination perpetrated against them' (Hansard, NSW Legislative Assembly, May 1, 1996 at 643). He further explained that transgender was the preferred term, rather than transsexuality, on the basis that 'many in the transgender community saw transsexual as too narrow in scope' - and 'as inevitably linked with 'sex change' surgery' (Hansard, NSW Legislative Assembly, May 1, 1996 at 643).

Yeadon (Hansard, NSW Legislative Assembly, May 1, 1996 at 643) claimed that the term 'transgender', referred to:

...all transgender persons, regardless of whether they have undergone surgical intervention. This is considered necessary because the discriminatory conduct usually occurs as a reaction to a person's dress. Such discriminatory conduct should be unlawful whether or not there has
been surgical intervention. This definition is not intended to cover persons who cross
dress...or who have not chosen to live as a member of the other sex.

Yeadon's broad definition served the TLC's purposes. Later, Attorney General Shaw
opposed an unsuccessful amendment by the opposition to define transgender persons as
being only those who had undergone 'gender reassignment surgery'. He argued that this
would 'leave a substantial part of the transgender community without any redress for
discriminatory treatment and confine the Bill's provisions to a minority' (Hansard, NSW
Legislative Council, June 5, 1996 at 1484). It is odd that he does not indicate here, that the
government had limited recognition to those who'd taken 'irreversible and permanent steps
to change their identity', as shown in the letter I received from the Attorney General's
Department, dated 3 March, 1996.

Dr Meredith Burgman (Labor MLC), saw the bill as 'enlightened' legislation, arguing that
the transgender community has been among the most vilified and discriminated against
groups in society. She also argued that the legislation 'defines transgender persons
according to behaviour', referring to the part of the Bill which appears below (Hansard,
NSW Legislative Council, June 6, 1996 at 2372). The final form of the legislation defined
a transgender person for the purposes of discrimination, as follows:

38A Interpretation

A reference in this Part to a person being transgender or a transgender person whether or not
the person is a recognised transgender person, whether or not the person is recognised to be a
transgender person:

a.) who identifies as a member of the opposite sex by living, or seeking to live as a member
   of the opposite sex or

b.) who has identified as a member of the opposite sex by living as a member of the opposite
   sex, or

c.) who, being of indeterminate sex, identifies as a member of a particular sex by living as a
   member of that sex, and includes a reference to the person being thought of as a transgender
   person whether the person is, or was, in fact a transgender person (TAB 1996: 3A, 38A, a-c).
This part of the bill, recognising that people commute across sex categories without necessary alteration of their anatomy and physiology, implicitly defines a transgender person without recourse to biology. It effectively loosens gender as behaviour from sex, although it instates a dualistic notion of sex, as the governing rule in the discourse. This is not quite the case, in part C. Griffin (1995: 8-10) argues that this section implies that ‘for some people, sex categories are ultimately socially determined’ and it breaches the ‘destructive principal of universal sex determination’.

The provision for birth recertification, comes under the heading ‘Change of Sex’ in Part 5A, section 32A of the Bill. A ‘change of sex’, as required for recertification, is clearly contingent upon the undertaking of ‘gender reassignment surgery’. A normative medical interpretation of this implies a refashioning of genitalia to resemble those of the ‘opposite sex’ (see Haertsch: 1997, for further details). However, as defined in section 32A, it is ‘a procedure involving the alteration of a person’s reproductive organs’. As mentioned earlier, this definition leaves room for broad interpretation and disruption of this medical meaning. Although ingestion of hormones alone alters them it does not entail surgery. It is doubtful whether Part 5A, section 32A is open to contestation when MTFs undertake breast augmentation or when FTMs undertake double mastectomy. Griffin indicates that broadening the application of birth recertification to include all transgenders is something still to be achieved (1995: 10). In debate in the Legislative Council, Democrat Elizabeth Kirkby, and the Green Party’s Ian Cohen advocated the need for it.

A variety of perspectives and issues raised by MLC’s, characterised upper house debate. Notions of what constituted sex and a ‘genuine’ male or female were sharply contested in the Council. The notion of transgender person was argued over. Certain MP’s such as Fred Nile were familiar with ‘transsexual’ but confused by the term transgender (Hansard, NSW Legislative Council, 5 June 1996: 2498-2502). The NSW Liberal opposition sought to amend the Bill on grounds that Anti Discrimination law should deal with discrimination on a ‘generic’ or all inclusive basis and that the Bill dealt with the issue of discrimination on a narrow basis (Hansard, NSW Legislative Council, 4 June 1996: 2365-8). They intended to occlude the realities of hegemonic discourse and practice, as shaping differential, highly detrimental treatment of minority groups such as transgenders.

Debate also centred on the Bill’s impact upon the regulation of sex with regard to women’s sport, marriage and the kind of information carried in reissued birth certificates. Observing the debates, I noted that opposition to provisions in the Bill came largely in the form of
claims grounded in a biological essentialism, as shown below. Also, several MPs in the
course of debate sometimes conflated sex and gender, although some speakers from
differing parties displayed a fine appreciation of complex issues facing transgender people.
Failed attempts by Liberals such as Dr. Marlene Goldsmith and Fred Nile of the Christian
Democratic Party to defer the Bill followed concerns raised by the Women in Sport
Foundation, and objections to the speed of its passage through parliamentary process.

The issue of sex determination arose during Legislative Council debate about the Bill’s
impact on women’s sport. Liberal MLC Goldsmith argued that the Bill, in seeking Anti-
Vilification against transgenders, entrenched the continuing inequality of women in society
by ignoring its introduction on behalf of women. Secondly, she claimed that while the Bill
carried an exemption clause for women’s sporting organisations the legislation made it
impossible for sporting organisations to verify, due to prohibitive costs of conducting
buccal and saliva smears (or ‘sex tests’), in order to determine whether a person was
biologically female. Goldsmith argued that sport ‘is segregated because of male/female
bodily differences’ and that post-operative MTF transsexuals retained ‘an unfair
advantage’. For her, this advantage extended to lung capacity, skeletal structure, blood to
body weight ratio, and muscle mass, strength and size. Goldsmith contrasted men’s
physical and biological advantages, with women’s shorter limbs, greater body weight and
ability to menstruate, gestate and lactate. She argued that such ‘substantial differences
influence men’s and women’s performances’ justified sex-segregated sporting organisation
(Hansard, NSW Legislative Council, June 4, 1996: 2386-90).

Goldsmith opposed the provision of new birth certificates to post-operative transgenders,
since the issue of the subjects’ ‘true sex’ was left up to determination by women’s sporting
bodies. The Women in Sport Unit, however, a Federally funded body, approved of NSW
parliament’s approach to the Bill. Goldsmith however, cited claims by Joanne Jones of the
Women and Sport Foundation, that the Bill allowed those 'born as men' to compete in
women’s sports and that women should only compete against ‘people who are really
female’. For Goldsmith, the amendment exempting sporting bodies was flawed, since ‘the
male transsexual is physically a normal male and on the average, physically superior in
sporting terms than the female’ (NSW Legislative Council, June 4, 1996 2386-90). What
'a normal male' is physically, is uncertain. Goldsmith tends to homogenise the physical
capacities of whole categories of both men and women.
A spokesperson for Attorney General Shaw said that it was hoped that sporting bodies would deal with the issue of transgender participation on the basis of a person’s individual merits (O’Neill, 11 June, 1996: 13). Griffin, speaking on behalf of the TLC, argued that human rights and the systematic abuse of transgenders were the primary issues and sport was ‘very minor in comparison’ (O’Neill, 11 June, 1996: 13). This is a view probably supported by most transgenders.

Dr Brian Pezzuti, a Liberal MP, and an anaesthetist with medical experience of transsexual patients, responded to Goldsmith’s claims about transsexuals, arguing that the term transgender was ‘carefully constructed’. As he claimed that the issue went ‘beyond issues of physical sexuality’. He attacked Goldsmith’s essentialism, discussing the mutability of sexed bodies over time and the indeterminacy of others. He queried the idea that ‘people with high androgen levels’ (presumably women) should not compete in female sports and argued that sex determination issues were best left to sporting bodies. He also argued that the changing of birth certificates was ‘not an essential feature of the bill’ and set ‘a dangerous precedent’ (NSW Legislative Council, June 4, 1996, 2393-4). While he did not give reasons for this, Pezutti’s medical experience with transsexuals and his knowledge about surgical complications following GRS, may explain his concern. His anti-essentialist view is rather more enlightened than Goldsmith’s is.

In response to Goldsmith, Kirkby argued that physical differences between men and women did not necessarily place them in a hierarchy. She claimed that many men don’t have the muscle mass and heart and lung capacity of some women. She argued that ‘genetics rather than sex’ were ‘determinative of physical advantages’ and that the Bill ‘would not create a devastating effect on women’s sport’. As she claimed, it was not unlawful under the Bill, to discriminate on grounds of sex and exclude post, pre and non-operative transgender persons from sports. For her, sporting bodies, rather than governments, ‘rightly’ retained determination of this issue. Kirkby argued it was ‘possible to measure whether transgender persons have an unfair advantage in sport’ and called into question ‘sex testing procedures’ by the International Olympic Committee. She proposed the lability of ‘sex’, arguing the fallibility of scientific ‘sex testing,’ and citing the case of Spanish hurdler Maria Patino. As Kirkby claims, Patino failed a ‘sex test’, ‘since she had no Barr bodies in her cells and was found to be ‘genetically male’, whereas in all other respects, Patino was ‘female’ and had never failed the test beforehand (NSW Legislative Council, June 4, 1996: 2371-2).
Kirkby, strongly supporting the TLC agenda, argued that parliament should give serious consideration in the future to extending the criteria under which birth recertification could be obtained. In support of this, she expressed concerns about some GRS outcomes, building an argument from data in *The Transgender Project* (Hooley 1997: 54a) which was still in progress at the time (NSW Legislative Council, June 4, 1996 at 2370). Also closely following the TLC's claims, Ian Cohen (Greens) argued that gender was 'a social construction', that 'transgender persons provided evidence of this' and that the legislation fell short in terms of 'state policing of genitals', on the basis of the Bill's criteria for birth recertification. Cohen concluded that parliament missed 'an opportunity to sever forever, the connection between biology, anatomy and gender' (NSW Legislative Council, June 4, 1996 at 2385) - words remarkably akin to those of Griffin (1995: 9).

6.4 Conclusions

The TAB's effectiveness as a measure to deter and provide redress concerning discrimination against transgenders is difficult to evaluate in the absence of test cases. Further, feminist research shows the limitations of anti-discrimination legislation (e.g. Poiner and Wills 1991). Further, the TAB constituted new boundaries, constraints and norms of cross-gender identity. Whereas the TLC sought to have transgender inscribed in legal discourse to indicate practice, the Bill constitutes it in terms of two divisive categories. In spite of its inclusive terminology covering discrimination in section 3A,38A,a-c., the privileged notion of 'recognised transgender person' in section 5A,32A-I. is synonymous with that of post-operative transsexual. This effectively creates a post-operative/non-operative hierarchy. In being liberal, compassionate and practical, the Bill legislates surgically reshaped genitalia as a 'sex change'. A cluster of disciplinary knowledges such as psychiatry, endocrinology and cosmetic surgery supports this new technology of sex.

While the TLC wanted a non-medical notion of transgender inscribed in the Bill, section 5A, 32A-I surreptitiously reinstall the medical notion of transsexual. The Bill 'makes up' two unequal classes of transgender person as 'citizens capable of bearing a kind of regulated freedom' (Rose and Miller 1992: 174). Whereas the TLC's campaign was intended as part of strategies to free tranys from oppression, section 5A, 32A-I privileges post-operative MTF transsexuals as having the freedom to be 'real' women. Here, liberal legal power normalises subjects of sexuality (Halperin 1995: 18) by constituting cross-gender intelligibility in line with Butler's matrix (1990a: 151). As Halperin argues, liberal
power 'takes away our freedom by imposing upon us its own brand of liberty, by requiring us to be "free" according to its own definitions...and by constructing freedom as a privilege' that we must 'use responsibly and never abuse' (1995: 20, my emphasis). As he argues, 'we ultimately have to liberate ourselves from...the liberal concept of freedom as a regulative ideal of responsible and self-respecting human conduct' (1995: 21). Although struggles for rights cannot be abandoned, they 'do not provide a defence against disciplinary power' (Ransom 1997: 159). To free themselves 'from the state and from the type of individualisation which is linked to the state' (Foucault 1982: 216), transgenders must go on contesting notions of unified subjectivity and the binarised gender logic that frames the TAB.

On the other hand, the TLC's notion of transgender was amplified through parliamentary debate and media publicity. For example, a full-page article about the Bill containing interviews with TLC representatives appeared in a national newspaper, The Australian, following its passage (O'Neill 1996). In the article, Griffin claims that gender is a social construction and uses the term 'gender fluidity' to describe her own experience. She argues that 'tranys' are 'not an oddball subset of society' but all members of society were 'transgender in some sense', adding that:

If you accept that there is no such thing as a perfect man or a perfect woman, that these are impossible ideals, then all of us falls short to some degree, which is way of saying that each of us is a trany...everybody suffers gender dysfunction...transsexuality is the only disease for which the cure is to lie (O'Neill 1996: 13).

In spite of this, the headline of O'Neill's article - 'Transsexual Healing', suggests that the medical term is still regarded as more intelligible for public consumption. O'Neill also makes a distinction between transsexual and transgender, as those who respectively 'change their sex and those who live an alternate gender lifestyle' (O'Neill 1996: 13), which collapses the diversity of motives and practices into a dualism. For instance, May - Welby view (1996) represents some of those, who, having undergone GRS, reject classification as transsexual, and identify as queer transgenders.

Most troubling, section 5A, 32A-I of the Bill may serve to deepen the transgender/transsexual divide within the local transgender community. FTMs may be particularly concerned by the bias in this section. Bitter conflict over terminology and the efficacy of transsexual medicine is evident in letters and articles appearing during the period.
surrounding the Bill's passage in *Polare* (16, 1996: 4-5), (15, 1996 10-13), (12, 1996: 8), a Sydney magazine produced by the GC for 'people with gender issues'. A later article in *Polare* by Elizabeth Riley (1999: 3), Project Manager of the GC, shows that terminology and meaning are still contentious issues. Riley posits that transgender is a non-medical term and endorses it, as part of the TLC's claim that self-definition is preferable (1999: 3). But differences between those who call themselves transsexual and those who identify as transgender, persist within the transgender community.
Chapter VII: Conclusions

7.1 Introduction

Below, I summarise the findings of this study. My conclusions follow. I use the study's findings to theorise the process of MTF transsexual identity construction, without recourse to notions of pathology. I nonetheless articulate problems with the notion of transsexual identity and GRS. Arguments for change in the relationship between transgenders and medical professionals are insufficient in light of other problems. These concern the notion of transsexualism, its entanglement with hegemonic practices and practical problems concerning reembodiment technologies. I show that those who identify as transgender or transsexual may subvert the regimes which help to construct them. Lastly, I show that divisions between transsexuals and transgenders may well persist, in spite of proposed ways of dealing with differences in transgender communities. Ultimately, the notion of a 'politics of difference' may not address forms of hegemony and power.

7.2 Summary

My study upsets the foundations of discourse about transsexualism and, hopefully, provides a stringent corrective to sexological and essentialist feminist theories about transsexuals. It shatters the notion of gender identity as a coherent unity and gives support to constructionist arguments that sexuality is fluid and malleable. My findings have significant implications for all sexual identities. They complement findings in HIV/AIDS research which show that, 'the assumption that certain behaviour reveals the prevalence of identities is...a fallacy' (Weeks 1995: 33).

Chapter One shows that 'gender identity' is a constitutive fiction shaped by social practices, symbols and discursive regimes grounded in the male/female binary. It proposes that Butler's matrix organises conduct in the gendered social world, and constrains possibilities for cross-gender identity. Transsexual identity is an historically situated cultural performance, a product of interaction between psychical and social processes, and discourse and reembodiment technologies, which enable passing as the other. Its foundations are located in an incommensurable male/female binarism and sexological and legal apparatuses that emerged in the nineteenth century. It is not an inherently subversive
category and may serve to replicate ideal gender norms grounded in this binarism. The second chapter shows that sexual difference feminisms assume a form of biological essentialism similar to the above apparatuses.

Chapter Three shows that Post-Freudian theories of transsexualism ignore bodies, and their relation to intersubjective-social processes and sexuality, as constitutive of transsexual identity. It shows that the rules governing sexological discourse about transsexuals are grounded in normative notions of the self and binary discourses. These binarisms; mind/body, sex/gender, male/female, masculine/feminine and hetero/homo shape possibilities for the construction of transsexual identity. This finding helps me to present the most significant arguments of this thesis: that sexological discourse on transsexualism produces its object of study and that sexology is unable to demonstrate clean differences between transvestism and MTF transsexualism on the one hand, and between them and homosexuality on the other. I clearly demonstrate much continuity and overlap concerning transsexuals and transvestism: transsexualism allows the enactment of fantasies and desires to 'be a woman', enabling less makeshift resolutions of 'identity conflict' than those contained in transvestism and drag. Rather than being a verifiable medical condition and an indwelling transcultural property of persons discovered by sexology, transsexual identity is a dynamic process. It is way of satisfying desires and negotiating intrapsychic-social conflict, arising in and through the subject's vexed relation to self, body, discourse and the social order. Most importantly – regarding these processes – I hope to have demonstrated that sexologists pathologise transsexuals due to the centrality of Butler's matrix.

Chapter Four shows that many MTF transgenders or transsexuals often identify as heterosexual. However, even the sexual practices of some that do so may transgress the logic of that categorisation. Transgendered sexuality is a diverse, plural phenomenon - and sex between MTF tranys also occurs. The chapter shows that high levels of violence and discrimination, and social economic marginalisation characterise the lives of transgenders. Transgenders are thus excluded from full citizenship in the context of Australian gender relations. Transgenders are unintelligible in the context of these relations and perceived as unnatural deviants. The researches discussed give support to my argument that Butler's model of cultural intelligibility dominates Australian gender relations. The chapter also shows that GRS does not always guarantee acceptability or 'normality', socially or sexually. It contains disturbing evidence that GRS may be harmful to MTF transgenders' sexual, physical or mental health. It also points up the urgent need for research carried out by and focussed on FTM transgenders.
Chapter Five demonstrates the phallocentricism and heterosexism in legal determinations of transsexuals' sex, in spite of more recent flexible interpretations in social security law. Chapter Six shows the practical implications of the TLC's effort to use queer politics so as to obtain anti-discrimination legislation for transgenders. In spite of the TAB's passage, its failure to extend birth recertification to non-operative transgenders shows that 'the state' is constrained by a realist, biologistic epistemology of sexual identity. Section 32A of the Bill installs a phallocentric view of sex, constitutes surgically realigned genitalia as the truth of sex, and creates a hierarchy of transgender persons which divides them by their genitals. The chapter shows deep, ongoing divisions within the Sydney transgender community over issues concerning transsexual medicine, passing and who authorises transgender people's identities.

7.3 Conclusions

Within modernity, possibilities for the self's commutability across gender categories have been historically constrained by presumptions that gender categories are essentially hierarchical, unitary and non-overlapping, and grounded in biology. For instance, my study exposes the non-consensual assignment of a sex category to infants, as a key regulatory mechanism inhibiting movement across gender categories. As Butler claims, sex is always already gendered (1990a: 6). Hence, assignment to a 'sex' constrains a person's life choices, activities and ways of stylising the body. The project of changing 'sex', is tacit acknowledgment of the social constraints that sex assignment and its implicit linkage with gender categories, places on bodies.

The grounds of transsexuals' production are thus located in gender as an organising principle. Sexology however, constructs disorderly experiences of gender as pathology, reducing transgenders' differences, and the contradiction and mixture of their subjectivities, to those of psychiatric disturbance or biological anomaly. Sexology cannot go beyond a schema of pathology unless it recognises gender as a contextual, social and shifting phenomenon. As shown, gender is an apparatus of cultural formations and relations of power that naturalises bodies and constitutes them in terms of hierarchical binary oppositions. Gender, however, is constitutive of possibilities for cross-gender identity, because it does not follow from sex, or does not cohere 'within' individuals. Nonetheless, sexology constructs 'trans' categories as forms of gender deviance or individual pathology.
because gender is normatively construed as tied to sex or biology. The transsexual was thus created as 'a medically negotiated "third" gender category' (Irvine 1990: 266) and it has been part of the wider social regulation of gendered bodies, in binary terms.

Nonetheless, transsexual identity may be understood as a variation of social practice, in ways that problematise associated notions of pathology and disease. To begin with, transsexuals' transitions from man to woman usually follow a long standing if uneven pattern of cross-dressing practices, dating from childhood. These practices are built from observation of the gendered social world and circulating discourse about femininity, as the building blocks of identity as a woman. Conscious and unconscious fantasy, and repeated cross-dressing transfigure transsexuals' subjective sense of the body, generating a desire to materialise an 'true', embodied femininity. Until the advent of transsexualism, 'Western' cultures did not produce narratives to legitimate passage across gender categories, unlike certain pre-modern ones (Williams 1986). The argument that transsexualism came to exist in our culture due to lack of possibilities 'beyond dichotomous gender identification' (Irvine 1990: 266), is thus a strong one. Reembodiment technologies enable the reconstitution of what may otherwise be termed 'gender liminality' (Besnier 1996).

In modernity, subjects acquire knowledge of transsexualism, which, as individual histories show, can also produce an intense category crisis; anxiety about the prospect that they could be, or become, transsexual, alternates with excitement over fantasies of realising 'true' womanhood through transsexual medicine (see also Meyerowitz). My study shows that a heterogenous group takes up the notion of transsexualism, through encountering various texts and experts, as a means of rendering their 'gender identities' orderly and more satisfying. Many seek out specialising psychiatrists, who treat the subject's desires and distress as a 'condition' and administer hormone therapy. Some begin living as women without ongoing psychiatric consultations aimed at achieving GRS, taking low skilled jobs or doing sex-work or drag shows rather than completing their education. In this respect, the consequences of discrimination against tranys within schools and its effect on educational attainment, probably have a constitutive effect (see Perkins 1983). However, acquiring information/resources and mixing in transgender subcultures help tranys to cross from man to woman.

For some MTF transsexuals, a pattern of persecution for their feminine behaviour during childhood and adolescence makes their experience of boyhood a torment and seemingly inappropriate (Perkins 1983). But the development of marked childhood femininity alone
doesn’t explain why all MTF transsexuals constitute themselves as women. It is clear that many pass as men without any difficulty prior to their gender transitions (see Person and Ovsey 1974a; Docter 1988; Morris 1974; Richards 1983; Cummings 1983; Fox 1997). Further, some transsexuals cited above cultivate their masculinity, although they may not enjoy it thoroughly, and form heterosexual relationships while living as men. Some marry, but as they grow older their lives as men ‘turn sour’ (Feinbloom 1976), and a yearning to embody fantasies of womanhood increases. Some compartmentalise their feminine conduct into ‘private spaces’ well into adulthood. Although some experiment with homosexual encounters while cross-dressing, others apparently refrain from sexual relations altogether, at least until their transitions. However, many of those in Perkins’ study (1983), due to pronounced feminine behaviour and emotional/sexual attachment to men, find social support in transsexual subculture and begin living as women much earlier than others. All however, stylise their bodies through feminine practices.

Feminist theory produces helpful conceptions about feminine embodiment which provide understandings of transsexualism as a body discipline, taken up in pursuit of cultural meaning. At some point, MTF transsexuals enter what Smith (1991: 48-49) calls a discourse of femininity which structures desire, involves preoccupation with a body shape and a relation of the subject to themselves as an object of work. Hence, they constitute themselves as feminine through disciplinary projects of bodily alteration and perfection, as best described by Bartky (1988). Reembodiment technologies are for many, a welcome extension of the process.

Bartky (1988), whose study was referred to earlier, discusses the extensive body disciplines of women, as they construct identity within the social constraints of binarised gender regimes. She recognises the extent of (heterosexual) women’s investment in a feminine gender identity, as a productive power, and as crucially bound up with their very desires, notions of self and their very futures. Bartky reads women’s body language in terms of its docility and compliance, where the binary technologies of gender produce a ‘subjected and practiced’ inferior body, according to a larger system of sexual subordination and oppression. For her, women’s very body movement and posture inscribes feminine subjection, although the discipline of the feminine body is hard to locate, in so far as it is institutionally unbound (Bartky 1988: 75). However, as McNay claims, Bartky assumes that women are passive victims of patriarchal domination and thus reduces:
...the complex ways in which feminine identity has been constructed in social relations, to a long history of repression in which women have masochistically complied (McNay 1992: 36).

Yet Bartky's (1988) adoption of Foucault's notion of power as operating directly upon bodies, is aptly deployed. She analyses women's self-surveillance and disciplining of their bodies, through technologies of femininity. These processes are analogous to transsexuals' internalisation of phallocentric standards of bodily acceptability, in order to produce a body that is recognisably feminine. Bartky argues that while the abovementioned standards mandate fragility, they are nonetheless a form of personal power. A sense of competence and skills, male patronage and future life prospects are bound up in feminine body practices of dress, makeup, haircare and beauty that involve both work and pleasure. For her, they are part of many women's identities and desires and are crucial parts of their social being (Bartky 1988).

Susan Bordo (1993: 27) attacks the gendered mind/body dualism deployed and socially embodied in culture, as leading to woman being cast in the role of a passive body, and men representing a distance from it. She takes up Bourdieu's idea of culture having a 'direct grip' on our bodies through the practices and habits of daily life. For her, docile bodies are:

...regulated by norms of cultural life and through the organisation of time, space and movements of our daily life, (and are) trained, shaped and impressed with the stamp of prevailing historical forms of selfhood, desire, masculinity or femininity (1993: 27).

But bodies are dynamic rather than merely docile (Connell 1995: 62-63). People do not always inscribe them in ways that bear the clear stamp of social norms and binarised gender routines. Connell (1983) discusses the difficulties which men and boys encounter in negotiating a culturally viable identity. He argues that transvestism and transsexualism involve a rejection of the relationship to one's body that is implicit in hegemonic masculinity, by seizing the only available, alternative feminine model (1983: 20). Hence, to some extent, inhabiting 'trans' categories is a response to hegemonic discourse and its insistence on men's production of a 'proper' masculinity. Connell discusses the great importance of a strong physical masculinity for boys, in negotiating valid membership in the male category and their struggles to distance themselves from their mothers and negate their own femininity (Connell 1983: 28). As Connell argues, an immense amount of time and energy goes into producing appropriate masculine gender identities and resulting
pressures produce much anxiety among adolescent males (Connell 1983: 26-8). Following Connell’s claims, my argument is that certain boys, when their self-images don't approximate hegemonic masculine ideals, seek meaning and identity by inhabiting transvestite or transsexual discourse. Given the extent of their intersubjective conflict about the disunity of their identity, their ‘failure’ to embody a coherent masculinity and confusing sexual or ‘homosexual’ feelings, some stylise their bodies so as to approximate womanliness.

Perkins’ (1983) study about the lives of transsexual prostitutes and showgirls shows how such stigmatised and marginalised ‘boys’ may embrace feminine rather than masculine body ideals. For them, the pleasure of cross-dressing and the success of passing as women constitute an alternative, more meaningful identity. As a site of possible ambiguity, the surface of the body is re-inscribed through clothing, cosmetics and hormone ingestion to publicly signify ‘female’ or ‘male’. As Perkins' (1983) interviews show, erotic preferences, as well as a host of negative experiences in the male category also influence some transsexuals’ reconstitution of the self. While some are bisexual or lesbian, and others may be satisfied with the social aspects of womanhood, Chapter Four shows that many are clearly lonely, and lack sexual intimacy.

However, Perkins (1983: 158) shows that her transsexual respondents, having a historical sense of their identities as being more appropriately ‘female’ try to fit a feminine ideal of tall, thin, relatively shapeless female beauty. But as central to discourse about femininity, the desire to improve a body and an image that always needs work, takes on different meanings, if the body involved doesn't readily signify ‘female’. Hence, reembodiment technologies shape the constitution of transsexuals' desire for bodily transformation, so as to literalise a fantasised femininity and consolidate a sense of identity. Technologies of gender (de Lauretis 1986: 2-3) are also valuable, everyday cultural resources which enable the inscription of femininity on the body. These and reembodiment technologies enable MTF transsexuals to construct themselves as sex objects, usually for the gaze of men.

Feminist analyses of women’s eating disorders also provide a valuable way of reconceptualising 'gender identity disorder'. There is a common thread to certain operations of power, as constitutive of subjects diagnosed as anorexic, and others diagnosed as gender disordered. The subjects in both cases ‘pit the body against itself’ (Bordo 1993: 54), with transsexuals’ seeking to be free of a perceived inappropriate bodily signifiers, so
as to 'authentically' represent femininity. As argued, the medical model for 'gender disorders' elides the workings of culture in relation to gender.

As Bordo argues, the medical model of anorexia lacks cultural analysis, and the role of culture, especially gender, is productive of eating disorders (1993: 54). For Bordo, eating disorders, 'far from being bizarre and anomalous, are utterly continuous with a dominant element of the experience of being female in this culture' (Bordo 1993: 57). She argues that:

The perceptions of the women should be taken seriously for most women in our culture are 'disordered' when it comes to issues of self worth, self entitlement, self nourishment and bodily comfort (Bordo 1993: 57).

Transsexuals too, are not bizarre and their perceptions need to be taken seriously, if, as argued here, the remedy of GRS is problematic. They grapple with a far-reaching problem; their self worth as differently gendered individuals, and as often damaged by systematic prejudice and discrimination. As Perkins (1983: 24), shows, transsexuals struggle to accept and affirm themselves as women and the outcome is critical for their well being.

As Connell argues, given the cultural criteria for 'being a man' are so centrally focused on a physically powerful, sporty masculinity, emotional crisis about gender identity among boys is not uncommon (1983: 20). His work shows that relations of power and hierarchy also operate within the category 'man' and police its borders. Personal crises arising from 'failure' to embody a normative masculinity produce a sense of worthlessness and a search for other identifications, meaningful or viable to the subject. Transvestism and transsexualism are nonetheless viewed as pathologies by sexology and society, as if they occurred in a social and cultural vacuum devoid of relations of power, privilege and hierarchy, within and without, the category of man.

Bordo's (1993) claims about medical views on women's eating disorders point to a common thread that helps to explain why transsexual bodies are viewed as pathological. She argues that medical discourse seeks new demarcations of 'true' illness which ignore the disordered body, as engaged in a process of meaning making. She further argues that 'the relentless pursuit of excessive thinness is an attempt to embody certain values, to create a body that will speak for the self in a meaningful and powerful way' (Bordo 1993: 64-6, my emphasis). As one transsexual claimed regarding life before her 'gender
transition', 'I forced myself into living a gender role that was empty and alien to me...I was living a meaningless life that did not belong to me' (Polare 21, 1997: 7).

It thus helps to see transsexualism as a way of constructing meaning and negotiating social relations, in a cultural landscape where social norms limit and disqualify gender identifications that exceed hegemonic gender norms. 'Gender disorders' are better seen as attempts by ambivalently embodied subjects to construct a meaningful identity. The cultural imperative of gender coherence is not only a construct of sexology, but also a mechanism of discursive social power that constitutes hegemonic bodily representations. Hence, the 'trapped in the wrong body', as the 'Official Story' of transsexual medicine, is also constituted by broader social processes and institutions which serve to make gender coherence obligatory.

Also relevant to my claims about the importance of meaning in the construction of transsexual identity, is Balsamo's argument that cosmetic surgery is a practice whereby women consciously act to make their bodies mean something valuable to themselves and others (1996: 20). Hence, transsexuals regard reembodiment technologies as resources that allow others to more easily attribute 'woman' to them. These technologies enable smoother social interaction and may satisfy a need for social acceptance and sexual intimacy. As 'a shorthand language' a 'normal' appearance (Finkelstein 1994: 126) is certainly helpful, given transgenders concern for their safety in public, and the likelihood of violence or discrimination.

In contrast with these arguments, some feminist critics have argued that transsexual medicine is a patriarchal medical enterprise that manufactures false women (e.g. Raymond 1979). However, breast augmentation for females may also be regarded as a patriarchal medical enterprise. A useful response to Raymond's view is that there are 'no inherently liberatory or repressive sexual practices, for any practice is co-optable and any is capable of becoming a source of resistance to domination' (Sawicki 1988: 185). Nonetheless, cosmetic surgeries undertaken by transsexuals allow the enactment of 'cultural significations which enable the exploration of ideals of gender' (Balsamo 1996: 20), according to the logic of Butler's model of gender intelligibility. Further, for Finkelstein, 'the acceptance of cosmetic surgery...has repositioned the body to make it into a commodity which can be traded' (Finkelstein 1994: 106). This claim, taken together with Butler's argument (1997), that transsexualism concerns the exchange of one set of gender norms for another, implies that 'sex' has become a tradeable commodity. The desire for a
new physical image, Finkelstein argues, is met by treating the body like a fashion item. Her perspective implies that GRS, as a 'surgical correction' of 'so called faults of the body' (Finkelstein 1994: 306-07), is a commodification of sex. A certain North American medical corporation certainly treats 'sex' in this way, by promising transsexuals, 'The Vaginoplasty: a human comprehensive total quality approach to your lifetime project' (Brassard and Menard 1996).

Certainly, Stryker, by embracing her monstrousness and identifying as an 'out' transsexual leather dyke subverts the intended medical purpose of reembodiment technologies. Nonetheless, her claim (1994: 238) that transsexuality - as a reconstitution bodies through reembodiment technologies - is in and of itself the best means to 'destabilise the foundational presupposition of fixed genders' and necessarily more subversive than other forms of transgender identity, is wrong. In the first instance, the most common purposes of reembodiment technologies are passing and the transformation of certain males into 'normal', feminine, heterosexual women. Her narrative also implies that a transsexual identity is barely viable in late modern America, because dominant systems of representation disqualify her from notions of intelligibility. As she argues:

After all I'd achieved my identity still felt so tenuous...Like (Frankenstein's) monster, the longer I live in these conditions, the more rage I harbor...it is a rage bred by the necessity of existing in external circumstances that work against my survival (Stryker 1993: 248,244).

Stryker's statement thus gives substance to Biddy Martin's claim that the body is a 'drag' on signification (1994: 116) and Irvine's argument that transsexual is an exceedingly difficult category to escape. Irvine adds that, 'the medical category itself becomes the identity' and ongoing 'problems of autobiography, genitalia or incongruous physique...maintain transsexualism as a subtextual identity'. Her claim that the 'difficulty and expense in achieving surgery leaves a large percentage of transsexuals in a gender netherworld' (1990: 266), is supported by findings in my study about transgenders' perceptions of themselves as 'in between' genders or as lacking acceptance as heterosexual women (1997a: 48, 54).

There is also the major problem that assuming a transsexual identity entails adopting a stigmatising medical label. To embrace the notion of 'gender identity disorder', is to be implicated in a discourse that constructs one as pathological. To do so leaves little choice but compliance with terms serving to maintain the hegemony of psychiatric taxonomy and
transsexual medicine, which arbitrarily divide ‘sane’ people with a ‘proper’ gender identity, from transsexuals as ‘insane’. Nonetheless, not all who undertake GRS comply with this logic or assimilate themselves to the order of Butler’s matrix (e.g. Stryker 1998). Further, some MTF transgenders, such as Bornstein (1994) and Wilchins, of the activist group Transexual Menace (see Prosser 1998b: 174) seek the removal GID from the DSM-IV (1994). Abolition of the diagnosis could well mean that GRS is more difficult to obtain, presenting problems for those who regard it as crucial for their well being. However, given the problems my study raises about GRS, and the persisting stigma of transsexual - or transgender identity, a transgressive politics may be the better if not the only choice.

The psychiatric assessment process has required that transsexuals perform gender norms so as to procure GRS (see Bolin 1992). The biographical narratives of transsexuals have been constrained by immense pressure to produce the kinds of life histories that will allow them to obtain GRS (Shapiro 1991: 251; Murray 1997). Hence, given that people will continue to undergo GRS, psychiatric assessment processes need urgent change. As the TLC claims, the current psychiatric assessment process positions GRS as the central issue for transgenders (Lowe 1996: 66). This leads some transgenders to expect that GRS will deliver wholeness or an integrated identity, sexual and relationship fulfillment and a true, unshakeable, and sometimes heterosexual, gender identity (Hooley 1997a: 54). My study provides evidence to support the TLC’s claims that some transgenders see GRS as a panacea for ‘significant life problems’ (Lowe 1996: 68), including such things as homophobia and aversion to their own genitalia. Transgender communities and welfare agencies could provide safe places for articulation of such issues, outside psychiatric assessment processes.

Breaking down the us/them dichotomy between tranys and medical service providers, as a primary site of ‘institutional control over transgender lives’ (Stryker 1998: 146) may help to promote open dialogue. This study hopefully contributes to better options than those presently available. The most helpful part of the TLC’s proposal for reform of the assessment process (see Lowe 1996: 66-69) is that a variety of transsexuals and transgenders should form part of committees to educate others and medical professionals; to demystify assessment processes, to impart a range of perspectives about gender and transsexualism and to provide tranys with resources for transition. If GRS is here to stay, these processes may help to allow tranys to understand GID as a diagnosis enabling a purely cosmetic option that cannot guarantee social reorientation in the new gender. Separation of the process of transgenders’ education by peers and professionals from the

245
assessment process for GRS may also be helpful (see Murray 1995). However, overturning notions that transsexuals/transgenders are pathological is imperative.

My proposals below concerning queer transgender strategies also open possibilities, although perhaps, not for everyone. However, given the practical problems and health issues which arise in assuming a transsexual identity and undertaking GRS, as well as political implications articulated above, a queer transgender politics offers itself as both a survival tool, and a means of empowerment - to denaturalise and deidealise gender.

Several members of the TLC practised a queer kind of transgender politics, as offering challenges to binary categories. They contested the notion of gender identity through their public practices, by blurring or scrambling gender significations that are assumed to be discrete, in ways shown further below. King's arguments help me to show how they resignified their practices. As King argues, appropriating an identity is not a simple cognitive act, a claim supported by this study. As shown above, it is crucially bound up with meaning. Building an identity, argues King, is an historically specific process if only because the parameters of available identity change. It is also to some degree, shaped by available categorisations. As he claims, the meaning of a category for a subject occupying it, changes as a result of biographical experience, so that the identity that the person appropriates changes even in the course of appropriation (King 1993: 194). Finally, he argues that a possible consequence of the creation of a category is that persons so designated may come together in such a way as to challenge some aspects of the very process which made this possible (King 1993: 196). The TLC for instance, came together to challenge the foundations of sexological discourse about transsexualism, gender and identity, putting counter discourses discussed in Chapter Six into operation. Sawicki, who argues that, best sums up my perspective in this period, drawn from engagement with Foucault, Butler and Stryker:

Freedom lies in our capacity to discover the links between certain modes of self-understanding and modes of domination, and to resist the ways in which we have already been classified and identified by dominant discourses (1988: 186).

As my disruption of the normalising category of transsexual shows, transgenders need to be sceptical about any strategies for ‘liberation’, which are founded on totalising sexological categories or transsexual medicine. Those who identify as transsexual or transgender may constitute themselves in ways that oppose the government of
individualisation through sexological discourse/transsexual medicine, and make 'sex' a constant site of contest, rather than a personal problem.

Because identity is a regulatory principle, queer politics involves a refusal of totalising categorisation under any guise (Butler 1992: 355; Angelides 1995). Angelides' claims, and those of Flax (1990), Ferguson (1993) and Bordo (1993) help me to show how transgenders may accept the plurality of their identities and subvert gender norms. Angelides (1995: 34-7) rightly rejects Reynolds' normative political approach to queer as limiting sexual politics to a form of negative collective resistance, which he argues, foils attempts to forge a much broader bloc of social resistance (see Reynolds 1993: 24). Reynolds' argument (1993: 262), that queers 'can ground our resistance and identities in concepts and strategies that are fixed and unitary', while resisting 'the meanings that are assigned to us by the dominant culture', is also contradictory.

Like transgender, the very category of homosexual that Reynolds sees as essential to embrace has a multitude of differences. I thus return to Angelides' critique of the economy of (hetero) sexuality (1995: 28-9), which proposes that in laying claim to the specificity of sexuality, subjects are moored to the Foucaultian apparatus. His assault upon identity politics is simultaneously an attack on the (hetero) sexual economy of liberal pluralism, and the disciplinary character of a gay and lesbian politics. For Angelides, (hetero)sexual difference is reinstated through the oppositional practices organised around a homosexual identity. Hence, these practices stabilise the structures of hegemonic knowledges, as needing the homosexual 'other' to shore up and reinforce the boundaries of heterosexuality. Transgenders may apply Angelides' formulations (1995: 37) to the man/woman binarism, to disrupt its logic. As he argues:

Biisexuality stands in unique relation to the logic of identity - sameness/difference: it is both inside and outside, that is, same and different. Therefore, I see its political potential as one where it inhabits the hetero/home opposition: it is not just one or the other, it is neither and it is both (Angelides 1995: 37).

By embracing the binary of sameness and difference, Angelides seeks to disturb and confound the effects of identity logic, through situating bisexuality in fluid spaces or subject-positions bereft of rigid borders. Accordingly, transgenders may inhabit the man/woman binary, as neither/both, situating themselves in fluid spaces so as to disturb the
effects of oppositional gender identity logic. Substantial numbers of transgenders who report bisexuality may inhabit the hetero/homo binary in a similar way to Angelides.

Last, Ferguson proposes the useful notion of mobile subjectivities in the service of acknowledging 'multiplicity and undecidability in feminist discourses on subjectivity [so as to create] a space for partial identities and mobile subjectivities' (Ferguson 1993: 158). She problematises 'the gendered world itself and its categorisations, which corrals people into categories of male and female' (Ferguson 1993: x, 5,7), categories which transgenders are in a position to play with and disrupt. As Ferguson claims:

Mobile subjectivities are temporal, moving across axes of power...without fully residing in them...they are ambiguous messy and multiple, unstable but persevering...They are ironic, attentive to the manyness of things. They respect the local, tend toward the specific but without eliminating the cosmopolitan...They are politically difficult in their refusal to stick consistently to one identity claim; yet they are politically advantageous because they are less pressured to police their own boundaries (Ferguson 1993: 154).

Although my study explores gender and erotic choices, as some of the trajectories along which transgenders' 'mobile subjectivities move and are moved' (Ferguson 1993: 160), its relative neglect of class and racial intersections must be acknowledged. However, Ferguson's conceptualisation of subjectivity as fluid, as plural, messy and contradictory should also inform queer transgender strategies. Given Ferguson's argument (1993: 167) regarding the inevitable failure of identity closure, transgender identity need not revolve around a presumed immutable 'core'.

As my study confirms, some critics 'tend to look through rather than at the cross-dresser' and assimilate him or her to a male or female polarity - or regard him or her as 'homosexual manqué' (Garber 1992: 10). Garber's notion of the cross-dresser as a figure of gender undecidability is significant. It may be advantageous for tranys to embrace the gender and sexual ambivalence that seems to characterise much of their conduct. Flax argues that, 'much of [Freud's] (and our) repressed material has to do with gender' (Flax 1990: 49), and that two of the most useful tools for such work have been Freud's concepts of ambivalence and repression. As she claims, ambivalence is not a weakness or confusion in Freud's thinking, but a strength which resists 'the collapsing of complex and contradictory material into an orderly whole' (Flax 1990: 49-50).
Transgenders may thus acknowledge their ambivalence and ambiguity, resisting collapse of their 'identities' into an orderly unity, and hopefully, enjoy whatever their pleasures are. Instead of conscious maintenance of their gender conduct in the service of passing, they might allow their practices free play. Indeed, some TLC activists, as unconcerned to pass as women or men, suspended the rules for doing gender. Their spontaneous and unselfconscious conduct was very powerful, drawing a range of reactions from non-transgender onlookers, which included indifference, amazement, confusion, amusement, shock and overt hostility.

Some TLC activists occasionally employed parody, or self-conscious and confrontational 'genderfuck' practices (see Irvine 1990: 265). But the experiences described above led me to believe that the power to subvert gender norms lies in inadvertently disrupting what Bordo calls people's everyday 'gender realities' (1993: 293). Bordo's argument, commenting on the play M. Butterfly, implies that gender ambiguity is particularly unsettling because:

...as the viewer becomes aware of the gap between reality and representation the familiar dualities are forced to yield to an unclear and uncharted continuum (Bordo 1993: 293).

Gender ambiguity may thus be more effective in disrupting presumptions of gender as a fixed quasi-biological property of the self, than parody. In contrast, a 'parodic politics', such as that practised by the Sisters of Perpetual Indulgence - Sydney's order of gay male nuns - may be 'uneasily adjacent to misogyny' (Miller 1993: 203). Nonetheless, embracing gender ambiguity remains a problem because the concept depends on a prior system of oppositional genders Spanier (1991: 332). Transgenders need to be wary of reifying ambiguity, or celebrating 'the disruption of binary oppositions without asking questions about how power is distributed through that disruption' (Epstein and Straub 1991: 23).

Finally, as clashes between transsexuals and transgenders described in Chapter Six show, divisions within transgender communities concerning the politics of identity and difference are not easily overcome. When subjects invested in the transsexual brain difference theory of Jiang-Nong Zhou et al. (1995) encounter others who take a constructionist view of gender and reject biological determinism, conflict is bound to ensue. Prosser's argument that 'specifying our locations even while we question the grounds for our distinctions' may help to mobilise transgendered movements (1998b: 177) may assist but is unlikely to defuse conflicts noted above. Connolly's claims (1991), read alongside Stone's (1991)
criticism, that transsexuals homogenise identity, deny mixture and seek a purity of identity unsullied by a 'male' or 'female' past, imply that vehement adherence to notions of true, sure and dichotomised gender constitutes the problem. Connolly's (1991) perspective is thus useful for my purposes, so as to contest and denaturalise terms constitutive of identity, within transgender communities. His argument (1991: 65) that preconditions for scapegoating inhere in deep theories of identity is pertinent to the conflicts noted above. The transgender community might foster care for identity and difference by cultivating 'an abundance which enables attendance to the claims of the other', rather than destroy or sacrifice them as 'evil others', for the sake of truth or mistaken visions of harmony (Connolly 1991: 65).

However, my efforts to chart new possibilities for transgender identity do not entirely escape problems raised by Ransom about the views of Butler (1990a) and Connolly (1991,1993). For Ransom, these perspectives rest on a 'supposed requirement that oppositional activity make reference to a normative ideal as realised in a distinct kind of polity before it can be taken seriously' (Ransom 1997: 120). Activists may be wary of constituting transgender in terms of new normative ideals or practices which never entirely escape the binary regimes which they oppose, or which demonise transsexual proponents of reembodiment technologies. Some tranys might comply with Butler's matrix but they are not responsible for it.

However, the kind of activity Ransom notes above, often takes the form of 'a politics of difference' that when boiled down, turns out to be little more than a retreat to more familiar notions of democratic pluralism and justice' (Ransom 1997: 120). This kind of inclusive politics, aimed to 'celebrate diversity' and difference through 'commitment to abstract normative criteria' (Ransom 197: 121), may be used to co-opt dissenting views or dampen conflict, in the pursuit of an abstract unity. This seems to be the intention of a banner titled 'Diverse and United', emblazoned on the back cover of the transgender magazine Polare 17, in 1997. It was the Gender Centre's response to ongoing disjunctions generated by conflict between itself and the TLC, over the welfare agency's alleged support for the medical disorder model.

In sum, my study shows that the hegemony of sexological discourse about transsexualism is never complete and remains under challenge. Tranys may critically re-read themselves against the discourses and categories that help construct them, and contest their containment by sexological and legal discourses. Although constructed in and through these regimes,
they may unsettle or subvert them, rather than attempt erasure of the ambivalence and ambiguity that characterise their subjectivities. As a supporter of the TLC once quipped, a state of cross-gender euphoria is preferable to investment in the medical notion of gender dysphoria.
Notes

Introduction

1. Sexological studies of transsexualism and transvestism are voluminous. I consulted all the major
sexological studies about transsexualism by Benjamin (1966), Green and Money (1969), Stoller
Bullough and Bullough (1993) about transvestism and transsexualism was also valuable. Earlier studies by
Kraft-Ebing (1886), Hirschfeld (1910) and Ellis (1928, 1936) were also consulted concerning sexual
inversion and transvestism. Important contributions to the field by Bieber (1962), Money and Tucker
sexuality and homosexuality were also useful. I consulted journal articles cited in the books of authors cited
above, and others discovered through searches. I also consulted several journal articles which, in my
estimation, influenced or challenged the direction of sexological research about transvestism and/or
transsexualism. They include especially, articles by Ellis (1913), Gutheil (1922), Fenichel (1930), Cauldwell
(1949), Benjamin (1954), Money et al. (1955, 1957) Lukianowitz (1959), Pauly (1965), Bak (1968), Bentler
(1977a, b, 1985), Meyer and Reter (1979), Bullough and Bullough (1983), Murray (1997), Docter and Prince
(1997) and Rehman et al. (1999). Journal articles were consulted from literature searches in Alienist and
Neurologist, Archives of General Psychiatry, Archives of Sexual Behaviour, American Journal of
Psychiatry, American Journal of Psychotherapy, British Journal of Psychiatry, Journal of Nervous and
Mental Disease, Journal of the American Medical Association, Journal of Sex Research, Sexual
Behaviour, and Venereology. Freud's volumes of the Standard Edition were also consulted for an
understanding of psychoanalysis, as providing the basis of some of the studies noted above. Some of these
studies apprropriate or modify certain Freudian terms and theories. Hence, for the purposes of exploring,
clarifying and problematising Freud's psychoanalytic theories or terms, including those derived from his
work, other works were consulted. They include Brown's (1966) study of Freud and his progeny. Jones' first
two volumes on Freud (1955, 1957), a useful Freudian study of the notion of gender identity May (1986), a
feminist critique by Mitchell (1974) and studies in sociology (Connell 1987a) and queer feminism (Butler
1990a; de Lauretis 1994). Some may object to Freud being bracketed with sexologists. However, it is line
with the practice of Bland and Doan (1998).
Chapter I

1. Feminist critic Bernice Hausman (1995) also discusses Agnes' situation, as part of her argument that medical constructions of transsexualism and intersexuality betray a heterosexist bias (1995: 5). She argues that homophobia is central to the medical understanding of transsexual subjectivity (1995: 4). She views this as a product of insistence by both transsexuals and medical professionals, that transsexuality was different from homosexuality (1995: 4). Discussing the concerns of Agnes and Garfinkel about Bill's sexuality, Hausman is correct in her argument that, 'the doctors were constantly on the alert for signs of incipient homosexuality' (1995: 5). She argues that Agnes' silence concerning any possible homosexual feelings, her repeated discussions of Bill and the nature of her sexual activities with her, shows that she recognised that 'passing as a woman necessitated passing as a heterosexual woman' (1995: 5, my emphasis).

2. Meyerowitz (1998) shows that knowledge of transsexualism as a distinct category was well publicised by the mid-1950s in America. Some clinicians that assessed transsexuals for GRS in this period, such as Stoller, sought to distinguish transsexuals from homosexuals, while others did not.

3. Agnes' deference to the claims of medical opinion about transsexualism resembles Jorgensen's (1968) in a later transsexual autobiography. Agnes' claims about the fixity and persistence of her feminine gender identity are also very similar to those in later prominent transsexual autobiographies (e.g. Jorgensen 1968: 15-6; Morris 1974: 85). Also, prior to GRS, like Christine Jorgensen (1968: 229), Agnes possessed a penis that she claims was never a source of pleasure, but disgust. Further, and again, like Jorgensen (1968: 15) Agnes also claims that she was criticised for her feminine behaviour in childhood, such as carrying her schoolbooks 'like a girl' (Garfinkel 1967: 131). Finally, and also like Jorgensen (1968), she distances herself from transvestism, homosexuality and homosexuals, topics which Garfinkel notes, caused her anxiety and revulsion (1967: 131).

4. In the American context, some later MTF transsexual narratives provide a marked contrast with these earlier ones, in terms of transsexuals' ability to speak about their sexuality (e.g. Bornstein 1994; Stryker 1998) and their criticisms of oppressive medical or epistemological identity regimes that constrain them (e.g. Stryker 1994; May-Welby 1996).

5. Jackson views sex in a similar way to Butler. In support of her view that sex is the product of gender rather than the other way around, she cites Delphy, who argues that, 'the hierarchical division of humanity
into two transforms an anatomical difference (which is itself devoid of implications) into a relevant distinction for social practice' (Delphy 1984: 144, as cited in Jackson 1999: 7).

6. The study Butler refers to, titled 'The sex-determining region of the human Y chromosome encodes a finger protein' was carried out at MIT in 1987. See Page. D.C. et al., Cell 51, 1091-1104. As Butler argues, Dr David Page claims to have discovered the master gene that constitutes a specific DNA sequence on the Y chromosome, called the testicular determining factor. In support of her claims, Butler also cites a critique of Page et al. by Anne Fausto-Sterling (1989), Life in the XY Corral in S.V. Rosser (ed) Special Women's Studies International Forum Issue on Feminism and Science: In Memory of Ruth Bleier. 12, 3, 328.

7. I agree with Hird's (2000: 357) refutation of Hausman's claim that transsexualism is purely an invention of medical technology. However, transsexual medicine can be a means of erasing gender ambiguity; it is constitutive of fantasies about 'sex change' and the notion of 'sex change' itself. For Hird, Hausman fails to recognise that narrative restructuring of embodied identity is a process common to everybody. Hence, she asks, 'how else do girls learn that their vaginas place them in a particular relation to patriarchy, if not through social interaction and narrative integration?' (2000: 356).

8. Hacking contrasts interactive kinds with indifferent kinds, which he argues, are not 'aware' or sentient. He gives examples such as quarks and plutonium, which do not interact with ideas about quarks and plutonium (1999: 105). He also discusses what he terms 'biolooping', as an analogy with biofeedback (control of organic processes) and as distinct from the looping effect of interactive kinds. Biolooping may combine with classification of people, say, as schizophrenic (an interactive kind), in which the classification may affect the sensibilities of those classified, so that some kinds such as some mental illnesses, may be interactive and indifferent. Hacking, who argues that certain objects exist in the world independently of human discourse has certain criticisms of Foucault. See Hacking, I. (1986) The archaeology of Foucault, in D. C. Hoy (ed) Foucault: A Critical Reader. Oxford: Blackwell.

9. In another discussion, Connell (1987b) argues that Foucault does not address 'the history of actual sexual practice and the social relations it helped to constitute' (1987b: 144). It is unwise, argues Connell, to refer to Foucault for a general understanding of sexuality, power, or the dynamics of social change (1987b: 145). For Connell, he analyses discourse as free floating meaning, not as an aspect of definite social relations (1987b: 143). Connell further argues that he ignores women and is silent about 'men's power' (1987b: 142) He also criticises Foucault for not offering evidence for large and complex claims (1987b: 140). For him, Foucault's account is also historically inaccurate (1987b: 140-1) and his notion of a domain of sexuality as a very recent production is a myth. Also, he argues that Foucault is Franco-centric (1987b: 141). Seidman
(1998) shows how certain conditions may have contributed to similar tendencies among French post-structuralist 'intellectuals'.

10. As Hindess argues (1996: 154-57), Foucault's suggestions that domination should be resisted and kept to a minimum carry normative implications, and implicitly resurrect critical theory's concerns with the legitimacy of power. In a similar way, Ransom argues that certain readers of Foucault who advocate a politics of difference 'mistake specific genealogies produced by Foucault...for a general criticism of all exercises of power in the construction of subjectivity' (1997: 106-07). He implies that Connolly and Butler resurrect critical theory's concern with the legitimacy of power, while ignoring this tendency in Foucault's later work on government. For instance, Connolly (1993: 365) objects to practices that promote 'undeserved suffering' in the service of protecting hegemonic identities'. Butler's also retreats 'to the view that "power" is objectionable whenever there is a repression or shaping of any kind' (Ransom 1997: 107, see also Butler 1990a: 2, 3, 5). As Ransom claims (1997: 107), it is unlikely that Foucault would regard the exercise of disciplinary power, as shaping certain psychic dispositions and ways of doing gender, as inadmissible on normative grounds. My arguments, as critical of dominant notions of transsexual subjectivity, as seeking to expose certain exercises of power in the construction of transsexual subjectivity as problematic may contain similar contradictions. I return to Ransom's perspective in my conclusions.

11. As Ransom (1997: 23) argues, critical theorists, who, although they may agree with Foucault that 'some kinds of knowledge act as forms of power and that power and knowledge work together to produce certain kinds of environments', differ on Foucault's criticism of the repressive, consent-coercion model of power. As Ransom shows, critical theorists 'work from an ethical base whose validity Foucault does not acknowledge' (1997: 37). See also Connolly (1993) on Foucault's ethical sensibility.

12. Foucault's formulation can be applicable to cross-gender identities. For example, many cross-dressers present as men in 'public' contexts, and as women in 'private'. Others however, seek to shape their practices and bodies in conformity with those of the 'opposite sex' in both realms. Sexologists label these people respectively as transvestites and transsexuals.

13. Probyn draws from Deleuze (1990: 151, 153, 154), in proposing a notion of self as 'layers and layers of lines and directions that are figured together and in depth, only to be rearranged again' (Probyn 1993: 1).

14. Naomi's story is very different from Cummings' and illustrates the gender/sexuality differences among transsexuals. It is similar to those of other MTF transsexuals living in Kings Cross, as discussed in Perkins' study (1983), during the period between 1961 and 1983. Their stories are pervaded by tales of men's physical or verbal violence against them. Many were also stigmatised during childhood and adolescence, for
their feminine conduct. Perkins' interviewees were employed as strippers, drag show performers and parlour or street sexworkers. Naomi eventually moved on from her life as a stripper in Kings' cross, in the 1960s and 1970s. At school she was called a 'fairy' and a 'sissy' and when she encountered 'camp people' while later working in a shop, 'gradually began to feel more at ease with myself' (1983: 72). However, in spite of feeling some affinity with 'camp people', she does not identify as gay, explaining that, 'life had been so horrific as a boy that it seemed a natural progression to become a girl' (1983: 72). Driven by a desire for acceptance as a woman, she became a stripper (1983: 72). A brief review of Perkins' study is given in Chapter Four.

15. Stryker (1998) notes two tendencies proposed by Halberstam (1998), whose work is briefly reviewed in Appendix II. The first is to regard transgender and transsexual as synonymous, heteronormative and as in opposition to queer. In the second, transgender and queer become synonymous and in opposition to transsexual, heteronormative reembodiments, which seek alignment between embodiment and identity.

16. Stone does not make explicit the tendency of some transvestites to construct themselves as transsexuals, although Stryker infers it from her arguments. Stone's intentions are several, in her critique of modernist gender regimes. Her major concern is how medicine authorises transsexual identity and sets its parameters. Hence, her focus is on transsexuals' complicity with the medical apparatus and a consequent erasure of their polyvocality and sexual diversity. In this part of her discussion, she does not infer that the male-to-female transsexual/transvestite divide is constituted by medical/sexological beliefs, which hold that transsexuals obtain no pleasure from their genitalia (1991: 291-2). Her argument is that transsexuals do nothing to discourage these beliefs, because they do not want to jeopardise their prospects for obtaining GRS. She then criticises the invisibility of many transsexuals and their own erasure of complex personal and sexual histories, which are not reflected in medical 'textbook' accounts of transsexualism. Her aim, as I read it, is to enable the constitution of 'out and proud' identities that acknowledge their history and plurality - possibly their past identifications as transvestites, and without having to necessarily forego the use of reembodiment technologies.

17. Feinberg explores the rise of growing Jewish nationalism and increasing class divisions, arguing that the law against cross-dressing in the Old Testament, is an instance of early trans-phobic and gender phobic laws. Hir argument is that the roots of 'trans oppression' lie in the 'historic overthrow of communalism' (1996: 51). Sh/e argues that the two-sex social structure intensified under the Catholic Church and feudal rule, in spite of peasant festivals and rituals, which found their way into Church pageants and liturgical dramas. Carnivals featured cross-dressing throughout Europe in the later Middle Ages and into the 16th century. Organised by male societies, the festivities involved satirisation of social conventions, in which the normative social order was temporarily suspended during joyful celebration. Feinberg argues that 'trans
expression emerged in culture throughout Europe in holiday celebrations, rituals, carnival days, masquerade parties, theatre, literature and opera' (1996: 80).

18. Feinberg's claims owe much to the work of Engels' *The Origin of the Family, Private Property and the State* (1972). S/he argues that all people have a stake in 'trans liberation' (1996: 117), and links the struggle of trans people for liberation closely with that of the working class presents many sweeping claims, in her offering of history, politics and theory, in support of an argument that trans people suffer persecution for their 'gender expression'. S/he would presumably take umbrage at Feinberg's collapsing of categories and behaviours into a wholeness that denies their specificity. For example, Feinberg claims that 'trans people of all sexes and genders' are 'like women' and 'rank among the oppressed' (1996: 110). S/he also conflates the oppression of MTF transsexuals with that of women's (1996: 113). S/he builds these claims so as to advocate that trans people and the women's liberation movement build a sex and gender liberation movement (1996: 119) S/he elides differences between 'trans people' and women and assumes that women would welcome an alliance with them all. Feinberg's later work (1998) is better in its acknowledgment of differences among those she calls 'trans people'.

19. For Stryker, 'transgender studies should be more than the mere elaboration of the medico-juridical discourse of HBIGDA or the moral discourses of theorists like Janice Raymond' (1998: 148).

20. As Stryker claims, a *second* set of standards of care recently emerged, in the Health Law Committee of the International Conference of Transgender Law and Employment Policy (ICTLEP). The latter is, 'a group of legal specialists and social activists, many of whom are consumers of transgender medical services' (1998: 145-6). However, in 1997, HBIGDA, as 'self appointed' managers of the lives of transgendered people', finally elected 'transsexual/transgender individuals' to its board of directors, following the running conflict 'between some providers and some consumers of transgender services', over the 'ambivalent feelings among many transsexuals toward the professionals who offer reembodiment technologies only by pathologizing their desires and stigmatizing their lives' (Stryker 1998: 146).

21. Devor speculates that, 'perhaps there have always been people who, if they lived today, would call themselves transsexual and would request sex reassignment' (1997: 1). Although she does not regard transsexualism as a priori, a pathological condition, (1997: 605), her account hovers close to the notion that it is a medical condition. Her deployment of the notion of sex dysphoria (1997: xxiv) is an example of this.

22. As Williams (1986: 9-10) claims, the term, *berdache*, was applied to these people by French explorers of the New World in the seventeenth century. It implies the status of a passive partner in homosexual
relations. William’s study also includes a cross-cultural study of groups outside the Americas, which have a special status and role for people like the berdaches, such as the yirka-la ul of Siberia and the mahu of Polynesia. It also includes studies of female gender and sexual variance.

23. Williams states that, ‘We cannot make many valid comparisons with Western homosexuals generally, because this category includes many masculine men whose only difference from average men is their sexual involvement with other men. In traditional American Indian societies such a man would more likely be the husband of the berdache’ (1986: 125). Williams homogenises whole categories of people here.

24. Williams argues that, due to ‘their physical body, lack of involvement with nursing infants, special roles in warfare, particularly in dances, status as Go-Betweens for women and men, variable dress, and ability to abandon berdache status’, berdaches are not women (1986: 80).

25. The two ‘non-Indian males’ interviewed by Williams, are described as ‘feminine males’ (1986: 116-7). Neither of these two cross-dressing subjects identified as gay. One identified as ‘like a woman, but not a woman’ and had collected material about transvestism and transsexualism, which she showed to lovers as a way of explaining herself. For Williams, however, both subjects are ‘androgynous’ (1986: 116). Williams argues that the men with whom these two subjects have sex are ‘responding to the femininity of their partner, and the partners’ genital equipment is not crucial’ (1986: 117). Williams fails to suggest that this may apply to relations between berdaches and their lovers. The behaviour of the two ‘androgynes’ noted above by no means excludes them from classification as transsexual, transvestite or transgender, as my discussion of these categories in Chapter Three shows.

26. Williams sees critics of this view as placing too much emphasis is placed on berdaches’ style of dress and occupational choice, and not enough on their basic character (1986: 81).


28. Herdt defines cultural ontologies as:

theories of being and the metaphysics of the world, as creating a certain cultural reality; of having a certain kind of body and being in a certain kind of social world which creates a
certain kind of reality... and of being and knowledge combined in the practice of living as a third sex or gender (Herdt 1996a: 61).

29. Randolph Trumbach argues that the paradigm that there are two genders founded on two biological sexes began to predominate in the 18th century. There was however, 'a third illegitimate gender...the adult passive transvestite male effeminate or molly who was supposed to desire men exclusively' (Trumbach 1991: 112). He concludes that by 1800, there were only two types of 'official' bodies, male and female. He adds:

But the variety of sexual acts in which human bodies might engage guaranteed that there were four genders, two of them legitimated and two stigmatized...in the modern western world there were men and women and sodomites and sapphists (Trumbach 1991: 135).

30. Rosario supports this claim by arguing that:

The erotic imagination had many closely interwoven histories. Personal sexual histories are entangled with medical tales of sexuality. Fictional erotic stories, in turn, relied on the new ideas and words of medicine even as medical writers drew upon fiction to illustrate their theoretical fabrications. Enmeshed in these narratives are traces of the changing social and political situation of France: the revolutions (governmental and industrial), the rise of the bourgeoisie, urbanization, feminism, consumer culture, the waverings fortunes of the church, foreign wars and domestic class wars, colonization (1997: 164).

31. Connell (1995: 188) supports and adds to this view. He argues that historians of the [modern] period noted a shift in the medical ideologies of gender, from an earlier period, when 'gender anomalies' were freely attributed to hermaphroditic bodies, to a later period when a clear cut dichotomy of bodies was presumed and anomalies therefore became a question of gender deviance. Also, Garber argues that:

The conflation of economic, professional and political desires with sartorial and sexual ones. a conflation that marked the early years of Victorian feminism and continues in some quarters today, was a way of stigmatising lesbians, female cross dressers, the poor, and the unconventional by rendering medical judgement upon them (Garber 1992: 135).

32. Connell argues that a calculative rationality permeated European culture during the industrial revolution and that the culture and workplaces of commercial capitalism institutionalised a new form of masculinity, for the merchant classes. Gentry masculinity, he argues, did not emphasise strict rational calculation but was closely linked with the state and the military. It also involved domestic authority over women. He
claims that over the past two hundred years, gentry masculinity was split and displaced by new hegemonic forms and that an array of subordinated and marginalised masculinities also arose (1990: 188-190). Ackroyd argues that by the close of the seventeenth century cross-dressing (presumably in its previous festive form) was no longer an acceptable mode of behaviour or representation in Europe. In an age of Reason, it became literally irrational (1979: 57). Kates' work (1991) about the Chevalier D'Eon, suggests that the French gender system prior to the 1789 revolution was a lot more flexible than that of Victorian Britain.

33. The work of Castelli (1991), Davie (1982), Bullough and Bullough (1993: 39, 40, 45, 48-50), and Ackroyd (1979: 51-66), provides the basis for this claim. See especially Deuteronomy 22.5, in the Holy Bible as a basis for cross-dressing as sinful. Foucault's (1982) claims are most useful to understand how the meaning of cross gender behaviour as sinful, was scientifically reconstituted, through new forms of power. He discusses the shift from pastoral power, this having a welfare and medical function, to 'an individualizing tactic with a series of powers', such as family, medicine and psychiatry (1982: 214-5). Foucault argues that the religious ritual of confession came to function within the norms of scientific regularity and with medicalising effects (1978: 65-7). This is a Franco-centric view (see Connell 1987b, and Seidman regarding the effect of Catholicism on French intellectuals and post-structuralists) However, science and Reason provided 'a new organization of individualizing power' (Foucault 1982: 214), by constituting tranys as abnormal, that had some overlap with the good/evil binary.

34. Greenberg claims that during the period of the rise of market economies and the growth of cities, the gender divisions in society were starting to weaken. Gender norms and men's power were threatened with the advent of women's advocacy for social reforms and their entry into advanced education, (e.g. into law and medicine). Greenberg argues that:

The preservation of male domination in the face of women's aspirations to equality depended on men possessing qualities that clearly differentiated them from women. It consequently became necessary to police men who lacked those qualities as much as the women who exhibited them. Continued male rule required that effeminacy be repudiated 1988: 387-88, my emphasis).

35. 'Stella' and 'Fanny', (or Ernest Boulton and Frederick Park) were arrested while cross-dressed, outside the Strand Theatre, for conspiracy to commit a felony. Ackroyd regards this as the most famous 'case' of nineteenth century transvestism. Boulton and Park were eventually acquitted (Ackroyd 1979: 83-4). It is possible that the pair also visited London's infamous 'Molly houses'. Connell discusses the emergence of sexual subcultures in the Modern Anglo-European gender order during the 17th and 18th centuries, including the Molly houses of early eighteenth century London. The term Molly, he argues referred to 'effeminate'
men who met in houses and taverns, engaging in cross dressing, dancing and sexual intercourse (Connell 1995: 188). Bullough and Bullough argue that it referred to effeminate males during the early eighteenth century and after, hence the word 'mollycoddle,' or feminise. As they claim, some scholars see effeminate behaviour as the earliest appearance of organised male homosexuality and lifestyles (Bullough & Bullough 1993: 120). Their claims may be compared with those of Greenberg (1988: 386-89), regarding the prevalence of 'transgenderal homosexuality' in the 19th century. Greenberg ponders whether Mollies were 'really' transsexual.

36. Although cross-dressing was punished in France by burning people to death as late as 1760, (Ackroyd 1979: 57), French attitudes to cross-dressing seem to have changed after 1789. Two nineteenth century French novels, Gautier's Mademoiselle de Maupin (1835) and Balzac's Sarrasine (1836), as tales of mistaken gender identity and cross-dressing (see also Garber 1992: 251), suggest that a certain cultural fascination with gender ambiguity prevailed during the rule of Napoleon III. Although Rosario does not mention these texts, he argues that sexologists' 'scientific' narratives, although maintaining that fiction had no place in the scientific study of erotic pleasures, drew upon popular novels by the likes of Zola and Flaubert, in depicting sexual 'degenerates' (1997: 71). This is part of his argument that medical and lay cultures, as well as novelists, exchanged ideas concerning the erotic, blurring the boundaries between science and fiction.
Chapter II

1. Douglas argues that purification, demarcation and punishment of transgressions serves to impose order upon untidy experience. She claims argues that, '...it is only by exaggerating the difference between within and without, above and below, male and female, with and against, that a semblance of order is created' (1969: 4).

2. Butler (1993) analyses Paris is Burning a documentary film about drag pageants. She claims that the film captures the reiteration of gender norms by a Latina pre-operative transsexual prostitute, Venus Extravaganza. Butler argues that Venus, 'seeks a transsubstantiation of gender in order to find an imaginary man who will designate a class and race privilege that promises a permanent shelter from racism, homophobia and poverty' (1993: 131). Venus’s desire bears a similarity with the claims of transsexuals interviewed by Perkins (e.g. 1983: 71). Butler is most insightful in her claim that gender is not simply 'marked' by class and race, but is 'the vehicle for the phantasmatic transformation of that nexus of race and class, the site for its articulation' (Butler 1993: 130). For Butler, Venus desires to be a woman but cannot overcome being a Latina, nor pass unproblematically as a woman. Butler concludes that the hegemony that reinscribes the privileges of normative femininity and whiteness wields the final power to renaturalise Venus's body and erase that prior crossing. Butler derives her claim from the circumstances of Venus’s death, during a sexual encounter with a man, who presumably discovered her ambiguous sexual status (Butler 1993: 131).

3. As Barthes argues, 'as pure sentence, the body cannot signify; clothing guarantees from sentience to meaning' (Barthes, 1983, The Fashion System, trans., Ward, M. and Howard, R., Hill and Wang, New York, as cited in Garber, 1992: 374). While Prosser foregrounds touch, he doesn't discuss its significance in relation to clothing, as often designated 'male' and 'female' status, and as sometimes differing in texture and cut, in ways that may signify masculine or feminine. Male transvestites take great delight - often sexual, from the tactile sensations of women's underwear, or items made out of taffeta or satin, and some men fetishise women's underwear, although not all of them may wear it. Gutheil's (1922) female transvestite patient, as apparently attached to her father's coat, presumably enjoyed its textual qualities, in tandem with the sexual and gendered significance that it probably attained for her.

4. Butler argues that transsexuals:

often claim a radical discontinuity between sexual pleasures and bodily parts. Very often what is wanted in terms of pleasure requires an imaginary participation in body parts, either as
appendages or orifices, that one might not actually possess, or similarly, pleasure may require an exaggerated or diminished set of parts....The imaginary condition of desire always exceeds the physical body through which it works' (Butler 1990a: 70-71).

Chapter III

1. Gay theorists discussed in this section tend to suppress mixture, ambiguity and overlapping concerning transsexual, transvestite and homosexual behaviours. Angelides’ (1995) argument, that homosexual identity politics complies with dualistic, liberal notions of heterosexual/homosexual is thus important. Rigid identity politics is a pervasive and deeply divisive strategy of power, destructive of care for difference (Connolly 1995), inside and outside queer 'communities'. The stigmatisation of 'effeminate' gays by 'macho' gays (see Williams 1986), of transsexuals by some lesbian (Raymond 1979) and heterosexual feminists (Greer 1975) of transvestites by gay men (Altman 1972), indeed a variety of 'deviant' sexual orientations (Rubin 1984), are some examples.

2. Most of Hirschfeld’s transvestite subjects were content to pursue their cross-dressing inside their homes. Some passed as ‘the opposite sex’ in daily life (Hirschfeld 1910: 298-314). His findings about cross-dressers’ encounters with police and law are drawn from contemporary newspaper accounts (Hirschfeld 265-289). Cross dressers were arrested for ‘gross indecency’ (Hirschfeld 1910: 266), and imprisonments occurred (see also Westphal 1869). It is hard to say on this evidence how the treatment of feminine behaviour in men, may have differed from that toward men who pass as women. See also, Wolff, D. (1986) Magnus Hirschfeld: A Portrait of a Pioneer in Sexology. London: Quartet.

3. Further, the behaviours reported under Krafft-Ebing’s category contain no patterns reported by later sexologists regarding transsexuals who are heterosexual, or 'tranvestic transsexuals'. This is discussed later in this chapter, concerning the work of Person and Ovesey [1974a,b].

4. Prosser also argues that Hirschfeld's transvestites are not identical to our own post-transsexual transvestite' (1998a: 122). It is unclear what he implies by ‘our own post-transsexual transvestite’ and he fails to interrogate the transvestite/transsexual distinction.

5. Recall that Westphal’s (1869) female subject, who, as argued, may be considered either a lesbian or an FTM transsexual, depending on the 'position' of the reader.

6. The term derives from the famous Chevalier D’Eon, born in France in 1728 and died in 1810. He was a soldier, a spy who wore women’s clothes and a diplomat in the court of King Louie the XV. Public controversy reigned as to his true sex. Due to religious and state pressures, he lived as a woman from 1777 until his death (Kates 1991). Kates’s (1991) account presents an intriguing picture of D’Eon’s life, and
effectively problematises recent claims that he was either a transvestite or a transsexual. See also Garber's excellent account (1992: 255-66), which problematises whether he was 'really' a man or a woman.

7. Stekel's (1922) study of fetishism draws from Freud's argument that fetishism is evidence of the castration complex (1927: 155). Although Gutheil's account (1922) may be regarded as the first in psychoanalysis, it is important to point out that Stekel broke with Freud, claiming that he overestimated the significance of the unconscious. As Brown (1966: 41-2) claims Stekel substituted the notion of repression with 'scotomization', implying that people had 'blind spots', because they simply refused to deal with reality. Freud repudiated the notion of scotomization in his paper, 'Fetishism' (1927: 1953-4). He claims that scotomization implies that the perception of women's lack of a penis is entirely wiped out. For him, 'the boy' disavows or refuses to take cognisance of it, setting up a double attitude. For Freud, fetishism saves the subject from homosexuality by endowing women with the characteristic that makes them intolerable as sexual objects.

8. Freud (1931), repudiated this notion of Electra Complex too, as seeking to 'emphasise the analogy between the attitude of the two sexes' (1931: 229, see also 1920: 155). Further, Gutheil's claim, that the woman is revolting 'against the destiny of being female' (1922: 296) is biologicist.

9. Gutheil does not define 'psychic hermaphroditism'. I assume that it implies one of Freud's uses of this term, rather than Krafft-Ebing's. In the first instance, Freud refers to it as a non-conflictual, constitutionally based bisexual object choice and states that sexual object choice 'may be equally well be of their own or of the opposite sex. This kind of inversion lacks the characteristic of exclusiveness' (1905a: 47). But more apt for the case in point, is Freud's later use of 'biseuality' to indicate a wavering attitude of mind, toward an object. This later use of this term, as a 'special', unresolved psychological conflict between heterosexuality and latent homosexuality (1937: 243-4) contains a binary logic. Although it seems to make sense in the context of Gutheil's claims about the female transvestite, it is another way of interpreting what the patient's behaviour 'really means'.

10. A contemporary sexologist, Stoller, regards fetishistic female transvestism as impossible. He argues that transsexualism best applies to female cross-dressers because for them, 'men's clothing has no erotic value whatsoever' (1968: 195). This claim is obviously wrong, given Gutheil's study and is contested by Garber, who argues that there are innumerable cases of female fetishism (1992: 120-1).

11. Findings discussed in this chapter provide some support for the notion that homosexuality is latent among male transvestites. My discussion of Fox's (1997) story is particularly relevant. A major concern for
Fox, as a transvestite who becomes transsexual and proceeds to GRS, seems to be preservation of a heterosexual status.

12. The lack of attention from her mother and her stepfather's accusation that she was ugly, leads Gutheil to argue that she 'simply wanted to be pretty' (1922: 306). She had a had childhood preference for boys clothes, and wanted to wear men's clothes, due to insulting remarks about her un feminine appearance or gender conduct. Gutheil's argument that her depression at being unable to acquire her mother's affection, her jealousy of her brother and her later realisation that she was not going to acquire a penis, led her to cross dress in her brother's suits. This produces her first orgasm (1922: 308).

13. Gutheil argues that she felt unwanted by her parents, and her mother particularly, who had desired a boy-child (1922: 285, 295). Thus undermined, she thought herself ugly as a woman (1922: 302), but through being a man was able to transform her frustration into 'euphoria' (1922: 308) - a reversal perhaps, of dysphoria! Gutheil's account appears to be informed by Stekel's reliance on Binet's theory that trauma is the cause of sexuality, and that the true fetishist is one who dispenses with, and substitutes an object with distant connections to the 'opposite' sex (1922: 4, 13). Freud tends to support this view.


15. Money sees gender role in terms of '...general mannerisms, deportment, and demeanour, play preferences, and recreational interests, spontaneous topics of talk in unprompted conversation and casual comment, content of dreams, daydreams and fantasies, replies to oblique inquiries, and projective tests, evidence of erotic pleasures, and finally, the person's own replies to direct inquiry' (Money et al., 1955: 3, cited in Hausman 1995: 97). The criteria themselves indicate the subjective, contextual and gendered process of attributing gender.

16. McConaghy (1993: 164-5) provides an interesting counter argument to their claims using the clinical literature.

17. This notion is derived mainly from the claims of Money et al. (1955, 1957) who argue that 'gender socialisation' overrides anatomy in the formation of identity. Money's argument was disputed by one of his ex-patients in an article in a 1997 edition of Time magazine. However, showing the oversimplification of human sexual dimorphism, Money et al. (1955, 1957) argued that although early sex assignment tended to
determine people's 'gender role', those born with ambiguous genitalia could be successfully resocialised into a new 'gender role,' irrespective of 'chromosomal sex'. Hausman correctly argues that the meaning of gender identity in Stoller's definition (1968: 39-40) is most closely related to the notion of gender role (Money et al: 1957), as it involves 'social expectations and regulations about behaviour as well as parental attitudes about appropriate compliance with those codes' (Hausman 1995: 104).

18. May's argument, in support of this, is as follows. The reigning assumptions in American psychology are variants of social learning theory, in which people are born 'relatively unformed, into a society that teaches them to behave act and think in certain ways'. He argues that the concept of role, as central to this approach, views causation as happening from the outside in (1986: 178).

19. The notion of 'engulfment' by mothers seems to have its origins in Kleinian psychoanalysis (see Brown 1966: 71-9).

20. Stoller's claims are derived from Horney's argument that primary penis envy is overestimated (see Freud 1931: 243), from Jones' claim that Freud's theory of female sexuality is phallocentric, and Zillborg's (1944) claim, that Freud was unscientific (Stoller 1968: 57-64, see also Mitchell 1974: 121-31,351-55). Stoller takes up Freud's concession (1931: 226) that the oedipus complex may not be the nucleus of neuroses, and argues that penis envy and castration complex may be one aspect of female sexual development, rather than its 'origin' (1968: 60).

21. Stoller nonetheless attacks Freud's attempts (1931) to explain a child's reasoning. As Mitchell interprets the female child's attitude to patriarchy, the child's reasoning is about, 'what feminine fantasy did with social facts and cultural demands and how a child reasoned' (Mitchell 1974: 355).

22. For Flax, a feminist - postmodernist object relations theorist, the overall project of object relations is 'to understand the "individual as the product of social relations with real persons in interaction with the unfolding development of his or her unique "psyche-soma"' (1990: 110).


24. It must be said Person and Ovesey elide female transsexualism, arguing that it only develops among masculine, homosexual women and thus occurs only in secondary form (1974a: 6). Lothstein's (1983) study shows problems with this claim. As mentioned earlier, sexologists also tend to argue that transvestic
fetishism in women, as demonstrated in Gutheil's study (1922), is rare. See Stoller (1968: 194-205) and Dixon et al. (1984), who lend support to this idea and argue that FTM transsexuals are not fetishistic. Clearly, the concept of the fetish is unstable.

25. Beitel's (1986) use of pairs of opposites, such as 'good' and 'bad' objects, - or how infants 'take in' aspects of their mothers, assume these are simply 'internalised' by pre-oedipal children. In spite of this, Kleinian psychoanalysis, which contributed to object relations theory, requires comment. Klein argues that pre-oedipal children only want to 'internalise' good objects'. Hence, gratification and frustration of their needs produces 'love and hate for the same objects in rapid succession or alternation', leading to projection and introjection. When children learn that the 'good' and 'bad' objects are his/her mother, guilt, and for some, depression, arise. In this case, children respond to mothers in a reparative manner (Brown 1966: 73-5). This notion is a basis for Person and Ovesey's claim that primary transsexuals are very compliant and quiet as children, and become cut off from their own anger (1974a: 18).

26. Connell regards Freud's case history of the Wolf Man as revealing 'the great difficulty and complexity of a young boy's attempts to construct a stable pattern of attachment' (1987a: 204). I do not read it as a case history of repressed homosexuality. The two case histories by Person and Ovesey that I review in the chapter may contain certain parallels with the Wolf Man's ambivalence. Elements in the case of the Wolf Man seem closer to these two case histories than Freud's account of Little Hans.

27. Person and Ovesey (1974a: 18) note such characteristics as shame, narcissism and ingratiating passivity among the subjects. These are defensive mechanisms similar to those used by women (see Gatens 1996: 13). Along with the boys' repression of sexuality, they occur in a broader social context, in which femininity is devalued in males and bodies that breach dominant codes of gender and sexuality are disqualified as other.

28. The case histories of the Hungarian doctor in Krafft-Ebing (1998: 210) and the woman in Gutheil (1922: 313) show that religious beliefs may lead to suppression of 'homosexual' desires among tranys. Further, Christine Jorgensen, rejected the possibility that she was homosexual on moral grounds and viewed God as being on her side (Jorgensen 1968: 33,300).

29. The case of the Wolf-Man is particularly relevant to my discussion of the aetiology of transsexualism. Freud, who represents the patient's struggle in binary terms, as between a passive homosexual desire for his father and an active identification, posits that as a young infant, the patient was traumatised by his proximity to a primal scene - his parents engaging in coitus (1918: 80). Whether the Wolf-Man successfully represses his homosexuality by eventually marrying with Freud's approval, or achieves a
positive erotic transference later, with his second [female] analyst, is contentious (see Garber 1992: 377-390). However he remained supportive and caring of his wife for twenty-three years (Garber 1992: 424). Freud, discussing the Wolf-Man’s childhood, notes that ‘they used to say of him that he ought to have been the girl’ (1918: 15). MTF transsexuals sometimes recall their relations as saying similar things. Freud deduces that his assertive and aggressive sister seduced the Wolf-Man during childhood. He traces the patient’s phobia of wolves in his dreams to the threatening figure of the wolf in two fairy tales, ‘Little Riding Hood’ and ‘The Wolf and The Seven Little Goats’ (1918: 31). Garber contrasts two case histories of the Wolf-Man, by Freud, and Brunswick, the patient’s female analyst. She interprets his later dreams, as told to Brunswick, as fantasies of becoming a woman. For Garber, his neurosis reflected an identification with the woman’s role, rather than the repression of homosexuality (1992: 379). For her, the case demonstrates that cross-dressing itself is a primal scene.

30. Freud argues that, ‘we are inclined to make the simple connection that continued bed wetting is a result of masturbation and its suppression is regarded by boys as an inhibition of genital activity - that is, as having the meaning of a threat of castration; but whether we are always right regarding this remains to be seen’ (1925: 404). Freud’s arguments (1901) suggest that the dream certainly indicates anxiety, which may be related to castration fears.

31. For Freud, ‘no human being is spared the fright at the sight of the female genital’ (1927: 154, my emphasis). Stoller righteousy resents this phallocentric, male centred view, as well as Freud’s claim that boys react with either with ‘horror of the mutilated [female] creature or triumphant contempt for her’ (1925: 406). I tend to the view that we cannot assume that children universally construct differences between men and women on the basis of observing their parents’ or other children’s genitalia nor that all cultures assign gender on the basis of genitalia. Kessler and McKenna point to anthropological studies by Mead and Malinowski which cast doubt on the latter. They also show that children attribute ‘sex differences’ in quite idiosyncratic ways. Their argument that Freud conflates genitalia with gender is also substantial (1978: 89, 101-09).

32. Docter argues that there are:

five heterosexual behaviour patterns that involve cross-dressing: fetishism, fetishistic transvestism, marginal transvestism, transgenderism and secondary transsexualism, and ‘four homosexual behaviour patterns that involve cross-dressing: primary transsexualism, secondary transsexualism, so-called drag queens and female impersonators (1988: 9).
33. In this period, feminist and gay liberationists produced discourses challenging patriarchy (e.g. Greer 1970; Mitchell 1974) and heterosexuality (e.g. Altman 1972). Gays and lesbians pressed for social rights and challenged hegemonic notions of gender. Male homosexuality became redefined, so as to challenge beliefs that homosexuality implied gender inversion and perversion and that gays are invariably 'effeminate' (Pringle 1992: 82, Altman 1972). At a time when many gay men adopted the iconography of heterosexual masculinity or 'macho clone' imagery, MTF transsexuals were seen by gay and lesbian writers as recuperating a stereotyped femininity and reinforcing patriarchal gender norms (see Altman 1972; Raymond 1979). They subsequently suffered discrimination and exclusion from gay and lesbian culture. Further, as King claims, transsexuals and transvestites tended to remain wedded to "a 'condition' view of themselves in this period, seeking only more acceptance and help within the existing order of things (King 1981: 181).

34. In contrast with Freud, Lacan (1977) argues that the body ego emerges in the pre-oedipal period, and its formation implies that all subjects are necessarily and radically split, because the process of identifying with the mother entails the internalisation of otherness. Feminist appropriations of Lacanian psychoanalysis position the ego as essentially narcissistic and unstable (e.g. Grosz 1990), while others regard it as more rational and object-related (e.g. Flax 1990). Freud's ruminations (1923b: 25) suggest to me that it is neither essentially rational nor narcissistic. See also Mitchell's (1974) useful study, in spite of its conflation of Lacan and Freud in certain respects.

35. For Stoller (1975), transsexualism should only be diagnosed in subjects with a lifelong feeling of femininity. Burich and McConaghy (1977b) show that clinical features differentiating transsexuals from transvestites vary in the sexological literature. Unlike Stoller, they state that fetishistic features should not exclude a diagnosis of transsexualism. They argue that Stoller's definition of transsexualism is 'the most rigorously exclusive' and that the most generally accepted features in the literature are a sustained cross gender identity and a person's wish that his/her body be of 'the opposite sex' (Burich and McConaghy 1977b: 225, 233).

36. Tyler (1989) argues that transvestites are perverts who confuse the subject with the object of desire. Her Lacanian inspired critique deploys an exclusionary logic of man/woman and heterosexual/homosexual binarisms that forecloses on the possibility of bisexuality (see Butler 1990a: 35-72).

37. Green shows that most 'sissy boys' and tomboy girls' are most likely to become homosexual (1987). He regards clinical management of children diagnosed with childhood gender identity disorder (DSM-IV 1994: 247) as a tool for directing them toward heterosexuality and away from homosexual object choice or transsexuality.
38. My fieldwork suggests that the assessment process contains certain norms. The major psychiatric considerations in assessment procedures for GRS in Sydney, seem to be tranys' performance of a stable preferred gender, their economic and job status, including prospects for continuity of employment following their gender change, and their emotional stability. According to Perkins (1996) local assessment procedures for GRS contain an unacknowledged bias against transsexual prostitutes and drag performers. Bolin (1992) demonstrates that American assessment procedures can be sexist as well as heterosexist.

39. Research on transsexualism and transvestism was carried out at Prince Henry Hospital in Sydney, Australia, in the mid to late 1970's, by psychiatrists Dr Neil Burich and Dr Neil McConaghy. Their samples comprised transvestites from Sydney's Seahorse Club, as well as transsexuals.

40. Their studies closely follow claims in the DSM-(R) III (1987), that fetishistic transvestism could 'develop' into transsexualism and the desire for 'sex conversion' (McConaghy 1993: 150).

41. The differences between transsexual and transvestite generate a lot of controversy, probably due to the fact that assessment for GRS is freighted with possibilities for misdiagnosis. As Burich and McConaghy (1977b: 223-25) argue, Gebhard et al. (1965), Benjamin (1966) and Pauly (1968) support the notion that transsexualism is a separate clinical entity. However, these studies appeared after transsexual was established as a sexological category and prior to the establishment of transsexual as a diagnostic category. Given the contemporary prominence given to transsexualism in medicine and sexology, the demonstrated keenness of 'transvestic' and 'homosexual' transsexuals to achieve GRS and evidence of dissimulation of histories to this end, these studies may not be entirely reliable. Burich and McConaghy's own admission that transsexuals can be fetishistic (1977b: 233), taken together with the DSM-IV's definition of transvestism as, 'recurrent, intense, sexually arousing fantasies, sexual urges, or behaviours involving cross dressing', and as involving 'clinically significant distress or impairment in social, occupational or other important areas of functioning' (1994: 245) - along with evidence that transvestites want GRS in greater numbers than twenty years previously (Docter and Prince 1997), suggests several possibilities. One is that GRS is constitutive of the desire to be a woman and that 'transvestites' as well as 'transsexuals' desire to be women are difficult to separate from the constitutive medical apparatus. Docter and Prince's (1997) finding, in a sample of 1032 that 66% of 'marginal' transvestites and 13% of 'nuclear' transvestites desired GRS immediately, gives it further support and suggests that many transvestites regard reembodiment technologies as a better solution than part-time cross-dressing, or transvestism. While I support the line of thought above, and my study shows that the line between transsexualism and transvestism is neither clear nor precise, the desire to 'be female' is not simply and only, a product of GRS.

42. The inadequacy of the concept of role is clearly demonstrated by Connell (1979,1995: 26).
43. Murray emphasises the diverse range of candidates for GRS that he assesses in clinical practice. He proposes three composite models of his clientele. One, which he calls 'Deborah' embodies the 'true' transsexual story. Post-operative Deborah presents 'a conservative model of femininity', regards homosexuality as 'unnatural' and has a relationship with a man. She doesn't talk much about her life prior to GRS, and 'admits to saying the right things to psychiatrists and surgeons who assessed her' (1997: 158-9). The problems of diagnosis that Murray shows, as discussed previously in this chapter, imply that collaborative treatment innovations which draw from the knowledge within transgender communities (see Lowe 1996; Murray 1997) may be urgently required.

44. While Devor attacks normative sex/gender schemas as constitutive of transsexualism, her empirical approach to bodies is built on the sex/gender distinction. While she argues that genders are only loosely linked to sexes, her claims divide transgenders in accordance with a diagnostic framework, which, as Murray (1997) argues, is harmful and redundant. For instance, she argues that the state of mind that underlies the desire to undergo sex reassignment is 'extreme sex dysphoria' (1997: xxiv) and that the subjects of this condition are different from transgendered persons. I show that for MTFs, the process of identity construction is too dynamic to draw a firm line. While the latter have 'bodies of one sex' and 'think of themselves either partially or fully as members of the atypical gender', Devor claims that 'they do not experience profound sex dysphoria' (1997: xxiv). Taking sex as a given, she reinvokes the wrong body story. Her 'realist' notion of sex leads her to claim that FTM subjects become hermaphrodites (1997: 607) who remain 'genetic females', a notion that Hird's study (2000) implicitly contests.
Chapter IV

1. D'Emilio's account of American gay and lesbian history shows that social conditions during World War Two opened opportunities for homosexual relations, and following it, assisted a rapid evolution of gay culture (1983: 23-39). Psychiatric screening of recruits 'catapulted the...profession into the lives of millions of Americans' leading people to regard sexual behaviour as 'healthy or sick', and homosexuality became regarded as a 'socially threatening disease' (D'Emilio 1983: 17). Whether psychiatric screening also occurred in Australia is uncertain, but awareness of homosexuality was also heightened here, in the Cold War period.

2. Not all the data gathered during my study (1997a) was able to be analysed to my satisfaction or tabulated, due to time and resource constraints, and the requirements of the project's sponsors.

3. The other sixty percent of transgenders transitioned after their thirties. Research into patterns of sexual behaviour/preference and their possible relation to the age at which transgenders make their transitions would be of interest. Data in Perkins et al. (1983) and some sexological data (see Burich and McConaghy 1977a,b, 1985) suggests that MTF transgenders who are attracted to men may be more likely to transition earlier than others.

4. My study gave priority to the needs of transgenders, in light of findings that 'the two processes of changing gender and discrimination are inextricably linked' (Perkins et al. 1994: 62). Male or female transvestites, as those who do not live permanently in another gender category, are less likely to experience the treatment described by Perkins et al. (1994). However, they may encounter stigmatisation, violence and discrimination for their part-time cross-dressing, in or out of drag.

5. Combined findings from two Australian studies (Perkins et al. 1994: 54; Bliss and Porter 1998: 45), show that only a quarter or 47 out of 178 subjects identified as heterosexual before their transitions and only 28% in Perkins' sample had been married. Although this does not indicate a general shift in transgenders' identifications from homosexual to heterosexual after their gender change, Perkins et al. (1994: 30) show that this happens in around 10% of cases. This finding might is not linked with data about those who undertook GRS in Perkins et al. (1994) so that there is no known correlation.

6. Well prior to the findings of Perkins et al (1994: 55-60), a study by psychiatrists at Johns Hopkins Hospital, stopped its GRS program in 1979, following ten years of practice. Meyer and Reiter's study (1979) found that claims about the rehabilitative effect of GRS were doubtful and that improvement among non-operated tranys using psychotherapy was statistically more significant. After the hospital closed down
its GRS program the study was attacked on account of its methodology (Irvine 1990: 264-5; Bolin 1987: 46). Bolin (1987) writing at this time, claims that battle lines were drawn in favour of the efficacy of GRS, and the evidence from follow up studies showed GRS to be more effective than psychotherapy. The number of tranys undergoing psychotherapy without intentions to proceed to GRS is unclear (Bolin 1987: 46-7). However, Prosser argues that 'the closure of most of the gender clinics in the USA in the 1980s (in large part an effect of professional research that questioned the narrative of sex change) has already loosened transsexuality's medical strictures' (1998b).

7. The CSAHS decided to 'reorient' existing sexual health, drug and alcohol and HIV services so as to serve the needs of transgenders. The adequacy of this is doubtful. The major recommendation, that relevant health services need to be staffed by trained transgenders was apparently implemented. I also recommended transgender specific protocols which have, I am informed, been implemented (1997a64-My study also included a best practice model, designed to produce 'health gain' (1997a: 55-7). It was based on a model of 'radical social work' practice (see D.Fook 1993). As Project Officer for CSAHS I felt that intervention in discursive regimes of the body might make transgenders intelligible to others. I recommended that a project is undertaken by ACON to educate the public about transgender issues, but the proposal was also omitted from the report's recommendations, for reasons unknown.

8. A recent American study of 28 MTF transsexuals (Rehman et al. 1999) showed that while GRS provided good physical and functional results, the patients were disappointed. It indicates that GRS is overestimated as a panacea by transsexuals. Their disappointment is reportedly due to the fact that surgery did not solve all their problems, and most particularly, due to post-operative difficulty 'in adjusting satisfactorily as women, 'living their lives generally as women' and in their intimate relationships with men (1999: 71). The authors also found that 'sexual adjustment closely tracks outcomes of genital surgery' although some patients were still dissatisfied with the shape of their bodies post-GRS (1999: 82). In sum, the patients' difficulty in intimate relations with men tended to discourage them and lead them to withdraw from sexual relations. The study recommended post-operative psychotherapy due to the patient's lack of preparation for 'the female role'. The TLC anticipated these issues. It recommended gender transition classes, as promoting a holistic view of health and addressing issues such as self-esteem, gender discrimination, unemployment, surgery, and alternatives to GRS (see Lowe 1996: 66). Bentler's findings have been discussed earlier.
Chapter V

1. (1971) All ER.


4. [1992] 28 ALD.

5. [1970] 2 All ER at 73.

6. (1991) 13 AAR.

7. (1988) 17 NSWLR.

8. At one point in his judgment Justice Lockhart argues that the terms woman and female include post-operative male to female transsexuals (Mountbatten 1994: 174). In handing down his decision in SRA’s appeal to DSS, as discussed later in this chapter, Lockhart J argued that post-operative male to female transsexuals should be regarded as women while pre-operatives should not (Lockhart J at 494-5, cited in Mountbatten (1994: 174).


10. Corbett’s criteria were cited and discussed later by Matthews J, in a later case, (1988) 17 NSWLR. As Matthews noted, ‘gonadal factors’ implied ‘the presence of ovaries or testes’ and genital factors included ‘internal sex organs’. She added that ‘some witnesses would have added hormonal factors or secondary sexual characteristics (such as distribution of hair, breast development, physique etc, which are thought to reflect the balance between male and female sex hormones in the body. She argues that Corbett took ‘a biological approach’ to the question of Ashley’s sex, failing to acknowledge her surgery (1988) 17 NSWLR at 174.


12. ibid.


16. (1988) 17 NSWLR at 169. Here Carruthers argues that:

   Professor Steinbeck was asked...'Do you take the same view as the judge in the Corbett case, that it is just impossible for a male to become a female in the human species?' He answered, 'A male cannot become a female, it is impossible'. Also referring to the appellants in this case the Professor said, 'They cannot change their sex, they can only change their identification' It seems to me...that the judgment in Corbett was absolutely sound'.

17. (1988) 17 NSWLR at 192. Matthews responds here, in an anti-essentialist argument, to a key argument founding Ormrod's decision in Corbett (at 106), arguing that she could not see 'that the presence or absence of internal female sex organs as decisive of the issue'. She asks:

   Is a woman who has had a hysterectomy to be deprived of her status as a female? Obviously not. Yet it is difficult to perceive any difference between her position, vis a vis her internal organs, and that of a post-operative male to female transsexual.


19. (1988) 17 NSWLR 159-162. Here, Street CJ argued, as did Matthews later, J, that the decision in Corbett was irrelevant to the case of Vicki Harris.


23. ibid.

24. ibid.
25. (1991) 13 ALR.


27. See Finlay (1995: 19-26). South Australia's Equal Opportunity Act, which covers discrimination on the grounds of sexuality, defines a transsexual as 'a person of the one sex who assumes the characteristics of the other sex'. However, it is not unlawful under the Act for a person to discriminate in employment situations, on the basis of a person's appearance and manner of dress provided that it is 'reasonable in the circumstances' (cited in Transgenders and Discrimination: A Discussion Paper, Sex Discrimination Commissioner, Human Rights and Equal Opportunity Commission 1996: 56).

28. ibid. Finlay argues that the Australian federation contains 'two networks of laws', so that for a transsexual to be recognised in one state and not another is 'a jurisprudential and administrative nightmare' (1995: 27).

29. 28 ALD 361 at 366-67.

30. 28 ALD at 244.


32. (1991) 13 AAR.
Chapter VI

1. In section 32A, the Bill defines a ‘recognised transgender person’ as a person who has undergone ‘a procedure involving the alteration of a person’s reproductive organs’.
Bibliography


Radical Deviance, 2, 4, May, 134-43.


Davies, M. 1997, Taking the Inside Out: Sex and Gender in the Legal subject, in N. Naffine and J. Owens (eds) Sexing the Subject of Law. Sydney: Sweet and
Maxwell, 25-46.
  Governing Australia: Studies in the Rationality of Government. Cambridge:
  Cambridge University Press.
  Bloomington: University of Indiana Press, 1-19
  Bloomington: University of Indiana Press.
  London: Athlone.
  Chicago Press.
  31, 1, September/October, 12-40.
  University Press.
  Characteristics of Applicants Evaluated for Surgical Gender Reassignment, Archives
  of Sexual Behaviour, 13, 3, 269-276.
  Archives of Sexual Behaviour, 26, 6, 589-605.


Sexual Aberrations: The Phenomenon of Fetishism in Relation to Sex. Trans. S. 
Gutheil, E. A. (1954) The Psychologic Background of Transsexualism and 
University Press.
Hackett, I. (2000), Written on the Body? The Sex/Gender Distinction and the Body of the 
Transsexual, Bridging, Transgressing, Imagining: Conference Proceedings. 
September 10. Sydney: Macquarie University.
Press.
Haertsch, P. (1997) Ten Years of Experience in Gender Reassignment Surgery: A 
Preliminary Report, Venereology, 10, 3, 166-73.
University Press.
Hamburger, C. Sturup, G.K. and Dahl-Iversen, E. (1953) Transvestism: Hormonal, 
Heilbrun, C. (1987) Androgyny and the Psychology of Sex Differences, in 
H. Eisenstein and A. Jardine (eds) The Future of Difference. New Brunswick and 
Hekma, G. (1996) A Female Soul in a Male Body: Sexual Inversion as Gender 
Inversion in Nineteenth Century Sexology, in G. Herdt (ed) Third Sex Third 
Gender: Beyond Sexual Dimorphism in Culture and History. New York: Zone, 
213-30.
Hennesy, R. (1993) Queer Theory: A Review of the differences Special Issue and 
Wittig’s The Straught Mind, Signs 18, 4, Summer, 964-73.


the National HIV/AIDS Health Conference, Landmark, Hotel, Kings Cross, Sydney, 1 November.


Bantam.
Kendall, G and Wickham, G. (1999) 'My head is spinning; doesn't history have to be more orderly than this ?', in G. Kendall and G. Wickham (eds) *Using Foucault's Methods*. California: Sage.
Baltimore: Johns University Press, 91-114.
10, 3, 158-65.
NSW Legislative Assembly, Parliamentary Debates (Hansard), (1996) 22 May, 1344-1361.
NSW Legislative Council, Parliamentary Debates (Hansard), (1996) 19 June, 3160-61.


*Polare* 14, 1996, The Gender Centre. P.O. Box 266, 2049, Petersham, NSW.
Polare 15 1996, Gender Centre P.O. Box 266, 2049, Petersham, NSW.
Polare 16 1996, Gender Centre P.O. Box 266, 2049, Petersham, NSW.
Polare 17 1996, Gender Centre P.O. Box 266, 2049, Petersham, NSW.
Polare 18 1996, Gender Centre P.O. Box 266, 2049, Petersham, NSW.
Polare 24 1998, Gender Centre P.O. Box 266, 2049, Petersham, NSW.
Prince, V. 1971, How to be a woman though male. Los Angeles: Chevalier.


Psychiatrica Scand, 63, 75-82.


TLC. Sydney.


Appendixes
Appendix I

Transgender Health Issues Questionnaire

(From The Transgender Project, Hooley 1997a)
Dear participant,

This questionnaire comes in two parts. You are invited to complete both. The second part asks questions about intimate or sensitive issues. You may choose whether or not you want to answer any question.

Part I: Accessibility and Appropriateness of Health Services (forty questions)

Part Two: Sexuality, Sexual Practices and Transgender Issues (twenty questions)
Transgender Health Issues Questionnaire

Answer questions by ticking the boxes. You may tick more than one box where applicable and add comments in the spaces where the question indicates.

1. What is your age
   - 16-20
   - 21-25
   - 26-30
   - 31-35
   - 36-40
   - 41-45
   - 46-50
   - 51-60
   - 61 and over

2. What gender were you given at birth?
   - Male
   - Female
   - Other__________________

3. What is your current gender?
   - Male
   - Female
   - Other__________________

4. With whom do you live?
   - partner
   - mixed household
   - parents
   - alone
   - tranys
   - gay friends
   - lesbian friends
   - heterosexual female friends
   - heterosexual male friends
5. What is your postcode?

5b. For how long have you lived in that area?

- Less than three months
- 3-6 months
- 7-12 months
- 1-2 years
- 2-5 years
- more than five years

6. What is the highest level of education that you have completed?

- Primary school
- Year 10
- HSC
- TAFE
- University

7. What is your current occupation or source of income?

8. In what country were you born?

9. Do you identify strongly with any ethnic group?

- Yes
- No

If so please name this ethnic group

Access and Safety Issues

10. Do you feel unsafe in public because you fear assault or harassment?

- Very often
11a. Have you ever been physically assaulted?

Yes ☐
No ☐

11b. If so, where did this occur?

In public ☐
In private ☐
While doing sex work ☐
Other ☐

11c. How many times has this occurred?

__________________________

11d. How do you feel about it now?

__________________________

12a. Did you seek help for physical and/or emotional harm after the assault(s)?

Yes ☐
No ☐

12b. If so, where did you go for treatment or help?

__________________________

13. If you did not seek help was it for any of the following reasons?

a) I thought the staff would not treat me with sensitivity and respect ☐
b) I felt that I did not need help ☐
c) I felt that the services would be impersonal □
d) I felt that my treatment would be inappropriate □
e) I had all the help I needed from family and/or friends □
f) I felt that the services would not understand trany issues □
g) Other ____________________ □

Comments
________________________
________________________

14. If you sought help from a hospital or doctor after the assault, please indicate your agreement with the following statements

a) I was treated with respect and sensitivity
   I strongly agree □
   I disagree □
   I strongly disagree □
   I'm not sure □

b) The service was helpful and responded appropriately to my needs
   I strongly agree □
   I disagree □
   I strongly disagree □
   I'm not sure □

c) the service understood trany issues
   I strongly agree □
   I disagree □
   I strongly disagree □
Have we missed out on anything?  

___________

Comments  

___________

___________

Sexual Assault

15. What services do you know of including those near to your home, which help people recover from sexual assault?  

___________

16. Have you ever experienced sexual assault?  

Yes  

No  

17. If so, about how old were you when this occurred for the first time?  

___________

18. Did you seek counselling or treatment?  

Yes  

No  

If so, where?  

___________

19. If you were raped did you report it to the police?  

Yes  

No  

Did the police provide an adequate and appropriate response?  

Yes  

No  

315
Comments

20. How do you feel about the assault now?

21. Tick your agreement with the comments below to show your perceptions and/or experiences of sexual assault services

a) I knew that services to help people existed
   Yes ☐
   No ☐

b) I was/would be treated with respect and sensitivity
   I strongly agree ☐
   I disagree ☐
   I strongly disagree ☐
   I’m not sure ☐

c) The service did not/would not offer appropriate counselling
   I strongly agree ☐
   I disagree ☐
   I strongly disagree ☐
   I’m not sure ☐

d) the service did not/would not understand tranny issues
   I strongly agree ☐
   I disagree ☐
   I strongly disagree ☐
   I’m not sure ☐
Have we missed out on anything?  

Comments  

Drug and Alcohol Services  

22. What services do you know of, including those near to your home, which treat people with drug and alcohol problems?  

23. Have you ever sought to use drug and alcohol services?  
   Yes  
   No  

If so, did you use this service?  
   Yes  
   No  

If yes, did you complete your detox?  
   Yes  
   No  

24. Tick your agreement with the comments below to show your perceptions and/or experiences of drug and alcohol services  

a) I was/would be treated with respect and sensitivity  
   I strongly agree  
   I disagree  
   I strongly disagree  
   I'm not sure
b) I was/would be asked to use inappropriate bed, shower and toilet facilities
I strongly agree □
I disagree □
I strongly disagree □
I'm not sure □

c) the service did not/would not understand trany issues
I strongly agree □
I disagree □
I strongly disagree □
I'm not sure □

d) I had difficulty finding a place near to my home to get clean needles
Yes □
No □
Not applicable □

Have we missed out on anything?
________________________________________________________

Comments
________________________________________________________

General Health and Sexual Health Services

25a) Do you use a doctor for most of your health needs?
Yes □
No □
25b) If you answered yes, tick any reasons for this below

- Good relationship with doctor
- Doctor's expertise
- Closeness to my home
- To get appropriate counselling
- Other

26. State where you go to get any of the following. Also indicate if you are comfortable using the current service provider. Leave the line blank if you don't use the service.

<table>
<thead>
<tr>
<th>Service</th>
<th>Place I go to get it</th>
<th>Comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) hormones</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>b) counselling to see about changing my sex</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>c) counselling for transgender issues</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>d) counselling after sex reassignment surgery</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>e) general health counselling</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>f) discussion of my emotional issues</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>g) mental health counselling</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>h) women's health services</td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

27. Have you ever experienced any of the following over the past six months

- a) poor appetite □
- b) sleep disturbances □
c) daily depression

d) frequent isolation

e) frequent anxiety

f) panic attacks


g) frequent loneliness

h) frequent emotional upsets

i) constant tiredness

j) smoking marijuana

k) weekly exercise classes

l) playing sport

m) frequent lack of exercise

n) frequent nausea

o) loss of sexual pleasure

p) suicidal feelings

q) frequent stress

r) smoking 10-25 cigarettes a day

s) meditation classes

t) taking heroin or cocaine

u) taking speed

v) taking ecstasy or acid

w) drinking more than four drinks a day

x) drinking two to four drinks a day

y) weekly workouts in a gym

z) frequent social gatherings

Sexual Health
28. What services exist including those near to your home for the treatment of sexually transmitted diseases?

29. If you needed information about the following where would you go?
a) vaginal health
b) penile health

30. Have you ever had a sexually transmitted disease? If not please go to question 33.
   Yes □
   No □

31. If yes please record the name of this disease

32. Where did you go for treatment?

33. Where would you feel most comfortable going to for treatment of sexually transmitted diseases?
   My doctor □
   Sexual health clinic □
   HIV services □
   Women's health centre □
   Other __________________________ □

Please write down the reason for your choice

____________________________________

____________________________________
34. Please tick your agreement with the comments below to show your perceptions and/or experiences of sexual health services

a) I was/would be treated with respect and sensitivity
   - I strongly agree
   - I disagree
   - I strongly disagree
   - I'm not sure

b) I was/would not be given appropriate counselling
   - I strongly agree
   - I disagree
   - I strongly disagree
   - I'm not sure

c) the service did not/would not understand transy issues
   - I strongly agree
   - I disagree
   - I strongly disagree
   - I'm not sure

d) The service did not/would not give me relevant information
   - I strongly agree
   - I disagree
   - I strongly disagree
   - I'm not sure

Have we missed out on anything?
Comments

35. What HIV services do you know of near to your home?

36. Have you used this service?
   Yes ☐
   No ☐

37. Have you used other HIV specific services?
   Yes ☐
   No ☐

38. Tick your agreement with the comments below to show your perceptions and/or experiences of HIV services

a) I was/would be treated with respect and sensitivity
   I strongly agree ☐
   I disagree ☐
   I strongly disagree ☐
   I'm not sure ☐

b) I was/would not be given appropriate counselling
   I strongly agree ☐
   I disagree ☐
   I strongly disagree ☐
   I'm not sure ☐

c) the service did not/would not understand tranny issues
   I strongly agree ☐
   I disagree ☐
I strongly disagree ☐
I'm not sure ☐

d) The service did not/would not give me relevant information

I strongly agree ☐
I disagree ☐
I strongly disagree ☐
I'm not sure ☐

Have we missed out on anything? ________________

Comments ________________

39. How important are the following for improving health services for tranys?

a) Tranys being on the staff of health services

Very important ☐
Important ☐
Not important ☐

b) Staff already at health services who are educated about trany issues

Very important ☐
Important ☐
Not important ☐

c) Public education about trany issues

Very important ☐
Important ☐
Not important ☐
d) legal recognition and Anti Discrimination

Laws

Very important    □
Important         □
Not important     □

e) Clinics and services specifically for tranys

Very important    □
Important         □
Not important     □

Have we missed anything? What else is important?

______________________________________________

______________________________________________

40. How did you get his questionnaire?

______________________________________________

Part II: Sexuality, Sexual Practices and Transgender Issues

Answer questions by ticking boxes or writing in the spaces. You may tick more than one box where appropriate and add comments where the question indicates.

41. How would you describe your sexuality at present?

   a) gay        □
   b) heterosexual □
   c) lesbian    □
   d) bisexual   □
   e) other (describe)

______________________________________________
42. Do you feel comfortable about being...(whatever you answered in question 41)

Yes  □
No  □
Not sure  □

43. Do you have sex with any of the following?

a) heterosexual men  □
b) bisexual men  □
c) gay men  □
d) male to female tranys  □
e) female to male tranys  □
f) heterosexual women  □
g) bisexual men  □
h) lesbians  □

44. Do you have a regular sex partner?

Yes  □
No  □

45. With which of the groups in question 43 does your partner identify?

46. Indicate any items you use in your sexual relations. Show how often you use them by ticking 1, 2 or 3.

a) condoms

1. Always  □
2. Sometimes  □
3. Never  □

b) lubricant

1. Always  □

326
2. Sometimes
3. Never

(c) dental dams

1. Always
2. Sometimes
3. Never

47. What kinds of penetrative sex have you had in the last six months?

1. He put his penis in my anus
2. He put his penis in my vagina
3. I put my penis in her anus
4. I put my penis in his anus
5. He put his penis in my mouth
6. I put my penis in his mouth
7. I put my penis in her mouth
8. I put my penis in her vagina
9. She put her penis in my anus
10. She put her penis in my vagina
11. Other

48. Have you ever done sex work?

a) I've done sex work in the past
b) I've never done sex work
49. How do you think HIV is transmitted?

a) oral sex with a condom
b) oral sex without a condom
c) anal sex without a condom
d) sharing needles
e) vaginal sex with a condom
f) vaginal sex without a condom
g) anal sex with a condom
h) oral sex without a dental dam

50. If you have unprotected sex which of the following best describes your reasons for this?

a) I enjoy sex without condoms
b) the sex I have is unplanned
c) my partner strongly objects to using condoms
d) protected sex takes away intimacy
e) vaginal sex with a condom
f) my clients prefer anal or vaginal sex without condoms
51. If you have been tested for HIV what is your status?
   a) negative
   b) positive

52. Have you had sex reassignment surgery?
   Yes
   No

53. Describe how the outcome of surgery compares with your expectations.

54. Which of these do you feel you are?
   a) a woman
   b) a man
   c) neither
   d) both

55. How long have you lived as...(whatever you answered in question 54)

56. With which of the following groups do you identify?
   a) transsexual
   b) transvestite
   c) trany
   d) none of these
   e) other (describe)
57. Tick any comments below that apply to your ability to discuss your emotional issues

a) I feel safe discussing most issues
b) I feel unsafe discussing my problems with anyone
c) I am open and honest with my friends about my issues
d) I have adequate ongoing emotional support from others
e) I feel unsafe disclosing my feelings or information to friends
f) I discuss my issues with my partner
g) I have health problems or worries that I cannot tell anyone about
h) I don't discuss trans issues with anyone

58. Have you ever used the services of the Gender Centre?

Yes
No

59. If you answered yes, give your reasons for using it

________________________________________

Also indicate how often you use the Gender Centre for specific services

How often
60. Indicate your level of satisfaction with the services of the Gender Centre

a) The staff are sensitive, respectful, caring and supportive

- I strongly agree
- I disagree
- I strongly disagree
- I'm not sure

b) The counselling is of a high quality

- I strongly agree
- I disagree
- I strongly disagree
- I'm not sure

c) The service understands trany issues

- I strongly agree
- I disagree
- I strongly disagree
- I'm not sure

d) The services are appropriate for me

- I strongly agree
- I disagree
I strongly disagree
I'm not sure
Appendix II

**FTM Transsexualism and Female Masculinity**

The summary below is a brief introduction to literature on FTM sexology, as well as perspectives of FTM transsexualism and transgenderism, and female masculinity. It cannot do the material justice, but may help the reader to gain some grasp of key issues neglected in my study. I provide a brief criticism of sexological accounts of FTM transsexualism, to show the similarity of sexological approaches to MTF transsexualism.

The transsexual category has been consistently constituted as normatively male to female, within sexology. Those presenting for treatment have been mostly male in the Anglo-European countries. McConaghy regards as reliable the data of Eklund et al. (1988) which sees the ratio of males to females as compared to females to males remaining constant at about 3 to 1, in the U.K., the U.S.A., and the Netherlands (cited in McConaghy 1993: 161). While a major Australian study, (Perkins et al. 1994) found that only one in nine of their sample of 146 had crossed from female to male, Irwin's study (1999) suggests that the ratio of males to females in Australia is 2 to 1. This undermines my previous understanding that FTM transsexuals are considerably fewer in number, than MTFs.

Lothstein's (1983) sexological study was the first of its kind. Lothstein argues that the interest in female 'cases' of transsexualism as determined by publications in the literature has lagged about a decade behind that for male cases (Lothstein 1983: 21). Lothstein claims that the American gender clinics were set up to service male to females and that the paucity of female to male research studies is a consequence of male centred clinical paradigms and their devaluing of female sexuality (Lothstein 1983: 21-3).

The aetiology of FTM transsexualism, as with that of the MTF phenomenon, has been the major focus in sexological literature. Money and Brennan (1968) argued that there was a defect in the 'typical' maternal interest in childbirth among female to male transsexuals (cited in Lothstein 1983: 29). Pauly (1968) saw the problem as an identification with 'a strong masculine father figure' during childhood and a perception by the subjects that their mothers were 'weak and ineffectual' (1969: 86). Benjamin (1966) saw the 12 female to male transsexuals in his sample of 172 transsexuals as having a hatred for their breasts and genitals, a propensity to fall in love with feminine heterosexually oriented women, a wish
to be a mother and a father, and dislike for lesbians and homosexuality (cited in Lothstein 1983: 27). Volkan (1976) argued that they were products of defective mothering and developmental arrest. For him, they dreaded 'engulfment' by the mother and sought to expunge the 'emotional surrender and vulnerability associated with femininity', as well as having 'a dislike for lesbians, and a wish to be husbands and fathers' (cited in Lothstein 1983: 27-8). In this scenario, the problem is framed around a non-acceptance by the subject of an assumed 'innate' femininity. Here, 'deviance' is ultimately the product of family 'deviance'. This overall tendency by theorists supports Foucault's claim about post 1940s psychoanalysis, as discussed in chapter one (1978: 119).

Lothstein's major sexological study of FTM transsexualism is grounded in object relations theory. She constitutes FTMs as products of 'intergenerational family pathology', derived from gender related family issues (Lothstein 1983: 207). For Lothstein (1983: 217-32) the 'disorder' is produced by developmental arrest that caused vulnerabilities in self representation as a woman and the ego mechanism governing a presumed 'constancy' of gender self representation. Nowhere is the social context, or the gendered power relations that shape a subordinate feminine position and sexuality for women, seen as constituting the politics of the 'deviant' gender representations of female to males. MTF transsexualism remains the privileged category within the discourse.

The discourse is guided by a cultural norm: males must become boys or men and females must become girls and women. Given the association of social power with the male category, as natural, males claiming to be or wanting to be women threaten the discursive formations of modern sex and gender hierarchy. For a male to want to be a woman is to lose status, to lose identity, masculinity and hence social power. The minimal treatment in the literature of female to male transsexuals is not simply explained by Shapiro's claim, that female to male transsexuals could be seen as engaged in the understandable project of upward mobility (Shapiro 1991: 270). For Shapiro MTF transgenders posed a specific threat to social norms because:

We might see the cultural discomfort with male to female transsexualism in Euro-American society as reflecting the fact that those who intentionally move down in the system [of gender hierarchy] are more threatening to its values than those seeking to move up. The latter may constitute a threat to the group concerned with maintaining its privileges, but the former constitutes a threat to the principles on which the hierarchy is based (Shapiro 1991: 270).
This argument elides the complexity of FTM issues, although some Sydney FTM transsexuals maintain that they don't suffer the same social problems as MTF transsexuals, particularly discrimination and violence. As a girlfriend of one FTM stated to me, 'FTMs pass more easily - they take their hormones and off they go'. This is an optimistic assessment and the notion that FTMs pass more easily, requires research (see Devor 1987, in Chapter Two of this study). The murder of American FTM Brandon Teena which garnered recent publicity in America through a Hollywood movie representing her narrative, is evidence of discrimination and violence against FTMs. Further, as Califia argues, American gay and lesbian organisations failed to represent this as 'a violation of transsexuals' human rights' (see Califia 1997: 230, 238-9, regarding Teena's murder and transphobia in these organisations).

Calafia discusses Emergence (1977), the autobiography of FTM transsexual Mario Martino. Califia shows that Martino, unlike Morris and Jorgensen, is critical of the medical profession after experiencing horrendous post-surgical complications. As Califia argues, Martino is also different from them in his social assertiveness, and his fraternal bonding with other FTM transsexuals. As she claims, unlike MTF transsexuals, he was 'never content to be simply regarded as a man. He wants to prove himself in bed as well as on the street' (Calafia 1997: 47). For Califia, Martino's solidarity with other FTMs points to an emerging sense of community, whereas MTFs like Morris tend to disappear into 'normal' life, as a way of reinforcing their sense of femininity (Calafia 1997: 44). Martino is also very critical of MTF transsexuals, arguing that their behaviour is unwomanly and exhibitionistic. This criticism is similar to those made recently by some Sydney FTMS. Martino, reserving a special contempt for MTFs who don't proceed to surgery, ignores problems with its efficaciousness (Calafia 1997: 46). He appears to be invested in a notion of corporeal authenticity. Martino suffered beatings from his father, was also chided by him for being too masculine as a child (Calafia 1997: 38). He finds menstruation and wearing a bra traumatic, feels that he can never live as a woman, is attracted to heterosexual women and that he is not a lesbian. He then enters a 'Gender Identity Program' and eventually undergoes a successful phalloplasty (Calafia 1997: 44).

Devor's study of FTM transsexualism does not consider transsexualism to be, 'a priori, a pathological condition' (1997: 605). Yet, in Devor's detailed, transdisciplinary account of how FTM transsexuals are constituted, childhood trauma resulting from pathological parenting becomes a major factor contributing to dissatisfaction with their sex or gender. The availability of reembodiment technologies leads them to identify as transsexual, and
use these technologies. Devor explores the developmental processes of FTM transsexuals, in a social order organised around a dominant gender schema. This order is grounded in the naturalness of sex and gender, and a 'simplistic' and logic of opposites (1997: 587, 608). Devor argues that 'the sociopolitical realities of society's patriarchal organisation enable transsexualism to thrive' (1997: 588). She links an organised gender hierarchy with her exploration of the family dynamics that affect (pre)transsexuals. She situates these destructive dynamics shaping 'sex dysphoria' in the context of a society that subordinates girls and women and valorizes men. Hence, the difficult social, personal experiences of some females leads them to regard themselves as transsexual (1997: 591). Discerning a causative pattern that links macro and micro levels, she also focuses on FTMs lack of 'appropriate' parental, female 'role models', and their contrasting admiration of the power and authority of their fathers (1997: 591). Her study lends some support to Lothstein's thesis.

Feinberg's perspective (1996, 1998), discussed briefly in Chapter One, represents a break with medical ways of dealing with transgender issues. However, she defends the right of transsexuals to live as men or women (1998: 117-8). Her positionality may be understood in terms of Halberstam's (1997) notion of 'female masculinity'. In a human rights based discourse, she represents 'trans people' as 'social outlaws', and herself as a masculine female, so as to 'explode the belief that gender expression is linked to birth sex like a horse and carriage' (1998: 10,9). Feinberg's Trans Liberation (1998) contains accounts by gay transmen, intersexuals and 'tri-gendered' people.

Halberstam's (1997) study of female masculinity explores the embodiment of female masculinity and its devaluation. She uses a queer methodology to explore how different women - butches, lesbians, transgenders, transsexuals and drag kings perform masculinity.