INFORMATION TO USERS

This reproduction was made from a copy of a document sent to us for microfilming. While the most advanced technology has been used to photograph and reproduce this document, the quality of the reproduction is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help clarify markings or notations which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure complete continuity.

2. When an image on the film is obliterated with a round black mark, it is an indication of either blurred copy because of movement during exposure, duplicate copy, or copyrighted materials that should not have been filmed. For blurred pages, a good image of the page can be found in the adjacent frame. If copyrighted materials were deleted, a target note will appear listing the pages in the adjacent frame.

3. When a map, drawing or chart, etc., is part of the material being photographed, a definite method of "sectioning" the material has been followed. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.

4. For illustrations that cannot be satisfactorily reproduced by xerographic means, photographic prints can be purchased at additional cost and inserted into your xerographic copy. These prints are available upon request from the Dissertations Customer Services Department.

5. Some pages in any document may have indistinct print. In all cases the best available copy has been filmed.

University Microfilms International
300 N. Zeeb Road
Ann Arbor, MI 48106

Bolin, Anne E.

IN SEARCH OF EVE: TRANSSEXUAL RITES OF PASSAGE

University of Colorado at Boulder PH.D. 1983

IN SEARCH OF EVE: TRANSSEXUAL RITES OF PASSAGE

by

Anne E. Bolin

B.A., University of Colorado, 1972

M.A., University of Colorado, 1974

A thesis submitted to the

Faculty of the Graduate School of the

University of Colorado in partial fulfillment

of the requirements for the degree of

Doctor of Philosophy

Department of Anthropology

1983

This thesis for the Doctor of Philosophy degree by

Anne E. Bolin

has been approved for the

Department of

Anthropology

by

Paul A. Shankman

Dorothea V. Kaschube

Duane Quiatt

Date 4/27/83

Bolin, Anne E. (Ph.D., Anthropology)

In Search of Eve: Transsexual Rites of Passage

Thesis directed by Associate Professor Paul A. Shankman

This study concerns 16 male transsexuals in the process of becoming women. The research spanned two years using participant-observation as the primary method, supplemented by life histories, questionnaires, and masculinity-femininity indices. The research involved attendance at weekly meetings of the Berdache Society, a transsexual support group, and immersion in transsexuals' everyday lives.

The transsexuals' metamorphosis was a patterned development that had the characteristics of a rite of passage. Their rite of passage was dramatized by important stages and events that punctuated their progress towards the sex change surgery. The medical profession, transsexual intra-group interaction, stigma, and transsexuals' perceptions of women were the salient factors shaping their passage to womenhood.

Transsexuals were followed as they separated themselves from their former male lives after finding the label transsexual, as they began a therapeutic relationship with their medical overseers, including female hormone therapy, as they prepared for and actually adopted the female role, and as they were finally incorporated into society as women after the surgical conversion. The approach

taken here did not assume that transsexuals began their rite of passage with fully crystallized feminine identities, but rather regarded these identities as gradually emerging in conjunction with changes in social identity and physical appearance.

Several findings of this study refute commonly held notions about transsexuals. Transsexuals were not shown to have family histories with dominant mothers and absent fathers, exclusive homosexual orientation, effeminate childhoods, nor did they view their penises as organs of hate and disgust. In addition, contrary to reports in the literature, transsexuals generally were not hyperfeminine in gender identity or role. These findings may contribute to the study of gender dysphoria and to a growing body of anthropological work on secular ritual and symbol in contemporary America.

ACKNOWLEDGMENTS

I am deeply indebted to the transsexuals and transvestites who so graciously invited me into their lives. In giving me their rite of passage they embellished mine, not just in the academic arena but experientially. The words "thank you" do not adequately express my gratitude towards these sensitive and articulate people who came to be my friends.

Thanks are due to several anthropologists at the University of Colorado at Boulder. Special thanks must be given to Paul Shankman, chair of my committee, who provided immeasurable assistance in reaching the final version of this manuscript. His careful and meticulous editions, guidance, and perceptive comments were invaluable and thoroughly appreciated. Dorothea Kashube also furnished a number of original suggestions for improving the manuscript in addition to being a source of inspiration. My gratitude extends to A. J. Kelso for getting me started in anthropology and for providing a great deal of intellectual stimulation in the interim as well as a lot of sound advice.

I am obliged to the anthropology faculty at the University of Colorado at Denver for the intellectually stimulating environment in which to work as well as for employment, the latter as critical in writing a dissertation as the former. Duane Quiatt was especially helpful and reinforcing. I am grateful to him for

his careful reading of the manuscript, his editorial suggestions, constructive recommendations, and just being there. Lorna Moore was also a valuable asset on my committee contributing encouragement, expertise, and insight.

Toby Cohen did much more than type this manuscript. She included a lot of heart, humor, and great dissertation war stories in her expert typing. And finally thanks must be given to my family for their total endorsement. My mother deserves special recognition for she truly helped make this dissertation a reality. Dennis DeSart, colleague in the department of anthropology at UCD and my spouse, gave me some very special things during the course of this research, most importantly his thoughts and his love.

CONTENTS

CHAPTER

CHAPTER

TABLES

Table

FIGURES

Figure

CHAPTER I

INTRODUCTION

The knock on the door had to be Sasha, picking me up for a visit to the hospital where a mutual friend, Allyssa, had just undergone surgery. Sasha, who is in her late forties but looks ten years younger, was casually dressed in blue jeans, a blouse, and heels. Her brown hair was permed in a shoulder length, Jane Fonda hairdo. This, together with her petite 5'4" frame, contributed to an aura of youthfulness, as did her seemingly boundless energy. Our mutual friend was ostensibly in the hospital to have a hysterectomy, as she had informed her employers.

As we drove, we covered a number of topics, from feminism to a man Sasha recently met. She told me of the wonderful time she had with a man with whom she had spent the night. She found the sexual adventure complete in all respects but one; she could not have intercourse, as she told him, because of her "female problems." Allyssa was, in fact, in the hospital because of these same "female problems," although the surgery will effect a permanent "cure."

We were terribly excited as we entered Allyssa's room. Allyssa was happy to see us although her enthusiasm was somewhat dampened by the ravages of major surgery. She lifted the covers and showed us the temporary metal wire below her naval which held in place the upper end of her new vagina. Allyssa was recuperating from a

sex change operation. Her "female problems," like Sasha's, and many others are most unique. These people are women who have male genitals. Allyssa and Sasha have been living in the female gender for some time now. Their bodies have been feminized as a result of female hormones and they pass undetected in society as "natural" women. They fall asleep as women, wake up as women, and are women in all respects but one. Their only chance for normalcy lies in the transsexual surgery in which they become genital women, ridding themselves of the penis, a symbol of their male history and a deterrent to their complete incorporation into the private and intimate sectors of human life where bodies are important.

In fact, the surgical technique is so sophisticated that the "neo-vagina" is virtually unrecognizable as a creation of artistry rather than of nature. Labial folds, a clitoris, and vaginal depth equivalent to the natural vagina culminate the transsexual's somatic metamorphosis. At this point, not only does the transsexual appear as a woman, but her "neo-vagina" functions as a woman's. Because the vaginal cavity, the labia, and the clitoris are constructed using the sensitive tissue from her male genitalia (the vaginal cavity is lined with this tissue), she is capable of sexual pleasure and, in many cases, orgasm.[1]

Allyssa and Sasha are two of a number of male-to-female (genetic males desiring to become females) transsexuals who are part of a larger transsexual network, the Berdache Society, a local support group for transsexuals and transvestites.[2] These

people are part of a much broader population of transsexuals in the United States. Estimates of that population range from 3,000 to 6,000 in this country and may be ". . . ten times that number world wide" (Pauly 1981: 45). This number is, however, a conservative estimate and many transsexuals are not included in these figures for several reasons. Unless the person's atypical gender identity is developed to the point that surgery is requested, they will not be incorporated in the transsexual statistics which include those who have either had the surgery or who have been designated by a medical or mental health professional as transsexuals (Pauly 1969: 57).[3] Therefore, those in the process of becoming transsexuals are excluded. Although much of the information about transsexuals is collected by gender clinics that provide programs for psychological evaluation, therapy, hormonal management and even surgery, many transsexuals who are under the care of medical and mental health professionals in private practice are lost forever to scientific scrutiny, unless the caretaker is undertaking his or her own investigation.

Studies of the prevalence of transsexualism reveal a significant discrepancy in the male and female ratios of those requesting surgery. Males apparently request the surgery to a far greater extent than women, although, ". . . transsexual proponents have claimed that the incidence of female-to-constructed-male transsexualism is rising . . ." (Raymond 1979: xxi).[4] To date the literature reflects the male-female discrepancy in the sex ratio

in this population and consequently a much greater body of information is available on male-to-female transsexuals.[5] This literature, primarily in the medical and mental health fields, although a few sociologists have made contributions, indicates a steady rise in requests for surgery. Improvements in the surgical techniques and increased opportunity for surgery through the establishment of gender clinics may account for this increase. The actual ease with which surgery can be obtained has nevertheless declined in response to increased rigor in the evaluation of those requesting surgery.

Medical and mental health interest in transsexualism is organized through the Harry Benjamin International Gender Dysphoria Association. Its membership consists of professionals of all kinds who are associated with gender dysphoric clients, i.e., transsexuals, ". . . any and all persons requesting hormonal and sex reassignment" (Berger et al. 1980: 3). Until recently, though, the medical and mental health sectors were not concerned with transsexualism. It first came to the attention of the scientific community in 1953 through the work of Hamburger, Stürup, and Dahl-Iversen who were responsible for making public the surgical conversion of George Jorgensen into the now famous Christine Jorgensen (Benjamin 1966: 14; 1969: 3). In that same year, Harry Benjamin published the first article on transsexualism and, at symposium during the meetings of the Association for the Advancement of Psychotherapy, first coined the term transsexual.[6]

During this early period of transsexual research, perhaps due to the notoriety of Christine Jorgensen, the psychoanalytic community resisted the idea of surgery as a solution to the problem of gender dysphoria (Benjamin 1969: 5). In the ensuing years, little research was done since ". . . in the minds of many in the medical profession, the subject was barely on the fringe of medical science and therefore taboo" (Benjamin 1969: 5).

In 1966, Benjamin published The Transsexual Phenomenon, ushering in a new stage in research and gaining acclaim as the father of the field. This work was followed by numerous others including Green and Money's edited collection of articles entitled Transsexualism and Sex Reassignment (1969), Stoller's Sex and Gender (1968), and Walinder's Transsexualism: A Study of Forty-Three Cases (1967). Prior to 1965, Pauly could only find 100 references on the subject of transsexualism, but in a MEDLARS search of the 1967-1978 literature he retrieved 412 articles on transsexualism. Pauly estimates that currently there are about 50 publications on transsexualism a year (1981: 45).

In the brief history of the field of gender dysphoria, the literature has been dominated by medical and psychological interests that have yielded valuable insight into questions of therapeutic, hormonal and surgical management of transsexuals as well as research on post-surgical adjustment and the ever-present questions of etiology. In addition, a large body of literature that can be classified as clinical has emerged (e.g., medical, psychiatric and

psychological), contributing greatly to the understanding of transsexualism from those perspectives.

Of late, however, researchers have been trying to fathom transsexualism beyond the individual and family milieu perspective of the clinical approach and are considering the individual within a broader context, specifically within the context of society and culture. These researchers are coping with such broad questions as the meaning of the transsexuals' transformation, the qualitative aspects of their experience, and what their experience reveals about American cultural norms. Kando (1973), Feinbloom (1976), Kessler and McKenna (1978), and Raymond (1979) are among the researchers who place the transsexual within the context of her culture, although the specific questions are as diverse as the researchers'. This new sociocultural literature augments medical and clinical knowledge of transsexualism, focusing on a complementary set of concerns.

The Research Strategy: Methods and Perspective

The research question I will be addressing is: How are genetic men transformed into psychic, social, and somatic women in a culture that regards gender as genetic and hence non-negotiable? The present work follows the sociocultural approach to transsexualism, although it stems less from the influence of the authors cited above than from experience in and a research methodology derived from the discipline of anthropology. I had originally planned a study that

spanned two fields, the clinical and the anthropological. My research question was clinical in scope; I was interested in the etiology of transsexualism. The methodology was interdisciplinary in that the case study method, used by clinical researchers as well as by anthropologists was incorporated (see Langness 1965). In addition, participant-observation, the traditional method of the anthropologist was also to be employed because it facilitates getting to know people intimately. I felt participant-observation would give me access to life-history information that transsexuals might be reluctant to give to medical/mental-health caretakers because of their professional relationship to this population.

My interest in understanding the etiology of transsexualism was formulated prior to my ever having met a real, live male-to-female transsexual. It is now two years since I initiated research and my interests have changed as a result of fieldwork, although my research methods have not. As the research progressed, my original premise, that an anthropologist might elicit different information from transsexuals than a medical-mental health professional as a result of a different role relationship, proved correct. I saw, too, that instead of studying the phenomenon from the clinical and, hence, medico-psychological (or etic, scientific outsiders') perspective as a basis of understanding transsexualism, that I could include medical and mental health professionals as part of transsexuals' interaction field.[7] Gender dysphoria professionals were an important group in the ethnography of transsexuals written from an emic perspective (e.g., how transsexuals perceive their

relationship to medical and mental health professionals). After the information was gathered, I needed to make some sense of the data again from an etic persepctive, as an anthropologist stepping back and reassessing the relationship of transsexuals and their professional overseers.

It was immersion in the field experience that led to the final approach taken in the present work. The transsexuals' gracious acceptance of me into their support group and their lives allowed me total involvement in their day-to-day experiences, their relationships with each other, the medical and mental health sectors, and society at large.

As I became involved in transsexuals' lives, etiology became only a minor issue, revealing the relationship of transsexuals to their medical-mental health caretakers. The ethnography began to take form as it became evident that the transsexuals I knew organized their lives around one factor, pursuing womanhood and surgery. The central question then became "how do transsexuals, in spite of male genotype, phenotype and history, become women?" From my research it became clear that they pursued a common and conventionalized strategy.

Although subscribing to guidelines set by medical policy that outline the formal steps transsexuals must take before surgery, transsexuals through interaction with one another give content and semanticity to their journey into the female gender. The medical model for becoming a woman is enhanced by transsexuals' own conceptions of the "good, right and proper way" to broach womanhood. Out

of their affiliation with the Berdache Society, norms, rules, myths and sanctions developed. Medical policy provided transsexuals with a prescribed schedule of events for their passage into womanhood, but transsexuals themselves have added much content, taking medical prescriptions and elaborating and refining them. The pursuit of womanhood was conventionalized and regularized even further by the meaning transsexuals imputed to their experience. Progress toward adopting the female role was imbued with gender denotation expressed ritually and symbolically. Transsexuals were participating in a metaphorical, as well as a literal, transition to womanhood, in which their male gender was given a death blow symbolically and actually as they donned the female role, and were reborn phoenix-like into a new gender through passing, female hormones, and the surgery. The metaphorical became real in the transsexual's self-awareness when she felt herself to be a "real" woman upon whom nature has played a cruel joke. Described in these terms, the metamorphosis had all the characteristics of a rite of passage in which identities and statuses were transformed within ritual parameters. The manner in which transsexuals became women was "prescribed, rigid and has a sense of rightness" about it (see Bossard and Boll 1950: 14).

The rites of passage model was originally coined by Van Gennep in 1909 (English translation 1960) to explain how people cope with change in their lives. This model was later refined by Chapple and Coon (1942). It was hypothesized by Van Gennep that all people experience life crises, situations in which the individual confronts

the vicissitudes of biology and culture as a consequence of merely existing. The cultural solution to changes in status or situation was viewed by Van Gennep as a rite of passage in which transitions between statuses or positions were ceremonialized and ritualized. Ritualization and formalization of rites of passage was seen as a cultural mechanism for easing people into new positions, dissipating the stress and anxiety arising from such changes (Van Gennep 1960: 5).

In the original and subsequent schemes, the rites of passage were divided into three phases: separation, transition, and incorporation or preliminal, liminal, and postliminal rites (1960: 1,3). Although Chapple and Coon and a few other anthropologists such as Turner (1974, 1962) have expanded and refined this model, not many anthropologists have employed it in complex societies because of the bias that rituals always involved the supernatural and only "primitive" people have a world view that incorporates the supernatural to such a great extent. The handful of anthropologists and others who have taken this scheme and applied it to complex contemporary societies, have claimed that secularized societies also have rites of passage (Burnett 1975; Bossard and Boll 1950). These authors note that even in secularized societies change is problematic and solutions may be culturally expressed in secularized rituals.

It seemed that transsexuals were people participating in an unusual rite of passage, specifically a rite of transition, as a bona fide category in and of itself with its own phases of separation, transition and incorporation. I considered it a

rite of transition because their progress to womanhood centered around the phase of transition in which they left the male role and were in the process of acquiring a female role. The phase of separation for transsexuals was not necessarily discrete or prior to transition but was a series of events in which transsexuals symbolically and actually were removed from their previous world as males. The transition phase was a period in which transsexuals were instructed in and learned their new role as women and prepared to enter society as legitimate claimants to their new status. Incorporation was characterized by the surgical conversion where the neo-vagina was created from male genitalia. They would then be more completely integrated into society as women, fulfilling the cultural requirement that women are people with vaginas and having access to the most intimate sectors of women's life.

The medical and mental health communities referred to transsexuals who were actively pursuing surgery as being "in transition." Transsexuals adopted this term also in conjunction with medical-mental health usage. Transition was designed as a specific life phase in the transsexual's career following the recognition of the self as a transsexual. Transsexuals were in transition when they established a therapeutic relationship, began taking female hormones, and began passing as women in anticipation of living and working as females prior to surgery.

In addition to the rites of passage model, the theory of symbolic interaction, particularly as it is represented in the numerous works of Erving Goffman, was used. A convenient theoretical overlap exists between symbolic interaction and the rites of passage model. For example, Goffman has assumed that ritual and symbol are intrinsic aspects of the conventionalization of modes of human interaction and communication found in contemporary everyday society (1979: 4). In essence Goffman has described the same phenomena and has similar interests to Van Gennep and Chapple and Coon. All were writing about the "rituals of social relations" (Burnett 1975: 43-44). They shared a concern for the meaning that is associated with ritual experiences, although Goffman focused on individuals, and Van Gennep and Chapple and Coon on culture. Goffman was particularly valuable in understanding the transsexual's right of passage not only as a transition of gender, but as a journey out of stigma (1963).

Incorporating both approaches, the transsexual is viewed here as participating in a rite of transition with all the facets of a ritualistic and symbolic transformation of status. Structure, content and meaning arise from transsexual interaction patterns and relations with medical and mental health caretakers. Their transition is a process of becoming a female, hormonally and socially. Not only does a social identity (the individual's role, performance and others' perceptions of that performance) transformation occur, but a personal identity (the individual's self-concept) metamorphosis also occurs as a mechanism of the feedback

of the individual and society as she incrementally becomes a female (see Kaufman 1981: 53; Goffman 1963: 2, 51; Money and Ehrhardt 1972: 284).

Transsexuals are involved in a unique transition in which an ascribed or inherited status is disavowed and a new status is coveted. They violate the most basic tenets of society, that gender is invariant and cannot be achieved or acquired (after Linton, see Andreski 1972: 168-69). Their transformation is a multifaceted one in which the unachievable is achieved. By participating in this gender violation, these renegades of the male role paradoxically support the societal tenet that there are only two genders and one cannot be in between. Their passage is one into normalcy, where after the surgery they can disappear into their culture as natural women. The rite of transition is therefore a temporary sojourn of transformation, when once passed and endured, they can assume the status of those born female.

Definitions[8]

A major part of understanding transsexuals as males who feel like females and who dress like women is understanding what they are not. They are not transvestites. The Berdache Society included a population of heterosexual transvestites and these people contributed much valuable information by serving as a vehicle of comparison and contrast with transsexuals. Moreover, transsexuals and transvestites are often confused with another

group of people: homosexual cross-dressers ("drag queens" in the gay argot). Because transsexuals, heterosexual transvestites, and drag queens all share the behavior of cross-dressing (wearing the clothes of females), there is a superficial similarity amongst an otherwise diverse group of people. Nevertheless, clarification is necessary to avoid any misconceptions in terminology.

Drag Queens:[9] Drag queen, or the less pejorative female impersonator, refers to a cross-dressing role institutionalized in the gay community. Drag queens are a subgroup within the broader gay population, who are at once part of the gay community, yet separate. The boundaries between drag queens and the gay community-at-large are rather fluid as individuals may drift in and out of this subgroup. Drag queens are, however, a distinct group with specific lifestyle attributes. They usually work professionally in their capacity as female impersonators, presenting themselves on-stage typically in the image of glamorous movie and recording stars. They are part of a broader group of effeminate men in the gay community known among gays as "queens" or "nellie" men. The most extreme form of being a queen is to be a drag queen. The gay community is somewhat schizophrenic in their attitude to these men who impersonate women. On one hand there is subcultural support for impersonation as an ability that requires expertise, falling within the larger idiom of "camp" in the gay community. Camp is "analogous to soul in the black subculture" (Newton 1972: 105). ". . . [T]he essence of camp is

in its love of the unnatural: of artifice and exaggeration . . . [I]t converts the serious into the frivolous" (Sontag 1970: 277-78). Dressing as a female is part of a general mode of camp expression. On the other hand, female impersonators are subjected to a great deal of discrimination by the gay community. They embody the stereotype of the homosexual as an effeminate man who dresses in women's clothes. The gay community has the same attitude to drag queens that "normals" take toward homosexuals, ". . . stratif[ying] . . . [their] . . . 'own' according to the degree to which their stigma is apparent and obtrusive" (Goffman 1963: 107).

Although queens share cross-dressing with transsexuals, they are above all else gay men. Drag queens do not conceive of themselves as females (Newton 1972: 57). Drag queens only impersonate women, and do not have a gender identity conflict as do transsexuals (Newton 1972: 51). Unlike transsexuals, drag queens are part of a subculture organized around an unconventional choice of sex object. The transsexual research population, in contrast, has formed an association only temporarily held together by the individual's cross-dressing and quest for surgery. Transsexuals will eventually cease affiliation with their transsexual sisters and leave the Berdache Society.

Transvestites: Approximately 25 transvestites were actively associated with the Berdache Society at the time of the research. Their participation in the Berdache Society was moderated by the desire to cross-dress that varies in intensity during the

individual's life. The Berdache Society, with its weekly meetings, provided an opportunity to cross-dress in a familiar and friendly atmosphere. This was particularly important for transvestites whose living arrangements may have necessitated secrecy (i.e., the wife or lover doesn't know). The transvestites in the group were all overtly heterosexual and many were happily married with children and successful careers. They characteristically had no desire to give up the male role or seek surgical conversion.

Transvestite ethno-theory attributes the pressure to perform aggressively in the male role as a causal factor in cross-dressing. By assuming the female role for an evening or an afternoon, the male role strain, measured in terms of personal stress, may be reduced. A sense of relaxation results from the act of cross-dressing. This is a concomitant of the stereotypical impression the transvestite has of women since it is assumed that the female role is a passive one with far fewer demands than the male role. When cross-dressing, transvestites frequently reported "feeling like a lady" and they enjoyed being "treated like one." When dressed as a woman, relief from the implicit requirements of the male role was felt. It should be pointed out, however, that in addition to this tension reduction aspect of cross-dressing, a feeling of excitement often accompanied the act.

One possible component of this excitement was its sexual (fetishistic) aspect. This well-reported correlary of hetero-sexual cross-dressing was certainly applicable to some of the

transvestites I have known. Another source of excitement was the potential for discovery when cross-dressing in a public place. Transvestites enjoyed recounting tales in which one was in a restaurant or other public setting and escaped detection as a genetic male in disguise. In this way some of the stigma associated with transvestism can be reversed. Those who would discriminate against the transvestite, if they only knew, were placed in the position of being "fools" because of their inability to recognize a cross-dressed man. In this "passing for fun," the transvestite derived a great deal of pleasure from fooling the rest of the world (see Goffman 1963: 79, 135). This may also be a mechanism for seizing some form of control or power in a situation of stigma where some status can be gained from successful passing.

Every type of motive for cross-dressing discussed here was found among the transvestites in the research population. As the transvestites themselves stated, "there are no two of us alike." There was a great deal of variation in the population in terms of cross-dressing excitement and presentation of self. Some really passed as women, others enjoyed only partially cross-dressing, wearing panty-hose under a nightgown but without a wig or makeup, or false breasts under a man's attire.

It is generally agreed among transvestites that one can never cure cross-dressing. The advice given is to learn to live with it and keep it under control. Many a transvestite at group meetings has voiced the opinion that the best way of looking at one's cross-dressing is to consider it a hobby and nothing more.

The most widespread definition of transvestism found in the literature is that the transvestite is someone who obtains erotic pleasure by dressing in women's clothing (Green 1974a: 82; Kessler and McKenna 1978: 14). Money and Tucker (1975), however, provide a different slant on the definition, viewing him as having a "dual gender identity," almost a split personality. He is ". . . a sort of Dr. Jekyll and Miss Hyde alternation, each with its own name and personality, and with the clothes, voice, gait, and mannerisms to match" (1975: 29).

While there are a number of different ways to experience and express transvestism, reflecting a variety of motives, there is still a major distinction that segregates transvestites from transsexuals. Transvestites do not desire to be rid of their penises and live as women. Zara (the female name of a late forties transvestite) described it in this way:

> I have an intense desire to dress up and play the role of a woman occasionally. . . . I thoroughly enjoy the feeling I derive from dressing up and actually playing the role of a woman. Whereas I do not hate the male role I live most of the time, I do enjoy and crave expressing the other part of me which consists of wearing nylons, high heels, skirts and using makeup. I cannot explain why I have these desires, but I do know they are real and vital to me.

Transsexuals: Through affiliation and interaction within the Berdache Society, emic definitions have originated that polarize transvestism and transsexualism as two distinct categories of persons with different life goals and strategies. As will be discussed (see Chapter VII), the Berdache Society operates as an identity broker, clearly segregating transsexuals from transvestites

and drag queens. There are no drag queens in the Berdache Society. Thus self-labeling allows for one of only two possibilities ("TV" or "TS" in the vocabulary of the Berdache cross-dressers) and serve to strengthen the commitment to a particular category.

The division of Berdache members into either transvestites or transsexuals was part of a system that cajoled those unsure of which label best fits into a decision. This is not to say that there was no identity and behavioral continuum of cross-dressers with people falling somewhere in between transsexualism and transvestism as defined here. But in the Berdache Society, transsexualism and transvestism were emically regarded as non-overlapping and distinct categories; people should be one or the other.

Benjamin, in fact, proposes such a typology of transvestism and transsexualism that represents a continuum of cross-dressing behavior and gender identity. Based on research on over 200 clients, he suggests that transsexualism and transvestism are ". . . symptoms or syndromes or the same underlying psychopathological conditions, that of sex or gender role disorientation and indecision" (1966: 17-19). His continuum consists of six types of cross-dressers organized into three groups. Group 1 consists of three types of transvestites (the Pseudo TV, the Fetishistic TV, and the True TV). This group of people have their gender confusion appeased by cross-dressing. Group 2, type IV, is the nonsurgical transsexual. According to Benjamin, "group 2 constitutes a more severe stage of emotional disturbance." These people are

intermediate between transvestites and transsexuals. This type is characterized by the need for more than cross-dressing and desires some physical changes, such as those produced by taking female hormones. Group 3, type V, Moderate intensity TS, and type VI, High intensity TS ". . . constitute fully developed transsexualism." These individuals desire to live in the female role and, characteristically, desire surgery (Benjamin 1966: 18-22).

Despite elaborate categorization and syndrome explication, the final and ultimate criteria for transsexualism are the individual's desire and request for surgery. Although Benjamin's continuum implies quantitative differences in gender identity confusion and the desire for surgery and the action taken to that end as the qualitative difference between transsexuals and transvestites. If a person was not willing to move heaven and earth in pursuit of surgery, and let age, finances, marriage or other excuses prevent him from transition, then transsexuals regarded that individual as a transvestite.

Clinicians must also rely on self-reports of transsexualism for evaluation purposes. Kessler and McKenna point out that projective tests attempting to assess merely identity are methods of ascertaining stereotype endorsement. They believe "[t]he only way to ascertain someone's gender identity is to ask her/him" (1978: 9). It is the transsexual's feeling that she is a female trapped in a male body who cannot continue to live as a man that distinguishes the transsexual from the transvestite. The transsexuals in this research population were all in various stages

of transition into the female role. They were people with a goal and a strategic plan for reaching that goal.

The transsexual strategy for sex reassignment included: counseling or therapy in order to achieve the all important psychological evaluation whereby the request for surgery is legitimized by a mental health professional, living and working in the role of the female or assuming the female role part-time but anticipating full-time involvement, electrolysis (removal of hair in the male growth pattern), and hormone therapy (female hormones of the estrogen and/or progesterone type). Some preliminary surgery may be undertaken such as bilateral castration, facial cosmetic surgery, trachial shave and/or breast implants.

Transsexuals differed from transvestites in other significant ways. Their sexual object choice varied, some preferred men, some women and some were bisexual as opposed to heterosexual transvestites. Their gender identity as female was a disparate, discrete entity from their sexual object choice. Unlike transvestites, their affiliation with the Berdache Society was not organized around heterosexuality, which is why transvestites participated in the Berdache Society and not the gay community. Transsexuals rejected the gay community because they were not homosexual men. If they were homosexual at all, then some of them were lesbians, based on identity as females and sexual interest in women. Unlike transvestites, passing for transsexuals was never just for fun. Transsexuals donned women's apparel in order to foster isomorphism

between their female identity and somatic presentation. For transsexuals successfully passing as women was a critical test of their eligibility for surgery.

Quotations from several transsexuals seem a fitting way to conclude this section on definitions, as perhaps there is some truth to the transsexual axiom that "you really have to be there to understand what it means to be a transsexual."

Eunice, a transsexual living and working the role of a woman for over two and a half years stated that:

> A transsexual is a person whose mind, thoughts, feelings, soul if you will, are in opposition to his or her physical body. This person usually has a clear psychosexual identity, but the disharmony of body to this identity is endless frustration. The only solution to this situation is for the person to have body altering surgery, thus matching as best as can be done the mind and the body.

Amara, a transsexual recently living in the role of a woman full-time observed:

> A TS wants to be a member of the opposite genetic sex, clothing may be enjoyable but is not a motivator. Sexual pleasure is derived from activity ascribed to the chosen genetic sex. Gay, straight or bisexual are all possible if viewed from the adopted sex.

Sasha, director of the Berdache Society, living in the female role for two years said that:

> Because of my transsexualism I have suffered, but I also have learned many wonderful things about life and the human spirit. I have learned to accept my condition and to love myself. I think of myself as a woman whose condition can be corrected through surgery.

One transsexual wrote a most poignant letter to a female friend explaining her transsexualism. It was written four years ago.

. . . you read me fairly well on our brief reunion. I am very depressed, and yes possibly somewhat lost at this point in my life. However, I think most people would never come close to my source of trouble. I feel I must write to you and inform you of what and where my head is at right now. What I am about to tell you will probably be the mind blower of all time--seriously! I want you to realize that because of that super week we had together and because of the way the future looks I feel obligated to write this letter. This is by far one of the most difficult things I have ever done--something only five other people that have crossed my life have even known about.

I am a transsexual. That is a person who feels he is in the body of the wrong sex. I have had this internal war--and I do mean war--going on inside of me since I was 5 or 6 years old. I desire very strongly to live as a woman. Incredible? Believe me, it has been living hell at times. It is only because of my huge size and masculinity that I haven't pursued a sex change operation. This relationship I have with Margaret is far from what the average person thinks it is. I finally told her everything about me. She still wanted to be with me in spite of the fact that I wear female clothing part of the time. We have been together for 2 and a half years now, and the warmth that once filled our relationship is gone.

. . . I have mental powers far above the average that have kept me from coming apart--but I'm becoming weak. Margaret allowed me to dress as a woman as often as I wanted to--well nearly. She loves me so much that she has endured this punishment for all this time. I feel she thought she could cure me with time. Just this moment she came home--I'm dressed as a woman now--icicles!!! She wanted me to go out to eat with her, but when she saw I was dressed she just left again. Does that give you any idea of how terrible this whole business is?

I've still got a full beard right now, so I look kind of strange when I dress up. Margaret really likes my beard and body hair--the very things I despise. So when I shave my beard, I can dress and make the complete change into the world of feminine, and I also lose a lot of the "symbols" of my masculinity at the same time. I have a female wardrobe that is nearly twice as large as my male one. Seriously. The transformation is quite dramatic. I am quite good with makeup and stuff. I go out in public on occasion--only the times I don't have a beard. I have to dress as often as my male life will allow--certainly not a good thing to be in a relationship if the other partner isn't enjoying it too. I am <u>not</u> a <u>homosexual</u> and have never been. My true feelings toward sex would be to make love as a woman--beyond that I couldn't say.

> . . . This is not some sort of illness I have. I feel it is the result of all the things I was exposed to in my early years. If one thinks about his or her sexuality one notices that the things that make a female a woman are things that they are taught from birth on. So, the things that make my male body a man are also learned. Interesting isn't it? When I dress I feel awkward because I never learned all the little things girls are taught. I am much improved in mannerisms as compared to a few years ago since appearing in public forces one to learn fast or get in trouble. Several years ago I was living with roommates. Since I could never dress during normal hours, I would get up at midnight or one and dress. I would then go to a park just to sit by the water. I did this every other night. This was my only form of release and it often was my only moment of rest, as I would stay out till sunrise. The park closes at 10:30 so I shouldn't have been going there. Plus, women just don't go to parks at 3 in the morning. I got caught by the police and arrested. In those days it was against the law for a man to appear in public dressed as a woman. The police made me take all sorts of psychological tests and I had to see a shrink--plus one year with a probation officer. I swore off dressing and threw away hundreds of dollars worth of female clothing. That's when I grew my bear as a deterrent. It lasted 3 years with hardly an incident. But, I just got depressed beyond belief. About the time you last wrote I had decided I was going to let this female thing out and see why it had this power over me. That's when Margaret showed up. Somehow we both needed each other then. My strength and gentleness were what she needed. She offered me the chance to dress in front of someone in a non-hostile environment then. I might have even thought she was the girl that was going to snap me out of all of this stuff . . . but it didn't work.
>
> I hope this letter hasn't shattered your feeling for me as I treasure what we had. I just didn't want you coming here without knowing about me . . .

Since writing this letter, she has successfully managed to live and work as a female. At the time of this writing she was cross-dressing on a part-time basis. The letter itself was never sent as it was just too frightening a thing for her to confess at the time.

FOOTNOTES

CHAPTER I

[1]Feminine pronouns are used in reference throughout the present work in keeping with transsexuals' self-definition as "women trapped in male bodies."

[2]Berdache is a term found in the anthropological literature that refers to a cross-cultural institutionalized role in which the occupant dresses in the clothing of the opposite sex and may adopt certain opposite sex role behaviors. Another pseudonym I have used previously for this transsexual-transvestite support group is the Cross Dresser's Society.

[3]"[G]ender identity: the sameness, unity, and persistence of one's individuality as male or female (or ambivalent), in greater or lesser degree, especially as it is experienced in self-awareness and behavior" (Money and Ehrhardt 1972: 284).

[4]Pomeroy reports a range of male to female ratios found in the literature. These include 50:1, 15:1, and 4:1 (1975: 217). Green calculates figures as high as three to six males for every female (1974: 14), while Wallinder suggests the equivalent ratio of 1:1 (in Pomeroy 1975: 217). Pauly's 4:1 ratio is frequently cited and referred to in the literature (1969: 56; Raymond 1979: xxi).

Green accounts for variation in the number of males vs. females desiring sex conversion in four ways:

a. Neuroendocrinologists point to the greater chance of errors in psycho-sexual development of males in consequence of the additional component necessary for masculinization, the gonadal hormone.
b. Females are allowed more latitude in cross-gender behavior. It is less necessary for them to seek radical means of disguise.
c. The first person the child identifies with is the mother and a subsequent shift in identity is required only of males.
d. There is a technical limit in the surgery. As one surgeon states: "It's easier to make a hole than a pole" (1974: 101).

[5]Estimates of transsexuals in the total population also vary. In Sweden Walinder reckons 1:37,000 for males and 1:103,000 for females (in Pauly 1969: 57). Pauly proposes the ratio of 1:100,000

for males and 1:130,000 for females (Pauly 1969: 56; Pauly 1974 in Masters, Johnson and Kolodny 1982: 219).

[6]Benjamin does, however, note an earlier use of the term transsexual:

> ". . . [the] late Dr. D. O. Cauldwell had related in Sexology magazine (Cauldwell, 1949) the case of a girl who obsessively wanted to be a boy, and he called her condition 'psychopathia transsexualis.' Whether I had ever read that article and the expression had remained in my subconsciousness, frankly, I do not know" (1969: 4).

[7]There are several different usages for the terms "emic" and "etic." I use them as they have been traditionally defined by ethnographers.

> "Emic: A research strategy that seeks the native viewpoint; relies on informants to say what is and isn't significant; actor oriented.
> "Etic: A research strategy that relies on the scientist's criteria of significance; shows reasons and results of behavior and beliefs that natives may not recognize; observer oriented . . ." (Kottak 1982: 491).

[8]The definitions of transvestism and transsexualism were originally presented in "Advocacy with a Stigmatized Minority," Practicing Anthropology 4, No. 2 (1982):12-13.

[9]Information about drag queens was collected as part of an investigation of a gay male community and subsequently presented in my Master's Thesis: God Save the Queen: An Investigation of a Homosexual Subculture (1974). See Ch. VI, "Variation: Gay Lifestyle Alternatives," pp. 129-45.

CHAPTER II

REVIEW OF THE LITERATURE

The literature in the field of gender dysphoria may be broadly classified into two major approaches. The first is a medical approach, including psychiatric and psychological research. This research will be referred to as clinical because of its focus on transsexualism as a syndrome subject to treatment and observation. The second approach is sociocultural. In this literature transsexualism is regarded as an epiphenomenon related to and existing within the larger sociocultural system. These two approaches vary in scope, research questions and methodology, and since there is some overlap between the two in both orientation and methods, this classification is necessarily idealized. (A more detailed and complete treatment of the literature is presented in Appendix A.)

Clinical Approaches

Etiology

Etiology and surgical outcomes are the two most conspicuous research foci in an otherwise diverse clinical literature. The question of transsexual etiology is related to the broader issue of gender identity formation in "normal" males and females. The study of transsexual etiology, therefore, has implications not only for cross-sex identity, but for understanding the majority of people whose gender identity is in conformity with gender role.[1]

Scientific concern over the formation of gender identity in transsexuals, and in the "normal" population for that matter, has centered on the relative influence, or interaction of biological and/or socialization variables (and to a lesser extent, the influence of other external factors such as cultural messages about gender) on the formation of a cross-sex identity.

Those researchers who stress the importance of socialization variables, e.g., family dynamics, are the intellectual heirs of the age-old nature vs. nurture controversy. The contemporary nurturist position, however, does not exclude biological factors entirely from the explanation of the formation of the atypical gender identity. Biological variables in transsexualism are thought to have some as yet unknown influence.

Among the well-known researchers who consider socialization variables as the most prominent factors in the development of cross-sex identity, with biology playing an inferior role, are: Money and Ehrhardt (Man and Woman, Boy and Girl, 1972); Money and Tucker (Sexual Signatures, 1975), Stoller (Sex and Gender, 1968) and Green (Sexual Identity Conflict in Children and Adults, 1974a). Of the socialization factors contributing to transsexualism, Stoller (1968: 263-74) and Green (1974a: 216-40; 1974b: 47, 51) concur that dominant, overprotective mothers in association with absent fathers (in a physical or emotional sense) are salient factors in the etiology of the syndrome. Green (1974: 216-41) is notable for adding the dynamic of channeling and the labeling of

the young transsexual boy as a "sissy," thus including not only the family, but peers and sociocultural processes in his causal scheme.

The other perspective evident in the clinical literature considers biogenic variables pre-eminent (e.g., genetic, prenatal hormonal and/or fetal metabolic factors). Researchers taking this perspective elevate biological variables (i.e., nature) to a more important position than merely a supporting role. Those suggesting that there may be a biogenic basis to gender identity anomalies include: Benjamin (The Transsexual Phenomenon, 1966), Starka, Sipova and Hynie ("Plasma Testosterone in Male Transsexuals," 1975), Blumer ("Transsexualism, Sexual Dysfunction and Temporal Lobe Disorder," 1969) and Eicher et al. ("Transsexualism and H-Y Antigen," 1981).

Surgical Outcomes

Besides the etiology, the clinical literature is concerned with the question of treatment. Battle lines are currently drawn around the issue of whether surgery is an adequate solution to gender identity conflict, and follow-up studies are essential to assessment of the efficacy of surgery as a solution.

Among those who endorse the surgical procedure and provide evidence that the results are satisfactory in terms

of transsexual post-operative emotional and social adjustment are Benjamin (1966), Pauly (1968; 1981), and Satterfield (Rocky Mountain News, March 15, 1982).

Although a majority of these researchers report favorable outcomes of surgery and support surgical resolution as a legitimate technique accompanying a therapeutic management program of gender role reversal, Meyer and Reter (1979) have challenged this position, basing their determination on 15 operated and 35 unoperated transsexuals. They conclude: "sex reassignment surgery confers no objective advantage in terms of social rehabilitation . . ." for transsexuals (1979: 1015). This controversial report has been criticized on a number of grounds by Pauly (1981), Fleming, Steinman and Bocknek (1980) and Gottlieb (1980).

Although the most prevalent position at this time is that once a transsexual's identity is fully crystallized it cannot be reversed, a number of professionals have recorded cases of "curing" transsexualism through psychotherapeutic intervention. Among these are: Barlow, Abel and Blanchard (1979), Barlow, Reynolds, and Agras (1973), Davenport and Harrison (1979), and Dellaert and Kunke (1969), Kirkpatrick and Friedman (1976), Forester and Swiller (1971), Green, Newman and Stoller (1972) and Steinman (1981) (in Pauly 1981: 50, and Steinman 1981: 1). These reversions are, however, limited to a small number of cases and must be regarded in that light. Given the evidence to date, surgery seems to lead to the most successful resolution of the problem of gender identity conflict (see Appendix A for details).

Sociocultural Approaches

In contrast to the clinical approach, the sociocultural approach is concerned with the relationship of the transsexual, and of transsexualism, to the culture at large. And unlike the former, sociocultural researchers are less interested in transsexualism as a syndrome and are more attentive to the sociocultural parameters of gender anomalies. In general terms, this literature seeks to understand transsexualism within the context of the extant sociocultural system, considers how the sociocultural system affects the expression of transsexualism, and asks what transsexualism can reveal about cultural conceptions of gender. The sociocultural literature is roughly divided along disciplinary lines between sociology, especially the school of ethnomethodology, and anthropology.[2]

Ethnomethodological Studies

Ethnomethodology, as a sociological school of thought, stems from the work of Harold Garfinkel (1967). In his Studies in Ethnomethodology, Garfinkel establishes the parameters of this school of thought (1967: 75):

> The study of common sense knowledge and common sense activities consists of treating as problematic phenomena the actual methods whereby members of society, doing sociology, lay or professional, make the social structure of everyday activities observable.

The ethnomethodologist does not make assumptions about the construction of social meaning by ". . . imputing biography and

prospect to the appearances . . . ," but by disrupting what members of society take for granted, and interpreting how order is reconstructed out of the disruptions (Garfinkel 1967: 77).

Garfinkel, in association with Stoller (1967: 116-85), was the first ethnomethodologist to investigate transsexualism. Agnes, the male-to-female transsexual in the investigation, was considered an ideal case of a natural-field disruption. Agnes, by virtue of her transsexualism, revealed the rules by which gender is constructed in our society. These rules rest on premises that are regarded by society as "natural": that there are only two sexes and that these are inviolable and are determined by genitalia. The transsexual violates these premises yet reconstructs an explanation of herself that rationalizes these basic beliefs about gender. (pp. 127-85).

Kando's Sex Change (1973), Feinbloom's Transvestites and Transsexuals (1976), and Kessler and McKenna's Gender: An Ethnomethodological Approach (1978) are all works which incorporate the ethnomethodological perspective in an analysis of transsexualism. These authors reiterate Garfinkel's original quest for understanding the sources of the social construction of gender. In addition to the shared perspective of ethnomethodology, they utilize Goffman's (1963) concept of symbolic interaction to various degrees. Although the theoretical and methodological frameworks are similar, each of the three studies has a different focus, providing an interesting

and diverse explication of ethnomethodological interpretation of the phenomena of transsexualism.

Anthropological Studies

Anthropological approaches, like ethnomethodological ones, are characterized by a view of atypical gender and role as firmly rooted in the cultural context. Anthropological studies integrate evidence from the cross-cultural record and analyze gender anomalies of dress and role as an institution.

The most widespread, gender anomalous institution is the Berdache. The Berdache is usually a genetic male (although evidence of female Berdaches is found in the literature) who dresses partially or completely as a female, adopts the female role to various degrees and in some cases assumes facets of culturally-approved, female sexual behavior (Churchill 1971: 81; D'Andrade 1970: 34; Ford and Beach 1915: 130). The Berdache has been variously referred to as an example of cross-cultural homosexuality (Ford and Beach 1951: 130), transvestism (Rosenberg and Sutton-Smith 1972: 71) and transsexualism (Green 1966: 179-83). The literature on the Berdache is included in this review of transsexualism, despite lack of definitional consensus, because transsexualism shares with the institution of the Berdache the behavioral correlates of cross-dressing and performance of the female role.

While Westermarck (1956: 101-38) seems to have been one of the first to systematically study the Berdache as early as 1906,

a number of other anthropologists have contributed to its documentation. Omer Stewart recorded its occurrence for Kroeber's Culture Element Distributions (1937-1943) and for "Homosexuality Among American Indians and Other Native Peoples of the World" (1960a: 9-15, 1960b: 13-19). Devereaux cited the case of the "alyha" among the Mohave Indians as a Berdache role (1937: 498-527). Hoebel also noted it is present among Plains Indians' groups (1940: 458-59) as did Lowie (1935: 48). Evans-Pritchard observed Berdachism among the Azande (1970: 1428-34), Hill among the Navajo (1935: 273-79) and Pima (1938: 338-40) and Bogoras for the "softman" of the Chukchee (1904-1909: 449).

Apart from describing the Berdache, anthropologists are interested in understanding how the institution relates to sex-role dichotomization. Hoebel explained the Berdache among the Plains Indians as an option for males who could not fulfill the demands of the aggressive male warrior role (1949: 458-59). Goldberg (1962), in a study of 21 societies, found no support for Hoebel's contention that there may be a relationship between warfare-bravery and the cross-dressing Berdache role (in Munroe, Whiting and Hally 1969: 87). Downie and Hally (1961), in a similar investigation reported that cross-dressing roles were more often found in societies that had little sex-role disparity as did Munroe, Whiting and Hally's (1969) retest and confirmation of the former's findings (Munroe, Whiting and Hally 1968: 87-90).

Levy (1973), in his work with the Tahitians, proposed a relationship between Tahitian low sex-role disparity and the Mahu (Berdache). The Tahitian version of the male cross-dresser, according to Levy, carries vital information about the differences in male and female sex-roles in a society where there is very little divergence between the two. The Mahu role allows the differences between the sexes to become apparent, where otherwise such differences are blurred.

Wikan (1977), in her work among the Omani, discussed what a specific Berdache role in a particular culture reveals about the cultural concomitants of gender roles. The Omani Berdache (Xanīth) throws into relief Omani conceptions of female virtue, and laissez-faire attitudes about crime and deviance, and functions as a legitimate sexual outlet for males in a society where women by nature of their virtue and as the property of the males, are sexually tabu until they are married (1977: 310, 314-15).

Continuing this line of research, Thayer (1980: 287-93) has reinterpreted the role of the Berdache among Northern Plains Indians taking a socioreligious approach. Thayer viewed the Berdache as a symbolic mediating figure, like others whose power was derived from the Plains visionary complex (e.g., shamanistic callings), and as one who was in an interstitial position between the secular-human world and that of the sacred and divine. As neither male nor female, yet both male and female, the Berdache also ". . . had powers to mediate or cross sexual boundaries and

roles . . ." (1980: 292). A consequence of this interstitial position and role was that he transcended normative cultural categories. And by virtue of the powers of transcendence, the Berdache ". . . did not threaten, abuse, or collapse pre-existing categories . . ." but maintained, enriched, and enhanced existing social and sexual classification (1980: 292).

Although anthropologists have been interested in cross-sex role behavior, few have explored the related question of cross-sex identity. However, Whiting (1969), in his work with Burton (1961), studied cross-sex identity using the "absent father and cross-sex identity" hypothesis. Burton and Whiting's hypothesis shares several of the features of the dominant mother/absent father etiological models of transsexualism advanced by Stoller (1968: 264) and Green (1974a; 216-40, 1974b: 47, 51). Burton and Whiting (1961: 89) maintain that, in cases where an infant boy sleeps exclusively with the mother and where a long post-partum sex taboo exists, the child will have the exclusive attention of the mother. In polygamous societies, the father, denied sexual access to the mother, will cohabit with another wife and by implication be absent from the young boy (Whiting 1969: 416-55). As the child's primary association is the maternal one, he assumes that the mother is the keeper of certain desired resources and he envies her status, not the father's. The child, who has equated female status with desired resources, will then covertly practice her role and the optative identity from which he is barred (Burton and Whiting

1961: 89). But as these are societies where the male role is still superior, the boy must be taken from the subordinate world of women with which he identifies. The solution is the male initiation ceremony designed to alter the young man's cross-sex identity (Burton and Whiting 1961: 89).

In an ingenious study, Parker, Smith and Ginat (1975: 687-706) tested the Burton and Whiting hypothesis in a polygamous Mormon community in the U.S. According to the Burton and Whiting hypothesis, the necessary variables were present for a certain group of Mormon boys in the community to develop a cross-sex identity. In comparing this group of boys with a control group in the same community, a variety of tests of masculine-feminine identity were employed. The researchers found no difference in masculine identification between the two groups of boys, cross-sex identity was not demonstrated. Nor was father absence, as suggested by Burton and Whiting, found to be a critical variable (Parker, Smith and Ginat 1975: 700-03).

Sagarin's (1975: 329-34) reanalysis of the Imperato-McGinley et al. (1974) report of 18 pseudohermaphoritic males, known in the study site of Santo Domingo as guevedoce, provides an appropriate conclusion to this review of the anthropological literature (see Appendix A, footnote 5). The guevedoce has been discussed from the clinical perspective of Imperato-McGinley et al. (1974) as an example of the primacy of hormonal factors over socialization factors in determining gender identity and psychosexual orientation.

The guevedoce, due to a recessive gene expressed through in-breeding, were at birth genitally ambiguous. They were reared as girls until puberty when radical virilization occurred, their gender identity changed, their behavior became masculine, and they chose females as their sexual objects. Imperato-McGinley et al. attribute this change to the impact of testosterone in utero and at puberty (1974 in Sagarin 1975: 329-31).

In contrast, Sagarin proposed an emic interpretation of the pseudohermaphrodites' seemingly remarkable gender reversal. He noted they were not raised as girls but as a special indigenous category of children with female characteristics who will become men at puberty (Sagarin 1975: 331). By understanding the guevedoce as a folk classification, Sagarin has offered an explanation from a sociocultural perspective which challenged the Imperato-McGinley view that testosterone accounted for the reversal of gender identity, role behavior and female sexual object choice. Thus, according to Sagarin, the guevedoce was not someone who had a cross-sex identity problem that needed reversing, but rather was someone who was expected to become a man at twelve.

FOOTNOTES

CHAPTER II

[1]"Gender role: everything that a person says and does, to indicate to others or to the self the degree in which one is male or female or ambivalent . . . Gender role is the public expression of gender identity, and gender identity is the private experience of gender role" (Money and Ehrhardt 1972: 284). Gender role is also referred to as sex role (Kessler and McKenna 1978: 11).

[2]Although the sociocultural approach can in most cases be classified as either ethnomethodological or anthropological, one endeavor defies classification within this dual scheme. Janice Raymond's The Transsexual Empire (1979) spans both approaches. This work is a radical feminist treatment of transsexualism and the medical empire associated with the phenomenon. While Raymond regards rigid sex-role stereotypes as a first case of transsexualism, with the medical profession and their male-to-female transsexual cohorts as the second cause of transsexualism, the primary cause lies in her psychological interpretation of a male conspiracy against women. Reminiscent of Bettelheim's (1962) theory of male vagina and womb envy, Raymond proposes that males (the medical community and transsexuals) are trying to co-opt the female power of creativity inherent in female biology (1979: 107-08).

CHAPTER III

PERSPECTIVE

The present study was stimulated by an etiological model of gender dysphoria. But I found myself, upon entering the field, asking basic ethnographic questions and beginning to take a socio-cultural approach to the subject of transsexualism. As the research progressed, it became obvious that the genetic males I was studying focused their lives around one issue: becoming women. If they were not already in a process of transformation from their male social persona, they were anxiously anticipating when they could begin the process. Their gender metamorphosis provided a new slant on the traditional ethnographic "womb to tomb" description as it was inverted for the purposes of this research. It became apparent that I was watching a "tomb to womb" transformation; males died a social death and were reborn as women. This death and rebirth was symbolic and actual as the transsexuals severed themselves from a male past, forged new identities as women and feminized their bodies through a hormonal management program. The culmination of this process was surgical conversion.

As I became increasingly immersed in the lives of the transsexuals, and the passage of time facilitated retrospective analysis of the individual's pursuit of womanhood, I was able to comprehend an orderly stage of progressions. This conformed to transsexuals'

perceptions of their transition as a series of stages in which womanhood emerges. In sorting out the salient features of their transition and the social and structural relations impinging on their status change, a number of significant factors became apparent. Medical policy very obviously imposed a system for organizing and moderating the transsexual's journey into womanhood, for without medical and mental health supervision and evaluation the transsexual cannot qualify for the sex change operation. Medical policy clearly imposes a series of agendas outlining steps and events and ultimately provides sanctions and a formalization of procedures that must be followed. Thus medical policy presses a structure upon the transsexual's transition from male to female.

Yet this alone could not account for a rich, shared cultural meaning of gender-to-gender experience common to transsexuals. Their association with one another as part of a social network whose interconnectedness was facilitated by a local support group, the Berdache Society, was a powerful factor contributing to the structure and content of the transsexual's transition.

I found myself, therefore, describing a gender transformation that has formal and informal parameters. The informal parameters of meaning, norms, rules, rituals, and folklore derived from transsexual association are as significant as the formal medical parameters in shaping the way the transsexual becomes a woman. In this way, transsexuals actively participate in creating a set of rules for the proper way a man is transformed into a woman.

In order to interpret, analyze and explain the transsexual's gender transformation and go beyond an emic description and analysis, a theoretical orientation for transforming emic information into an etic analysis was necessary. This was provided by the rites of passage model originated by Van Gennep in 1909 (English translation 1969) and later refined by Chapple and Coon (1942) and several of the symbolic anthropologists, most notably Turner (1967).

The rites of passage model offered a trifold conceptualization of stages: separation, transition and incorporation, that accompany status changes (Van Gennep 1960; Chapple and Coon 1942) and seemed more than appropriate for transsexuals who did indeed separate themselves from their prior world where they were men, underwent a transition where they, through a series of stages, gradually adopted the female role until they assumed the role completely, and finally were incorporated into society as women through the sex change operation that gives them access to areas of interaction previously denied (i.e., sexually intimacy as women).

The rites of passage model very elegantly provided a framework for understanding the dynamics and processes of the transsexual's transition from male to female. This model was a significant asset in revealing the cultural components of the transsexual's passage into womanhood.

In addition, I have found symbolic interaction a valuable interpretative and analytic tool in combination with the rites of passage model. Symbolic interaction (devised by G. H. Mead in

1934), as it is presently articulated by Goffman (e.g., 1963), was particularly useful in examining transsexual rites of passage for two reasons. First, it shares some of the underlying assumptions of the rites of passage model, and therefore meshes rather well. Second, it can help explain the personal and social identity transformations that accompany status change, and in this case, it incorporates stigma as an important facet of the transsexual's transition.

A synthesized rites of passage model with the symbolic interactionist approach results in a focused ethnography with descriptive, interpretive, and explanatory components in which an emic analysis is enhanced and given wider conceptual power through incorporation of etic formulations. The following sections provide a brief review of the rites of passage model and symbolic interactionism, highlighting the major points and precepts of each. A discussion of the synthesis of the two concludes the presentation of the perspective employed in this study of transsexuals.

Rites of Passage

The Rites of Passage scheme is a potent analytic tool first outlined by Van Gennep (1960). Very simply, Van Gennep devised the rites of passage system as a tripartite model accounting for the ordering and patterning of the ritual and ceremonial life of non-technologically complex peoples who are confronted with the inevitability of unsettling biological and social change. Van

Gennep (1960: 3) summarizes the underlying premise for his framework in the following:

> Transitions from group to group and from one social situation to the next are looked on as implicit in the very fact of existence, so that a man's [and a woman's] life come to be made up of a succession of stages with similar ends and beginnings: birth, social puberty, marriage, fatherhood, advancement to higher class, occupational specialization, and death. For every one of these events there are ceremonies whose essential purpose is to enable the individual to pass from one defined position to another which is equally well defined.

Van Gennep's rites of passage scheme is a suggestive framework for viewing and interpreting the similarities in ceremonial and ritual activities that indigenous peoples devise to cope with the life crisis associated with change in social position in the group. These are conceived of as rites of passage, that mark an individual's transition from one social world to another. According to Van Gennep, rites of passage in their complete form have three distinct phases each of which may in itself be a bona fide rite, thus a rite of transition could have its own three phases of separation, transition and incorporation (Van Gennep 1960: 12). Each of the three phases marks the individual's change of status in the group and is imbued with supernatural and symbolic components that dramatize the phases of the neophyte's social movement. The rites of separation symbolically remove "an individual from a previous world." The transition rites or "marge," in Van Gennep's original usage, are liminal or "threshold" rites that prepare an individual "for his or her reunion with society." The rites of incorporation or "aggregation" are those which integrate the status passenger

back into his or her society or group (Van Gennep 1960: 21). Incorporation may be a physical return of a neophyte to group and/or village life in which he or she may have been physically removed through a rite of separation and/or symbolically removed, but it is primarily a social return (1960: 46). The rites are construed by Van Gennep as expressive metaphors of change of social position saturated with symbols of "death, rebirth and resurrection" (1960: 67).

Having devised this conceptual framework, Van Gennep interpreted the importance of symbolic expression as reflecting and ramifying the basic tenets of cultural life which are ". . . to separate and to be reunited, to change forms and conditions, to die and be reborn . . ." (1960: 189). Van Gennep was furthermore interested in the "patterns and significance of rites of passage as ritual solutions to the problems of human change and movement and their relations to the total ritual and ceremonial practices of a people" (1960: 191).

Although the rites of passage model is certainly a major contribution of both idiographic and nomothetic value, it was not until 1942 in the work of Chapple and Coon that any serious application and refinement of the model was advanced. Chapple and Coon continued Van Gennep's interest in the ritual and symbolic components of rites of passage. They, however, focused on the

significance of social relations which underlie the tripartite scheme (Posinsky 1962: 387).[1]

They regarded changes in personnel and social relations in society as inherently disturbing, and in keeping with this argument, considered how elements of symbolism in the rituals and ceremonials in rites of passage eased and facilitated individuals' transitions from one position to the next and enhanced the capacity of the broader cultural group to adjust to these disquieting changes (Chapple and Coon 1942: 308). The individual benefitted personally from the ritual and symbolic components of a rite of passage that provided him or her the opportunity to practice and learn about the new social relations associated with change of status (1942: 485). The ritual and ceremonial aspects were considered by Chapple and Coon as crucial mechanisms ". . . for transporting an individual from a previous state of equilibrium to a final state" (1942: 484).

Van Gennep's and Chapple and Coon's subsequent refinement of the model has been largely neglected except by the school of symbolic anthropology, and some anthropologists working in American culture. The symbolic anthropologists' contribution is specifically related to their interest in the ritual and ceremonial aspects of rites of passage. Although there are a number of prominent anthropologists absorbed with the symbolic aspects of ritual (e.g., Geertz 1972; Douglas 1973; Needham 1973), Victor Turner's work (1962, 1967, 1969, 1974) is particularly relevant because of

his concern with rites of transition. Turner has labeled the rite of transition as a liminal rite. He considers it a special phase of transition in which the individual is in a process of transformation: a "becoming" by a neophyte who is in a unique but temporary cultural position of being "betwixt and between" statuses (Turner 1967: 93, 1974: 13-14, 231-33; Middleton 1973: 388).

Although the rites of passage model, as first devised and later revised, appears to be a valuable heuristic device for conceptualizing change of status, it has not gained in popularity nor has it been applied to societies other than tribal and peasant groups except in a handful of cases. This is no doubt due in part to the fact that Van Gennep originally applied his model to technologically simple societies and himself felt that rites of passage were limited to these types of societies. Rites of passage in such indigenous groups have come to be associated with the transformation the neophyte undergoes symbolically as he or she leaves a profane and secular world or plane of existence and enters a sacred state (Kimball 1960: viii). Ritual and ceremonial have been regarded by anthropologists as inextricably tied to the sacred and supernatural which are, in turn, considered pervasive components of the cultures of non-technologically complex peoples. By this line of reasoning it has been assumed that since contemporary western societies are secular in orientation, they are devoid of ritual or vice versa (see Gluckman 1962: 1-52 for arguments against ritual in contemporary society). Burnett (1975: 43)

believes it is just this type of thinking that has inhibited anthropologists from applying the rites of passage scheme to contemporary urban life.

Whether from an unconscious or conscious elitism or from the idea that secularism and ritual are mutually exclusive, Chapple and Coon's (1942: v) position, that theoretical and conceptual frameworks that seem to apply in understanding the machinations of "primitive" society, should also be apropos in our own, has been largely ignored until very recently. Yet Kimball, in the introduction to the English translation of Van Gennep's work, reiterates Chapple and Coon's request for a further examination of rites of passage beyond the "primitive" milieu. Kimball suggests that rites of passage should be investigated in an urban setting (1960: xvi), and that these rites:

> . . . deserve attention themselves. The critical problems of becoming a male and female . . . are related to societal strategies to adjust to new status . . . [furthermore Van Gannep's] . . . analysis of rites of incorporation is valid for understanding the problems associated with the "alienated" and "unclaimed" of modern societies (1960: xvii, x).

Within the last three decades, there has been a renewed interest in rites of passage, ritual, and ceremonial in contemporary urban America. These studies reflect a new conception of ritual and ceremony as secularized or "desanctified" (see Burnett 1975: 44). Nadel, for example, defines ritual as: ". . . any type of behavior . . . [that is] . . . stylized or formalized, and made repetitive in form" (Nadel 1954: 99 in Burnett 1975: 44). Others such as Goody have followed suit, viewing ritual as a

general category of action (1961: 142-64 in Burnett 1975: 46). There is also Arens and Montagu's concept of ritual as a "standardized performance" (1981: X), and Turner's view of rituals as a symbolic expression or statement of the individual's perceptions and feeling about his or her world and its natural and cultural relations (1969: 61). Posinsky (1962: 388), on behalf of secularized rituals, maintains:

> It cannot be argued too strenuously that ritual is not merely an exotic, archaic, or reactionary accretion to technology but a universal process and aspect of culture, which by reinforcing technological adaptations (and the related social interactions and values which stem from technological adaptations) is directly involved in group and individual survival.

These definitions share the supposition that ritual need not be necessarily religious and therefore is a perfectly useful construct for analyzing social relations and beliefs in urban American society. By freeing ritual and ceremony from religion, a number of authors have provided interesting studies on American society and the secular rituals of social relations (e.g., Montagu and Arens 1981; Spradley and Rynkiewich 1975). The rites of passage model also benefitted from the desanctification of ritual, and several authors have applied the rites of passage scheme to contemporary America. Burnett utilizes the rites of passage model in understanding the student system in an American high school (1975: 43-54). Fiske (1975: 55-68) regards football as a rite of passage from boyhood into manhood, and Schwartz and Merton's (1975: 195-212) study of high school sorority initiation rites also

includes Van Gennep's concept of separation. These analyses suggest the relevance of the rites of passage model for elucidating phenomena in a contemporary urban milieu, including transsexual rites of passage.

Symbolic Interaction

Erving Goffman, although not the founder of the school of symbolic interaction, is certainly one of the most well-known proponents and popularizers of the approach (see Goffman 1961, 1963, 1967, 1969, 1979, among others). Goffman was not troubled by anthropological reluctance to examine secularized rituals, and with little ado, conceptualed secular rituals in much the same way as the anthropologists cited previously (e.g., Nadel 1954; Arens and Montagu 1981, etc.). Goffman's definition of ritual (rather elusive if one seeks an exact statement) emerges as congruent with Burnett's secularized anthropological definition of "formalized interpersonal behavior" (1975: 46). For Goffman, rituals are firmly entrenched in the social relations of interaction. Like symbolic interactionists preceding him, his focus is on individuals whose statuses and identities are actively and creatively negotiated in ritualized and standardized presentations. People are the dynamic facilitators of their cultural environment as it is translated, manipulated, and given meaning in human interplay.[2]

Social relations are viewed as the continual process of interpretation of others' actions and self's actions in which meaning is an essential attribute of this process. People are envisaged as active participants in their cultural matrix in which meaning is not merely superorganically imposed but inculcated by individuals ". . . creating their social reality and sense of self as they engage in community life and as they interpret and evaluate the meaning of their interactions with others" (Kaufman 1981: 54).[3] Thus symbolic interaction as a school of thought focuses on the dynamic aspects of the creation of meaning and as an ongoing modus operandi of the self (see also McCall 1966 and Blumer 1969).

This school of thought has also made another major contribution, that of putting the "symbol" in symbolic interaction which articulates with Goffman's recognition of ritual in everyday life. Goffman is most notable for having emphasized the importance of symbolic associations in the interaction process. Although concern with the symbolic response of the action in society is not new in understanding behavior, as the symbolic anthropologists testify, it is an important addition to contemporary studies of people in complex societies. The concept of rituals in everyday life emerges as a component of symbolic interaction in which conventionalized expressions of meaning are presented.

Goffmanesque postulates of symbolic interaction have already been established in the literature as a worthwhile way of looking

at the transsexual's gender journey (discussed in Chapter II and Appendix A).[4] This investigation continues in the tradition of work on transsexuals that incorporates concepts formulated by the school of symbolic interaction.

A Synthesis

Several of the sociological treatments of transsexualism have referred the transsexuals' transition into womanhood as a rite of passage. Garfinkel (1967: 116), Kando (1973: 5), and Feinbloom (1976: 174) all make reference to the transsexual as a participant in a "status passage." Yet none of these researchers extend the notion of status passage to include the anthropological rite of passage as a tripartite scheme. The term "status passage" as opposed to "rite of passage" underplays the profound and dramatic change transsexuals undergo as they journey into a new gender and experience what for most humans is ineffable, knowing what it is like to be both men and women. The symbolic facets of the transsexuals' transformation, the meaning they give to the shared experience, the ritualization of the gender change and beliefs inherent in the foregoing can all be more clearly expressed by the broader concerns of the rites of passage model than in the concept of status passage.

Combining the rites of passage model with symbolic interaction yields a greater understanding of the transsexual's transition into womanhood than either analytical tool used independently.

Thus a broader analysis is possible since a more holistic view of status change is fostered because both cultural dynamics and individual interactions are taken into account. This is possible because the two approaches are complementary and share basic assumptions and precepts.

Anthropologists tend to focus their interest on the cultural meaning of the symbolic aspects of rituals and what these reveal about the change of status. However, a status transformation also includes the personal and private sector as well as face-to-face interaction with others. The school of symbolic interaction focuses on the identity transformation of the individual using the concept of the personal identity.[5] Personal identity is the individual's self image or concept of "self," which is active, self aware, and conscious of the social persona. The "self" also interacts with its situation and context by having the ability to see the self through others' eyes. In this way social identity feeds back into personal identity (i.e., Cooley's (1920) looking glass self (Vernon 1965: 145)) and an aware personal identity in turn manipulates social identity. Status change as the organizing principle of the rites of passage model can therefore be augmented by including identity as an active and reflective agent.

The rites of passage model in turn enhances this perspective by adding the cultural component to symbolic interaction. A symbolic interactionist's analysis posits that all meaning derives from interaction and underrates the power of existing cultural

symbols and metaphors, which have a powerful impact upon social identity as well as personal identity. Yet the rites of passage model and symbolic interaction are complementary because they share many of the same underlying assumptions and premises, although there is little evidence of any interdisciplinary and theoretical cross-fertilization between the two approaches by the later proponents of each (see n. 5).

Symbolic interaction has come to be associated with the dramaturgical metaphor. People are perceived as actors involved in self-conscious performances of status presentations (Goffman 1963: 100). Yet this premise, upon which much of Goffman's interest with symbol and ritual lies, was voiced much earlier by Chapple and Coon (1942: 405) in their statement: "A context of a situation may be compared to the stage properties in which an act or a drama takes place." This perspective, in which rituals are viewed as dramas of group relations, interlaces with the symbolic interactionist perspective by focusing on the acting out of these relations and belief systems.

Other sources of compatability between the rites of passage model and symbolic interaction reside in Goffman's (1963: 32) thesis of the moral career of an individual in which life strategies and experiences are represented by stages, phases, and cycles replete with agendas and career plans (McCall 1966: 244-45). It takes little imagination to see that the rites of passage model that describes ways in which people move and change statuses in

"primitive" societies (Van Gennep 1960: 2-3), can be conceived in modern interactionist terminology as native careers or vice versa.

At the root of Chapple and Coon's (1942: 418) as well as Turner's (1967: 93) formulation of rites of passage is the notion that change in status is problematic. The symbolic interactionist equivalent of this is that interaction is problematic when identities or statuses become questioned (McCall 1969: 95) (e.g., the social identity includes roles and statuses). While the symbolic interactionists regard change as problematic because interaction between individuals and others is disrupted when identities are impugned, Chapple and Coon (1942: 36-42) introduced the idea of interrupted rates or frequency of interaction in rites of passage as culturally troublesome.

Thus, like Goffman (1967: 19) and McCall (1966: 64, 88), but anticipating them, Chapple and Coon saw interaction as intimately tied to the smooth functioning of social relations. Chapple and Coon (1942: 540) proposed that regular rates of interaction between the individual and the other members of society were disrupted due to status change. The difference between the two is in the domains affected by the disruption. The anthropologist is focused on the group affected while the symbolic interactionist is more concerned with the individual.

Embedded in the idea of interaction and disruption, as a result of status or identity change, is the theme of disequilibrium in social relations (Chapple and Coon 1942: 418). Again, the domains affected by disequilibrium reflect the anthropologists'

interest in cultural dynamics and the symbolic interactionists' interests in the vicissitudes of face-to-face interaction. Rituals are regarded by the anthropologists concerned with rites of passage and symbolic analysis as the cultural solution to disequilibrium caused by change. For symbolic interactionists like Goffman, individual rituals in presentation of self are used to maintain the delicate balance in the interaction sphere where identities are negotiated so as to maintain an even flow of social discourse. Both approaches regard ritual expressions as pivotal mechanisms in fostering equilibrium in social relations and exacerbating the problematic nature of disequilibrium. Thus, rituals in the cultural setting are thought to bring about and ease transitions into and between statuses, just as conventionalized behaviors between individuals, ritualized and repeated in various circumstances, are seen to inhibit conflict in interaction caused by evidence of a discrediting social identity attribute.

Finally, the rites of passage model and symbolic interaction acknowledge the importance of symbol in public presentations and encounters (Van Gennep 1960: 3; Goffman 1963: 25-28). As the indigenous neophyte is presented with symbolic expression of his or her new status, i.e., symbolic death and rebirth (Turner 1967: 96-97), so the contemporary American choreographs a symbolic presentation of his or her social identity (Goffman 1963: 100). Implicit in both approaches is a notion that symbolic expression is intimately interconnected with interaction as a component of

status or identity reference (Chapple and Coon 1942: 460-72; Goffman 1963: 42-43). Symbolic referents are considered representations of human relations. The symbols expressed in rites of passage have referents to past and future statuses and affiliations just as symbolic expressions in interaction rituals have reference to statuses and affiliations negotiated by the actor to establish, facilitate and lend credibility to his or her presentation of the social self (Chapple and Coon 1942: 505; Goffman 1967: 77; McCall 1966: 223).

FOOTNOTES

CHAPTER III

[1]Chapple and Coon refined Van Gennep's conceptual scheme in two important ways. By concentrating on social relations as underlying the expression of rites of passage, they added rites of intensification as a conceptual framework for expanding the life crises to include the whole human system (i.e., cultural group) that may be affected simultaneously by external sources of potential conflict such as environmental change. They also retained and refined rites of passage as a model for explicating individuals' life crises, which they continued to view as the result of internal social change that affects the individual and as a consequence the group. While rites of intensification are not appropriate to this study, their elaboration of the rites of passage framework is; particularly as they integrated the concept of rates of interaction to add to the interpretive vigor of Van Gennep's three phase model.

The concept of interaction rates added a dynamic facet to the model and brought human relations explicitly into the cultural system. Separation was viewed not only in symbolic terms but also as a phase in which interaction was reduced or completely eliminated between the neophyte and his/her previous field of social relations (Chapple and Coon 1942: 48). In transition the individual interacts with the new system in which he or she will eventually become a part, and finally in incorporation the individual is returned to his or her previous field and rate of interaction, but in a new status and new field of symbolic relations between people (1942: 506). Chapple and Coon's conceptualization of interaction rates is intricately tied to the notion that change can be disturbing to individuals in society. Consequently, when rates of interaction are disrupted by rites of separation, and changed in the rite of transition, then equilibrium will be restored through incorporation when the individual is returned to his or her former rate of interaction (Chapple and Coon 1942: 418).

[2]Goffman's perspective is in the tradition of G. H. Mead who is credited with establishing the school of thought in his work, Mind, Self and Society (1934). He contributed the concept of the "self" as an important dynamic in understanding interaction, and interaction itself as crucial in the ascription of meaning as an experiential domain (Blumer 1969: 5). The self as a self-conscious, interpretive facet of the individual who is able to separate him/herself from others, yet has the capacity to take the part of the other, is considered the significant variable

in understanding the dynamics of meaning in the interactive process (Blumer 1969: 80). Mead's three underlying premises which characterize the school of symbolic interaction and the relations of self, interaction, and meaning are as follows (Blumer 1969: 1):

> "1. . . . human beings act toward things on the basis the meanings have for them.
>
> "2. . . . the meaning of such things is derived from or arises out of the social interaction that one has with one's fellows.
>
> "3. . . . these meanings are handled in and modified through, an interpretive process used by the person in dealing with the things he [she] encounters."

[3]Because people are the active not only reactive agents in the creation of meaning, their situation and context or the social environment in which they interact assumes meaning also as part of the interpretive process (Kaufman 1981: 54).

[4]Kando (1973), Feinbloom (1976), and Kessler and McKenna (1978) have found Goffman's (1963) symbolic interactionist's approach to stigma a fruitful perspective in describing the dynamics of the transsexual's transition. Their application of Goffman's (1963) concepts of identity (actual, virtual, social and personal), role relations and expression, context and passing, to name a few, have contributed greatly to the understanding of the transsexual's identity and role transformations and adaptation to the female role both pre- and post-operatively.

[5]Schwartz and Merton's (1975: 195-212) analysis of a high school sorority initiation rites provides an excellent symbolic interpretation of the rituals of social identity transformation as well as a revealing insight on how personal identity figures in the process of status transformation. This study represents the value of combining the anthropological rites of passage approach with its emphasis on symbolic and ritual components from a cultural point of view, with principles of personal and social identity established by the school of symbolic interaction.

CHAPTER IV

METHODS

The anthropological method of participant-observation fosters an emic and relativistic perspective. It requires that one become a part of the lives of the people one is studying. It is the art of "hanging out" and becoming entrenched in the lives of the observed. By becoming involved in the social relations of people one is investigating, by getting to know them intimately as people, real rapport can develop and insight above and beyond that gleaned by survey and short one-shot interview techniques.

The ethnographer becomes a special kind of insider. Simmel's concept of the stranger seems most analogous to the role of ethnographer who is both inside and outside by virtue of his/her quest of a scientific and objective understanding. Simmel's (1950: 402-04) stranger embodies this opposition as a:

> . . . person who comes today and stays tomorrow. He [she] is, so to speak, the potential wanderer . . . he [she] is fixed within a particular spatial group, or within a group whose boundaries are similar to spatial boundaries. But his [her] position in this group is determined, essentially, by the fact that he [she] has not belonged to it from the beginning. . . . For, to be a stranger is naturally a very positive relation; it is a specific form of interaction . . . The stranger, like the poor and like sundry "inner enemies," is an element of the group itself. His [her] position as a full-fledged member involves both being outside it and confronting it . . . [The] synthesis of nearness and distance . . . constitutes the formal position of the stranger.[1]

Simmel (1950: 404) continues his discussion noting that the stranger is an individual who has a certain objectivity which ". . . does not simply involve passivity and detachment; it is a particular structure composed of distance and nearness . . ." "Distance and nearness" is perhaps the crux of the participant-observation. This type of juxtaposition, which represents a synthesis of the emic and etic perspective, has been termed "disciplined subjectivity" by Bateson (1980: 272), "empathetic observation" by Schwartz and Schwartz (1955: 351) and "reflective subjectivity" by Warren (1974: 168). Warren's definition of reflective subjectivity characterizes the essence of these conceptualizations of participant-observation: "Reflective subjectivity acknowledges the humanness of the [social scientist] . . . while increasing the reflective observation of everyday life through special training and special tools such as field notes and interviews" (1974: 168).

Needless to say, the ethnographer engaged in this form of research is in a double bind. If one does not become involved in the lives of the research population, one is not likely to get honest answers to questions, but then affective involvement with the research population calls into question the scientific objectivity of the researcher (Humphreys 1970: 25). The desirability for an optimum balance between detached and affective participation and a balance between the "personal and objective" approach (see

Honigman 1978: 302-29) to research has concerned anthropologists for many many years.

While anthropological research may not always achieve this delicate balance of nearness and distance, it is an ideal for which to strive, and participant-observation was the method of choice for my work.

The Field

My entry into the world of transsexuals began on a December evening in 1979. I was anxiously waiting to meet three people whom I had not met before. They were guest lecturers who were to present a discussion at a gender workshop I had organized. When they came to my office I scrutinized them closely looking for clues as to their "real" identities, for I knew one of these people was a transsexual. The other was a transvestite and the third, a therapist whose specialty was counseling transsexuals. With this information regarding my guests, I had experienced a conceptual transformation. Nevermore would I be able to take gender for granted and assume that gender and genitalia were inextricably tied. The importance of the social parameters of sex-roles and social identity assumed a new prominence, not just as intellectual rhetoric, but as a way of thinking about gender and sex. At the time of my first meeting with a transsexual and a transvestite, I did not, however, realize the magnitude of that simple understanding and what it would mean for my acceptance among a group of people

whose experience violated the cultural belief that gender is an eternal verity.

I knew that only one of the three people I was meeting was a genetic female. All three were very attractive women, two in their mid to late forties and the other perhaps in her late twenties. It was not until they spoke that I was able to establish their identities on the basis of their voices. Hope identified herself as the therapist; the other middle aged woman was Leah, a heterosexual transvestite; the third Elise, the transsexual. I had not, until that evening, been introduced to anyone I knew to be a transsexual. The meeting was positive and afforded quick entrance into the lives of transsexuals and, to a lesser extent, transvestites.

Leah and Elise invited me to a Christmas party at a friend's home in December 1979. The people who attended were all active participants in a support group known as the Berdache Society. That December the group was approximately a year old; it had been founded by Sasha, a transsexual. Meetings were held at her house bi-monthly, although in the course of research these increased to four times a month. All the people I met at the party were pre-operative transsexuals and heterosexual transvestites.

I was fairly nervous about entering this party but Leah and Elise took care of introductions and established my affiliation by referring to the lecture they presented at my workshop. As far as I could tell I was the only genetic woman present. That seemed

to make little difference to anyone and I was not to feel like an outsider for long since everyone seemed most intent on welcoming me and expressing their delight that I had actually invited Leah and Elise to speak and was interested in their lives.

I was later invited to attend one of their meetings where I voiced an interest in an anthropological study of transsexualism and possibly transvestism, although the latter proved beyond the scope of a single in-depth study. A vote was taken at the first meeting I attended to see if anyone had objections to my entering the group. The Berdache Society was very clearly for insiders only and any outsider who wished to attend had to be voted in. Thus began my initiation into the group and a two year sojourn of active investigation and participation. The research endeavor continued intil December of 1981 when I began the process of assembling my data and concentrated fully on interpretation and analysis.

Tools of Research

The bulk of the data was gathered in natural settings in which I recorded information as an overt participant-observer. In Berdache Society meetings, I took notes on ongoing interaction and tape recorded some casual and information situations. At other times I transcribed field notes or recorded information as soon as possible after events. I also kept a written record of phone conversations. At all times the individual knew that I was

in the process of research. If the conversation progressed to a point where intimate information was provided, which it usually did, I felt it ethical to remind the individual of my role as researcher. This was a frequent necessity as the ambience of the interactions was rarely regarded as one of ongoing research by transsexuals. I was incorporated in the social relations of transsexuals affiliated through the Berdache Society and that made me part of a social network of transsexual friends and confidantes. The interactions were mutually empathetic and close. Seldom did my role as researcher interfere. I think this was because it was Anne, the friend, asking permission to record information about transsexualism. As a result my research role, though visible, was overshadowed by my role as friend and member of a social network. Thus the major portion of data for this investigation were gathered in natural and ongoing interaction. It emerged situationally and I recorded it on anything handy--a tape recorder, a notebook, scraps of paper, napkins, etc.

As the research progressed, and I became a fixed part of the meetings and a regular participant in transsexual activities, I used more formal methods for gathering data including structured interviews for which I constructed a series of questions around a central issue (e.g., the effects of female hormones, passing, etc.). These interviews were conducted in person or by phone, and responses were either taped or recorded in a notebook.

The most structured and formal level of investigation provided information that could be quantified, but that was also rich in detailed qualitative data. This information was gathered through several questionnaires that are found in the appendices including: the Bem Sex Role Inventory (Bem 1977: 320-21), a masculinity-femininity index (Appendix B), a request for a letter (Appendix C), a friendship network questionnaire (Appendix D), and a medical expenditure questionnaire (Appendix E). Not included in the appendix is a rather long and arduous life history questionnaire eliciting psycho-sexual history, development, values, and beliefs.[2]

Information from these questionnaires provided access to quantifiable data that were used as a cross-check on information gathered in participant-observation. In addition, through immersion in the lives of transsexuals, I was better able to place in perspective and context the questionnaire-derived material. The synthesis of the qualitative and the quantitative research methods lends greater credibility to each. First, the questionnaire-derived information seems to balance data gathered by affective participation with objectivity. And secondly, information gleaned from questionnaires that is quantified can be cross-checked by detailed field notes to ascertain continuity between the formal, questionnaire-elicited response and the informal, situationally-derived information.

Data that are quantified and/or analyzed with simple statistics in this work are not intended as the primary focus of interest.

They are presented in the form of tables to indicate trends and/or variation and to illustrate points of interest that were originally determined by participant-observation and qualitative analysis. It is important to remember the small sample size responding to the questionnaires, and that this population is probably subject to regional variation and other factors which make them unique in some respects (such as their affiliation through the Berdache Society) and hence unrepresentative of the total transsexual population.

My Role

Initially my role among transsexuals was as an anthropological intern bent on learning everything I could about transsexuals and transvestites. Although my role changed in some ways as the research progressed, one aspect of it did not. I was an anthropologist interested in transsexualism and this was crucial. I suspect my anthropological status may well have been responsible for my subsequent role as friend which, once established, overshadowed the former. As an anthropologist, once I explained the rudiments of ethnographic analysis to transsexuals, I was clearly juxtaposed to other outsiders who are involved with transsexuals. I was not only an anthropologist interested in their daily lives, but I was more importantly not a therapist or a psychiatrist. I had no formal relationship, required by medical policy, that must be fulfilled in order for the transsexual to have her surgery. I had

no power in any form over whether they would, in fact, be evaluated favorably for the conversion operation. This voluntary association with transsexuals with whom I was on equal footing in terms of power relations, fostered the development of candor that is restricted to deep and personal friendships. At any rate the people with whom I researched had no vested interest in fabricating or lying to me about certain aspects of their lives. Information they gave me in confidence with permission to use for research could never be used in judging their eligibility for surgery. This, I believe, set the stage for a kind of freedom in my relations and communications with transsexuals.

In addition to simple acceptance, my sex as a female may have been a significant factor in the research. As a woman, undoubtedly I had access to relationships that would not have been possible if I had been a male. This is in part due to the nature of sex roles in our society and the seeming ever-present and frequently intrusive sexual issue that has the potential to affect the calibre of male-female friendships. But, more important was the fact that transsexuals highly valued genetic women. For g.g.s (transsexual argot for "genetic girls") have been women all their lives and have spent a lifetime involved in the cultural "back regions" of women's worlds. These are the sectors of women's lives that would bear the signs "for women only" and include an immense amount of information about the cultural baggage of women, their intimate ideas, beliefs, cosmology, etc., that perhaps they would

only tell another woman (or, in the male sector, an intimate lover or husband). Transsexuals feel they have a short period to make up for the time they lost being men, and to learn about being women. The g.g. can give them much insight into sectors of women's experience that men usually do not have. Consequently, genetic women friends are highly valued by transsexuals. Genetic women have a sort of mana in the eyes of transsexuals by virtue of their lifelong history as women, and some of this can be transferred by association with genetic women and by direct teaching by genetic women.

This attitude certainly facilitated my involvement in transsexuals' social networks. As friend and researcher I initiated reciprocity. Since I was trained by a cosmetic company to do professional makeup and since this expertise was something appreciated by both transsexuals and transvestites, the very minimum I could do was help with makeup in return for all they had given me. A vast amount of technology is spent on women's appearances, and those of us who have matured as females in a traditional culture cannot help being acquainted with it in some capacity. I was able to help transsexuals curl their hair and style it in different ways, give help on wardrobes, and generally serve as a role model and reliable source of information.

In other ways I found I could do research and help my transsexual friends with very specific needs. On occasion I served as a cover for transsexuals who were going out in public for the

first time or first few times. This primarily meant taking over conversation so the transsexual male voice (voice alteration usually takes longer to accomplish than learning the art of passing undetected in a society as a woman) did not give her away or discredit her identity as a woman.[3] Such experiences were gratifying because they allowed me to do something in return for people who so willingly contributed to my research, as well as to have some firsthand experience with initial passing strategies.

In the course of research, I was presented with the opportunity of a transition from my academic role as researcher and my affective role as friend to that of advocate.[4] This occurred with the formation of the Center for Identity Anomalies, another brainchild of Sasha, the transsexual founder of the Berdache Society. In the summer of 1981, Sasha and Elise invited me to be vice-president of the Center and to be active in its development. The Center, as conceived by Sasha, was to be an umbrella kind of organization through which broader endeavors could be accomplished on behalf of transsexuals and transvestites, such as workshops and other educational activities directed at the local medical and mental health sectors concerned with transsexuals and transvestites, and basically any other type of effort which might benefit the cross-dressing community in personal or group terms.

I agreed to the role of vice-president and made explicit that I would act as an advocate for the group, an intermediary

who facilitates the group in establishing goals and implementing plans to achieve these goals. In this way, my role as ethnographer expanded to that of advocate as a natural consequence of the implicit reciprocity inherent in ethnographic research. I have made it clear that I will continue my obligation as advocate for the Center as long as it remains a support and advocate organization for and by transsexuals and transvestites.

My relationships with transsexuals continue as of this writing, although I am no longer the eager researcher probing the depths of their lives except to cross-check information on occasion. During the research I became friend and confidante. Now they look forward to the time I can be just a friend. This reflects their own growth and identity transformation as women throughout the two years that I have known a core group of them (although new members in this two year period have joined the Berdache Society and began their own development and progress). These transsexuals have either shed or are in the process of shedding their transsexual identities and becoming women. As a consequence, they have different needs and expectations in their relationships, the most important of which is to be accepted as women and to focus on womanhood in their lives, not their transsexualism per se. I, too, am looking forward to the time when I can just be a

friend to the people I have come to know so well without the "participant-observer" stopping to take notes, always alert, aware, and on my interpretive toes.

FOOTNOTES

CHAPTER IV

[1]Simmel's concept of the stranger as analogous to the role of the ethnographer and several of the other ideas presented on the subject of participant-observation were first presented in my Master's thesis (Bolin 1974: 1-32).

[2]I will supply the interested reader with copies of the Life History Questionnaire and other questionnaires included in the appendices upon request.

[3]Voice alteration comes with a great deal of concentration and practice. Several transsexuals have taken voice lessons at speech centers where, through vocal exercises, they have been able to elevate the pitch of their voices.

[4]Discussion of my role as advocate is presented in my article, "Advocacy With a Stigmatized Minority," Practicing Anthropology 4, No. 2 (1982):12-13.

CHAPTER V

THE RESEARCH POPULATION

The current study rests on information solicited from a variety of sources apart from transsexual informants. A number of professionals in the field of gender dysphoria contributed information. I have interviewed local medical-mental health professionals who provided information and insight on the subject. Also, several nationally-known researchers, with whom I became acquainted at the 7th International Gender Dysphoria Association (Lake Tahoe, Nevada, March 1981), shared ideas and research, and later corresponded, answering questions and providing invaluable comments.

The exact number of transsexuals who participated in this study is difficult to assess since information from transsexuals was not confined to those who associated with the Berdache Society. Four types of transsexual informants may be described reflecting, in an impressionistic way, the relative degree to which they are discussed in this work and the amount of information they contributed. The four types of transsexuals were:

1. Several transsexuals met at the 7th International Gender Dysphoria Association meetings. During the meetings and in correspondence, they provided data on their transition. Also

included in this category were transsexuals who visited the Berdache Society meetings during their vacations or on trips who were part of a transsexual network of affiliations throughout the United States.

2. Three local post-operative transsexuals and several pre-operative transsexuals. The latter, because of time schedules, could not attend the Berdache Society meetings, but also furnished data. The three post-operative individuals, two of whom visited the Berdache Society on special occasions, have all provided information on the transsexual's transition and post-operative life and adjustment.

3. Four transsexuals, pre-operative, who joined the Berdache Society approximately a year and a half into the research. Their addition to this study was as significant as the core group of transsexuals, all of whom I have known for a year and three months to two years. However, by comparison, I knew these four less intimately than the core group, although a great deal of information on their development and progress into the female gender was included. Data from this group fit within the pattern established by the core group and substantiates the core group's transition strategy.

4. A core group of 12 transexuals; the major actresses in this drama of transition. These people were all either in the Berdache Society or joined within nine months of the first meeting

I attended. One, whom I had met in December of 1979, relocated a year and a half into the research. Thus the bulk of this core population was remarkably stable geographically, although this is not to say that their participation in the Berdache Society was. There was an evolution in participation in the Berdache Society, and the closer the transsexual got to adopting the female role as a full-time role occupant and the more esconced she became in her role as a female full-time role occupant, the less her degree of active participation in the Berdache Society.

This small sample size of approximately 16, plus 3 who contributed more peripherally, is fairly representative of the small sample size of many transsexual studies. Although a number of gender clinic investigations involved much larger sample sizes, e.g., Dixon's 1981 study of 1,400 transsexuals, most research populations are much smaller. Green's (1974: 65) population consisted of 30 adults and 38 children; Money and Ehrhardt's (1972: xi) population numbered 25; Driscoll (1971: 21) and Kando (1973: vii) studied 17 transsexuals; Walinder (1967 in Pauly 1969: 41) investigated 43 and Raymond (1979: 15) based her research on 13.

Of the core group of 12, 5 were living as women when I met them through the Berdache Society. Of these one moved out of state and one had the sex change surgery in the fall of 1981. During the course of the research, seven transsexuals who were

living dual roles, working as males and cross-dressing as women on a part-time basis, adopted the female role 100 percent of the time. One of these, Lydia, did not adopt the role full-time in the same sense as the other transsexuals. Instead, she chose a course of action known as androgyny under the guidance of her therapist, Hope. Androgyny, in which the transsexual gradually feminizes herself to the point of becoming a full-time female role occupant, necessarily includes a stage where she is "hypothetically androgynous," neither appearing male nor female and her gender appears ambiguous. It was frowned upon by most transsexuals as a violation of the "proper" course of events in pursuing womanhood (see Chapter XII for discussion). One transsexual in this group who went full-time shortly after I met her in September of 1980, had her surgical conversion in the fall of 1981. And, finally, the four who joined the Berdache Society approximately a year and a half into the research were living dual roles, working as males but undergoing therapy and preparing for the time they would live as women full-time. Of these four, one was under a program of female hormone management in efforts to feminize her body in preparation for full-time status. Aside from the three who were in the early stages of their transformation and were not taking female hormones, the rest of the population was undergoing hormonal therapy, as were the three post-operative transsexuals, since some hormonal therapy is necessary the rest of their lives in order to maintain feminization of the body despite surgical removal of the

testes. All of the transsexuals had electrolysis to varying degrees to remove facial and/or body hair.

Two transsexuals had bilateral castrations. One underwent her bilateral castration in the winter of 1980. In the spring of 1981 she had breast augmentation surgery, followed by her sex change in the fall of that year. This transsexual chose the castration as a prelude to surgery, instead of the usual one-step castration and vaginal construction of the standard sex change procedure, for several reasons. It was a step in the process of becoming a genital woman and psychologically gratifying to have the testes as a symbol of masculinity (via their male hormone-producing function) removed. Retrospectively she felt this was a wise step to take because it allowed her to prepare for the later surgery by coping with emotional changes she claimed were the result of the withdrawal of male hormones accompanying castration. It is difficult to assess how true this was since the other transsexual, after her sex conversion operation, claimed no emotional changes as a result of removal of the testes. Certainly individual variation may be important as well as expectation.

Another transsexual underwent the castration at approximately the same time as the former; however, her reasons were medical ones. The castration allows the transsexual to reduce the dosage of female hormones, since a good percentage of the male hormonal influence is dissipated by removal of the testes (see Chapter X for discussion). Because she was at high risk for heart problems

and her doctor felt that the female hormones could exacerbate her condition, she chose the castration in order to reduce her dosage of female hormones and reduce the risk to heart disorder. In the spring of 1981, she had rhinoplasty to improve the appearance of her nose and a tracheal shave in which the thyroid cartilage, more commonly known as the Adam's Apple, is reduced in size to be almost unnoticeable. This surgery was in preparation of her adoption of the female role in a full-time capacity.

One other transsexual, Ophelia, who was full-time status when I met her, had rhinoplasty. Ophelia, due to a childhood of beatings and multiple breaks in her nose, found the rhinoplasty improved her appearance and self-image considerably.

The Berdache Society affiliates came in all ages, sizes, shapes, educational and economic backgrounds. The ages ranged from 26 through 48, with the majority over 30. The range of education varied as did job status, from blue-collar to white-collar types, from salaries to self-employed. As for physical appearance, again there were no trends. One transsexual was 6 feet 3 inches tall and the shortest was 5 feet 4 inches tall. Some were as slender as a high fashion model and others were plump. Some were extraordinarily beautiful by the standards of our society and others more average. All tried to present themselves attractively. They were a heterogeneous group in many respects who shared one major characteristic. They wanted to be complete women and that could be achieved by having the sex change surgery.

This population shared with all the other transsexual populations reported in the literature an early appearance of gender identity conflict. I asked 11 transsexuals how old they were when they first knew they wanted to be a female. This information is presented in Table 1. The ages range from 3 to 9 with 5 as the modal age. Although the modal age of 5 is supported by the literature of early cross-sex identity in transsexuals, it must be kept in mind that these were adult constructions made in light of an adult identity as transsexual. In discussion with transsexuals informally, it became clear that some unequivocally endorsed an early age of recognition of the desire to be a female. Two have reported that they really thought of themselves as little girls and were rather rudely awakened when their parents pointed out differently. Others maintained it was a process of recognition; that a pervasive sense of feeling confused, uncomfortable, and different was gradually consolidated into the awareness that one felt more like and wished to be a female. This may account for the transsexuals who gave ages of over 6 for recognition of cross-sex identity. The later ages (6 and over) in Table 1 indicate that identity ambiguity may have occurred in these individuals. The range of professional opinion as to the age that gender identity is formed varies from around 2-1/2 to 4 years old, and by 5 years old it is generally agreed that gender identity is firmly established (Rosen 1969: 663; Pomeroy 1978: 219; Money and Tucker 1975: 87, 109; Money and Ehrhardt 1972: 16; Beach 1973: 341). Information

Table 1

Age Transsexuals First Recognized
Wish To Be Female
(N = 11)

Transsexual Number	Age
1	9
2	7-8
3	5
4	5
5	4
6	6
7	5-6
8	4-5
9	3
10	6
11	5

for this population supports Green's (1969: 34) contention that transsexuals either have a firm cross-sex identity by 5 or at least an ambiguous identity.

In addition to reports of early childhood cross-sex identity, or ambiguity, transsexuals in this population shared an early history of cross-dressing. It is a rare transsexual who did not report childhood cross-dressing and almost all had stories to tell of cross-dressing incidents. This, again, was in conformity with the literature on childhood evidence of cross-dressing among transsexuals (Green 1974a: 47, 51; Driscoll 1971: 29-31). Eleven transsexuals provided specific data on age of first cross-dressing; desire and experience (see Table 2). The ages of the first desire to cross-dress ranged from 3 years old to 13 with ages of 5-7 as predominant. The clustering of ages for the first cross-dressing experience varied from 3 to 9 years old with 17 and 30 as clearly outside the range of childhood cross-dressing. However, in conversations with these two transsexuals, both noted a few incidences of childhood cross-dressing but each waited until fortuitous living situations made cross-dressing more feasible and more regular: one when she moved away from home and the other when she got divorced. These two individuals probably had a higher regard for potential parental opprobrium than their colleagues.

My sample presented long histories of gender discomfort and in the majority of cases a lifetime of cross-dressing in secret. In this sense, they shared the common history of gender dysphoria

Table 2

Age Adult Transsexuals First Felt Desire to Cross-Dress and Age First Cross-Dressed (N = 11)

Transsexual Number	Age First Felt Desire	Age First Cross-Dressed
1	9	9
2	5	5
3	5	5
4	3-4	3-4
5	8	8
6	6-7	6-7
7	5-7	8
8	NA	30*
9	3	3
10	6	6
11	13	17

*#8 reports only two or three minor incidents as a child.

established in the literature. They were, however, quite diverse in many other ways and more heterogeneous than the literature reports (see Chapter VI). On the other hand, they had a common strategy for coping with transsexualism and resolving it.

Transsexuals have developed a system for transformation that is regarded as the good, right, and proper way to pursue surgery. If transsexuals did not cut corners and followed the rules developed in their intra-group association, then it was believed they would become complete women at the end of their journey. The Berdache Society provided a formal structure where norms were solidified through group interaction and dispersed throughout the transsexual social network. The Berdache Society also provided a mechanism whereby identities were solidified and where meanings of identities were clearly stated.

The Berdache Society was an opportunity to end the loneliness by finding others like themselves. It was at Berdache Society meetings that transsexuals could for the first time share their feelings and interpret their self-concepts and identities vis-à-vis the other transsexuals and transvestites in the group. There they found friends and others who accepted them as they were or wished to be. In time, transsexuals advanced beyond what the group provided. They were well on their way to becoming women, and they shunned their transsexual identities opting instead to concentrate on becoming a woman through living and working as a woman and developing social networks in which they could be known as women,

not transsexuals. Thus they tended to drop out of the meetings of the Berdache Society as they approached and entered full-time status although they continued friendships with other transsexuals who were in the same stage of development towards the surgery. A great deal of sharing, socializing, learning, and exchange of information continued outside the Berdache Society meetings, even after their attendance waned and eventually ceased (except for ceremonial visits). There was not a transsexual who did not state that finding the Berdache Society was a significant step in her life and very important in her transition.

CHAPTER VI

TRANSSEXUALS AND MEDICAL-MENTAL HEALTH CARETAKERS

Apart from the Berdache Society, two other reference groups have a major impact on transsexuals: the medical community (psychiatrists, surgeons, endocrinologists, etc.) and the mental health professions (psychologists, counselors, social workers, etc.). The interaction of transsexuals and their medical-mental health caretakers, their influence on the transsexuals; rites of transition, and the system of underlying power relations is the focus of this chapter.

The medical and mental health caretakers are crucial to the transsexual's transition from male to female. They provide the services of therapy, hormonal management and surgical reassignment. The link between caretaker and client is established through medical policy that directly bears on the transsexual client consumers, a policy formulated by the Harry Benjamin International Gender Dysphoria Association whose membership consists of psychiatrists, surgeons, endocrinologists, and mental health professionals.

The formalized "Standards of Care" (Berger et al. 1980) that transsexuals must follow outlines the rite of transition, providing

agenda and ordeals. These standards are ritualistic in the sense that they are "prescribed, rigid [and uniform] and have a sense of rightness about them" (Bossard and Boll 1950: 14). Chapple suggests "[m]uch of what is being developed under the name of therapy, administrative medicine and the like is ritual in disguise . . ." (1970: 302). Indeed the guidelines set forth for the care of transsexuals can be viewed as the medical and mental health caretakers' "management of life crisis" through ritual mediation (see Chapple 1970: 302). The medical and mental health sectors are providing medical policy that in a general sense helps modern people cope with change by formulating procedures that if followed, make things right. By devising medical policy that provides guidelines for the transsexuals' transition, the caretakers are regularizing the transsexuals' transition in the form of stages and schedules for changing status (see Chapple 1970: 303). They are specialists of change, operating in the role of "officiating personages" in their own secular rituals restoring equilibrium and stability in individuals' lives and in his or her relations to society, akin in many ways to the role functions of the shaman (see Posinsky 1962: 384-85; Chapple and Coon 1942: 397).

The medical requirements that the transsexual must fulfill are functionally equivalent to rites in less technologically sophisticated societies, for these ensure a greater chance of success (Gluckman 1962: 31-32). To follow the ritualized requirements set forth by the Harry Benjamin International Gender

Dysphoria Association is to avoid disaster. These ritualized ordeals are based on medical-mental health research to date designed to weed out the poor surgical risks. If the transsexual accomplishes all the requirements in the "Standards of Care," she is considered to be a good risk for surgery.

The "Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons" (Berger et al. 1980) is a document, the first of its kind, initially approved by the attendees of the Sixth International Gender Dysphoria Symposium in 1979, and subsequently revised and approved in 1980 and 1981. The purpose of the "Standards of Care" is to provide an ". . . explicit statement on the appropriate . . . [treatment] . . . to be offered to applicants for hormonal and surgical reassignment." It is an effort to provide uniform care where previously a plethora of ideas on the subject abounded and is, therefore, a document that may be referred to by the caretakers and whose minimal requirements are recommended strongly (Berger et al. 1980: 2, 5).

The item described in "Standards of Care" as most important to the pre-operative individual is the "psychological evaluation." It is simply the caretaker's estimation of whether the applicant is a good risk for hormonal and surgical reassignment. Before she may obtain hormones, the transsexual must procure a written recommendation for such therapy from a psychiatrist or psychologist

who has known her in a "psychotherapeutic relationship" for a minimum of three months. In order to qualify for surgical reassignment, she must present the surgeon with two written recommendations: one from a psychiatrist and the other from a psychologist or psychiatrist. One of these recommenders must have known the client in a psychotherapeutic relationship for six months. In addition, the transsexual must provide evidence that she has lived for one year in a full-time capacity as a female (Berger et al. 1980: 7, 9).[1]

Living full-time as a woman means adapting to the female gender role 100 percent of the time. This is the "real life test" in which the transsexual must demonstrate that she has been "rehabilitated hormonally, socially, vocationally, financially and interpersonally" in her new role as a woman (Money and Walker 1977: 1292). Any surgeon who performs surgical sex reassignment without obtaining two recommendations indicating these requirements have been fulfilled and that the transsexual in both the psychiatrist's and/or psychologist's estimation is a good risk for surgery is considered guilty of "professional misconduct" (1980: 5, 7-9).[2]

The DSM-III, the Diagnostic and Statistical Manual of Mental Disorders, published and endorsed by the American Psychiatric Association (3rd ed., 1980), justified the "Standards of Care." It is a manual of criteria to aid the medical and mental

health caretakers in assigning a client to a psychiatric category. An "accurate" diagnosis of a client's psychiatric condition is considered a prerequisite for therapy (MacRae 1976: 204). In this sense the "Standards of Care" require that the psychological evaluation

> . . . for hormonal and/or surgical sex reassignment should, in part, be based upon . . . how well the patient fits the diagnostic criteria for transsexualism . . . in the DMS-III category 302.5X to wit:
> A. Sense of discomfort and inappropriateness about one's anatomic sex.
> B. Wish to be rid of one's own genitals and to live as a member of the other sex.
> C. The disturbance has been continuous (not limited to periods of stress) for at least two years.
> D. Absence of physical intersex or genetic abnormality.
> E. Not due to another mental disorder, such as schizophrenia. (1980: 5)

It is undeniable that the "Standards of Care" are valuable in preventing irreversible surgical mistakes. These guidelines ideally provide protection for both the clients and the caretakers. Yet, inherent in the "Standards of Care" and in the policy relations of caretaker to client is inequity in power relations such that the recommendation for surgery is completely dependent on the caretaker's evaluation. This results in a situation in which the psychological evaluation may be, and often is, wielded like a club over the head of the transsexual who so desperately wants the surgery.

Such power dynamics often breed hostility on the part of transsexual clients. Amara, a transsexual, summarizes her feelings of anger typical of transsexuals toward caretakers:

> If, as a pre-teen you express your desires, you'll be told it's a "phase" and you'll grow out of it. And if you don't grow out of it, you'll be sent to a doctor who will "put you away" for being crazy. Since at this point you can't even put a label on your feelings, how can you argue? As a teenager you'll probably discover the label for what you think you might be, but because most of the information available is written for professionals, you won't be sore. Should you again present your thoughts to your parents/doctors/teacher/counselor you'll probably be told you're not transsexual, you're gay and even if you are transsexual, couldn't you please switch to gay anyway? As an adult, you'll not only figure out what you are, you'll take some action to correct what you perceive to be a gross injustice. At this point you will be told you will have to convince two "mental health specialists" that your feelings are real and you are emotionally stable, that you must work at a job for which you were not trained since your job skill will not be transferrable, you must save a year's wages or more for the surgery since insurance companies define it as voluntary, cosmetic, non-essential surgery, that you must do all this while conforming to the doctor's idea of a woman . . . , not necessarily yours and that even if you meet all the requirements and go ahead with the surgery you'll be no happier than you are now--in effect, all the hassle will produce no net change in your life so why do you want to bother. And through it all, you'll get the impression the "professionals" not only know less about the subject than you, they're more interested in protecting their malpractice insurance than your well being. The attentive listener will have noted one common element about the preceding scenario: at no point are the transsexual's feelings acknowledged as legitimate and deserving of action. How else could we feel but hostile?

While Amara's hostility may be more open and articulated than most, I have noticed generalized animosity toward the psychiatric profession indicative of an inherent imbalance in

power between mental health caretakers and transsexuals. Taking this into consideration, many of the professionals' claims that transsexuals are resistant to counseling may be viewed in light of such dynamics (Star 1982: 18; Pomeroy 1975: 217). Inequity in transsexual power relations, vis-à-vis their caretakers, is a far more reasonable interpretation for resistance to therapy than resorting to psychodynamic explanations such as "immaturity and inability to separate from her mother" (Star 1981: 182) or the inability to want to deal with "deep seated conflictive tensions, desiring only superficial treatment by a sympathetic professional" (name withheld).[3] My own research indicates that most transsexuals have spent a significant portion of their time coping with their existential gender angst. Finding the label transsexual and applying it was not an overnight event. Transsexuals were consequently deeply analytical, based on a long history of self-questioning.

In order to protect the practitioners and the transsexual from an irreversible mistake, power weighs on the side of the caretaker and this foster transsexual resentment. It is certainly a dilemma, especially in light of Pomeroy's view that one of the major tasks of a therapist in treating a transsexual is to promote a non-evaluative and non-judgmental therapeutic encounter (1975: 3218). Yet this evaluation is at the crux of the unequal power relations and one that is unavoidable.

In this lopsided interaction the client is vulnerable to the caretaker's subjective conceptions about what constitutes evidence

for a DSM-III classification of transsexualism and a good surgical risk. As innocuous as the DSM-III criteria for diagnosis appear, a great deal of reading between the lines via the transsexual literature occurs that is used by the professional in a subjective estimation of the client's status.

It is at the interface of diagnosis and the psychological evaluation that the problems of theoretical misconception, stereotypical expectation, and generalization occur. The mental health caretakers struggle to understand a phenomenon that in its surgical resolution is only about 28 years old. In order to treat a client they must rely on the research in the field of gender dysphoria. This research includes alleged commonalities of transsexualism that become elevated to the level of diagnostic criteria. My own research, including a reading of the literature, attendance at the recent 7th International Gender Dysphoria Association meetings, and communication with transsexual caretakers suggests the widespread use of etiological correlates and behavioral characteristics attributed to transsexuals as diagnostic criteria.

Stereotyping clients occurs on two levels. One is the presumed homogeneity of transsexuals, but another more fundamental assumption about the phenomena is embodied in the DSM-III. Germane to the DSM-III is a "mental illness paradigm" for diagnosing an individual's problems (Smith 1981: 23). "[It] . . . assumes a priori an intraorganismic locus of all psychic ills" (Schacht and Nathan 1977 in Smith 1981: 23). Social and cultural variables are

then necessarily subordinated to the mental illness perspective (Sarason 1981: 827). It is paradoxical that concepts of mental illness are actually rooted in the sociocultural matrix that then spawns a ". . . social policy that has called people sick, and therefore, has had to find illnesses for them" (MacRae 1976: 230).

The transsexual is labeled mentally ill and ipso facto in need of psychiatric care. This premise is formalized through the psychological evaluation requirements in the "Standards of Care." The problems of stigma and the possible impact of the mental illness label are overlooked. The "intra-organismic" or person-centered approach considers the therapeutic encounter as the primary factor in transsexual mental health, yet a great deal of conflict resolution occurs simply through adopting the full-time female role. Living and working as a woman for a year may be the single most important factor in resolving gender identity conflict. In fact, in a personal communication to Feinbloom, Richard Green "suggested from his follow-up of transsexuals, that pre-surgical counseling was not necessarily the major factor in post-surgical adjustment" (1976: 54). I am by no means intimating that the pre-surgical counseling is not necessary as a concomitant of a real life test, but that the mental illness model overestimates the importance of psychiatrists and other mental health professionals as diagnosticians. Perhaps their importance resides instead in their roles as caretakers, gatekeepers, and legitimizers. These roles of practitioners participating in a ritual are a major

contribution to the transsexual rite of transition, providing order and invaluable cultural support. Mental health caretakers, like medical professionals, provide symbolic and hence "real" validation for the transsexual's pursuit of womanhood. They legitimize the societally held beliefs that people who are women should have vaginas. Like shamans in other cultures, the medical and mental health practitioners ". . . heal and protect the community from harm . . ." supplying an official and dramatic way for people with penises to become people with vaginas, the only proper claimants of the female gender role (Miller and Weitz 1979: 555-56). This protects our cultural notions of the relations of genitalia and gender role and ensures that the female gender will not be profaned by a permanent class of genital imposters.

Practitioners are possibly overlooking their important ritual functions in assisting the transsexual's transition by providing guidelines and ordeals that are interpreted symbolically as acts of becoming by the transsexual and validation for her claim as heiress to the female role. At the same time, the DSM-III categorization of transsexualism as a mental disorder lends propriety and respectability to the role of the caretaker, particularly to psychiatrists, legitimizing their affiliation with transsexuals. Transsexualism is now recognized as a bona fide medical and psychiatric condition. One psychiatrist's comment at the March 7th International Gender Dysphoria Symposium indicates the priority of caretakers' concerns for their own validation within their

profession via the DSM-III. (see footnote 3). This particular psychiatrist, a most sensitive therapist and advocate of transsexuals, states,

> . . . although consumers don't like the DSM-III classification . . . it has legitimized gender dysphoria . . . in that it is now a legitimate psychiatric diagnosis. . . . While the surgeons of gender dysphoria are feeling out of mainstream medicine . . . , the psychiatrists have been getting more acceptance now that they are validated by the DSM-III.

Thus psychiatrists have enhanced their own credibility at the expense of stigmatizing their clients in the mental illness mode.

Of course, caretakers within their own professions are victims of the pollution of stigma attached to their clients (see Goffman 1963: 30). The caretakers, by giving psychiatric status to transsexuals, are engaged in their own stigma management. Thus gender dysphoria professionals validate their own position by declaring transsexualism a medical problem rather than a moral or social problem. Medical labeling through the DSM-III is a mechanism whereby psychiatrists, psychologists and other mental health workers can keep their own identities pure and uncontaminated.

The imbalance of power relations germane to transsexual-caretaker interaction along with transsexual resentment of psychiatric classification as a mental illness has culminated in transsexual hostility and distrust towards caretakers, particularly psychiatrists. Such feelings unfortunately override, and in some ways offset, the great concern and advocacy efforts of many psychiatrists and psychologists.

The DSM-III classification is one mechanism whereby all transsexuals are lumped together and pigeonholed. Concepts of transsexual homogeneity are perpetuated in other ways, such as the application of popular and prevalent notions about etiological and and behavioral concomitants. I have isolated four such alleged attributes proposed by well-known researchers of gender dysphoria. They are: (1) dominant and overprotective mothers in association with absent fathers, in a physical or emotional sense (Stoller 1968: 102, 263-74; Green 1974a: 216-40; Green 1974b: 47, 51); (2) effeminate childhoods (Green 1974: 22, 43, 216, 240-41, 244; Stoller 1968: 251; Money and Primrose 1969: 131); (3) the penis as an organ of hate and disgust (Benjamin 1966: 21; Green 1974: 190); and (4) heterosexual orientation; males are deemed the appropriate sexual object choice for the transsexual since her gender identity is female (Benjamin 1966: 26; Walinder et al. 1978: 16-20; Pomeroy 1975: 220; Kando 1973: 13, 145; Raymond 1979: 84).

I have found no support in my own research that any of these conceptions are invariably associated with transsexualism. What is significant is the heterogeneity of careers in my transsexual population. They could not be typified except in the sense they each have had a long history of wanting to become a woman and of cross-dressing. They were a diverse group with complex biographies, psychosexual histories, and a variety of strategies for coping with gender identity conflict. While some evinced one or more of these characteristics, others conformed to none. Among the transsexuals

I have questioned on these items, I found no justification for the use of any of these characteristics, either alone or in combination, as diagnostic markers, predictive of transsexualism.

My research on these four attributes of transsexualism is subject to the same critique as much of the literature on transsexualism. Statistical analysis of transsexual correlates is largely dependent on sample size.[4] To base etiological correlates on a small and obviously self-selected sample is certainly methodologically unsound. Much of the research is unfortunately grounded on just such samples; and even where sample size is large, a number of confounding variables can affect the results such that bias and the question of representativeness are pertinent. Although the results of my research on these four attributes of transsexualism may be influenced by regional bias and the uniqueness of the research population, one cannot attribute the heterogeneity of this population solely to this basis. This heterogeneity bears some scrunity.

Mother Blame Theories

The first of these correlates is what I shall refer to as the "smother mother," absent-father theories, or theories of mother-blame.[5] My data on mother-blame etiological theories, as in the case of the other three diagnostic markers of transsexualism, comes from interpretation of psycho-sexual history questionnaires, and through participant-observation, that serves as a check on the

questionnaire data. Transsexuals, in discussion and in questionnaire responses, did not resort to mother-blame-absent-father theories as an emic explanation for the phenomenon. They simply stated they just did not know, although they were certainly aware of popular etiological theories. In their own histories, transsexuals were for the most part struck by their own "normal" lives. Eleven transsexuals responded to questions on their family histories and relations formulated to assess the impact of dominant mothers and absent fathers. Of these, one was from a divorced family and another's father died when she was 12. The former individual was without a father between the ages of 9-12 at which point the mother remarried. The stepfather in this case traveled a great deal and was not a significant influence in this transsexual's subsequent junior high and high school years. The latter individual's father was a solid partner in the family until his death when the transsexual was 12. Thus two transsexuals had a physically absent father after 9 and 12, respectively. The remaining nine transsexuals grew up in rather mundane, two-parent households, reflected in Eunice's quip: "I grew up in an Ozzie and Harriet family."

The fathers emerged as traditional males who were disciplinarians. They were not overly warm or affectionate in the families of eight transsexuals. The other three transsexuals reported close, warm and loving relationships with their fathers.[6]

Relationships with mothers also ran the gamut of parent-child relations. The transsexual who lost her father at 12 grew to resent

her mother's expressions of love, although as adults they have a most warm and loving relationship. Her mother was one of the few mothers who unequivocally accepted her child as a female. The others' relationships may be categorized as warm and loving (N = 5), solid but not particularly close (N = 3), rocky (N = 1) and distant (N = 1). Nine of the 11 had stable relationships with their mothers expressing variation in terms of maternal expressions of love. Two had distant and unpleasant relationships with their mothers.

In assessing dominance in family dynamics as an indicator of smothering mothers, mothers and fathers were equally dominant in different domains or in the same spheres of influence (N = 8), mother dominant (N = 1), and father dominant (N = 2). The eight relationships in which dominance and authority were shared reflected traditional concepts of fathers' formal authority and role as disciplinarian and mothers' informal power in child-rearing and other areas of decision making. Additionally, none of the transsexuals slept in the same bed with the mother, a characteristic sometimes associated with smothering, overly close, and protective mothers (Green 1974: 231-32).

In searching for other evidence of dominant and overprotective mothers, transsexuals were asked in an open-ended fashion, if any had a special relationship with a family member. Of these, one mother was cited as the source of a special relationship in that she would talk and play a great deal with the child. The others

had: no special relationship with any particular family member (N = 7), a special relationship with sister (N = 2), and a special relationship with grandmother (N = 1). Of those who had special relationships with women (N = 4), none reported excessive physical contact.

Illness is a possible concomitant of maternal overprotection. I found nothing unusual in medical history of transsexual childhood and adolescence in 8 of the 11 transsexuals. Of those with unusual medical histories, one transsexual noted an undescended testicle that was removed at age 6. Another had constriction of the uretha at about age 3 and one had yellow fever when she was 9 years old. These three illnesses afforded opportunities for overprotectiveness, yet their descriptions indicate that this did not occur.

A variant of the "smother mother" theme and another source of mother-blame theories found in the literature relates to the issue of cross-dressing. The mother who suffers her own gender conflict (Stoller 1975: 38-55; Rosen 1969: 661), who desired a female child or who, for any reason, may dress the boy in female clothing (Green 1974: 217-19) is, however, not the only source of cross-dressing for the little boy. Regardless of motivation Green (1974: 217-19), Rosen 1969: 661) and Driscol (1971: 30) note the influence of other people who facilitate the proto-transsexual's cross-dressing. Green has found mothers (in 15% of the cases), sisters (in 18% of the cases) and grandparents (in 10% of the

cases) cross-dressed the child thereby setting a precedent for future feminine behavior. In contrast, my research revealed not a single transsexual in the present population had been aided or encouraged in cross-dressing by a family member or external source.

The outcome of my research into dominant mother-absent father etiological correlates suggests that this theory is not necessarily a predictor or correlate of transsexualism. Transsexuals may have average family histories and still suffer gender identity conflict. An unremarkable family history is not necessarily a contra-indication of a transsexual's status.

Effeminate Childhood Theories

It has also been proposed that one characteristic of transsexuals is an "effeminate" childhood (Stoller 1968: 251; Green 1974: 212-13; Money and Primrose 1969: 131). Stoller has even gone so far as to suggest that only the most effeminate males with a history of effeminacy should be operated on (1968: 251). Effeminacy can be expressed in a number of ways, but Green believes that accusations of "sissy" are a good indicator of effeminacy and a source of later gender confusion (Green 1974: 241; Money and Primrose 1969: 119). The label "sissy" can exacerbate other aspects of the child's life that enhance confusion and prevent "normal" social relations with other children. Of those who responded to a question on this subject (N = 11), five had been called sissy on occasion in their childhood and six had not. The

insult "sissy" was used by other children generally as a result of the transsexuals' avoidance of contact sports. Those who were not labeled sissy were active in sports and several transsexuals used sports to hide their secret. Others reported thinking that if they engaged in male sports activities, pursuing the male role with a vengeance, their conflict would go away and they would become males like other boys. This latter strategy is akin to imitative magic whereby the male role carries with it an identity that can be coopted; thus to act as a male was to be a male.

It was difficult to assess whether an individual was called a "sissy" because she was an effeminate boy or because she did not participate in traditional male sports activities. One transsexual, who was called a sissy in grammar school, later pursued the role of a "brain" in high school. The "sissy" name calling ceased when she found another male role option outside the traditional athletic sector.

Of the 10 transsexuals I have seen in their male roles prior to significant changes as a result of hormonal reassignment, only one was effeminate in a manner associated with effeminate or "nellie" homosexual men. This individual revealed a long history of being called "sissy" and, even though full-time, was the only transsexual in that position who had trouble passing. She no longer is called "sissy" but when in public is called by the adult insult equivalent of "queer" or "faggot."

The labeling of "sissy" and later "homosexual" is an important issue in the diagnosis of secondary transsexualism. According to Person and Ovesy (1977: 316-24) and Money and Walker (1977: 1289-90), the secondary transsexual is an individual whose sexual object choice is male, who is effeminate in mannerism, and whose transsexual identity is evoked in response to stress such as losing a lover. Secondary transsexuals may seek the surgery as a more legitimate expression of their male-to-male sexual object choice than being a homosexual. Effeminacy must therefore be carefully evaluated as a characteristic of secondary transsexualism that calls into question surgery. If transsexualism is a homosexual solution to stigma or stress, then will the surgery fulfill its purpose as conceptualized in the "Standards of Care" as ". . . improving the quality of life as subsequently experienced . . ." (Berger et al. 1980: 4)? Some, such as Gottlieb (1980: 11-12), have questioned whether an effeminate childhood is a necessary concomitant of primary transsexualism defined by Person and Ovesy as neither predominantly heterosexual or homosexual in history of sexual object choice and essentially neutral in gender presentation (1974: 316-24). Such a definition questions effeminacy as a diagnostic marker in primary transsexualism.

The Penis as an Organ of Hate and Disgust

Benjamin is largely responsible for suggesting that transsexuals view their penises as organs of hate and disgust (1966:21,

also Green 1974: 190). My own research population held a variety of attitudes, from those endorsing Benjamin's views to those who perceived the organ as simply there, although unwanted. The latter had a more relaxed attitude about it such that an individual could maturbate without guilt, enjoyed the sensations of pleasure and orgasm, and mitigated sexual utilization of the penis through fantasy by imagining penetration or manipulation as a woman with a vagina.

In the responses of 11 transsexuals, three prevalent attitudes about the penis and its sexual use emerged. One individual did not use her penis at all as a sexual organ. In this regard she stated: "I can't stand to use it any more even for those necessary daily functions." Two masturbated with the penis, but felt guilty about it afterward, such as one who revealed: "After masturbation I feel extreme distaste, and immediately after the waves I feel dirty and sick." And there were those (N = 8) who used the penis in masturbation or in a sexual encounter who would rather be rid of it but had the perspective that "it's there," "it gives one pleasure," "so why not use it?" These transsexuals fantasized that the penis was a vagina and they were women. Several quotations from transsexuals illustrate this perspective.

> I view my penis as eventually being my vagina so the pleasure I am deriving from it now just happens to have the form it has. While maturbating I don't see it as my male organ.
>
> I don't feel bad about using any part of my body for physical pleasure.

> The penis is part of my body and it is capable of giving me pleasure. Why should it not be used for that purpose?

These transsexuals did not share Benjamin's idea that the penis was an organ of hate and disgust. This may be a result not only of greater tolerance and acceptance of one's sexuality pervasive in society, but of small group dynamics, whereby masturbation is approved, given credibility, and viewed as a natural outlet that did not jeopardize the individual's status as transsexual within transsexual definitional domains.

In addition, transsexual folklore about masturbation has developed that provided additional validation for the majority attitude. It was most difficult to ascertain whether there was any truth to this lore at all, but the important point is that it was accepted by many of the members of the group. This lore was summarized by one transsexual who said: "If you don't use it [penis] you'll lose it." One of the side effects of female hormones is atrophy of the genital tissue. It is this penile tissue that is inverted to form the vagina and the testicular tissue is used as the basis of the labia. Transsexuals in the group were concerned over penile atrophy and that there would not be enough penile tissue to create an adequate vagina. Therefore, in order to rectify this potentially hazardous situation, the folklore stated it was important to masturbate to keep penile tissue healthy and to keep the penis from shrinking. This reflected the transsexuals' concern over surgical issues as well as provided a subcultural validation

for behavior and attitudes which were prevalent among transsexuals prior to the development of this lore. However, this lore may also have been used as explanation to the medical-mental health caretakers who questioned the authenticity of a transsexual who used her penis as a source of pleasure. Transsexuals were people who could use their penises for sexual gratification, without jeopardizing their personal identity or self-concept.

Heterosexuality

A final correlate of transsexualism often cited in the literature is heterosexuality; that is, people whose appropriate sexual object choice is males. A lesbian sexual object for a transsexual is a woman (the terminology is not in regard to genetic or genital attributes of transsexuals but in reference to identity).

Benjamin's work on the sexual preferences of transsexuals relies on a typology of transvestite and transsexual preferences. As the classification proceeds toward the classic transsexual, sexual orientation (translated here according to gender identity not genetic sex as in Benjamin's original formulation) proceeds from bisexuality favoring heterosexuality to exclusive heterosexuality for the classic transsexual (1966: 22). Thus a long term and deeply abiding attraction to genetic males is viewed as intrinsic to true transsexualism. And this characteristic is one more ingrained in the hearts of heterosexual caretakers.

Seventeen transsexuals have provided data on sexual orientation (see Figure 1). Of the 17 only one was exclusively heterosexual. Three of the exclusive lesbians were living with genetic women, one bisexual was living with a lesbian female and two transsexuals were living with each other in a lesbian relationship.

Exclusively heterosexual	1
Heterosexual preference but open to bisexuality	1
Bisexual but prefers males	1
Bisexual	6
Exclusively lesbian	6
Lesbian preference but open to bisexuality	1
Don't know	1

Figure 1. Orientation Typology

The assumption behind the conception of transsexual heterosexuality is that if one wants to be a woman then the only appropriate sexual object choice is male. One vignette of a caretaker-client interaction was illuminating in this respect. Tanya, a pre-operative transsexual, saw a psychiatrist as part of an agency employment requirement. Because in this situation the psychiatrist was not salient to the psychological evaluation, Tanya, a bisexual, discussed a recent lesbian encounter and her openness to a lesbian relationship post-operatively. The psychiatrist was incredulous.

He asked, "Why do you want to go through all the pain of surgery if you are going to be with a female lover?"

My data indicated a high degree of acceptance of bisexuality in this population as well as evidence of exclusively lesbian choices. Transsexual lesbianism, much less bisexuality, is, however, largely unreported in the literature, although it is common knowledge among transsexuals (Casey 1981). Despite data presented here and reports from a few other professionals, it is still considered an aberrant choice for transsexuals and places the bisexual or lesbian transsexual as a poor risk for surgery.

Does "aberrant" sexual preference increase post-surgical risk? Walinder et al. (1978: 16-29) in a study of 100 transsexuals found five who regretted their decision for surgery. According to these researchers, one of the concomitants shared by the five was a history of sexual relationships with women. Although sample size was small (N = 5), the results could easily be interpreted as mitigating against the surgery. An alternative view would acknowledge that transsexuals who have relationships with women (even as men) might well do so out of lesbian interests. This attitude of caretakers toward transsexual lesbians is exemplified in the statement of one psychiatrist who described his transsexual lesbian client as "overidentifying with mother's feminine behavior and expressing hostility to males" (see n. 3). Such interpretations overlook the broad range of sexual orientation among humans and confuse what every transsexual knows: her female identity is independent of her sexual object choice.

How, then, are these misconceptions perpetuated? The pre-operative individual recognizes the importance of fulfilling caretaker expectations in order to achieve a favorable recommendation for surgery and this may be the single most important factor responsible for the prevalent medical-mental health conceptions of transsexualism. Transsexuals felt that they could not reveal information at odds with caretaker impressions without suffering adverse consequences. They freely admitted to lying to their caretakers about sexual orientation and other issues.

Although caretakers are often aware that transsexuals will present information carefully manipulated to ensure surgery (Money and Walker 1977: 1290), they would only have to scrutinize several of their most prominent diagnostic markers available in the literature to realize in which direction the deceit was proceeding. If caretakers could divorce themselves from these widely held beliefs, they would probably receive more honest information.

Transsexuals were patently aware of most of caretaker expectations due to their voracious appetite for reading anything and everything about transsexualism, including the medical literature. As a consequence of their awareness and concern for saying nothing that could possibly interfere with a favorable psychological evaluation, they were active agents in contributing to the maintenance of caretaker diagnostic criteria. The majority of transsexuals with whom I worked had either read or had some familiarity with the distinguished scientists in the field of gender dysphoria (Kando 1973: 43). Feinbloom notes this

in her work, pointing out that such availability of medical-mental health diagnostic criteria may be used by transsexuals to ". . . provide a schema to sell one self appropriately to those who hold the key to sex reassignment" (1976: 231).

Information about caretaker expectations was gleaned and spread through transsexual interaction, and this information became part of transsexual lore. Transsexuals had extensive networks extending nationwide. They kept tabs on what the caretakers were up to and on what their latest theories were. Transsexual lore was rich with information on manipulation and utilization of caretaker stereotypes. Transsexuals knew what they could honestly reveal and what they must withhold. This lore consisted of "recipes" for dealing with caretakers (see Goffman 1963: 112). They "managed" information that they knew would discredit them in the eyes of their caretakers (see Goffman 1963: 91, 138), should it be revealed. They exploited caretakers' expectations to their own ends when they could receive "secondary gains" from presenting a transsexual identity in conformity with caretakers' conceptions of classic transsexualism. In so doing they unfortunately validated the caretakers' steretoypes about transsexuals (see Goffman 1963: 10; Braroe 1965: 166-67).

In the process of interacting with the caretakers, transsexuals were merely engaging in something they had learned as a consequence of transsexualism. They were fabricating personal identities in order to present caretakers with a consistent

picture with caretakers' own research and the literature caretakers have read on transsexualism (see Goffman 1963: 165). The therapeutic encounter is ideal for such false oral documentation and "biographical editing" (Goffman 1963: 61-62, 83).

Transsexuals have learned through the literature, personal experience, and the grapevine to be dishonest with therapists. Kass, a preoperative transsexual was typical in her remarks:

> [Psychiatrists and therapists] . . . use you, suck you dry and tell you their pitiful opinions, and my response is: what right do you have to determine whether I live or die? Ultimately the person you have to answer to is yourself and I think I'm too important to leave my fate up to anyone else. I'll lie my ass off to get what I have to . . . [surgery].

Caretaker-client interaction was fraught with dishonesty, distrust, and hostility that undermined the benefits of the therapeutic encounter. Effective therapy cannot occur in a climate in which transsexuals feel they must superficially conform by hiding significant portions of their lives such as their sexual history and experience. In addition, they now have the extra burden of the stigma of the DSM-III label of mental illness. Their own recourse was one in which they contributed to the perpetuation of stereotypes and generalizations and thereby fostered impressions of a homogeneous population. This leads to a self-fulfilling prophecy and promotes a situation in which both caretakers and clients suffer.

This is not to say all caretaker-client relationships were of this nature. In this population honest therapy was occurring.

Several transsexuals were seeing women therapists who were neither Ph.D. psychologists or psychiatrists, but rather social workers, M.A.s in clinical psychology, and other counseling professions. For the most part, these therapists were unfamiliar with transsexualism until they met their clients and hence had no professionally preconceived notions. Hope, who counseled eight of the transsexuals in this research population, was such a therapist. One transsexual had successful therapy with a male psychiatrist for three years. That psychiatrist, like several of the women therapists, had no previous experience with transsexualism.

Word spread about various local therapists. One psychiatrist had a bad reputation among transsexuals because of their belief that he did not like to recommend clients for surgery. Another psychologist was liked and endorsed by many who went to him for testing on the Minnesota Multiphasic Personality Inventory and for evaluation of masculinity and femininity. His analysis in a favorable direction was well known among transsexuals who used the evaluation to obtain hormones; one had only to take the test and interview with this psychologist for a few sessions. Another psychiatrist also had a reputation for fast and favorable psychological evaluations. These particular caretakers did not generate hostility but were rather looked upon as kindly men who facilitated the transsexual's transition. Because of the brevity of the therapeutic encounters, no deep relationships developed. On the other hand, neither was used as a primary evaluator for surgery.

Among this population of transsexuals, women caretakers were preferred. Because the women therapists were not psychiatrists or psychologists, their rates were lower, which a financially-burdened population preparing for surgery appreciated. Additionally, transsexuals for the most part distrusted male caretakers whom they believed imposed their male views of womanhood on transsexuals. Women therapists were preferred simply because they were women. They had something to offer besides therapy. They were role models for the transsexual and by virtue of their own history as women knew what all g.g.s know--something highly valued by transsexuals.

Additionally, female therapists, like women in general, were regarded as more accepting of transsexuals and less threatened by their gender switch. These therapists were effective because of the transsexual's loneliness. In efforts at stigma management, transsexuals segregated themselves from former networks and friends. While they were living two roles it was difficult for them to be close and intimate with people lest their secret be discovered. As they anticipated going full-time and actually adopted the role full-time, it was still difficult to establish new friendship networks. Thus female therapists could fill a void in the transsexuals' sparse network of people who knew and who accepted them. Transsexuals preferred female therapists because they felt they could be more honest with them and at the same time develop rapport in woman-to-woman interactions. It was also felt

that women therapists had few preconceived notions about them because women themselves were aware of their own heterogeneity and were inherently more tolerant of variation.

What has emerged in this discussion of the alleged correlates of transsexualism is a portrait of transsexual heterogeneity, people whose conformity to caretakers' expectations was superficial and a result of dynamics that fostered deceit. Bell and Weinberg's conception of "homosexualities" rather than homosexuality as a unitary phenomenon is applicable here by analogy (in Montague 1978: 63, 65, 66). There was diversity in this population in terms of personal history, sexual orientation, etc., yet there was continuity and consistency in their transformation into women. Diversity was integrated and organized by the common threads of meaning, symbol, and agenda embedded in the rite of transition.

FOOTNOTES

CHAPTER VI

[1]These time frames are considered minimum requirements. Other caretakers suggest longer qualifying periods such as Money and Walker who advise two years of living full-time in the role of the female (1977: 1292).

[2]The "Standards of Care" explicitly states: "The analysis or evaluation of reasons, motives, attitudes, purposes, etc., requires skills not usually associated with the professional training of persons other than psychiatrists and psychologists" (1980: 4). Furthermore:

> "Hormonal and/or surgical sex reassignment is performed for the purpose of improving the quality of life as subsequently experienced and such experiences are most properly studied and evaluated by the behavioral scientists (psychiatrist or psychologist)" (1980: 4).

The apparent medical and psychological (in many states a psychologist is legally a Ph.D. only) colonialism is a sore point to many of the helping mental health professions who are members of the Harry Benjamin International Gender Dysphoria Association and actively involved as caretakers of the gender dysphoric. The requirement that one evaluator must be a psychiatrist has clear implications of male control in medical policy relating to transsexuals. The psychiatric profession under the auspices of the medical sector is clearly male dominated and oriented (see Raymond 1979 for a discussion of male sovereignty and jurisdiction by the medical community in the lives of transsexuals). The majority of mental health professionals at the 1981 meetings of the Harry Benjamin International Gender Dysphoria Association such as MSWs, guidance and counselors and M.A.s in clinical psychology, were women and they strongly objected to their exclusion in the "Standards of Care." Transsexuals also objected to this state of affairs. The Center for Identity Anomalies prepared a position paper on the "Standards of Care" that was placed in the appropriate channels in the Harry Benjamin International Gender Dysphoria Association for review and consideration. An excerpt from this position paper reflects not only this population's views but those of many other transsexuals:

> "The strongest recommendation for revision of the 'Standards of Care' that we would make at this time has to do with the restriction on the psychological diagnosis of gender dysphoria to psychiatrists and psychologists. It has been the experience of many of our members that the

> best and most experienced therapists they have been able to come in contact with were either clinical psychologists with MAs, or licensed social workers with MSWs. . . . Your consistent references to psychiatrists and psychologists in combination with restrictive state laws provides a heavy burden for a population which is in your own words, 'In a financial status which does not permit them to pay excessive professional fees.' . . . In the absence of a clearly defined, scientifically validated body of knowledge, we have discovered that the most important qualification for a successful psychological therapy are an educated concern and open mind-qualities as likely to be found in licensed social works and clinical psychologists as psychiatrists and Ph.D. psychologists."

Transsexuals preferred women therapists in the mental health professions and could better afford their therapy that generally cost (in the area of this research) approximately $30-35 an hour versus psychiatrists who locally charged $55-65 an hour.

[3]Transsexual caretakers must also be granted anonymity like their clients but for different reasons. Because of the perspective taken in this chapter, should the views of these caretakers become common knowledge to transsexual clients, their efficacy as therapists might be adversely affected.

[4]For a discussion of sample size in transsexual research refer to Chapter IV, "Field Methods." Glantz also provides an outstanding review of the general medical misuse of statistical methods (1980: 1-6).

[5]"Smother mother" is an expression used by the therapist referred to as Hope in the present work.

[6]These figures include a description of father relations of the two transsexuals whose fathers were absent after 9 and 12 years of age as do subsequent analysis of family relations focusing on the periods in which their fathers were present.

CHAPTER VII

THE RITE OF TRANSITION: A BECOMING

The transsexuals in this study were participants in a rite of passage that dramatized their movement from one status to another (Turner 1967: 95). The rite of passage was specifically a rite of transition in which transsexuals become women. Their becoming was a multifaceted transition; it was a total process and it implied much more than a simple switch of status. Becoming included the transmutation of the personal identity, defined here as how a person conceives of her/himself including gender identity, gender role identity (". . . a set of expectations about what behaviors are appropriate for people of one gender" (Kessler and McKenna 1978: 11-12)), self concept, and world view--"the way we see ourselves in relation to all else" (Redfield 1953: 85-86). The transformation of personal identity was linked to the conversion of social identity. Social identity is defined as a ". . . pattern of observable or inferable attributes [that] 'identifies' . . . the self and others; his [her] identity is a socially labeled object which is of great concern and frequently revaluated both by the person and others in the groups in which he [she] is a member" (Miller 1963 in Schwartz and Merton 1975: 196). It also includes the construct of gender role (sex-role) as those culturally approved behaviors associated with males and females, and facets

of gender role or sex-role identity defined as ". . . interests, activities, dress [and] skills . . ." socially approved for the two genders (Kessler and McKenna 1978: 2, 11-12). Social identity is how an audience perceives and endorses the individual as a role occupant or member of a category fulfilling role prescriptions, meanings and scripts (Goffman 1963: 2; Vernon 1965: 125).

Personal identity is closely tied to social identity, since self perception is in part determined through interaction whereby others respond to the social identity performance. This has been called the "looking glass self" (Cooley 1928); we see ourselves (to some degree) as other see us (Vernon 1965: 145). The transsexuals' rite of transition was characterized by the transformation of personal and social identity as integrated components of the whole, such that change in one identity ramified on the other.

Personal identity is envisaged as a hierarchy of identities such that one identity is primary and others are sub-identities around which one organizes the self. The transsexuals' identity transformation was one in which the primary identity of transsexual gained ascendancy with an attached sub-identity of female. This emergence was facilitated through interaction in the Berdache Society where it became clear what it meant to be a member of the category transsexual (see Kemnitzer 1977: 300). This was enhanced by other transsexuals furnishing social identity reinforcement for one's presentation (social identity) as transsexual.

The female sub-identity was a felt but not a lived identity at the time most individuals joined the Berdache Society. As transsexuals became entrenched in the Berdache Society and as they entered the rite of transition, their social identity underwent change. They would dress more and more as females, attempt to pass in public more and more and in effect live two lives. At some point they would "go full-time" and live as females 100 percent of the time. As they gained reinforcement for their social identity performances (from their "own" and unknowing audiences), this fed into their personal identity as females through living the female social identity. The female identity became a primary identity once the label transsexual was accepted and mediated via group interaction (see Goffman 1963: 19, 66).

The primary identity of female, for a time, carried the sub-identity transsexual. This was associated with transsexuals' focus on passing, a central theme in the rite of transition. With passing they learned to hide their transsexual stigma. They engaged in techniques of information control to hide male genotype, history and past social identity. At some point during full-time status, they transformed their personal and social identity to the point that they viewed themselves as "natural" women, comfortable occupants of the female role and rejected their transsexual identity as well as the term passing, for they were now merely being who they really were: females. This had been accomplished with the aid of hormones that feminized their bodies. Physical feminization

was an important part of their becoming and their personal and social identity transformation, for it enhanced their self perception as females as well as their role performances.

The rite of transition was endowed with symbol and meaning expressed in rituals punctuating the transsexuals' transformation into womanhood. Ritual referents were manifested as symbols of the birth of woman and the death of man (Anderson 1976: 285). Emically the rite of transition was one in which the male (as an identity and role) was an efferent symbol, while the becoming of woman was an afferent female symbol dramatized in ritual acts recognized and undersigned by the transsexual group. These accented the transsexuals' progress in the rite of transition. The identity transformation mirrored the three passages of the rite of passage. The rite of transition was specifically a rite of exit from a former male role and entrance into a female role. It was a journey through liminality, where transsexuals were "betwixt and between," for they were no longer males and not yet complete women. They became in transition women with penises. The resolution was the rite of incorporation in which a "neovagina" was constructed and they conformed to the cultural minimal requirement for claim to the female gender. Their transformation was one of "order out of disorder" and normalcy out of stigma (Turner 1967: 94; Middleton 1973: 388).

Becoming was the crux of the rite of transition. It was a multidimensional passage including the components of: personal

identity, social identity, and phenotypic transformation shadowed by phases in the model of rites of passage whereby one status was transformed into another. Figure 2 provides a schematic representation of becoming. Becoming was an inside-outside transformation whereby the development of the personal identity (psyche, mind) is matched with a social identity transformation (role, sex role identity, etc.) and phenotypic transformation (soma, body) and these three metaphors of becoming dovetailed into a paradigm of passages.

Becoming Transsexual

Finding and applying the label transsexual and consolidating one's identity around the label was a process of acquisition and took some time. The label was "tried on" and operated as a mechanism of identity mediation (Kemnitzer 1977: 300). The label was first available through the media to the young proto-transsexual in search of who and what she is. Through subsequent interaction with other transsexuals in the Berdache Society, the label transsexual was elaborated as a special category of people with certain characteristics who must behave and act in certain ways. The tag transsexual was a means of organizing and developing the female identity component epitomized in the transsexual notion that she was a woman trapped in a man's body. Before the transsexual arrived at the point of affiliation with her own category, she had a childhood history of knowing she was different. This perception

Components				
Stages	Inside	Outside		
	Personal Identity Transformation	Social Identity Transformation	Phenotypic Transformation	Rite of Transition
1	Gender confusion, and/or self concept that one is more like little girls than little boys	occupying male role, secret dressing as a female	male	
2	Transsexual primary identity, female sub-identity	dressing as female more and more, dual role occupancy, passing in public, self conscious	male, but feminizing from hormonal reassignment	separation and transition, liminality, disorder
3	Female primary identity, transsexual sub-identity	dual role occupancy, anticipating full-time status as female, successful passing, less self conscious	hormonal reassignment, increasing feminization and feminized	separation and transition, liminality out of disorder
4	Female primary identity, rejection of transsexual identity, a "natural" woman	full-time status as female, successful passing, rejects notion of passing, role performance as female natural and unselfconscious	increasing feminization and feminized, anticipates, and undergoes surgical construction of vagina	incorporation, normalcy, and order

Figure 2. Schematic Representation of Becoming

of her own differentness was the transsexual's burden of stigma that fostered ". . . similar learning experiences regarding their plight, and similar changes in conception of self--a similar 'moral career' that is both cause and effect of commitment to a similar sequence of personal adjustments" (Goffman 1963: 32).

As children and later in life, transsexuals reported feeling like the only people in the world who had such confusion. They were often perplexed and disoriented, some not really knowing they felt like females, and others clearly knowing they were more like females than males. Several of their comments described these feelings of alienation:

> I seemed so alone and thought I was the only person in the world like me until I heard of the term transsexual, and a somewhat bare description of the subject so I kind of knew that there were a few but I didn't know how to contact them.
>
> Until I found out there were others I knew I was alone.
>
> I felt like I was the only one when I was a kid, it's hard to describe.
>
> I felt completely isolated as a kid.
>
> When I was much younger I felt like the only one in the world. To be honest it scared the hell out of me. I didn't understand why I felt as I did, nor why I wanted to dress. I knew I was different from the other boys, but not exactly what.

The sense of differentness as a child is undoubtedly linked to children's conceptions of gender identity and role.[1] It was through interaction with other transsexuals as adults that conceptions of females and women as a category were crystallized.

Briefly, adult transsexuals viewed men and women as disparate beings, above and beyond sex-role dichotomies. To transsexuals, a woman has an inner essence, a way of thinking, feeling and perceiving the world that is different from males quite apart from sex, although it most certainly includes sex-role attributes such as verbal and non-verbal behaviors. Thus transsexuals recognized, for example, that there is a major divergence between working on a car as a man and working on a car as a woman.

Childhood precepts about males and females as discrete categories are due to a number of factors: sex dichotomous socialization, self-socialization (e.g., children's observation of sex typed behavior) (Maccoby and Jacklin 1974: 364), and culturally available images and stereotypes about the differences between the sexes. From these sources children assume gender dichotomies in sex-role, behavior and appearance (male and female children simply look different, including hair style, clothing, etc.). Little girls are perceived as being different from little boys. Later as adults these differences were viewed by transsexuals as occurring on a much more profound and inner psychic level including ethno-theories that males and females have different world views.

As children, the sense of gender confusion or the feeling that they were more like little girls is clearly linked to the desire to wear the clothes of little girls and secondarily around looking like and acting like little girls. As previously mentioned,

almost every transsexual had cross-dressed as a child. This was the most obvious behavioral indicator of their conflict although it is difficult to ascertain the significance of cross-dressing in relationship to gender dysphoria. It is not possible at this time to determine if cross-dressing was a source of gender confusion or if gender confusion was a source of cross-dressing. From my research, cross-dressing and awareness that they were different from other children appeared synchronically. Transsexuals knew that it was "wrong" for them to wear girls' clothing. They knew this from watching other children and from direct parental sanctions. They found ingenious ways to gain access to the mothers' and sisters' clothing. One reported hiding in the bathroom and locking the door. She would then rifle through the dirty clothes hamper and put on her mother's garments. Others would abscond with an article of clothing at a time and have a secret "stash" of female clothes in a toy chest or a drawer. Most of the transsexuals interviewed were caught at some point. Although the parental responses varied, all can be described as negative. One transsexual listed the phases of her mother's reactions:

> It's a phase--you'll grow out of it.
>
> It is wrong! If you do it again I'll take you to see the doctor.
>
> Why? Why me? What did I do wrong?

Another transsexual discovered at 15, shrewdly told her father: "I want to be a girl so I won't get drafted." He responded with anger and confusion. Still another stated:

> The first time I was beaten on the tail pretty good and the last time I was caught with girl's clothes on, my parents threatened to send me away to the nut house.

One father, when finding his "son" cross-dressed as a woman at 17 years old, would not talk to "her" for over a year.

Throughout childhood and adolescence parents negatively sanctioned their children's cross-dressing. Some transsexuals were clever enough not to get caught, but still knew it was "wrong." And an occasional parent lectured, then ignored, and refused to discuss the female clothing hidden in the child's toy box, hoping it would go away.

I have uncovered some evidence of sexual arousal as a phase of cross-dressing in some individuals' lives, although others reported having never experienced sexual stimulation from female clothing. Several examples presented below indicate the diversity of transsexual cross-dressing experience:

> When I first started dressing [transsexual argot for wearing female clothing] simply putting on the clothes was enough to bring on an erection particularly those that were constricting.

> Sometime the arousal has come from imagining being with a man and having sex with him as a real woman.

> At first when I cross-dressed the arousal was my inner self coming to the surface, but the only outlet was unfortunately the male parts. At first it didn't matter what I wore, it brought out my inner self.

> For a long time I thought I was a transvestite because I was aroused by female clothing. On some occasions I am still aroused but I think it is because of my being female, feeling my sexuality as a woman, and loving it.

From discussions it appeared the arousal associated with dressing was more complicated than simple fetishism. The fear of getting caught may have contributed to the excitement as children. However, as a more mature response, feeling like a female was itself an exciting aspect of cross-dressing. Transsexuals outgrew whatever arousal was associated with it, although for some there did appear to be a sexual component at some point.

One transsexual summarized her adult views on the subject:

> As I am dressed more now as a female and very comfortable with it, I am seldom excited dressing except by a very good feeling of "being together" and that in itself is in a special sense of excitement.

Cross-dressing and the desire to cross-dress were attributes shared by transsexuals in their moral career prior to group affiliation. They grew up confused, possibly thinking that they were more like little girls and uncomfortable as little boys, and having an awareness that they were different.

So profound was the sense of alienation that the possibility of suicide was a salient feature in their lives. This is confirmed by researchers who record a high incidence of suicide (Money and Schwartz 1969: 268), suicidal feelings (Randell 1969: 366), and suicide attempts (Pauly 1969: 43) among pre-operative transsexuals. Estimates of attempted suicide by transsexuals range from 17 percent (Pauly 1965) to 20 percent (Walinder 1967, in Pauly 1969: 43). In a group meeting, Sasha asked approximately 15 pre-operative transsexuals if they had ever contemplated suicide; all

had. Of the core group of 12 transsexuals, all had considered suicide and four had attempted it. The methods included:

1. attempting to jump off bridge, but restrained by police.
2. barbiturate overdose, taken to hospital.
3. sleeping pills, found by friend and taken to hospital.
4. passive attempt by stopping medication necessary for survival.

These attempts are indicative of the deep-seated alienation and isolation these people felt as they were growing up and trying to put a finger on who and what they were. Awareness that their confusion was located in identity and role was a developmental process. Undoubtedly, as they matured, the idea that they felt more like females became increasingly clear. Finding the label transsexual and trying it on helped to explain this discomfort and increased transsexuals' awareness of their female identity. The category provided a mechanism for consolidating their identities as females trapped in males' bodies. By the time transsexuals found the label they were well on their way to recognizing that their "problem" was related to their desire to be like females. The label allowed transsexuals to focus on their identity confusion as a specific issue of a mind-body discrepancy.

Transsexuals found the label at various ages of puberty and adulthood in different ways, although the media seemed to be the most prominent source of information. Nationally known transsexuals such as Christine Jorgensen and Renee Richards (and others well-known locally) have had their stories in newspapers and

magazines and have made television appearances. One transsexual described the experience poignantly:

> In 1973 I saw a magazine on a newsstand with an article entitled "Trapped in a Man's Body." Of course this touched me directly, so I bought it with, I'm certain, a brilliantly crimsoned face. It was a "True Story" type of magazine and the story was surprisingly well written. The individual involved reminded me of myself more than once, and I remember crying after I'd finished reading the story.

Recognizing oneself as the category transsexual served as a centrally defining concept that reinforced transsexuals' history of concern over gender identity and gender role. Maccoby and Jacklin note that male or female gender identity may be more important as an essential ". . . self-defining attribute for some people and not others" (1974: 359). While being a male or female may not be the pivotal core around which everyone organizes their personal identity, it was for transsexuals. Finding the label transsexual with its connotations of a female identity exacerbated transsexuals' concern and focus on this issue. I suspect that transsexuals are more interested in identity and gender role than most other groups of people. This becomes increasingly important as they had to prove to psychological evaluators that they indeed had a female core identity. Feinbloom suggests that gender identity is ". . . at the core of all life and career choices" (1976: 148). This certainly was true for my research population, particularly when they found the label and each other. The whole process of becoming transsexual, and later becoming women, heightened their interest and awareness of personal and social identity.

The Berdache Society

The Berdache Society, consisting of transsexuals and transvestites, functioned to refine and hone the transsexual identity. The meaning of transsexual identified what a transsexual was and what she was not. Transsexual affiliation in the Berdache Society was crucial for the transsexuals becoming first transsexual and secondly women. Prior to transition and in the early stages of exploring what it meant to be a transsexual, people in my sample had a "virtual social identity" (how others see her) as a "normal" male and an "actual social identity" ("[t]he category and attributes he [she] could in fact be proved to possess . . .") as transsexual (Goffman (1963: 2). By virtue of the "stigma" of cross-dressing and not being homosexual, transsexuals and transvestites were predisposed to coming together outside the gay community (see Goffman 1963: 23-24). Once consolidated, groups based on the superficial stigma of cross-dressing can segregate and stratify the identities more clearly and limit membership should they choose to do so.

It is not clear how transsexuals found one another or support groups, but transsexual networks are extensive throughout the United States. Support groups and organizations advertise in nationally known publications representing several large organizations for transvestites, transsexuals or both. Because transsexuals and transvestites read everything they could find on the

subject of cross-dressing, they were likely to find organizations catering to cross-dressers. Transsexuals also found each other rather inadvertently. Two transsexuals met through a mutual friend in whom each had confided. He made arrangements for them to meet. It was ironic that these two transsexuals had known each other when they were living in their male roles, having worked together.

Neither Drag Queen Nor Gay Man

Through intra-group interaction, notions of how transsexuals were special emerged as a consequence of the conceptual segregation of Berdache Society members from gay drag queens. This included folklore and codes of behavior that segregated transsexuals from drag queens as well as from transvestites (see Goffman 1963: 113, 109). Transsexuals rarely missed an opportunity to point out to a naive observer the differences between transsexuals and drag queens. Transsexuals' definition of self was of a special kind of woman occupying the wrong body. Their identity was female and that contrasted with drag queens who were not women inside, but were males who had no gender conflict. Newton discusses the drag queen opposition as an inside-outside dichotomy; the male is inside, beneath the sartorial system of the female that is outside. The inner or real self is male and the social self is an illusion of presentation (1977: 338-39). Transsexuals viewed themselves as the participants in the inside-outside dilemma. Drag queens were perceived as

only playfully fooling around with the system of gender identity and gender role.

Transsexual rhetoric about identities embodied the ideal state of becoming but did not represent the process of developing a sub-identity as a woman into a primary identity. A primary female identity occurred as a gradual development through the right of transition that was, in part, a result of feminizing the body through hormones, dressing as women more and more, passing, and going full-time. This refers to the "doing" of the female identity in interaction (Kessler and McKenna 1978: 126). But it is this formal line of rhetoric that also precipitated the metamorphosis of the sub-identity into a primary identity as female. It operated as a perceived focus for organizing the transsexuals' self concept.

Thus transsexual definitions, established in the Berdache Society and formalized into an official party line, stressed that the transsexual, as opposed to the drag queen, had an inner female essence, covered by a male body. The transsexual was therefore not engaging in an illusion but a concrete representation of her inner self, a formal explanation of the behavioral component of transsexuals' internal condition.[2]

A second source of identity scrutiny that enhanced the transsexual's identity as a female was through the drag queen as a member of the gay male community. Transsexuals did not perceive themselves as homosexual men, since, as women, they could choose males as sexual object choices, but not in the same way gay men

choose other men. They also recognized cultural differences. They did not want to be part of the gay male homosexual community. They rejected gay men because they treated them like they were men in women's clothing, drag queens. Time and again they pointed out that gay men, including drag queens, just did not really see the difference. For the transsexual, the difference was critical.

Therefore, not only were drag queens used as a counterpoint for identities but so was the gay male community. These identities were used as boundaries for the transsexual identity because of the superficial similarities that were shared.

Transsexuals developed lore about the differences in how drag queens (and other gay men who on ceremonial occasions impersonate women) dress and present themselves as women, that further exemplifies a difference in inner essence. Transsexuals would criticize one another for wearing what they called "drag queen clothes." Drag queen clothes were glamorous evening type apparel, decorated with feathers, glitter, rhinestones, and anything else along that line. They included the kind of fashions that can best be described as "Frederick's of Hollywood"; pants slit to the waist, plunging necklines to the waist, etc. This fashion was considered the "kind" drag queens wear, when presenting themselves as glamorous impersonations of women, more beautiful and glamorous than genetic women. Transsexuals who dressed this way were considered to have a suspect identity and were questioned by other

transsexuals because "real" women--their ideal--did not dress that way.

Some allowance was made for a period of overdoing it (i.e., too much makeup, clothes too much akin to drag queens). Transsexuals recognized that dressing like a drag queen was part of a temporary learning phase in their transition. This mode of dressing was considered an expression of a fantasy of "how women are" that was later replaced by the doing of the female, accomplished by passing in public, and other "lived" aspects of being a woman. Exaggerated femininity in the style of the glamorous drag queen was considered part of learning to be a woman. As will be discussed later in Chapter VIII, exaggerated femininity was viewed by transsexuals as something that young females did in their own rite of passage into womanhood and that they, too, outgrow. Therefore, transsexuals were expected to outgrow hyper-feminine dress as part of a broader cultural norm based on genetic females' own transformation.

In the Berdache Society, one transsexual stood out as the "in-group deviant" (Goffman 1963: 142-43). She violated transsexual concepts of their own normalcy as proto-women and women. This individual was known for her high fashion hairstyles, reliance on wigs (even though she had a full head of hair), chic and extensive use of makeup, penchant for black satin and spandex, and clawlike, long fingernails. Even though she had been repeatedly sanctioned on these grounds and had tried to alter her choice in

clothing, she continued to transform an average outfit through accessories into a Vogue high fashion layout. This individual was suspect as to her authenticity as a transsexual because she presented herself in drag queen style. Like drag queens, her modus operandi was one of artifice and impersonation rather than naturalness.[3] Naturalness was the premise upon which transsexuals "stratified their own" (see Goffman 1963: 107). The absence of progress in the presentation of self as a natural woman, then, was the basis of in-group stigmatization.

The gay male community, in general, also served as a defining characteristic of what transsexuals were not. Transsexuals in this research population, for the most part, were adamant about their disaffiliation with the gay male community although its public outlets were occasionally used as an opportunity to cross-dress and test how well one was passing in a non-threatening environment. For the majority, the gay community was not directly a source of identity brokerage as proposed by Driscoll (1971) and Newton (1972). Both Driscoll and Newton suggest that transsexuals consolidate their identities as part of a temporary sojourn in the gay male community. Driscoll proposes such a residency as a stage in the transsexual's career, attracting the transsexual because it provides the opportunity for and instruction in cross-dressing as well as the role of female impersonator (1971: 34). Through this temporary sojourn in the gay community, the transsexual learns she is not a homosexual; that through self discovery and gay community

sanctions, she is a female and not a male. At that point, she leaves the gay community according to these authors (Driscoll 1971: 66-68; Newton 1972: 51, 102).

Driscoll's inclusion of a homosexual stage may represent regional variation in transsexual career strategies. However, in my research population, only one transsexual, Sasha, spent any time in the gay community and actively participated in female impersonation. Certainly the dynamics described by Driscoll (1971) and Newton (1972) are accurate, for the gay community is intolerant of transsexuals. But transsexuals locally have not had to participate actively in the gay male public outlets to find this out. The Berdache Society made readily available information that could be used by transsexuals to contrast their own identities. Here the Berdache Society was the identity broker of the gay male community and provided the same functions that Newton (1972) and Driscoll (1971) report are elsewhere a result of experience in the gay male subculture.

Transsexuals independently reported that they had in the past considered the possibility that they were male homosexuals. But because transsexuals familiarized themselves with the literature on cross-dressing, and because information was also readily available about the gay male community, most did not have to directly enter the gay community to recognize that they were not gay. For those that might harbor any doubts, the Berdache Society presented ideal types of identities and domains for contrasting those

identities. It became evident to bisexual or heterosexual transsexuals that their interest in males was as females, not as males. For others the sense of gender discomfort was so prevalent that the issue of sexual object choice was only a secondary consideration, one above and beyond the problem of identity. Time and again the motto was repeated: "We are transsexuals and our identity as women is discrete from our sexual object choice of males, females or both."

Sasha, the only transsexual to have spent any time in the gay community, originally met several gay drag queens through a gay public outlet catering to drag queens. In the process of getting involved in female impersonation she came to realize that she was not like these people. Her own homosexual stage precipitated her interest in forming a support group for people like herself who liked to cross-dress but did not relate to gay men as men. In December of 1979, one year prior to my own entrance into the Berdache Society, she began having meetings for non-gay cross-dressers. She had no trouble finding people who wanted a support group. A gay community center helped her out by providing information about her newly formed group through their information service. The gay community center had, in fact, been receiving phone calls from people who knew they liked to cross-dress but who did not want to be part of the gay world. In Sasha's words, "the gay community center just didn't know what to do about these people" so they were more than happy to provide her with assistance.

Between December 1979 and December 1980, Sasha underwent an identity transformation. She suspected she was a transvestite but was not quite sure. Meetings of the support group she founded began with about six people and rapidly grew. As the group evolved, two types of people attended the meetings: transvestites and transsexuals. These people were living and breathing examples of the two identity choices available if one did not fit into the gay community. Through group discussion and through the presence of transsexual and transvestite role models, an ethno-theory of identity choices developed. The unsure could pick one of two options. Sasha herself questioned her own self-labeling as a transvestite. She cross-dressed more and more, and:

> The more I dressed, the more I related to life as a female. I was looking at myself real hard. I had a difficult time being a male. I wanted to be a woman and it was hard to stop. I really didn't want to be a transsexual, I felt it was too hard to go through. I continued to talk in the group about thinking of myself now as a transsexual rather than a transvestite. We would argue back and forth, sort of like group therapy or a group encounter.

By December of 1980, she had decided she was a transsexual. In April of 1981, Sasha went full-time.

Through group interaction in the Berdache Society, transvestism and transsexualism emerged as two discrete identities with clearly defined attributes and associated lifestyles and coping strategies. Members in the group who were clearly transvestites or transsexuals served as role models, whereby identity choices were contrasted and played off one another. By eliminating drag queens from the group, a process of self-elimination and channeling those

who were obviously gay out of the group, only two options remained. Transvestites were heterosexual men who had an urge to cross-dress, but who would not become women and the Berdache Society provided them an opportunity to learn how to cross-dress as well as support for their stigmatized behavior. Transsexuals, on the other hand, had an identity problem. Dressing as a female was something they learned to do as part of passing as women. They shared cross-dressing with transvestites but were really a totally different kind of person with different needs from transvestite cross-dressers.

These two identities and strategies for actualizing these identities as disparate options were a product of small group interaction. Meyers has found that ". . . opinions converge through group discussion" (1979: 35). Thus, not only were the individuals' attitudes strengthened through group discussion but these attitudes were polarized in the process of interaction through reinforcement of "shared dispositions" (Myers 1979: 36-37).

The meetings, held twice a month, had become so large that shortly after I joined the Berdache Society, Sasha decided to have the meetings once a week. Because transsexuals wanted to talk about things that concerned them but held no interest for transvestites (such as getting hormones, going full-time, etc.) and vice versa, Sasha decided to alternate the meetings every other week so that one meeting focused on transvestite issues and the other on transsexual issues. In the jargon, one was referred

to as TV night and the other TS night. Anyone was welcome at the meetings so there were always some transvestites who attended the transsexual meetings and vice versa because the meetings still provided one opportunity desired by everyone: cross-dressing.

The division of get-togethers into TV night and TS night polarized both groups, and strengthened the commitment to each respective identity category. It also spotlighted the notion of identity discreteness. This emic polarization of transsexualism was at variance with Benjamin's etic model of a transvestite-transsexual continuum representing differences in the degree of gender disturbance (1966: 22) (see Chapter I). Emically there was no continuum, only two discrete identities that were culturally labeled and defined. Individuals could apply the label and assess its appropriateness via role models in the group, who were enacting the subculturally constituted definitions.

This polarization filtered out people who were somewhere in between the emic ideal types. I am not suggesting here that the etic perspective of a continuum of transsvestism-transsexualism is inaccurate. My focus is on the impact of an emic dichotomization that polarizes the two identity categories as qualitatively distinct and in this research population presents people with only two legitimate choices for ways to experience cross-dressing. There were no halfway measures. If one was transsexual then pursuit of surgery accompanied one's transition. There existed no identity option of living and working as a female without

anticipating surgery, although there certainly were people who adopted that lifestyle. Emically this latter option would deny an individual status as a transsexual within this particular research population. In fact, the question of whether a person will ever get the surgery was a question of authenticity to transsexuals. Despite the difficulty in acquiring the funds to have the expensive surgical operation, transsexuals believed that if one really wanted to have the surgery, a way would be found to get it eventually. Thus definitions of transsexualism and self concept as a category ". . . emerge from group interaction, which includes definition of people's actions and situations" (Kaufman 1981: 55). To be a transsexual was to participate in a strategy of action that would culminate in surgery, to not do so was to be transvestite.

It is interesting to note that the political line, spoken before new group members who might be unsure as to how they fit into this bi-modal system of classification, was that "the Berdache Society, unlike the medical profession, does not pigeon-hole people. Sasha's introduction at the beginning of every meeting included the statement: "the group will not tell you who or what you are." Yet the dynamics inherent in transsexual-transvestite interaction mitigated against this noble ideal. New members were presented with a well-formulated ideology of differences between transsexuals and transvestites as well as role models illustrating the reality of the dichotomization. There was

structural pressure to conform to this idealized dual system and reinforcement for conforming.

In one recent Berdache Society gathering, an individual presented a biographical history of his cross-dressing and it was not clear from his description whether he was a transsexual or transvestite. Subsequently one of the group members came right out and asked him whether he was a transsexual or a transvestite. This was one of the more direct expressions of group concern over fitting people into their model of the cross-dressing world. However, this same categorizing occurred on a more subtle level whenever new people attended meetings who were unclear as to where they stood. Members who attended regularly would question them in such a way that it was obvious that they were attempting to ascertain the individual's status within the TV-TS format. Labeling someone transsexual or transvestite had become a metaphor for an identity and lifestyle and provided members with a script for how to relate to a person (e.g., what topics would they be interested in talking about, how could the member be helpful to that person, did they have common grounds for associating outside the group meetings, etc.). Members were more comfortable interacting with others who fell within the confines of the established classification system. Neophytes in the group became aware of this normative expectation and they themselves quickly learned that assuming one of the labels facilitated their incorporation into the group. They, too, found themselves attending more regularly

either the TV or the TS night meetings, and forming friendships on the basis of self-labeling and labeling of others.

The disparity between the two options was manifested in a number of inconspicuous ways. Transsexual humor and folklore illustrate some of the social and behavioral components associated with the transsexual identity that served to further demarcate and segregate the boundaries between transsexuals and transvestites. Transsexuals teased one another by remarking that the transsexual in question was really nothing more than a transvestite, or that she certainly passed well for a TV. This teasing occurred when the shadow of doubt had been removed, that is, when the transsexual was actively involved in the rite of transition and was living full-time. When the transsexual was living full-time she had engaged in a behavioral analogue reflecting the depth of her female essence. She was doing something transvestites never did--living in the role of the female full-time. By living full-time she was "doing the woman," not just occasionally expressing her fantasy of womanhood, like the transvestite. This banter expressed the sentiment that the individual "really" was a transsexual and a woman for she had proved herself by going full-time. Although there were a number of transvestites who, when dressed as women, were remarkably realistic, transsexual ideology suggested that transsexuals would be better at it, for after all they were women inside. Additionally, the experience of feminizing their bodies hormonally, actually living in the role of women,

and of being responded to as females, all contributed to a naturalness, a lack of artificiality in their social identity presentation that it was believed transvestites could never equal.

A humorous story told throughout the transsexual grapevine illustrates this theme. Garnet, a transsexual who was living full-time, and a transvestite friend, who was fairly good at passing, visited a local nightclub one evening. Garnet had gone to the ladies room and was standing at the mirror combing her hair and putting on lipstick. A woman was standing next to Garnet also primping. The transvestite entered the bathroom and went immediately to the stall. Seeing the woman next to Garnet, "he" got nervous and left the bathroom, quickly passing directly behind the two standing at the mirror. As soon as the transvestite left, the woman grabbed Garnet by the arm and said something to the effect of "Did you see that? That was a man dressed as a woman!" This narrative embodies the idea that transvestites, no matter how good at passing, could not compete with a transsexual who was living as a woman because she had the inside edge on naturalness.

Another humorous anecdote again reveals the transsexual's total female core as opposed to the transvestite's male core. One transsexual, who was a makeup consultant for several transvestites, disclosed: "I can always tell when one of the transvestites has visited because the toilet seat is always left up." This tale demonstrates the transsexual's total concern with being a female including those sectors where no one sees her.

Personal pronouns used in reference further distinguished transsexuals from transvestites. Transsexuals insisted on referring to themselves and one another with feminine pronouns. They seldom slipped up and lapsed into masculine pronouns even if they had just met a new transsexual. They preferred references consistent with the female identity, so that even when dressed in the male role, they appreciated being referred to by feminine pronouns and by their female names. As transsexuals became more involved in the rite of transition they increasingly viewed their male role as the masquerade; female names and female pronouns were considered symbols of the real self as a female and as a consequence were cherished. When dressing as females and when living full-time, transsexuals expected only female gender references, and corrected others who might use the pronouns "he" or "him."

Transvestites were neither consistent in pronoun reference with one another or with transsexuals. The loose rule of thumb for transvestites was: as you are dressed, so you are. Thus, dressed as a female, female references were used, and dressed as a male, male references were used. This general rule was casually and frequently violated as, for instance, when Daphne, a transvestite, was referred to as "she" and "he" in a single dialogue. Seldom did transvestites correct the speaker using mixed metaphors. Transsexuals found this inconsistency in pronouns aggravating and irritating when applied to themselves, but got confused and lapsed into mixed pronominal usage in interaction with transvestites.

Because transsexuals were unwavering in their propensity for female gender references, they could only be calculating in public if in their male role. There the problem was to not disrupt the situation by accidentally referring to an alleged male by her female name and feminine pronouns. It was far more difficult to keep transvestite gender and names straight because the rule of reference was so loosely observed. In this sector, everyone had difficulty as the following scenario illustrates.

One evening the Berdache Society had a special dinner in a gay restaurant.[4] Twelve transsexuals and transvestites attended, along with several wives of transvestites. All were dressed as women that particular night. After dinner, Leah, a transvestite, Nicole, "his" wife, and I went to the cloak room to collect our coats. Leah asked for the coats and then left to get something "he" had left on the table. The young man in the cloak room then asked Nicole if she wanted our coats now or would we wait. Nicole responded: "Not right this minute, I'll wait until my husband returns," whereupon she immediately corrected: "I mean my wife," realizing that was not satisfactory, dissolved into giggles and said, "my spouse."

FOOTNOTES

CHAPTER VII

[1]See Kessler and McKenna for a related discussion on how children attribute gender (1978: 81-111).

[2]The formal explanation presents the ideal type. The individual did not really feel that she was expressing her inner essence until she assumed full-time status. Being full-time allowed for the final elaboration of the primary female identity at which point she rejected the label transsexual and the term passing and she appeared as what she was. See Chapter VIII, "Becoming a Woman.

[3]Becoming a "natural" woman includes learning "natural" behavior and doing "natural" behavior (Kessler and McKenna 1978: 139). Transsexuals, through the rite of transition, learned to routinize their self-conscious performance as women so that at some point they became habituated to the presentation of self as female and it was no longer self-conscious. Becoming a natural female corresponded to a "natural attitude" toward gender prevalent in our society: that there are only two genders, these are not transferable, and "membership in one gender or another is 'natural'" (Kessler and McKenna 1978: 113). People just "are" one sex or the other. Transsexuals, by the time they were ready for surgery "are" what they had become and therefore must have vaginal construction as an essential symbol of their gender.

[4]The gay community supplies one of the few public outlets where transsexuals and transvestites could venture out as a group. It would be emically unthinkable for 12 transsexuals and transvestites to go out to dinner in a heterosexual restaurant. Transsexuals' passing lore maintained for every transsexual (and/or transvestite) added to an outing the chances of not passing increased. The gay community was regarded as a free zone because if recognized as cross-dressers it did not really matter because gays were also stigmatized.

CHAPTER VIII

BECOMING A WOMAN

Separation

Separation, according to Chapple and Coon, is a phase in which a ". . . reduction or cessation of interaction occurs between the actor and his [her] previous interaction field" (1942: 485). Separation for transsexuals was a necessary prelude and attendant phase of transition. The Berdache Society was critical in this, for to be transsexual was defined by the group as equivalent with pursuing surgery. Through affiliation with the Berdache Society, transsexuals were presented with all the information they needed to know about how to go about doing this. Because they knew they must live as women, they must prepare to negotiate their social networks around this fact. Transsexuals whom they had met in the Berdache Society told them about the importance of separation from their former networks as males and gave them inside information on how to manage this separation, that was perceived as a practical solution to audience management and information control (see Goffman 1963: 91). It was also an important rite and symbolic expression of separation from a former identity.

The world is filled with people who expect them to be men and who will continue to relate to transsexuals as men, not women, even when they go full-time. Transsexuals recognized that it was almost impossible for people who had known them as males to relate to them in their new roles as females, underscoring Kessler and McKenna's contention that "gender is a necessary background to every act" (1978: 136). Part of separation was to remove oneself from former male interaction fields. Transsexuals understood that people do not in the majority of situations relate to one another as just people, but as people of a particular gender. Transsexuals acknowledged that gender was responsible for sometimes profound and sometimes subtle differences in the way interaction unfolds. Although gender may not make a difference in some situations, I would venture that it makes a difference in the majority of instances. Transsexuals stated that they would be treated differently as women and this was borne out by those who went full-time. It was important to transsexuals that they be regarded as legitimate women. To be treated as authentic women required that the audience not know about their past. For transsexuals, to cut themselves off from former interaction fields was to increase their odds of being treated as females when they went full-time.

The audience was an important factor in their transformation as women. To be only around people who related to them as females facilitated the ascendence of the female sub-identity to a primary identity, and helped them perfect their social identity performance. To divorce themselves from networks in which they were responded

to as males was to divorce themselves symbolically from reminders of their past.

The audience was important for transsexuals in another way. They were engaging in a stigmatizing act for they violated our society's "natural attitude" about gender (Kessler and McKenna 1978: 113). Not only did former associates have to be filtered out because they would continue to relate to them as males, but because they would not understand or sympathize with them and would always be potential sources for revealing their past (see Goffman 1963: 1). Transsexuals, in the course of separation, must therefore decide which part of their interaction fields would be "knowing," and which would not be (Goffman 1963: 66). Separation was not just disavowal of former networks but was a phase of distillation, including informing certain people. Transsexuals were most careful about whom they told. Once informed, the audience could be active in the phase of separation, and choose themselves to sever ties with the transsexual. For those people of sufficient intimacy to be visitors to their homes, informing was preferable to an unexplained withdrawal. These people must be told because in transition they would be dressing more and more as females, although they were still leading double lives and worked as males. For such friends, it could be more than embarrassing to have them drop by after work and to meet them at the door cross-dressed.

One audience that transsexuals always informed, if contact was maintained, was the family. Since none of the transsexuals

with whom I worked were married, or maintained relationships with former spouses and children, family consisted of parent(s), siblings and their children, as well as other peripheral relatives. The core group with whom transsexuals were concerned were the parents and siblings. Informing the family of one's impending transition was particularly important if the family was local. Families who lived elsewhere could be kept in the dark, usually until transsexuals went full-time or were anticipating surgery in the near future. Needless to say, out-of-town visits could cause crises. Such impending events, when transsexuals were living full-time, necessitated informing parents prior to the visit. During full-time it was most difficult for transsexuals to revert to their male roles and hide female cultural baggage evident in their residences. Transsexuals preferred a gradual process of informing the parents and siblings before appearing in the female role.

Gaining acceptance and support from family members was very important to transsexuals. My research indicated the family response was rarely enthusiastic although transsexuals desperately hoped members would come to understand. In a few cases, parents completely accepted the transsexual's decision and were remarkably supportive, as in the case of Amara's mother who helped her with sewing and referred to her as "my daughter," although this took some time. The most general trend seemed to be a gradual acceptance over time (see Pomeroy 1975: 222-23), although complete and total rejection, as in the case of one transsexual's mother, was

not unheard of. Most families reflected different degrees of acceptance but were becoming increasingly supportive.

Sometimes the family members would accept the transsexuals' impending transformation, but were concerned about family friends and/or other relatives. Very often the families accepted the transsexuals in theory, but were not able to accept actually seeing them dressed as females and/or were concerned over what their neighbors might think when they appeared in female garb. Thus some separation from the family occurred as a result of parental request. Transsexuals were aware that family acceptance might take some time and were patient in the hope that acceptance would follow.

Younger and older brothers stood out as the family members most resistant to the transsexuals' quest for womenhood, while sisters and mothers seemed to accept the transsexuals sooner than other family members, although response was individualistic in many cases. This trend seemed to follow gender lines where transsexuals reported that females were generally more understanding and sympathetic. Transsexuals invariably took a stance of patient waiting coupled with persistent but polite insistence that womanhood was their only option.

They were confronted with a myriad of responses from "couldn't you be a homosexual?", "couldn't you be a transvestite?" to "couldn't you just live as a woman, do you have to have the surgery?" While parents were concerned with the stigmatizing

facet of transsexualism, they appeared more concerned with the irrevocable surgery. There was general worry over the severity of the surgical conversion lest their offspring make a mistake and be miserable. They would prefer their transsexual children live as women and risk stigmatization rather than have the surgery.

Time does seem to be the answer. Transsexuals worked carefully on cultivating familial support. Transsexual strategies for coping with the family included the belief that they were indeed engaging in a most unusual experience, and that it would take time for the family to understand it. Therefore, transsexuals would never push themselves on their families. They would continue to be loving and responsive to parents despite their rejection. Even if transsexuals were not visiting their families, they continued telephone contact. Transsexual norms indicated that transsexuals should take a great deal of the responsibility for family acceptance on their own shoulders and were convinced that it would eventually pay off although it might take several years. And this strategy seemed to work, for I have seen remarkable strides in familial acceptance and support over two years.

Familial acceptance was, however, a double-edged sword, for acceptance could also be a source of discreditation of the transsexuals' social identity as females. Transsexuals worked overtime so that they would be accepted into their family homes in their roles as females, yet because of history their families continued to refer to them by their male names and with masculine pronouns.

Transsexuals were adept at politely but steadfastly correcting these misnomers. While transsexuals had eliminated from their social network those who were likely to respond to them as males, their families were too important to them to eliminate for those reasons. Here, instead of separation, they would engage in education. They understood that for their families male references were the most difficult habit to break. They strove to look as passable before their families as they could to encourage correct reference and conception of themselves as females. The use of male names and male pronouns was not only disruptive to the transsexuals' social identity performance as females, but was regarded as indicative of lack of acceptance of them as women. Transsexuals in transition regarded their male roles and history as a charade. The use of male gender reference was a reminder of this charade, one they wanted to forget and part of forgetting was to have their audience, including their families, interact with them as females. The family is a critical theater in which they asserted that they were women and had always been despite their history and family memories to the contrary.

The family was an arena in which a transsexual drama was enacted, one in which transsexuals hoped they would be accepted--accepted as daughters and sisters. Separation from the family occurred as a last resort only if their families did the rejecting. Transsexuals were willing to engage in a process of re-education and put up with what they considered gender slurs for the opportunity

to remain a part of their families in the hope that some day their families would interact with them as daughters and sisters.

In meetings of the Berdache Society, discussions of parental and familial response were often a source of discussion. Transsexuals were congratulated on parental acceptance, and it was often a source of good news in the group meetings. Transsexuals considered it an important day in their lives when their parents referred to them by female names and used the pronoun she. Undoubtedly some families were quicker to use female names and pronouns than others.

One transsexual remarked that the family might be troublesome later as a source of disparity between her attempts at maintaining her "line" as a woman with others who were a non-knowing audience. If the transsexuals were to bring unknowing friends into their families, their families could then cast aspersions upon the transsexuals' social identity by slipping up and calling them by their male names and referring to them as "him" or "he." On the other hand, family members could be cohorts in their social identity performances (see Goffman 1963: 95-97). In fact, the family could be a most important source of authenticating their female role performances by legitimizing their biographies and history as women.

Familial acceptance was also important on a symbolic level. The family was the source of their birth and nurturance as males, and symbolically could be a source of their birth and nurturance

as females. Thus, when their families accepted them as females, referred to them by their female names and used feminine gender references, it was a profound event in the transsexuals' lives, one in which their gender identity as females was given a retroactive credence. Through acceptance, the family contributed to the transsexuals' symbolic separation from a former field of interaction where they were born males and lived as males. The family was a significant battleground where a symbolic identity war was waged. Familial reaction to transsexuals as females provided transsexuals with personal and social identity coherence, females who not only "are" but who "have been."

Familial regard of them as women then was important, for the family had been their incubator and could negate their past roles as sons and brothers. The mother was exceptionally important for her role in this symbolic rebirth. Just as their mothers once gave birth physically to sons, they could bestow symbolic social birth to daughters. Because an individual could only be a son or daughter, never both, conference of daughterhood by their mothers was a statement of the death of a son. Separation, like transition, was alive with such metaphors of death and birth, for these phases were like life that is experienced as ". . . stages with similar ends and beginnings" (Van Gennep 1960: 3, 67; Gluckman 1962: 3). The family, particularly their mothers, facilitated the transsexuals' separation from a symbolic field of interaction (life as men) and was active in contributing to transsexuals' recreation of history as women.

During the phase of separation, transsexuals were separated to some degree from all former social networks. This included male friends who would have trouble accepting the loss of a star intramural football player in a good-old-boy system. It was a matter of transsexual lore that former male friends had the greatest trouble accepting their transformation, and were likely to be a source of rejection. Transsexuals then sifted through their friendship networks and anticipated the individuals likely to be unable to cope with their change. This served several purposes: they would not have to cope with outright rejection; they would eliminate those who would spoil their identity by revealing to other acquaintances what they were doing; and they could eliminate those who would continue to relate to them as males. It was presumed that males would make the least effort in relating to transsexuals as women.

Transsexuals screened their female acquaintances in the same manner and divided them into the knowing and unknowing. In general, it was anticipated which women friends and acquaintances would be accepting or rejecting. Transsexual ideology supported the contention that females were more understanding and would try harder to relate to transsexuals as women. This, too, was borne out by transsexual experience, where more female friendships were left intact than male friendships. Friendships with genetic women, like family, were highly valued by transsexuals. As will be discussed in the following section on transition, g.g.s possessed a special

magic, not by virtue of their vaginas but by their history as social women. Friendships with women were believed to facilitate the transsexuals' social identity performance where they could gain much in the way of learning to "think" like women, and act like women by "hanging out" with women.

Finally, transsexuals needed to prepare for a formal separation that was a necessary concomitant of assuming full-time status in the phase of transition. Transsexuals regarded "changing over" (transsexual argot for going full-time) in the same work situation as the worst possible strategy but one that some individuals would nevertheless take. This was considered a terrible approach to information management as work peers were likely to relate to transsexuals as males. Having an unknowing audience was considered essential for the transsexuals' development of their social identity as females. A new work situation where no one knew was considered ideal for it provided them the opportunity to interact as natural born women where they were neither regarded as men in female garb, nor transsexual, but bona fide women. (Identity management in the work sector will be discussed in detail in Chapter XIII, "The Economics of Full-Time.")

The Rite of Transition

The term "transition" is a double entendre of etic and emic meanings. In the rites of passage model it is the liminal phase between statuses, where the individual is no longer in a previous

status, and not yet of a new status. It is a state of ambiguity reconciled by incorporation into the new position in society (Turner 1967: 94, 1974: 13-14; Middleton 1973: 388). The medical and mental health caretakers use the term to describe the period in transsexuals' lives when they seek caretaker surveillance over the agenda designed to weed out the women from the men. It is a period characterized by transsexuals' self-recognition as members of that category and one in which they set about the task of pursuing the surgery. From the caretaker perspective, transsexuals are "in transition" when they take a therapist, begin taking hormones, prepare for and actually go full-time and work in the role of women. Transsexuals accept this medical-mental health terminology and will refer to themselves as "in transition," using the same parameters.

Whether consciously or unconsciously, the caretaker's choice of this term also reflects symbolic equivalence with birth. Transition is a medical term associated with childbirth. It refers to the period of maximal cervical expansion prior to the actual birth of the child. Correspondingly, transition for transsexuals is the period prior to their final rebirth, when they become at last complete females, both socially and somatically. They return once more to the setting of their first birth, the hospital, and this re-birth, overseen by respresentatives of the medical profession who first declared "it's a boy," now declare them female. If the obviousness of the analogy has escaped the caretakers, then it must still be

seen as more than just an ironic coincidence, reflecting the power of symbolic expression where changes in life situations are often expressed through biological analogues (Van Gennep 1960: 3).

Transsexuals were self consciously aware in many instances of their symbolic rebirth and were active participants in creating their own birth (see McCall 1966: 254), overtly using biological and social metaphors to explain their progress in becoming. In this manner, inner transformations were reinterpreted through outer changes as they became feminized and socialized into their social role as women (see Turner 1967: 96). The agenda in transition marking the progressive integration into society as women were transformed into something more than the mere accomplishment of tasks such as passing and going full-time. They were symbolic ". . . enactments of cultural myths about sex roles," gender, and identity such that transsexuals became women by reference to genetic women (Read 1980: 16).

When transsexuals entered transition, they would, for a time, lead double lives. At work, they continued to present themselves as males, but at home the actual social identity of emergent women was articulated by dressing more and more as females. At the same time, their bodies were becoming feminized as a result of the hormones. When in the female role and in the process of learning to pass in public, transsexuals learned a myriad of techniques to cover their male physical attributes, verbal and non-verbal aspects of the male role they so long occupied, and any other information

from their male past likely to disrupt their female role performance. The more they practiced passing, the more naturally they acted as females so that during the dual-role phase they gradually became habituated to their performance as women, and it no longer required the self-consciousness that it did at first. Full-time provided the opportunity for their role presentation to become almost second nature. This was, however, a processual experience beginning in the early phases of dual role occupancy and continuing through full-time.

Needless to say, the male role could become problematic for transsexuals as their bodies feminized and they became more natural (i.e., less self-conscious) in their social identity performance as women. However, as passing increased, the male social identity was also in increasing jeopardy. The results of physical feminization could be hidden to some degree for some time, although changes became noticeable as fat was distributed in the female direction and breasts developed. Electrolysis also was either initiated or continued throughout transition. Other indications of changes occurred during the double phase in preparation for full time. Transsexuals grew their hair longer in anticipation of a more female hairdo. Many took voice lessons and were learning to alter the pitch and intonation patterns of speaking. Because transsexuals worked on learning to alter their voices, it became difficult for them to switch back and forth between male and female voice and speech patterns demanded by their double lives.[1]

These factors, along with their habituation to general modes of behavior characteristically associated with females, could alter their presentation as "normal" men. They would then take pains to hide the effects of feminization so as not to discredit their status as males. Unfortunately, fellow workers were likely to be altered to the changes in their appearance and performance. "Homosexual" seems to be the suspicion most likely aroused in fellow workers according to transsexuals.

The transsexuals' progress was from a discreditable phase prior to transition where the stigma of cross-dressing was hidden, to dual role status, also discreditable, with an increment of visible stigma. The double life ceased when transsexuals felt they had feminized to the point that it could discredit their male status. The additional effort required on one hand, to conceal their female attributes when in the male role and, on the other, to conceal the male attributes as they learned to pass triggered going full-time. At this point, they made the decision to change jobs and set aside money for a period of unemployment or notified people at work that they would be changing into females.[2]

In addition to a social identity transformation that had been occurring through hormones and a marked improvement in passing, a personal identity transformation occurred. The female identity was in the process of gaining ascendence over the primary transsexual identity. As they dressed more and more as women, they felt they were female. The male role now required additional

effort in order to pass. This produced an internal stress that propelled transsexuals into full-time status. One transsexual felt "positively schizophrenic." Dressed as a woman in public she had to pass as a female, dressed as a male she had to present herself as the man she no longer considered herself.

The period in which they were becoming hormonally females and were learning the art of passing, by spending more and more time in the female role, was a time of personal identity growth that would ultimately lead to the rejection of the label transsexual. This occurred with and was exacerbated by full-time status. But again this was a gradual process of rejection coterminous with the emergence of a full-fledged female identity. Certainly dressing the part of women, habituation to the role, and an unknowing audience reinforcing their performance as females, all fed back into the waxing of the personal identity as female. One major mechanism fostering their becoming, in terms of personal and social identity, lay in transsexual ideology where physical feminization and learning to pass was reinterpreted not as something peculiar to transsexuals, but inherent in womanhood per se. Transsexuals perceived themselves as undergoing the same rite of passage that genetic girls participated in as they became women. This ideology was built on a bio-cultural model of womanhood, as well as their own experience watching and observing little girls as they were growing up.

A Bio-Cultural Model of Becoming

Genetic females' maturation is a biological and a cultural development, marked by physical and social changes in status whereby biological growth is culturally designated and given broader social meaning (Turner 1967: 93). Puberty for genetic "girls" is a period of transition in which they will emerge women from the previous state of being little girls.

Although transsexuals were transforming themselves physically, through hormone usage, into hermaphrodites, transsexual ideology reinterpreted this as a maturation period or a period of puberty in which they were approaching womanhood analogous to genetic females. As a result of hormones, fat was redistributed so that transsexuals developed breasts and hips, and the waist, as a consequence, appeared smaller (and may also actually become smaller) in proportion to their other dimensions. According to Gottlieb, these changes take about as long as genetic females' puberty (1980: 6).

Transsexuals' biological maturation was a metaphor for their womanhood. Feminization then became more than just a biological change but was a symbolic referent expressing cultural perceptions of the meaning of biological changes and facilitating the development of a primary identity as female (see Anderson 1976: 285). The metaphor, through the meaning transsexuals derived by analogy to genetic females, was transformed into something more; they were in reality becoming women not just "like" but "as" genetic females.

The analogy was internalized and integrated into transsexuals' self-concept leading to an identity inversion, the primary transsexual identity assuming an increasingly subordinate position, and the female sub-identity becoming crystallized into a primary identity.

Their physical puberty was recognized as a "life stage" that all women encountered (see McCall 1966: 223). They were, in fact, becoming women as women do, not like drag queens and transvestites who were creatures of artifice. Transvestites and drag queens were metaphorical women, while transsexuals were becoming "real" women, for they were encountering the same somatic changes accompanying girls' transition into womanhood. This aspect of the phase of transition was one "possibility" in which the phenotypic changes were a symbol of transsexual parturition as women (see Turner 1967: 96). It was a symbol of an "inner process" given substance by the outer change (Turner 1967: 96).

Transsexuals have turned inward the outward whereby their maturation was not just a key to passing (although it certainly gave credibility to the social identity dance), but to naturalness where they no longer needed breast and/or hip padding. The development of a female somatotype eventually led transsexuals to reject the notion of passing and the label transsexual for they were merely presenting themselves as they were, women.

Transsexuals were self-conscious of their maturation. They wore their newly developing breasts proudly, declaring: "that's

all me." They were keenly aware of their own breast development and that of other transsexuals, too. They again were "as" genetic women, developing at different rates with maximum breast development varying between individuals. As soon as some breast development was perceivable, they discarded the padding and brassiere inserts, and wore thin bras or no bras at all. They kept track of growth by brassiere cup size. Changing from an AA cup to an A, or from an A to a B cup size was a significant event shared and announced. Their fascination with their breast development was akin to that of genetic females in puberty who evince their concern in much the same manner as transsexuals.[3]

Despite the drop in libido that is a concomitant of hormone therapy, transsexuals' breast growth was accompanied by a sense of impending sexuality. Because their breasts became tender and sensitive as they enlarged, and because in our society breasts are erotic symbols, transsexuals were imminently aware of themselves as sensual beings. In plain words, they felt sexy about having breasts on their bodies even though libidal interest had declined. In this way they viewed themselves as genetic females whose puberty is culturally regarded as a period of sexual and sensual awakenings.

The period in transition in which they were developing was verbally acknowledged as their own puberty. They said "I'm in puberty now," or "I'm just a teenager," reckoning age based not on actual chronology, but on the bio-social analogy.

In the present discussion, then, puberty is viewed not just as a biological event but one rich in cultural denotation. Transsexuals utilized the concepts of their own culture to construe their own transgender experience. This fostered a metamorphosis from the cocoon of a little girl, where their female identities were mere fantasies, to full womanhood, where the female identity emerged as cause and effect of the social meaning given to their "neo-puberty."

Puberty was also regarded as a period of socialization, for transsexuals as pubescent females experimented with the images of adult womanhood available in American society. Transsexuals explained that the female in puberty will wobble in high heels, wear outlandish and high fashion makeup and exaggerated clothing as they investigate women's cultural baggage. Transsexuals viewed their own early passing attempts as analogous to this experience. They looked back on their hyper-feminine and super-chic clothing, exaggerated makeup and hairdos, and learning to walk in high heels as part of their puberty. These extremes were regarded as legitimate because genetic females themselves must experiment as teenagers before a mode of presentation is finally arrived at. They were, threfore, like genetic females, who first exaggerate the cultural accouterments of womanhood countenanced by our society, and through this period of experimentation embark on natural womanhood.

For transsexuals, genetic girls' rites of passage into womanhood were their own. It was part of transsexual rhetoric that

physical and social maturation was the idiom of their own becoming. Their puberty was not just a metaphor but a "reality" of transformation that accompanied and organized the development of a female gender identity and the learned parameters of that identity.

No Longer a Transsexual

Full-time was the period in which the final transformation of the female identity ensued. During full-time transsexuals had the opportunity to become completely habituated to their female role performance and they became less self-conscious about passing. Passing during full-time unfolded as an incrementally spontaneous performance that became natural. By extension they became also natural women. It was also a process of creating a lived history as women, women who had undergone puberty and who were establishing their adult status as women. Their transition was a reiteration of their progress out of ambiguity and into coherence (see Turner 1967: 94). They were on their way to becoming whole people.

Going full-time was an important event in the lives of transsexuals. It was regarded as a very special phase of the identity development of the transsexual. After their double lives in which transsexuals became more like women as a consequence of the dynamics previously described, full-time gave transsexuals access to really "being" women. It was here that the doing of the female everyday, including interacting with others only as females, gave transsexuals an inside edge on knowing

how it feels to be female. Transsexuals agreed there is something magical about the full-time position because of the internal identity changes in perspective that occurred. By analogy with genetic women, part of what made them women was their doing of women everyday, and this then was what all transsexuals must do if they were ever to really become women.

As transsexuals felt, acted, portrayed, and approximated genetic women, they began to reject the label transsexual. This was manifested in "affiliation cycles" in the Berdache Society where affiliation with their "own" declined (see Goffman 1963: 20, 38). They had, through their own becoming in full-time, tasted normalcy and were accepted by naive audiences as normal women. And "[p]resumably the more an individual is allied with normals, the more he [she] will see him [her] self in non-stigmatic terms . . ." (Goffman 1963: 1070). Transsexuals were presented with the choice of remaining transsexual and hence being stigmatized by continuing group association, or becoming women, normal members of society.

The desire of all transsexuals in the group was to disappear into society as women. They had spent a lifetime of not belonging, of feeling out of place in their male gender roles. Unlike many other minorities, they wished to escape their stigmatized transsexual status, not destigmatize transsexualism. Continual affiliation with other transsexuals in the Berdache Society meetings was therefore a situation where they would continue to be labeled transsexual. Although they had learned a great deal from the

Berdache Society, it had outlived its usefulness. In response to the question of why they did not continue to attend meetings, transsexuals replied: "they are all younger than me"; "I've outgrown the group"; "it has nothing more to teach me"; "I've been through all the stuff they're talking about, and it bores me."

During full-time, transsexuals continued to associate with their own age mates determined by physical feminization and passing ability. These were people who in transsexual argot were "as far along," and who, in this case, were rapidly approaching full-time or who were full-time. Full-time (and even post-operative) transsexuals would return to the group meetings for ceremonial visits where they acted as models of "normalization," showing the younger transsexuals what they could look forward to as they progressed through transition (see Goffman 1963: 30-31). By returning to the group they acted as models of becoming for the other younger transsexuals and revealed inside information about problems and successes in full-time.

The Berdache Society was regarded then as a temporary association and a temporary phase of a transsexual identity. It provided support, reinforcement, information, instruction on passing, role models, and an ideological system with norms for how men become women. Transsexuals all recognized the importance of the group in their lives, and they recognized there would be a time when they would leave the group. This was invariably correlated with anticipating and going full-time. Even Sasha, the director, had severed

ties with the group meetings to some degree, although she continued to attend the transsexual meetings in her official capacity. She had, however, discontinued meetings at her home, explicitly to create a more normal environment, where she could preserve her reputation for her neighbors as a natural woman. This occurred when she moved to a new apartment and had the opportunity to create a network of people who knew her only as Sasha the woman, not the transsexual.

From a single event in the Berdache Society meetings, it was possible to assess the transsexuals' progress in transition and to recognize those who were beginning disaffiliation or who had disaffiliated from the group. Invariably, Sasha (who because of her position as director was in some ways unique) began the meetings with "I'm Sasha and I'm a transsexual," followed with introductions all around the group. Those who were about to, in the process of, or who had, separated from their "own," would introduce themselves by their female names only, while the youngsters and transvestites followed the name with the label transsexual or transvestite or an occasional "don't know."

With this simple act, those approaching or in full-time status not only expressed their primary identities as women but rejected the label transsexual as stigmatizing. Being transsexual was therefore an identity phase to be outgrown, as one became a woman and sought normalcy. Where once the label transsexual was a

godsend providing a category around which to focus their identity, it now became a dirty word, a discreditor of the claim to womanhood.

Ironically, as they became established in the female role and were in a transition from ambiguity into order, one of incremental integration in society, their penises became more and more gender symbols of liminality. As they felt the part and looked the part, their penises became glaring symbols of the limits of their incorporation into the female role, and indicative of the fragility of their incorporation into society. During full-time the desire for surgery intensified as the penis increasingly was perceived an attribute discordant with the female identity. It was the symbol that perpetuated their sub-identity as transsexual, and it was a constant reminder of their past. After surgery the transsexuals tried to forget about their male history and the penis as a symbol of it, although to some extent they would always have a transsexual sub-identity, for they would always have to edit part of their history. However, it became less important after the surgery as a component of their identity.

Their success in the full-time role, their ability to pass and to get jobs as women, indicated to their caretakers their readiness for surgery. If they had done all this and still wanted the surgery, then to the caretakers they were a good surgical risk. The two in combination would result in a favorable recommendation for the surgical conversion. Transsexuals were therefore

legitimized by their female identities and through their social identity performances in the eyes of those who controlled the surgery.

The tension created by the incongruity between penis and identity led transsexuals to request their primary caretakers for an evaluation for surgery. The more they lived full-time, the more they wanted the surgery and the longer they had lived full-time (a minimum of one year), the more inclined their caretakers were to provide them with favorable evaluations. They were, at this point, totally prepared for surgery. The agenda they had followed and the transsexual ideology underlying those agenda had served to "soften each blow, . . ." of the transition so they were finally ready and there was no turning back (see Coon 1971: 9).

The surgical conversion punctuated the culmination of their transition. It was their passage out of liminality and was a symbolic and ritual event dramatizing their exit. Surgery consummated a journey that was regularized, patterned, and clearly defined (see Turner 1967: 94). By the time of surgery transsexuals had become, both in personal and social identity, women, limited in their transformation only in those areas where the body was important.

FOOTNOTES

CHAPTER VIII

[1]Voice lessons were undertaken at various times during transition. Many waited until after they had gone full-time for just the difficulty cited. It required too much effort to switch in and out of male and female voice patterns. To really effect a change in pitch intonation required continual practice not available in the double life phase.

[2]Consideration of the employment situation will be discussed in Chapter XIII, "The Economics of Full-Time." The strategy endorsed by transsexuals was to quit one's job and then go full-time, living on savings for awhile until a new job as a woman could be acquired. The worst strategy, that was sometimes unavoidable, was to go full-time on the job. One transsexual had not only taken this latter strategy, but she had also violated transsexuals' beliefs about the proper scheduling of events in transition. Under the influence of her therapist Hope, Lydia had chosen "androgyny" as the idiom of her transition. She had informed her employers of her transsexualism and was gradually feminizing herself. She was not like the transsexuals who had lived a double life, attempting to hide the effects of physical feminization but gradually allowing them to be apparent. Hope endorsed this strategy as one in which the individual would go through a phase of being unrecognizable as neither male nor female, but "embracing both." Transsexuals thought this was a poor strategy in violation of the rules of conduct of "the way" a transsexual should pursue womanhood. Transsexuals supported the notion that there are only two sexes. For the transsexual to pass as a woman was one foot in the door of normalcy in a dual gender system. Androgyny to transsexuals was an unnecessary and stigmatizing route to womanhood.

[3]It must be remembered that this population of transsexuals were of a modal age of over 30. Their perceptions of little girls' puberty as a cultural phenomena were influenced by the era in which they themselves were growing up. The cultural information about how little girls experience puberty, that was also responsible for the transsexuals' bio-cultural model of womanhood, may reflect some culture lag. Many Americans are trying to raise children in a non-sexist milieu. The non-traditional socialization of children will undoubtedly affect the manifestation of children's rites of passage into adulthood and influence the meaning of puberty as a bio-cultural phenomenon.

CHAPTER IX

WHAT KIND OF WOMAN?

Transsexuals are not the only people concerned about who and what they are. Researchers in the field are also interested in the "kind" of women transsexuals are. "Kind" is operationalized in the literature as a broad construct that is based on stereotypes of womanhood found in our society. One recurring theme is prominent in the literature: transsexuals are regarded as "hyper-feminine." Hyper-femininity is defined in a variety of ways and includes psychological tests of masculinity-femininity (Kando 1973: 19), endorsement of sex roles based on tests, actual behavior (Kando 1973: 24-25; Raymond 1979: 85; Money and Tucker 1975: 206), self-description (Raymond 1979: 78), and career aspirations (Kando 1973: 14-15; Driscoll 1971: 66, 68; Raymond 1979: 78).

A number of authors have contributed to this picture of transsexuals as more feminine, in a stereotypical sense, than genetic women. For example, Kando, using a masculinity-femininity index, and a test of attitudes towards cultural definitions of masculinity and femininity, found "[t]ranssexuals were . . . more feminine than the two other gender groups [a control population of males and females] and also more conservative in their endorsement of traditional sex role definitions" (1973: 19-24, 31). According to Raymond ". . . most transsexuals conform more to the feminine

role than even the most feminine of natural-born women" (1979: 79). Kando (1973: 81), Driscoll (1971: 66, 68) and Raymond (1979: 78) state that transsexual career strategies focus on marriage or traditional female occupations. One caretaker, in a personal communication, even stated: "they all want to be pom pom girls . . . [and] . . . are waiting to serve their expected knight in shining armor." The latter notion is also repeated by Raymond (1979: 78). Transsexuals are described as hyper-feminine and more traditionally female in every respect (self-perception, presentation, behavior, attitudes, career choices, etc.) than genetic women. The question is: are transsexuals all as stereotypical as this research suggests? My research indicates otherwise. Transsexuals in this population were as diverse, apart from life-long gender conflict and a shared history of cross-dressing, as the genetic females whom they emulated. What, then, can account for this stereotype prevalent in the literature?

Hyper-femininity, in the broad terms described, may be an artifact of the medical-mental health caretaker system and particular gender identity clinics where transsexuals are intensively involved in programs to turn them into women. Raymond notes that the medical and psychiatric communities reinforce sex-role stereotypes (1979: 91). This may, in part, be a product of evaluative procedures for surgery, in which the medical profession and psychiatrists (dominated by males) employ their own stereotypes of women in judging how well transsexuals' appearances,

presentation, and sex-role performance fit into their conceptions of womanhood. In this regard Kessler and McKenna report that one clinician:

> said that he was more convinced of the femaleness of a male-to-female transsexual if she was particularly beautiful and was capable of evoking in him those feelings that beautiful women generally do. Another clinician told us that he uses his own sexual interest as a criterion for deciding whether a transsexual is really the gender she/he claims (1978: 118).

One transsexual in my research population, a bisexual feminist who liked to wear jeans and tee-shirts, stated that: "Shrinks have the idea that to be a transsexual you must be a traditionally feminine woman; skirts, stockings, the whole nine yards." Other transsexuals confirmed this view.

Transsexuals, through the grapevine, literature, and personal experience, knew that hyper-femininity was an expectation of caretakers. They also were aware that many male caretakers were utilizing their own male versions of womanhood, relying on stereotypes of women. Rather than re-educating their male caretakers, many chose rather to conform to caretaker expectations, realizing this would facilitiate the desperately desired surgery.

Transsexuals who are vulnerable and who have no support group to mediate caretaker conceptions of transsexualism may well fall prey to their caretakers' expectations of how they should look, act, and appear. To reiterate Amara's words: "you must conform to a doctor's idea of a woman, not necessarily yours." Transsexuals, without a transsexual ideological system that addresses

the issue of who and what women are, may be prone to accepting male caretakers' conceptions of womanhood and demure the diversity of styles, strategies, roles, and presentational modes reflected in the population of genetic women. Therefore, transsexual hyper-femininity may be a result of a system in which ". . . transsexual candidates are judged on the basis of what a man's view of a 'real woman' is" (Raymond 1979: 92).

Another critique of transsexual hyper-femininity can be leveled at the methods used to determine psychological masculinity and femininity. Are psychometric tests or other paper and pen instruments of masculinity and femininity measuring what they claim to be, i.e., identity? Given a group highly motivated to score femininely on index questions, the internal validation of the testing instruments must be questioned. Transsexuals were aware that such tests are used to evaluate them as candidates for surgery and so deliberately selected the most traditional and conservative responses to impress caretakers with their femininity.

These indices of identity are fairly obvious since the only way to construct a test of masculinity and femininity is to use cultural stereotypes of how females are different from males in a variety of domains such as attitudes, aspirations, career goals, and endorsement of stereotypes (see Kessler and McKenna 1978: 9). Kando's masculinity-femininity scale is one such example. The following items representing some of the scale's five sub-areas

(attitudes, skills and responsibilities, occupational roles, other roles, and gender attributes) are illustrative:

> I (would) love to have children.
> I am the primary supporter of my family.
> In general, I (would) submit to my husband's (wife's) decisions.
> Engagement and wedding rings are very important to me.
> (Kando 1973: 93)

It is not difficult to score femininely on scales such as this one because they utilize such blatant stereotypes.

Four transsexuals in my research population took the Minnesota Multiphasic Personality Inventory given by a local psychologist in order to fulfill requirements for continued hormone therapy. Information about this test, what types of questions were asked, and a strategy for answering, rapidly spread among these transsexuals. All scored femininely on the index and all claimed it was not difficult to see questions directed at the issue of masculinity and femininity. Therefore, an individual's desire to score femininely when she believed her hormone therapy or surgery was at risk could offset the validity of such tests.

The aforementioned critique raises another question about test validity. Do masculinity and femininity indices necessarily tell us how an individual will live her life in terms of the stereotypes elicited on a test? This is the words and deeds dilemma raised by Deutcher (1966). Deutcher questions whether behavior can be predicted from verbal or pencil and paper endorsement (1966: 236-37). Perhaps transsexual femininity can best be seen in everday interaction; in the living of their roles.

If only those selected for a surgical program are those who score most femininely, then feminine scores will reflect a bias in sampling. Those who do not score femininely will be excluded from a gender program. These individuals may well seek surgery elsewhere, as Meyer and Reter found in 50 percent of a sample of patients who were not operated on at the Johns Hopkins Gender Identity Clinic (1979 in Pauly 1981: 50). Individuals who are selected out of programs because they do not score highly on femininity indices are eliminated from the data on transsexuals, although they may in fact be transsexuals. Thus the evidence that transsexuals are more feminine than genetic women denies the variation in the transsexual population as a consequence of bias in the process that selects for surgery hyper-feminine transsexuals or those that are savvy enough to score femininely on identity indices.

In attempting to assess the validity of the hyper-feminine stereotype of transsexuals, I gave 15 transsexuals the Bem Sex Role Inventory (Bem 1977: 319). This is a scale that measures masculinity, femininity, and androgyny. To check test validity, participant-observation was also used to observe transsexuals in their everyday lives.

The Bem Sex Role Inventory (BSRI) ". . . is designed to measure the extent to which a person's self-definition is masculine, feminine or androgynous" (Bem 1977: 319).[1] In this test (see Appendix B), a series of positive traits that are deemed more desirable for one sex than the other are interspersed with neutral characteristics. An individual's masculinity and femininity scores are

based on the degree to which he or she defines him/herself in terms of these stereotypical characteristics. Each individual has two scores originally, a Masculinity and a Femininity Score. From the Masculinity and Femininity Scores an Androgyny Score is compiled as an index of the co-existence of both masculinity and femininity in an individual's self concept. The Androgyny Score itself produces a continuum of scores which range from Androgynous, Near-feminine, and Feminine in one direction, and from Androgynous, Near-masculine, and Masculine in the other direction (Bem 1977: 323). The Androgyny Score, according to Bem (1977: 322-23):

> . . . reflects the relative amounts of masculinity and femininity that the person includes in his or her self-description, and, as such, it best characterizes the nature of the person's total sex role. Thus, if a person's Femininity Score is much higher than his or her Masculinity Score (that is, if a person describes himself [herself] as being much more feminine than masculine), then we think of that person as having a feminine sex role. Similarly, if a person's Masculinity Score is much higher than his or her Femininity Score, then we think of that person as having a masculine sex role. In contrast, if a person's Masculinity and Femininity Scores are approximately equal (that is, if there is really no difference in how masculine or feminine a person thinks he [she] is) then we think of that person as having an androgynous sex role.

The weakness in Bem's system is that it cannot a priori be assumed that endorsement of stereotypical characteristics on the BSRI is necessarily a concomitant of a person's "total sex role." Presumably one's sex role is not only an internal phenomenon of the psyche, but is also lived, behaved, and acted. How well does this test predict behavior?

Following Bem, 15 transsexual BSRI scores in my sample were given Androgyny Scores and placed in one of the five possible

sex-role categories of that system: Feminine, Near-feminine, Androgynous, Near-masculine or Masculine (1977: 322-23). Two other categories have, of necessity, been added: Borderline Androgyny and Near-masculine, and Borderline Near-masculine and Masculine. Table 3 presents the Transsexual Androgyny Scores.

Bem used two sources of comparative data. One data base consisted of approximately 1,500 undergraduate students at Stanford University. These data were broadly analyzed according to three categories. The four sex-role categories other than androgyny were conceptually collapsed so a student was scored according to whether he or she was androgynous, appropriately sex-typed, or cross sex-typed (that is, whether the individual's score was in accordance with gender, so that a female scoring masculine or near-masculine would be cross sex-typed, etc.). Bem reported that "[s]emester after semester, we find that about 50% of the students are 'appropriately' sex-typed, about 35% are androgynous, and about 15% are 'cross' sex-typed" (1977: 323). Her second source for comparative data included two separate populations, a Stanford population of 444 males and 279 females, and a Foothill College population of 117 males and 77 females. Test scores from these two sources were presented in terms of Bem's sex-role categorization system and male and female scores were segregated (1977: 323).

The transsexual scores from my group can be interpreted in two ways according to the sex-typing system: by genital gender as males, or by identity as females. If transsexuals were

Table 3

Transsexual Androgyny Scores* (N = 15)

Sex Role Category	Score	Number of Transsexuals
Feminine	+1.7	1
Feminine	+1.4	1
Feminine	+1.3	1
Near-feminine	+.9	2
Near-feminine	+.8	1
Androgyny	0	1
Androgyny	-.1	2
Androgyny	-.3	1
Androgyny	-.4	2
Borderline Androgyny and Near-masculine	-.5	1
Near-masculine	-.7	1
Borderline Near-masculine and Masculine	-1	1
Total		15

*After Bem's interpretation of Androgyny Scores (1977: 323)

Sex Role	Androgyny Score (AS)
Feminine	AS > +1
Near-feminine	AS > +.5 and < +1
Androgynous	AS > -.5 and < +.5
Near-masculine	AS > -1 and < -.5
Masculine	AS > -1

considered genetic males, then 40 percent were cross sex-typed (N = 6) in comparison with 15 percent cross sex-typed in Bem's Stanford University undergraduate test population. Only two transsexuals or 13.2 percent (possibly three if the Borderline Androgyny and Near-masculine individual is included) were appropriate sex-typed in comparison to Bem's report of 50 percent appropriately sex-typed in her research population. These transsexual scores then do indicate some disparity from a "normal" population in the direction expected for transsexuals. However, as will be discussed, these scores did not really reflect how the individual perceived or performed her female role in society.

Although there was some expected variation in an obvious transsexual direction of cross sex-typing, these transsexuals fell well within the range of androgyny scores reported in the Stanford-Foothill data. Forty percent, or 46 percent (if the Borderline Near-masculine and Androgynous individual is included) of the transsexuals were androgynous. This was higher than the 35 percent noted by Bem as androgynous, but well within the androgyny range reported for both men and women in the Stanford and Foothill populations (Stanford males 44 percent and females 39 percent; Foothill males 55 percent and females 41 percent) (see Table 4).

If these transsexuals were regarded as females, then 40 percent were appropriately sex-typed compared with 50 percent for the Stanford population. Bem's more detailed classification (Stanford and Foothill) was useful here for it facilitated comparison with

Kando's study that found that transsexuals were more feminine than genetic women (1973: 22). Kando's scale was comparable to Bem's since both utilized prevalent cultural conceptions and stereotypes of women. According to Kando's hyper-feminine model, transsexuals should score in the feminine category to a greater extent than genetic women on masculinity-femininity tests. From the detailed breakdown of Stanford scores, 29 percent of the women at that school and 35 percent of the females of Foothill scored in the Feminine sex-role category. In contrast, only 20 percent of the transsexuals (N = 3) scored in the feminine category. The BSRI scores of this population indicated that not all transsexuals were more feminine than genetic women on a masculinity-femininity index. They, contrary to Kando, illustrated a similar range found in the genetic female population. For a comparison of transsexual percentage norms with genetic women from Stanford and Foothill, see Table 4 (Bem 1977: 323).

Are there other factors that could account for the discrepancy in femininity scores between this population and a comparable population such as Kando's? Both populations were small (Kando had a sample of 17) and this alone may be a factor. But there are numerous other studies that also find that transsexuals are hyper-feminine. My role as an ethnographer, removed from the evaluative position of caretaker, undoubtedly had some effect. Because I had no influence on their psychological evaluations, transsexuals had no particular motivation to impress me with how feminine they

Table 4

Comparison of Berdache Society Transsexual BSRI Scores with BSRI of Genetic Women

	Stanford Females (N=279)	Foothill Females (N=77)	Transsexuals (N=15)
Percent Feminine	29	35	20
Percent Near-feminine	18	15	20
Percent Androgynous	39	41	40
Percent Androgynous Borderline and Near-masculine Borderline	-	-	6.6
Percent Near-masculine	8	5	6.6
Percent Near-masculine and Masculine Borderline	-	-	6.6
Percent Masculine	7	4	0

(Bem 1977: 323).

were. In addition, the BSRI was not given until a year and a half of participant-observation had ensued and I was well entrenched in transsexual social networks.[2]

In order to assess the validity of the BSRI scores as indicators of transsexual sex-roles as "lived" variables, four components of sex-roles were observed: (1) appearance, focusing on the sartorial system; (2) career goals; (3) endorsement of the feminist movement; and (4) interpretation of womanhood. These four factors provided a method of evaluating transsexual hyper-femininity as lived, acted, and verbally endorsed. They were elicited and expressed in everyday interaction, repeated through time, presented informally and formally, and were not an artifact of test stimulation.

Appearance

Employing shared stereotypes, a hyper-feminine appearance is one in which the transsexual would be expected to look like a Madison Avenue version of the perfect woman, wearing makeup, skirts or dresses, stockings and high heels. However, if the individuals taking the BSRI are analyzed in terms of their appearance (focusing on the sartorial system), there is no correlation between the BSRI sex-role of feminine and feminine dress as described above. Neither does an androgynous BSRI Score correlate with androgynous dress in which one would expect to see an abundance of unisex clothing.

A sampling of transsexuals indicated variation in clothing expression and a lack of correspondence with BSRI sex-role categories. Elise, who scored Borderline Near-masculine and Masculine, and Amara, who scored Near-masculine, might be expected to dress like males or androgynously. Yet Elise and Amara did not choose a more masculine dress than the other transsexuals. Elise, for everyday wear, chose women's jeans and pants favoring women's tops in lavenders, blues and pinks, "accessorizing" with jewelry and earrings. She also liked to wear skirts and dresses for special occasions, and wore her hair in a permed, shoulder-length tousled style. Amara also wore jeans and feminine tops, but was just as likely to appear in a skirt and dress, depending on the occasion. She preferred the more professional look in clothing, preferring suits and conservative dresses. Paula, a post-operative transsexual who joined the group after her surgery and occasionally attended for ceremonial purposes, scored the most feminine on the BSRI. Yet I have never seen in her a dress or skirt. She wore little or no makeup, a short curly hairdo, and pants and blouses. Her choice of style of clothing hardly contrasted to the informal styles chosen by Elise and Amara. Just as Elise and Amara could not be characterized as masculine in appearance and dress, neither could Paula be described as particularly hyper-feminine in appearance.

The other categories did not indicate any correlation between lived components of sex-roles and BSRI scores. Rosemary and Sasha

received identical scores in the androgynous sex-role category (they scored -.1). Rosemary was an ardent feminist who wore jeans, tee-shirts, and no makeup for most occasions. Sasha, on the other hand, preferred a professional look with feminine touches such as tailored suits with feminine blouses of soft materials with lace and other trim for public appearances. Casually, and for more informal occasions, Sasha chose pants and tops but usually added a blazer to these outfits, again giving her appearance a professional flair. Tanya, whose BSRI sex-role was Near-feminine, was the most hyper-feminine in appearance and was consequently stigmatized by the group for continuing to dress in this way (something she "should have outgrown" as the others have). She chose the Madison Avenue version of womanhood, with her high-fashion makeup and hairdos and exotic sexy clothes liberally spiced with an abundance of black satin, white lace, and frills, as well as lots of accessories. If one only considered Tanya, her high score in the Near-feminine category might be construed as illustrating some correlation between score and lived sex-role, but variation and lack of correlation in the rest of the transsexual population is evidence against such a correlation.

Career Goals

Kando has characterized transsexuals according to a career-strategies typology illustrating broader attributes of sex-role

such as attitudes, aspirations, and lifestyle choices (1973: 38, 39, 82). His system of categorizing transsexuals includes a typology of female roles: the housewife, the show business woman, the aspiring housewife, and the career woman type (1973: 38). These types are allocated scores of respectability so that ". . . one could assign a high respectability score to those transsexuals who play predominantly domestic roles and a low one to those who play professional roles . . ." (1973: 81-82). Aside from the obvious sexist bias in this perspective, such a system is a simplistic conceptualization of womanhood.

Can transsexuals be neatly classified into four types of women based on career options, and is it valuable to view these options in terms of traditional stereotypes? Is it legitimate to view the housewife role as a traditional expression of femininity when, in fact, this housewife may be someone who has worked at a career, endorses feminism, and has a raised consciousness about the value of that role as mother and socializer of the future generation? Career choices in terms of occupation may not be indicative of individual's self concept as a traditional woman, but may, in fact, also be due to an economic system where women are kept in traditional occupations.

Additionally, contemporary women often find themselves in a position of syncretism, subscribing to some of the traditional notions about women's sex-roles and the same time aware and supportive of new options for women. Sometimes they endorse

traditional ideas of women's role as mother and woman behind the man, and in other cases, they give new meaning to traditional ideas about women's careers. Just as women are complex and heterogeneous in their career choices and self-concepts, so are transsexuals. For example, those transsexuals scoring femininely or near-femininely did not unequivocally view themselves as homemakers, raising children and being supported by men.

In ascertaining career options for 15 transsexuals who took the BSRI as well as an additional two who did not, only one individual stated the desire to be a traditional housewife and be supported. This individual scored as Borderline Near-masculine and Androgynous on the BSRI. The rest all wanted to have careers and all hoped to find someone to share their lives with after surgery in a monogamous relationship, although the partner need not necessarily be a man. None saw a conflict between having careers and having a lover and/or a husband. For example, Sasha's approach to the issue of being a supported homemaker was "I could do a housewife number for about two years before I went crazy and had to go to work." Three specifically wanted to adopt children but knew that this might not be possible since adoption agencies check potential parents' biographies. Their transsexual status would likely be revealed and prevent them from adopting a child.

Endorsement of the Feminist Movement

On the related question of feminism, there again was no correlation with scores on the BSRI and presentation of self as

a female. Although there was diversity in the details of their views of feminism, all endorsed the aims of the feminist movement. As a general theme, transsexuals agreed that women should have the same rights as men and should not be discriminated against. They viewed the feminist movement as vital for women to achieve equality. Several of their comments are illustrative. Eunice (androgynous on the BSRI) stated:

> I don't agree with the extremist end of the movement ("peoplekind" instead of "mankind," that sort of picky garbage), but I agree there should be total equality in life between men and women: in the job market, in relationships, in life politics. For that matter equality should extend to all people, male, and female, black, brown, red, yellow and white, everybody. Feminism is just one facet of the later, basic human rights movement.

A BSRI Near-feminine Lydia revealed that she was generally in favor of the feminist movement although she added, "I think too much animosity has crept into it, thereby negating a lot of the benefits the movement could be having on the general populace."

Some of the more militant statements were made by individuals who cross-cut the BSRI ratings. A Near-feminine, Tanya, most traditional in her glamorous and hyper-feminine presentation as a woman, ardently said: "We need the feminist movement. If men think they can get away with what they have done in the past, they are in for some big surprises." Rosemary was equally vocal in response to a question on her view of the feminist movement: "Right on! As women we demand our rights, our dignities and control of our

bodies. And if we are not given them we will rise up and take them."

Contrary to the stereotype of transsexuals as hyper-feminine, reveling in traditional notions of womanhood to a greater extent than genetic women, the transsexuals in this population were not admirers of stereotypical womanhood. They were keenly aware of the feminist movement, wanted careers as well as individuals to share their lives with, and represented styles of dressing as diverse as the female population they emulated. In general, transsexuals were all too aware of discrimination in the job market, as they alone had or would experience(d) both sides of the fence in this sector (see Chapter XIII, "The Economics of Full-time").

Interpretation of Womanhood

Transsexuals, like genetic women, were a diverse and heterogeneous population. Their conceptions of women, when asked "What is a woman?" were combinations of traditional conceptions of women's attributes synthesized with new ideas about womanhood. Transsexuals did not view women, or themselves, only in terms of traditional stereotypes employed on the BSRI such as "childlike, understanding, warm, yielding" (see Appendix B). They thought of women as complex beings, at times subscribing to some of these traditional stereotypes but often including attributes

that are stereotypically associated with the male role. Several of their responses are indicative of the diversity of transsexual conceptions of womanhood.

> Amara (near-masculine BSRI): A woman is anything she wants to be. She differs from a male only by anatomy, choice, and sensitivity.
>
> Rosemary (androgynous BSRI): She is a female human being, an incarnation of the Goddess, a being of infinite strength and infinite fragility. She is different than, not opposed, but complimentary to her brother. She is certainly not subservient to him.
>
> Allyssa (androgynous BSRI): I think being a woman or a man is a way of relating to other people associated with characteristic responses from them. I am very unhappy with the male package and more comfortable with the female package.
>
> Lydia (near-feminine BSRI): A woman is more able and free to express and act her feelings and is comfortable with this. She is soft yet strong, sincere, maternal in feeling and attitude, and aware of who she is. Women are better equpped than men to give love, more sensitive, more responding, and more aware emotionally.
>
> A woman can also be conniving, devious, aggressive, selfish.
>
> Many of these attributes are the result of social condition, but some I think are inherent to the female, e.g., more romantic in nature and more appreciative of beauty, more tender and more given to sympathy, to name a few. I feel the woman compliments the male ego to the extent that both are compatible.
>
> She has a deeper understanding of what is human.
>
> Garnet (androgynous BSRI): A female is feminine, loving and caring, sexy, provocative and beautiful. She is self sufficient, intelligent, understanding and nurturing.

These excerpts are typical of the range of responses. Some regarded women in more stereotypical terms than others. The majority opinion was that women are a combination of characteristics typically assigned to males and females. The majority invariably viewed women as warm, loving and nurturant, but also as independent, self sufficient, and in charge of their lives. Partly because of their unique experience of having lived as males, most were highly sensitive to feminist issues. They had found out what it meant to take a cut in pay and to be sexually objectified. They, like many women, felt the tug of traditional notions of womanhood and the new options and images of women in American society.

This particular group may well be unique among transsexuals in their rejection of hyper-femininity because they were not involved in a gender program and not subject to males' conceptions of womanhood. They had actively chosen female therapists who had different conceptions of womanhood. But, more importantly, this group was not hyper-feminine because of their association through the Berdache Society and their social networks in which sanctions and norms developed around the issue of becoming a natural woman, a value on which the rite of transition focused. Real and natural was sanctioned positively, just as hyper-femininity was sanctioned negatively. This population may be seen to respond to the latter in their self-conception and lived components of social identity.

FOOTNOTES

CHAPTER IX

[1]For a discussion of the many definitions of androgyny see Raymond (1979: 154-63). While Bem describes androgyny as the simultaneous endorsement of both male and female attributes on the BSRI (1977: 323), there is little concurrence on the definition of the term in the literature. Confusion arises as to whether androgyny refers to a psychological state or behavioral expression of sex roles. Neither is it clear whether androgyny includes masculinity and femininity as integrated constructs or whether these are expressed at different times in different situations (Masters and Johnson 1982: 216).

[2]Another researcher who also used participant-observation intensively in her investigation of transsexuals, has reached similar conclusions about their alleged hyper-femininity. Feinbloom states: ". . . there is not one stereotype of the pre-operative transsexual male or female and there is not a standard adjustment that all such people make" (1976: 151). She, too, regards transsexuals as a heterogeneous population whose occupations and lifestyles are diverse; citing examples of transsexual fashion models, hairdressers, prostitutes and feminists (1976: 158-60). She attributes this diversity to the new options available to women today and believes that transsexual hyper-femininity in the past was a response to a more traditional sex role era (1976: 142). As discussed in this chapter, I believe other factors are also responsible for notions of transsexual hyper-femininity, although I certainly think Feinbloom's contention is a valuable partial explanation.

CHAPTER X

HORMONAL MANAGEMENT

Passing is the single most important facet of transsexuals' rite of transition. Although passing is a medical requirement that must be fulfilled, it means a great deal more to transsexuals. It is an all-fronts attack on their malehood and an experience with implications beyond an ordeal that must be endured in order to qualify for the surgery. It is a portent of their future lives as females. According to Garfinkel (in collaboration with Stoller 1967: 37), passing is: "[t]he work of achieving and making secure . . . [the transsexual's] . . . rights to live as a normal, natural female while having to continually provide for the possibility of detection and run. . . ."

Passing is a multifaceted and significant phase of transsexuals' transition. This chapter focuses on one aspect of passing: hormonal management. The four subsequent chapters provide discussions of other important aspects of the passing experience: "Strategies and Rituals of Passing" (Chapter XI), "Full-time Status and Passing" (Chapter XII), "The Economics of Full-time" (Chapter XIII) and "Transsexual Personal and Sexual Relations" (Chapter XIV).

It is a prerequisite of medical policy that transsexuals participate in a program of hormonal management prior to surgery. Transsexuals looked forward to beginning their program of hormone

therapy that would continue to some degree for the rest of their lives. It was a significant event in the lives of transsexuals when they began their hormonal regime under the supervision of a physician and with the consent of a therapist. While many transsexuals acquired hormones on the black market without medical supervision, a medically-monitored program was most meaningful. First, it initiated a time clock of substantiated hormonal management that was used for surgical evaluation in conjunction with full-time experience as evidence of adjustment to the female role. Secondly, a regular program of hormonal management produced systematic somatic changes that were not interrupted or reversed as was the case with black market hormones that were subject to the vagaries of the underground drug markets. In addition, there were sound medical reasons for a monitored program, specifically the health of the individual since hormone overdoses can at the worst be lethal.

The transsexuals in this study were in various degrees of feminization due to the effects of hormones. Of the total population of transsexuals, including the 12 core members and four others, all but three were on a program of hormonal management, and these three were anxiously awaiting beginning the therapy. The majority of this population was in a process of hormonal reassignment. They were on their respective programs for varying degrees of time, ranging from three months to seven years.

Transsexuals regarded hormonal feminization as a necessary component of passing although, as several transvestites testified,

it is possible to pass without their benefit. Certainly hormonal feminization made passing easier. The medical rationale for hormone therapy mirrored the transsexuals': ". . . to facilitate passing and to prepare the patients psychologically, emotionally and physically for the surgery" (Billowitz 1981).

Transsexual hormone therapy consists of female hormones administered orally and intramuscularly. The primary female hormone is estrogen. Two types of estrogens are available: ethinyl estradiol and conjugated estrogen (Meyer, Finkelstein et al. n.d.: 1). The usual method of administration is oral; .1 mg of ethinyl estradiol is equivalent to 2.5 mg of conjugated estrogen. Both produce fairly equal breast growth in the individual, although ethinyl estradiol is considered superior by Meyer, Finkelstein et al. (n.d.: 1) in suppressing testosterone production. According to Karrie there are 19 brands of oral estrogens available on the market (1980: 1). Transsexuals may also have supplements of conjugated estrogen administered intramuscularly (Meyer, Walker and Suplee n.d.: 2-5).

A secondary source of female hormones is progesterone (Meyer, Finkelstein et al. n.d.: 3). Progestational agents are prescribed in oral form and intramuscularly as a supplement to the estrogen. According to Karrie (1980: 1), six brands of progestational agents were available on the market as of 1980. The recommended dosages of hormones for pre-castrated transsexuals, according to Walker,

are 5 mg of the conjugated estrogen, and after gonadectomy .625 mg daily, or .10 mg of ethinyl estradiol and .05 mg ethinyl estradiol daily after gonadectomy (The Janus Information Facility 1980). The dosage of progestational agents varies (see below).

Research on hormonal management is an ongoing enterprise and there is a great deal of variation in treatment plans and regimes. Between 1977-1978, Meyer, Walker and Suplee (n.d.: 1-9) evaluated the hormonal management plans of 20 gender identity centers. They found nine different therapeutic strategies. Dosages of conjugated estrogen varied from 1.25 mg-7.5 mg and, for those using ethinyl estradiol, the range was from .05-.5 taken daily (n.d.: 5). Two centers used a combination of oral and intramuscular conjugated estrogens daily (total intake 30-40 mg every two weeks). One combined the estrogen therapy with the use of an oral progestational agent. Two did not add the progestational agent until after the gonadectomy. Five clinics subscribed to a three week daily intake program of estrogen, but stopped the hormonal regime for the fourth week (pp. 3-4). This diversity of hormonal management strategies was reflected in the present research population (see Table 5).

Transsexuals and their medical supervisors in this study favored the use of the conjugated estrogen Premarin® and the progestational agent Provera®. Of the 9 hormone regimes reported here, all the pre-operative transsexuals were within the dosage of conjugated estrogen (Premarin®) suggested by Walter (1980) for

Table 5

Transsexual Hormonal Management Regimes

Transsexuals (N = 10)	Premarin® Daily Dosage (mg)	Provera® Daily and Weekly (mg)	Intramuscular Injection Monthly of Estrogens*
1	10	2.5	1 shot every 3-4 weeks
2	5		1 shot every 2 weeks
3	2.5	2.5	1 shot every week
4 (gonadectomized)	2.5 every other day		1 every 2 weeks
5 (gonadectomized)	5	2.5	none
6	2.5	10 mg every other day	none
7	2.5		none
8	5	20	none
9 (post-surgical-- not member of core group of 12, never affiliated with Berdache Society)	3.75	2.5 two weeks out of 4	none
10	2.5	2.5	inter-mittently

*Transsexual unsure as to mg content.

the pre-gonadectomized genetic male (gonadectomy being the functional equivalent to surgery in terms of testosterone production) (N = 7). The three gonadectomized individuals (one post-surgial) were taking higher dosages (.625 Premarin®) than that recommended by Walker (1980), but were within the range of dosages for the post-surgical transsexual used by 5 of the 20 centers in the Meyer, Walker and Suplee analysis (n.d.: 8). Transsexual number 9 (in Table 5) was taking a higher dosage (3.75 mg Premarin®) than that prescribed by five centers whose range was from 2.3-3 mg of conjugated estrogen, and slightly under the regime of two centers whose dosage was from 5-7.5 mg of estrogen for post-surgical transsexuals (n.d.: 8). Meyer, Walker and Suplee suggest: "A typical regimen, however, would be 2.5 to 5 mg/day of conjugated estrogen before surgery and slightly less after, usually in combination with a progestational agent" (n.d.: 4). Six of the 10 in Figure 2, however, have systematically added the progestational agent Provera® to their regimen and 5 have intramuscular supplements. Table 5 reflects the diversity of hormone management programs offered by the medical caretakers, and possibly local medical interest in individualizing the hormonal management programs to fit the client's specific needs.

One transsexual was a "cycling" transsexual; that is, she was following the regime set in five clinics that prescribe estrogen only three weeks out of four (Money, Walker and Suplee n.d.: 3-4). There are some practitioners who believe transsexuals should cycle

their hormones like females in an endeavor to emulate the genetic female's progesterone dominated half of her monthly cycle. Thus, when Rosemary (No. 9 in Table 5) took the progestational agent two weeks out of four she was, in fact, reflecting the woman's cycle. She noticed no adverse side effects from this hormonal program.

Another transsexual, who had acquired hormones on the black market from another transsexual and had taken them regularly for six months prior to placing herself under medical supervision, had cycled herself so that she stopped her dosage of estrogen and an oral progestational agent five days out of the month. She reported mood fluctuations and irritability.

At one of the Berdache Society meetings, an endocrinologist was invited as a guest speaker. Although she had no transsexual patients, she recommended a regime of cycling. Her program included three weeks of oral estrogens daily, followed by seven to ten days of a progestational agent in conjunction with the estrogen. This was to be followed by a week free of hormones. When asked about side effects like Pre-menstrual Tension Syndrome, she acknowledged the possibility of side effects such as fluid retention and mood fluctuations, but suggested these could be treated with the same methods she used to treat Premenstrual Tension Syndrome in her genetic female patients.

The transsexuals were not impressed with her cycling hormone regime. The majority of this population was antagonistic to the

idea, reporting mood swings on those occasions when they briefly stopped taking their hormones for reasons such as scheduling doctor appointments, finances, etc. Elise pointed out an obvious drawback in the program from the transsexual perspective. She noted that for the transsexual, five days or a week without female hormones meant that her male hormones were not suppressed by a daily dosage of female hormones. Although undoubtedly there was some continuation of estrogen suppression of testosterone after one stopped taking the hormones, most reported rapid changes in mood when not taking hormones. Elise pointed out that genetic women "still have their female hormones in operation, the relative amounts of each just change. For a transsexual to stop taking female hormones could lead to an increase of testosterone production during the period she stopped taking them, unlike the genetic woman." Whether, in fact, this is true is not as important as the transsexuals' concern over the reduction of the hated male hormone.

The hormonal program of these transsexuals was partially a product of negotiation with their physicians. Here transsexuals actively participated by aiding the medical overseer in constructing a hormonal program with which they were comfortable. They were conscious of their own health and insisted on medical checkups regularly. There was no large-scale, local black market exchange of hormones because of transsexual concern with potential risk to their health, although occasionally hormones were supplied to an individual who was, for some reason, unable to maintain her

hormones for a short period (e.g., finances, could not afford a medical checkup, etc.). Transsexuals as a rule worked in conjunction with local medical practitioners in actively monitoring their dosage and maintaining medical supervision. Only one transsexual endeavored to monitor her own program of hormone management. She established her own schedule after much reading up on female hormonal cycles without her physician's knowledge. Her dosages were at levels far above and beyond even the maximum dosage regimes represented by 2 of the 20 centers described in Meyer, Walker and Suplee of 5-7.5 mg of conjugated estrogen (n.d.: 8). She reached a high of 40 mg of Premarin® and 50 mg of Provera® before beginning reduction at mid-month. Because I knew she would not reveal her regime to anyone else in the group for fear of negative sanctions, I presented her with information cited in Meyer's et al. research and other "scare" information on the negative side effects of a hormone overdose. In response, she agreed to reduce her dosages to conform to the standard recommendations.

Some of the physical changes produced by the hormones are ". . . not readily reversible" such as infertility and breast growth (Berger et al. 1980: 4, 6). In addition, because there are potentially serious health hazards associated with hormonal therapy, "monitoring of relevant blood chemistries and routine physical examinations . . ." is necessary (Berger et al. 1980: 70). Some of the side effects of an overdose of female hormones include "thrombophlebitis, pulmonary emboli and the possibility of

myocardial infarction" (Gottlieb 1980: 6). In addition, one must be careful if there is a history of cardiac disease (Karrie 1980: 1). This, in fact, led one transsexual to pursue a gonadectomy under the advice of a doctor. A gonadectomy reduces production of male hormones by 95 percent (the other 5 percent is manufactured by the adrenal glands), thereby allowing the transsexual to reduce the dosage of hormones after gonadectomy and/or post-surgically (see Masters, Johnson and Kolodny 1982: 72). Careful monitoring, enhanced by transsexuals' interest in their health, facilitated the smooth transition of hormonal reassignment so that, for this particular research population, the issue of health as a possible source of interference in their social transformation was prevented.

Hormonal therapy also results in a well-documented reduction in the libidinal drive (Kando 1973: 6; Benjamin 166: 49). Feinbloom (1976: 27) reports that between six months and a year of continuous hormone therapy, transsexuals become incapable of erection. The difficulty in erection is accompanied by testicular and penile atrophy (Benjamin 1966: 92). Masters, Johnson and Kolodny note that although erection capacity is diminished by hormones, it can continue for over a year (1982: 67). Two transsexuals in my research population claimed to have erections, despite continual use of hormones for two years. Another who had been taking hormones for six years continuously, stated she could still have an erection. These three qualified their information with the fact that their erections were infrequent and required substantial concentration and the use of fantasy.

The somatic effects of hormonal management are evident over the entire body. Breast development reaches an optimum after two years of continuous hormone therapy. The areola increases in size, body hair decreases (facial hair is not affected) and head hair grows faster and thicker (Benjamin 1966: Meyer, Finkelstein et al. n.d.: 4-6). Weight gain is reported by Feinbloom (1976: 27) and noted by several of the Berdache Society affiliates, although Meyer, Finkelstein et al. (n.d.: 4-6) could not substantiate this. The general tendency is for breasts and hips to develop in a direction of muscle diminution (Meyer, Finkelstein et al. n.d.: 4-6), but to reach a maximum somatic expression that varies individually as a result of genetic potential (Gottlieb 1980: 6).

There was a great deal of individual variation in this population's breast development and minimum growth period. Some individuals had visible breast growth as quickly as four months after the administration of hormones, while others took as long as a year before any breast growth was noticeable. One continued breast growth several months over the two year period that is cited as the maximum period of development, again illustrating variation in biological potential.

Transsexuals were entranced with their own feminine somatic development as a symbol of their womanhood and future role. They measured, recorded, displayed and discussed their own breast growth. One reported a 2½ inch increase in breast development in 4 months. Another noted that in a year she advanced from a

"double A" brassiere cup size to a full "A cup" and was still growing while a colleague claimed a "B cup" within the same time frame. Yet another stated she reached a "B cup" in three years as well as hip expansion of 2 inches in that time while her weight remained stable. She attributed her breast development to the fact that she began taking hormones when she was 20 and had a late puberty growth spurt. Three transsexuals provided records of measurement changes reflecting differential response to hormonal management (see Table 6). These are presented as illustrations of the impact of female hormones on the male somatotype.

Transsexuals were highly conscious of the changes in their appearance and this was always a lively source of conversation, especially during the early stages of hormonal management and passing. One reported that her head hair was less coarse and softer, another noted improved circulation, and two claimed that facial hair was actually reduced, counter to evidence in the literature on the subject.

All cited evidence of the tranquilizing effects of the hormonal therapy. In this regard, Eunice, a pre-operative transsexual who had been taking hormones for seven years, stated:

> From the beginning I've noticed that estrogen acts as a tranquilizer, not to the point of a soporific, but merely a quieter to my nervous system. I do not become agitated as easily as before. Of course I assume part of the effect is psychosomatic. Also my emotions are much closer to the surface.

While hormones may have a tranquilizing effect by reducing anxiousness, transsexuals noticed increased emotionality, "crying at the

Table 6

Transsexual Records of Measurement Changes (N = 3)

	Prior to Hormones	1 Year Hormone Therapy	2 Years Hormone Therapy
Transsexual 1			
Bust	37"	-	38"
Waist	31"	-	28"
Hips	35"	-	36-1/2"
Thighs	19"	-	20"
Weight	137 lbs	-	132 lbs
Height	5'4"		
Transsexual 2			
Neck	15-5/8"	15-1/2"	15"
Bust	38-3/8"	38-1/2"	41"
Waist	32-1/2"	30-1/2"	30-1/2"
Hips	37-1/2"	39-1/2"	39"
Right Arm			
Upper Arm	11"	11-1/2"	10-1/2"
Forearm	10"	9-1/2"	9-1/2"
Left Arm			
Upper Arm	11-1/2"	11-3/8"	10"
Forearm	11"	10-3/8"	11"
Right Leg			
Thigh	21-1/2"	21-1/2"	22"
Calf	14"	13-1/2"	13-3/4"

Table 6 (continued)

	Prior to Hormones	1 Year Hormone Therapy	2 Years Hormone Therapy
Left Leg			
Thigh	21"	21-1/4"	22"
Calf	13-7/8"	13-1/4"	14"
Nipple Diameter	1"	1-1/8"	1-1/2"
Weight	172 lbs	158 lbs	160 lbs
Dress Size	20	16	16
Height	6'		
Transsexual 3			
Bust	38"	-	38"
Waist	33"	-	29"
Hips	37"	-	38"
Biceps	16"	-	12"
Forearm	13"	-	11"
Thigh	22"	-	22"
Calf	15"	-	14"
Weight	165 lbs	-	140 lbs
Dress Size	16-18	-	12-14
Height	5'7"		

drop of a hat," and the prevalence of feelings to a far greater degree than before hormonal therapy. It is difficult to sort out the biological from the cultural since women's emotionality is an obvious cultural stereotype. Transsexuals, however, did not regard this negatively but rather took a positive stance on increased access to affect.

Hormonal therapy was regarded by transsexuals as an important part of their transition and a necessary prelude to passing in the public sector. Although transsexuals would occasionally attempt to pass prior to hormonal therapy, the majority felt it was too risky. Increased success in passing was seen as a dovetailing of practice, instruction, and the feminizing results of hormone therapy.

CHAPTER XI

STRATEGIES AND RITUALS OF PASSING

It was commonly agreed that in order for transsexuals to create a coherent picture as social women they should spend as much time as possible in cross-dressing. The Berdache Society provided a sympathetic ambience for early passing endeavors. Here transsexuals had a group of experts on the subject who had been watching and observing women all their lives, and who knew how to translate their knowledge of female presentation into techniques of passing. The Berdache Society from time to time had special presentations on makeup, hair, wigs, dressing, where to shop for larger sizes, padding breasts and hips until the effects of hormones were visible and the like. Transsexuals in the Berdache Society meetings and through social networks were a responsive and helpful audience. For a while in meetings, a feminine evaluation form (see Figure 3) was given out by Sasha to help individuals improve their presentation. It fell into disuse because many felt it too impersonal and perhaps hurtful out of the context of personal interaction. This form covered the major areas that transsexuals considered important in passing: self image, overall appearance, hair style, makeup, apparel, mannerisms, etc.

FEMININE EVALUATION

The purpose of this evaluation is to give the person being evaluated the opportunity to find out how they appear to others and to compare the comments with her own opinion of herself in an effort to find out the things she may need to work on to improve her femininity and personal appearance. (ca. Jan.-March 1980)

BE HONEST AND COMPASSIONATE!

NAME_____

SELF IMAGE (Does she project confidence or fear in public?)_____

_____

OVERALL APPEARANCE (Neatness, etc.)_____

_____

HAIR STYLE, WIG___ OWN HAIR___ (Look natural? Good color? Good style?)_____

MAKEUP (Does it cover shadows? Properly applied? Right color?)

_____

APPAREL (Color match? In style? Fit? etc.)_____

_____

ABILITY TO PASS IN PUBLIC_____

_____

MANNERISMS (Posture? Speech patterns? Walk? etc.)_____

_____

NEEDS TO WORK ON (which of the above)_____

_____

BEST FEMININE ASSET (Hair? Figure? Makeup?)_____

_____

SHOWS MOST IMPROVEMENT WITH_____

_____

OTHER COMMENTS (Any advice?)_____

_____

DO NOT SIGN YOUR NAME

Figure 3. Feminine Evaluation Form

Four areas of gender attribution were generally used by transsexuals themselves to evaluate passability; they were physical body, demeanor (areas of non-verbal response), verbal expression, and biography (see Kessler and McKenna 1978: 127). The first of these was the physical body. The private and public body was altered through hormone therapy, electrolysis (permanent removal of facial and body hair), letting the hair grow and styling it in a female hairstyle, shaving body hair, thinning arm hair with electrolysis and bleaching it, piercing the ears, growing the fingernails and manicuring them, and possibly cosmetic surgery such as a tracheal shave and breast augmentation surgery. These techniques left one physical attribute at issue: the genitalia. During pre-full-time passing, the genitalia were not as critical as during full-time status, but were still problematic and had to be hidden. This was achieved by a device known in drag queen argot as a "gaff." It is similar to a "string bikini" bottom and it holds the penis and genitals between the legs, pressed tightly against the body. Other devices used were pantyhose with a girdle on top that kept the genitalia tucked tightly between the legs and unobtrusive. Careful selection of pants and slacks was necessary to maintain the invisibility of genitalia.

Demeanor included presentation in terms of overall appearance, overlapping with the physical body, and non-verbal communication such as mannerisms. Appearance was dictated by the rule of naturalness. Thus, in the majority of cases, transsexuals

preferred underplayed and conservative styles, after outgrowing a period of exaggerated and hyper-feminine dress.

As soon as possible, transsexuals began to let their hair grow. This was inhibited to some degree during dual role passing because transsexuals were still working as males. Until separation occurred, they might have to wear wigs, but according to transsexual passing theory, this should be a natural and unaffected style.

The results of hormone therapy that ultimately propelled transsexuals into separation and transition could be hidden when in their male roles, but revealed and emphasized when dressed as females. Or they could be augmented by breast and hip padding, and brassieres, if development was not sufficient. This aspect of overall appearance contributed to the presentation of a female social identity. Appearance, however, could be discredited if the non-verbal aspects of the performance were shoddy. Transsexuals were experts on non-verbal presentation, having developed a knowledge of female kinesics from watching and through experience.

Transsexuals consciously and deliberately altered the way they walked; taking smaller steps and keeping the arms close to the body. They sat with their knees together imitating the style encouraged by a generation of traditional mothers. The development of breasts fostered protective movements around that area of the body in the same way as genetic females. They

explicitly worked on graceful, flowing movements in walking, standing, and sitting (cf. Fast 1977: 18-19).

A number of transsexuals participated in a course taught by an actress on body movement and voice geared to transsexuals' specific needs. She provided exercises in dance movement for transsexuals who were acutely aware of the subtle differences between the way men and women move in contemporary dances. From this instructor the participants learned to move their hips more freely and less stiffly. Information they gleaned from this course was rapidly spread throughtout the wider transsexual network. Information on non-verbal behavior was consciously organized into a complex lore of kinesic syntactic rules for presentation. It included the obvious such as walking, and the more subtle such as the difference in ways men and women smoke cigarettes and gesture.

Another significant domain in passing was the verbal sector. Again a number benefitted from the transsexual workshop in which the actress gave them pointers on articulation, pitch, rhythm, word choice, etc. Several had speech therapists who were successfully altering their pitch into a higher, more typically female pattern. Voice and speech patterns were important for transsexuals' overall presentation, especially when they went full-time and would be talking with potential employers on the telephone. Voice and speech patterns did not progress as rapidly as appearance in the passing arena and much initial public passing was

traumatic for transsexuals because of this. Perfection in speech took some time and practice for most.

Apart from recognizing that pitch and tone in most c ses needed to be raised, transsexuals were aware of socio-linguistic gender disparities in speech. They knew that females generally raised pitch at the end of a sentence and used tag questions (see Harrison 1974: 104; Lakoff 1980: 51-52). They were also sensitive to female lexical usage. They consciously used weaker expletives and were generally more polite than males, opting for women's adjectives such as lovely, cute, darling, and the like, that if used by males would impugn their integrity (see Lakoff 1980: 50). These transsexuals were not participating in a feminist speech revolution; they simply wanted to pass. They practiced female voice and speech patterns until they became habitual and were no longer a conscious effort.

A final significant aspect of passing was biographical editing; that is, creating personal histories as females that could be used in the negotiation of the finer details of the role performance (McCall 1966: 144-45). This process began when transsexuals first chose female names for their female personae, names that seldom changed in the course of the transition into womanhood. Later, as full-time approached, they had legal name changes, sometimes keeping the same last name, sometimes using a middle name as a last name or picking an altogether different surname. Early in the passing strategy no legal or official changes were

made. Despite this, a female name was an important statement of imminent womanhood.

A coherent female biography became increasingly important to full-time transsexuals as they were likely to meet people with whom they would have to exchange life history information. Prior to full-time, this history was less critical than during full-time when they would actively reach out and extend their social networks to include people who knew them only as women. During dual role occupancy, transsexuals were not eager to get to know others while in the female role lest their male personae become known. But even in this phase there were situations when they might have to explain abilities traditionally associated with the male role such as competence in mechanics or military experience. A consolidated biography that could explain non-traditional female careers, for example, could prove to be a useful tool.

Whether part-time or full-time, the audience was important because of its potential to become a "knowing audience" (see Goffman 1963: 66). In the management of identities all audiences are potentially "knowing" and hence capable of discrediting transsexuals' role performances. By creating a female biography, transsexuals were facilitating the development of their personal and social identities as women and this recreated history became an explanation for being. By biographical editing transsexuals established continuity in their lives around the "theme" of women, past, present, and future (see Kaufman 1981: 54). A consistent

biography was therefore an important component of transsexual "face" (see Goffman 1967: 5). By slipping up on their biographies, their performances could be discredited.

Much of learning to pass was in the "doing of gender" in interaction with an unknowing audience. However, if a passing performance was marginal, this audience could make a tentative gender assignment. At this point the unknowing audience could become knowing by searching for gender signals and cues to confirm or disconfirm the tentative attribution. In such cases transsexuals realized the equal prominence of all the domains of gender in passing: the physical body, demeanor, verbal expression and biography in contributing to a credible social identity performance.

In addition to these four areas, transsexuals acknowledged the importance of confidence in negotiating with an unknowing audience (Kessler and McKenna 1978: 135; Feinbloom 1976: 238). Confidence in one's presentation took time and practice. Transsexuals concurred that confidence was part of presenting themselves as natural women and increased their ability to pass, and success in passing enhanced their self-confidence in a positive feedback loop.

Transsexuals felt that it was difficult enough to pass in the early phases with an unknowing audience. The cost of interacting with a knowing audience or sensitized audience was too high. They would unequivocally disagree with Money and Walker's (1977: 1300)

statement: "As the syndrome of transsexualism becomes more well-known and less stigmatized, it will be increasingly feasible for transsexuals not to have to hide their change of status." From the transsexuals' perspective, a knowing audience has the power to imprison them in the category transsexual.

As a consequence of group affiliation and the formation of the Center for Identity Anomalies with its advocacy and education goals, transsexuals had the opportunity to consolidate their ideas about their status. In September, 1981, a crisis crystallized their beliefs on stigma reduction and the educational goals of the Center as well as bringing out clearly their ideas of the audience's role in passing. A local television program wanted the Center to do a special on transsexuals. The spokesman for the program felt it would be a good opportunity to inform the public about transsexualism and dissipate any myths and stereotypes they might have about the phenomenon. Sasha opened the floor for discussion, and at times the argument became heated because a few members, primarily transvestites, could not understand why the majority of transsexuals were opposed. The gist of the discussion was that public media events, where transsexuals actually appeared either in photographs or in person, were, in fact, sensitizing the community to their presence, thereby making it more difficult for them to pass. Allyssa maintained that: "it is very easy for a transsexual to become notorious. It is almost

impossible for a transsexual to achieve respect if the fact of their transition becomes general public knowledge."

Because many transsexuals were taller and larger than the average genetic women in stature and weight, they felt these attributes alone could discredit their social identities as women. In short, where transsexuals previously passed as women, a sensitized audience could make it more difficult for them to pass undetected. If an audience was aware that transsexuals tend to have deeper voices than genetic women, even though many genetic women do in fact have as deep if not deeper voices than many transsexuals, social identity could be questioned. If, indeed, an audience was sensitized to the fact that so many transsexuals shave the hair on their arms becuase they felt that their arm hair growth reflected a male pattern, that, too, could cause social identity discreditation. While one discrepant gender cue would not necessarily discredit the entire performance, a sensitized audience might no longer accept social identity as a given, making the job of passing more difficult for transsexuals. Therefore, the majority of transsexuals opposed the idea of educating the community at large and believed efforts should be confined to those areas of interaction where those efforts could do the most good, namely the medical and mental health professions as well as the legal sector.

Not only did this population shy away from media presentations, although there were always some for whom fame was its own

reward, but they felt those who went "professional" were indirectly threatening their ability to pass by sensitizing the audience (see Goffman 1963: 86). Transsexuals in the majority agreed that the less the public knew about them the better. They did not want a destigmatized transsexual status, but rather acceptance as "normal" women. "Professional" transsexuals would sensitize audiences to the fact that gender can be socially constructed while passing transsexuals simply reinforced the social order (see Kessler and McKenna 1978: 125). For transsexuals, the real heroines were transsexuals who slipped into society as women, although they had a great deal of respect for transsexual pioneers such as Christine Jorgensen and Renée Richards, who would never be accepted as women.

There was evidence that transsexuals accurately perceived the dangers of non-naive audiences. I had presented a series of workshops on sex and gender under the auspices of a mental health agency during my research. One transsexual slipped into the class unnoticed and was ostensibly enrolled in the class. She passed well and I received no questions or other indication that anyone thought of her as anything but a "natural" woman. However, when Sasha agreed to come and talk to this small audience about transsexualism, the other transsexual thought it in her best interests to drop out of the workshop at that point. Following Sasha's presentation, participants in the workshop made a point of taking me aside and questioning me about the departed transsexual's

identity. Although she had passed, workshop members were now sensitized to her "male" voice. In my role as cohort in social identity presentation, I told them a white lie that fit in with the material I had presented to them: that the woman in question had in utero suffered an "overdose of androgens" (andrenogenital syndrome) and that is what they might have misconstrued as evidence of transsexualism.

Another incident was also revealing. A friend was visiting who had suffered a pituitary disease that resulted in the development of extremely large hands, feet, and head. She was a genetic female and had no gender conflict. In the midst of our discussion another friend dropped by. She came in and proceeded to the kitchen with me, and in a whispered voice, apologized for interrupting me because she thought I was interviewing a transsexual informant. This friend had met several transsexuals who, recognizing a sympathetic other, revealed their transsexualism to her. As a consequence, she questioned this woman's gender on the basis of her large hands and had ascribed to her transsexual status.

Sensitization of the audience interfered with the transsexuals' careful separation of audience, segregating those that they revealed themselves to, and separating themselves from those that knew them as males. For transsexuals a sensitized audience was an additional danger to their social role performance beyond their efforts at stigma management.

Passing was also the foundation for the transsexual age mate system, in which transsexuals' age mates reckoned social age, based on their ability to pass and rapprochement with full-time status. The ultimate evolution of the age mate system came when individuals no longer felt they were passing, but were women and merely expressing their inner essence. They were then no longer colleagues in transsexualism, but women friends in collusion. Age mates became increasingly important in the process of separation and transition. In the early and initial stages of passing, transsexuals relied on their age mates and others attending the Berdache Society meetings for help and instruction in passing. In meetings and throughout the transsexual social network, passing theory was exchanged. It was a body of lore that provided a set of rules on how one was likely to ensure a successful performance.

This lore included the notion that late night food marts and fast food houses were places that one was sure to "get read" (not pass). When asked why this was so, the answer was that the people of the night in a heterogeneous urban milieu saw everything the city had to offer. They were sensitized to female impersonators and were as a consequence clever at reading the gender cues that were likely to give transsexuals away. These situations were, therefore, excellent barometers of passing expertise. Passing at late night spots was considered a real indication of absorption in the female role and not likely to occur until transsexuals were well on their way to full-time or had gone full-time.

Other lore included the idea that the more transsexuals who were out in public together, the greater the chance of getting read, particularly if these were individuals who were neophytes in passing. Passing was best done as a one-woman experience with the aid of a cohort, preferably a g.g. As mentioned, genetic women were regarded as having the mana of a lifetime of experience as women and consequently were highly valued as cohorts in the passing process. Having a "genetic girlfriend" who was either a roommate or a friend who spent a lot of time with the transsexual, was regarded as a special source of passing insight on two counts. First, she could act as a direct tutor, sharing that lifetime of special "for women only" information. Secondly, there was almost an aura of contagious magic about her. It was as if her femininity or femaleness rubbed off on her transsexual friends by her physical proximity, sharing and doing things together. She also acted as a real life role model in many respects.

Genetic women were given a special status in transsexuals' initial passing experiences or rites of the first time (Van Gennep 1969: 175). Rites of the first time dramatized and impressed upon transsexuals the system they would enter as women. All passing, until habitual, had this function. Through rites of the first time and other self-conscious passing endeavors, transsexuals learned to "act out" their future role and interact in their future role relations (Chapple and Coon 1942: 485). According to Van Gennep, rites of the first time are the most prominent

rites of passage because they symbolize the status transformation. The first act of passing in public is symbolic of entering the new role as women. The second act is the "beginning of habituation" (see Van Gennep 1960: 175).[1]

Rites of the first time were shared with other transsexuals, lauded, and elevated to a position of importance as premonitions of future gratification in the new role. As time passed and habituation increased, passing would eventually be taken for granted. For a waitress to call a transsexual "ma'am" or "miss" was a significant event retold and spread throughout the transsexual grapevine. Others anticipating this rite of the first time, shared vicariously in the experience. And many of those well into approaching full-time and in full-time role occupancy were bored by it.

The most desirable condition for the first passing adventure was at night with a "genetic girlfriend" in a heterosexual bar. I had occasion to share this rite of the first time with Elise, whose excitement and tension at the prospect were visible both before and during the event. I acted as her cover since she was unsure about her voice at the time. There was not a ripple of discreditation that I could detect in the audience around us, except for two males who were obviously engaging in non-verbal expressions of interest in and approval of the tall, slender, and striking golden-haired women who was my companion. Of course, she did not notice this as she was too concerned about "getting read." It was an

intriguing experience for she was so very wary of interaction in a new world she had not experienced before and she was keenly aware and "on" in her performance. I suspect that if rites of the first time were not so exciting and absorbing, culture shock might set in.

Broad daylight public passing in a shopping center was considered a more difficult rite of the first time. It usually followed night time passing and habituation to bars, restaurants, and movies. The daylight rite of the first time was a qualitatively different experience from the night time one. Here transsexuals did not have the protective cover of darkness. In broad daylight they had to worry about the details the cover of darkness filtered, such as a five o'clock shadow.

Other rites of the first time included symbolic statements of the transsexual's ensconcement in womanhood and blossoming "naturalness," such as shedding hip and breast padding, going bra-less (and having one's knowing friends acknowledge this), a decrease in foundation makeup because electrolysis had progressed to the point that a heavy cover of pancake was no longer necessary, etc.

Another rite of the first time was most poignant. I had styled the hair of one transsexual as a rite of the first time and her friend, an age mate, subsequently invited us both to her house and asked me if I would do the same for her. Styling was significant because both had worn wigs in passing. While styling

of natural hair was not possible for all transsexuals since some were balding, it was still considered an ideal to strive for. Medium length hair could be managed for dual role occupancy; that is, styled in a male style at work and, with the use of female hair technology, given a female façade for passing. Wigs were considered suspect for transsexuals who were full-time and did not have the excuse of balding, because they were symbolically associated with female impersonation, drag queens, and transvestitism. Styling was a powerful and symbolic rite of the first time as an omen of new naturalness. Habituation would come with expertise in learning to handle various hair technology and equipment. The power of that symbolic event was expressed in tears of gratitude by both transsexuals.

FOOTNOTES

CHAPTER XI

[1]These were transsexuals' first attempts at interacting with the new system, i.e., a world in which they were regarded as females. Repeated passing endeavors prepared them by habituating them to new role expressions. Habituation was, of course, the key to a "natural" self-confident and unself-conscious presentation that could not occur until, through self awareness, transsexuals became keenly aware of their new role boundaries. The crux of these self-conscious performances that occurred in rites of the first time and other early passing attempts, was the initiation of habituation to the new status.

CHAPTER XII

FULL-TIME STATUS AND PASSING

Transsexuals shared an ideology about the best way for transsexuals to enter full-time. Although not every transsexual followed this strategy, it was considered an ideal method for approaching full-time status. This strategy incorporated maximum separation from the past so that transsexuals' emerging identities as women had the greatest opportunity for pristine development unhampered by others who "knew them when." This was ideally accomplished by leaving the work force as men. After transsexuals had spent more and more time as women, and after their bodies were in the process of feminization, they reached a critical psychic level of discomfort with their role as men. These variables, along with the fact that colleagues at work may have noticed the changes caused by hormones, made full-time a necessary step.

Quitting work was regarded as the "right way" to go about full-time because transsexuals realized to "change over" on the job was likely to cause undue stigma and difficulty in what was already a difficult process. In "changing over" on the job, co-workers would label transsexuals as such and they would not have the opportunity to escape the label and be accepted only as women. Co-workers were also likely to continue to relate to them as men in women's clothing, transvestites, or perhaps an equally (to transsexuals)

unappealing category, homosexuals. Thus, there were a number of reasons to leave work and seek new employment where they were known as women. Some transsexuals, however, because of institutional affiliation of the educational and career-training sort, or simply because they really liked their jobs and/or the money they made, "changed over" on the job.

Both strategies were practiced by transsexuals with whom I worked. Of the seven who went full-time during the course of research, four changed over while in their current jobs or in their institution of training; three did not. One other transsexual, full-time when I met her, had changed over on the job. The remaining four full-time transsexuals did not adopt this strategy.

The experience of those who changed over in the same employment setting contributed to the idealization of the "proper" ethno-strategy for full-time. All but one (the androgynous individual) had bad experiences. The other four suffered a great deal of stigmatization from their co-workers. This milieu was intolerable and within a year they found other jobs or situations where they could begin anew. One escaped by graduation from her institute of training in fashion. Their experiences were retold as "horror" stories among their transsexual compatriots exemplifying the problems of not following the "right" path to womanhood.

Of those following the "right" path, who quit their jobs as men and later pursued jobs as women, their stories were retold as

examples of "success." Transsexuals did not regard finding jobs as women easy. It was known that this could take some time, but then getting jobs as women was considered an intrinsic part of full-time and unavoidable. To prepare for this period of adjustment, that could take many months, transsexuals saved as much money as they could while working as males to tide them over. In addition, transsexuals had certain other disadvantages to overcome in getting jobs, such as non-traditional training and expertise, inability to use all of their male work histories, references, and the like. Thus it could take a great deal of time and energy for them to consolidate and edit work histories to make themselves employable.

Quitting their jobs as men, living on savings and getting experience as full-time women, despite the heavy financial burden, were regarded as necessities in becoming women. Certainly the social concomitants of changing over on the job were considered far too costly in terms of psychic stress.

Going full-time was a dramatic event, ushering in symbolic birth and death. In discussing full-time, transsexuals frequently (in the early stages of full-time prior to role habituation) used the terminology to "wake up" or to "awaken" as a woman in describing and characterizing full-time. To awaken as a woman was a qualitatively different experience from spending the weekend as a woman. To awaken a woman was a symbolic act with reference to beginning a new phase of life, where one would nevermore sleep

and wake up as a man. The symbolic aspects of awakening were analogous to birth as a woman. This experience was the "being" of womanhood, not just living on its fringes.

By waking up as women, transsexuals were establishing the fixity of their place in the world as women. Prior to full-time, although they were working towards full-time, dual role passing was not firmly separated from behaviors of drag queens and transvestites. By going full-time, transsexuals were participating in a ritual act, dramatizing their status as women, distinct from transvestites and drag queens. To wake up for the first time as women was a ritual of the first time with portents of what they would be and what they were no longer.

This rebirth or awakening was a drama of separation from their former worlds as men. It was not just simply one manifestation of the numerous symbolic murders of the men they were, but rather was the core of the full-time experience. It was expressed in the majority of transsexuals' antagonism to androgyny, as the following account illustrates.

Hope, a local therapist, concocted an androgynous strategy for transsexuals' transition into womenhood and encouraged several clients (only one was part of this research population) to take this alternative. Androgyny entailed gradual feminization in which transsexuals at one point in this process would appear gender-ambiguous. Hope liked the idea of androgyny because she felt

this gradual feminization would prevent transsexuals from "going from one stereotypical box [male] to another [female]." This perspective did not consider transsexuals' hyper-femininity phase as a meaningful part of their transformation in which they likened themselves to young females going through biological and social puberty.

Lydia was the only Berdache Society affiliate who chose the androgynous strategy. She gradually feminized herself on the job. She had long hair as a man that she wore in a pony tail or with a bandana over her brow. She continued to wear similar clothes opting for unisex type of clothing such as slacks and tee-shirts, adding clear nail polish and a little mascara. Several people at work started noting the change in her appearance, including her breast development. She then announced her situation to her boss and told a few other people at work. The upshot of this was her boss had no objections to either her transsexualism or the gradual feminization that she continued to pursue.

Lydia's transition and the issue of androgyny caused quite a stir among transsexuals. One evening Hope sponsored a discussion of the subject with several of her pro-androgyny clients that she brought to a Berdache Society meeting. There was a lively discussion with the majority of the present research population strongly objecting to it. Lydia's success in the endeavor was attributed to a quirk of her own personality. She was regarded as the kind of person who could succeed at anything she tried even

if it happened to be androgyny. She was considered a very special type of person, liked and respected by all for her positive attitude, her warmth, and loving nature.

The majority felt androgyny was a terrible way to approach womanhood. They considered it improper, unsound, and the antithesis of what transition was all about. In full-time, transsexuals had the opportunity to become destigmatized as transsexuals and begin their full incorporation into society as normal women. To gradually feminize themselves would lead to an unnecessary period of stigmatization. In addition, to appear androgynously was to relate and interact with people as "freaks," or possibly anomalies. An important facet of transsexual identity development as women was attributed to full-time status when they interacted with people who responded to them only as women. That, in fact, was part of the advantage of separation from their former work world as men.

In going full-time transsexuals continued biographical editing, creating documented histories of themselves as women. This included creating paper trails of personal and social identity verification as women so necessary for a number of reasons. If they were going to work as women then they would need to alter for example bank, social security and school records. Since they were full-time role occupants they also needed to have conformity in checks, bank accounts, credit cards and a variety of other documents to match their social personae as women. In short, documentation was one

facet of biographical editing that entailed producing a history of womanhood. Information on what changes to make and how to make them was readily available from other transsexuals. Changes of legal documents and financial records occurred shortly prior to separation from employment as men, or immediately after quitting and going full-time. As transsexuals approached full-time or changed over, they pursued document changes with a fervor. Sometimes they effected multiple changes in one day such as bank accounts, driver's licenses, social security cards and credit accounts. An impressive array of these items were changed as the result of one initial legal change: the name change.

The legal change of name was critical in the rite of transition (see Kando 1973: 98-99). It was an important rite of the first time in the building of the female biography. Although Feinbloom considers the legal name change as a "crucial rite of passage," it was actually one of many rites of the first time in a rite of passage. Transsexuals, in effect, reversed the ordering of birth and adolescence, going through adolescence first as preparation for the birthing process. Changing names legally was one expression of resurrection as legitimate women. It also facilitated transsexuals in creating life histories in their own image, that of females reinterpreted and recreated through documentation (Kaufman 1981: 57). This fostered the creation of integrated biographies where history, documentation, and social identity were isomorphic (Feinbloom 1976: 263; see Kaufman 1981: 56). The legal

name change could be viewed as the ritual creation of tangible "identity pegs" (Goffman 1963: 38-39), something on which the female identity could hang.

The core group of twelve transsexuals all had legal name changes. The legal name change was accomplished by first going to the county clerk's office and filling out an application explaining the reason for the name change. Changing gender was the reason given by transsexuals. Transsexuals were advised to appear in the female role when requesting the change of name to enhance the credibility of the request. The same afternoon an appearance before a judge in court was required. At that time, the judge could make comments (e.g., the name change could not be used for fraudulent purposes) and place conditions on the name change (e.g., all creditors had to be notified). Following this, the judge signed a court order for the name change. The order had to be published in a local newspaper in the county of petition for three sequential days. A local magazine not widely read, that published legal notices of all kinds, was usually used by those transsexuals living in the largest county. The cost for the name change was 12 dollars and the publishing fee approximately 9 dollars.

The legal name change provided the option of changing all other documents legally. It was, however, more than a key to other documents. In asking one transsexual what it meant to her to have a name change, she stated: "It's a new beginning. It makes you

feel like a person . . . I'm really this person. It was a milestone for me. I had lived in the female role for 3 days; I'll never forget the day. It gives you an identity as a human being."

As elsewhere, in the state of this research, the name change could not be used to change the designated sex on legal documents. These changes were contingent upon a surgeon's written statement that genital reconversion surgery had been performed. However, there was variation from state to state and room for slippage in the system. The change of sexual designation, while not legally permitted for the driver's license, was somewhat negotiable. One transsexual in another state had a legal name change before relocating to the area of this research. Her driver's license story illustrated slippage in the system. She stated:

> The driver's license was quite a fluke. I went in to get a police I.D., which has a photo but doesn't mention sex. They wouldn't give me an I.D. since I already had a driver's license. In explaining it to the people in charge they simply decided to change the sex on the driver's license. It blew me away.

Others have achieved a sex change on the driver's license through sympathetic people working in the bureau. Still others have initially gone in the female role with their legal name change documents and had their photo I.D.s taken with the male sex designated. Later, in renewing the document, when the clerk asked if there were any mistakes, transsexuals simply said "yes, the sex is incorrect." Transsexuals passing as women were taken for granted as women, and the sex was corrected. Sometimes the clerk

automatically noted female sex if the individual had no former license recorded in the state.

College transcripts could be changed with little problem. Transsexuals sent copies of the name change and usually conferred with someone in charge as to the situation. The colleges, from all reports, were most cooperative. If sex was stated in the transcripts, this was changed to female. Bank accounts, credit cards, and the social security cards were also changed rapidly after the legal name change. Coherent documentation as females was thus created. These documents were important for transsexuals when they went full-time and sought employment as women.

Legal documentation was symbolic of their move from dual role occupancy to single role occupancy. Male pictures on their driver's licenses were replaced with female pictures, female names, and possibly new sex designations. Their male roles and male pasts, given credibility thorugh a trail of documents, were obliterated. They were given a death blow and pen and ink traces of former male existences were systematically destroyed.

Systematic destruction of their former male persons was also expressed by transsexuals' riddance of their male clothing. Transsexuals, prior to entering the rite of transition, and transvestites shared a history of systematic purges of their female clothing. They acknowledge these purges as part of the quest to be "normal"; to rid themselves of the desire to wear women's clothing. These were symbolic and ritual attempts of the most personal kind: to become right wtih the world and

and to try to live their lives without the conflict symbolized by female apparel. When transsexuals eliminated their male wardrobes, it was a rite of the first time not shared by transvestites or pre-full-time transsexuals; the transsexuals were symbolically stating that they were not transvestites. Through this act their male vestiges were removed from their immediate and not so immediate lives. Closets that previously had two separate sections for clothing, now had only female clothing. By taking their male clothing literally "out of the closet" and dispensing with it, they were symbolically coming "out of the closet" as women.

The wardrobe purge was an action out of the liminality and "betweenness" of double-role occupancy. The consolidation of identity was reiterated by the consolidation of openly displayed female artifacts including makeup, hair accessories, jewelry boxes, and other gender-labeled cultural baggage that formerly cast suspicion on their identities.

Lexically, too, full-time emerged as a symbolic death and rebirth. It was common for transsexuals to refer to their male role as dying during this phase by statements such as "Robert or George died," when they described going full-time. Sometimes such statements introduced the topic of their assumption of full-time status.

During full-time their male role was also referred to as that "other person." Many banned their male names from their own lexicon

and that of their close friends. When they discussed the male past, euphemisms such as "during my past life" were used. It was as if the male life happened to someone else. In this sense it was true, for through these symbolic expressions of exit from the male world, female identity was reinforced.

Transsexuals recognized implicitly that full-time brought something unique to their womanness. They openly stated: "You can never know what it really feels like to be a woman until you go full-time." Full-time was a distinctive period when the final touches were put on the female role performance as well as a period of immersion in which habituation to the role facilitated the all important quality of "naturalness." All in all, transsexuals regarded full-time as a very special, almost magical phase where the inner essence of womanhood blossomed and everything that had been so consciously studied became second nature.

During full-time transsexuals learned to perceive the world through the eyes of women and to interact as women. The inner development of the primary female identity and the transsexual sub-identity was reinforced by interaction in their new role as women. Feedback from their social environment encouraged their self-concept as women. Through interaction with a new system, where they were related to more and more as women, they discovered some aspects of a female world view they had not encountered before.

An incident occurred that made this aspect of their transition all too clear. Rose, a full-time transsexual was leaving a Berdache Society meeting one night. Another transsexual, Alma, it was later disclosed, had noticed a naked man walking near the sidewalk of the narrow, tree-lined residential street, where the Berdache Society meetings were held at the time. Alma had disregarded his presence, thinking "there sure are a lot of wierdos out there" and had driven on home. Rose, who left some time later, noticed the shadow of a man down the street but she paid him no heed. As she got in the car, she was accosted by this man who threatened her with an ice-pick-like weapon and attempted to stab her. Fortunately, she was able to deflect the weapon and slam the car door, just as a car came down the street whose headlights scared him off. Rose believed she was fortunate, because she offered more resistance than he was expecting.

This incident focused transsexuals' interest on the subject of "thinking like a woman." Rose and the other transsexuals were concerned that her initial response, as well as Alma's, was based on a typical male attitude of invulnerability. They all agreed in a discussion at the next Berdache meeting that a genetic woman would not have been in Rose's position, for a g.g. walking down the street alone, late at night, in a high crime area, would have been cautious and aware of movements on the street. In short, a genetic woman would have been more conscious of her surroundings that particular night and more attuned to the potential for attack.

This incident launched a conversation of how transsexuals had to learn to perceive the world in the same way as women. It was not a sexist discussion about women as fragile creatures, but one that reflected the reality of a crime-ridden environment where women were victimized by rape and assault to a much greater degree than men. Local women were aware of potentially dangerous situations and through experience understood that they were sexually objectified and that this was a facet of crime against women. Rose's encounter raised transsexual consciousness about thinking as if they had a lifetime of women's history.

Living full-time, despite its drawbacks, gave transsexuals a sense of the world view of women that they only encountered sporadically by living two roles. Full-time status was equated with the realization everyday that there was the potential for sexual objectification and criminal victimization. Paradoxically, sexual objectification by males when in public and mixed contacts was further confirmation of their social identity as women. Yet transsexuals wanted to be taken seriously as persons, not just sex objects. As men this was not an issue.

Certainly male admiration was very rewarding to transsexuals and incidents of male appreciation were retold and treated as indicative of transsexual success in passing. Transsexuals derived a great deal of social role performance validation from such encounters. This reinforcement, appreciated during passing endeavors and full-time status, could be a double-edged sword.

Full-time also fostered the question of sexual objectification in the form of sexual harassment.

For example, Greta (full-time) was in a store and she noticed a man obviously eyeing her. He followed her around the store and when she stopped to examine some merchandise came up behind her and patted her on the backside. She turned around and gave him a nasty stare and stormed off. That did not seem to discourage him for he followed her again and did the same thing. This time she responded with "if you don't leave me alone, I'll call the store manager." Numerous incidents such as these heightened transsexuals' sense of what it meant to be sexually objectified, something they had not encountered as men. Sexual harassment was thus added to their psychic repertoire of what it meant to be women.

Full-time status facilitated the development of a full-fledged female primary identity as well as having repercussions for transsexual status and affiliation with the Berdache Society. Transsexuals began the process of disaffiliation from the group as they approached and became embedded in their roles as women. Affiliation with mates who were at the same stage in social and identity development continued and perhaps increased as they adjusted to their new place in society as women.

Although full-time transsexuals were phasing themselves out of the Berdache Society, there was still a sense of loyalty to the group for all it had given them (see Goffman 1963: 113). Ceremonial

returns to the group provided reinforcement for accomplishments out there in women's everyday world. And they, in turn, became success models for other "younger" transsexuals. While socially younger affiliates of the Berdache Society were still transsexuals, full-time transsexuals were becoming women. They preferred the company of age mates in a similar stage of growth. The full-timers explained that the meetings bored them. Instruction in the art of passing and other transsexual tips focused on those at an earlier stage; more advanced full-timers had weaned themselves from the meetings in which transsexuals, not real women, interacted.

One full-time transsexual even felt that the meetings were detrimental. She noted that being around younger transsexuals, who were still rough around the edges in passing techniques, caused her to relapse, to act and behave in ways that had masculine connotations. She preferred to stay away from the meetings for this reason. When she was around "normals" she claimed to have no problems in maintaining her "feminine" role.

As transsexuals severed their ties with the Berdache Society, they denied their transsexual identities. They no longer regarded themselves as transsexuals (although transsexualism as a sub-identity was still prominent and could be invoked by issues of biography, genitalia, etc.). Their core identity was female and passing consequently became a slur.[1] They eliminated symbols of their male histories, and in doing so, the term passing was avoided. It implied they were passing themselves off as something they

were not; it was a deception. As they became women, passing was no longer applicable for they were no longer imposters but presenting themselves as they really were.

In the course of full-time, transsexuals advanced to the point that it was rare that they were questioned by an unknowing audience. However, a knowing audience was another matter. Since most knowing audiences were also stigmatized, it mattered little that their role performance could be questioned by these groups. As a result, passing before a knowing audience could now be the height of reinforcement for transsexuals and a barometer of their excellence in incorporation in the female role.

One of Britt's greatest successes in passing occurred during a ceremonial return to the Berdache Society after a long absence. She attended with a transvestite friend of hers, Leah. One of the new transsexual members commented to Leah how attractive his wife was and how wonderful it was that she was so supportive of Leah's transvestism. Britt related this incident with a great deal of pride even though she had lived full-time for over two and a half years and was about four months post-operative at the time.

Another example of passing among one's own kind came from Sasha. She was in a gay bar one night, continuing her friendships with gay people from her former days in the gay community, and noticed a most beautiful woman sitting at the bar. In her words, she "checked her out" for telltale gender cues that only transsexuals were really aware of: the Adam's Apple, hands, neck, hair

on the arms, etc. She had Sasha "fooled" until a gay friend informed her otherwise. Sasha had nothing but awe for this transsexual that could pass before an expert gender "reader," another transsexual.

The gay community (both male and female) was another group of insiders who through their experience with drag queens were a sensitized and knowing audience. The gay community also served as a barometer of successful role performance although it was not actively sought out by most. It was, however, acknowledged that "if you don't get read in the gay community, you won't get read anywhere."

The gay community provided intermittent opportunities for younger transsexuals to practice cross-dressing in a "fairly" tolerant atmosphere as well as an opportunity for transsexuals to get together in larger groups in public. Thus, concern over getting read as a direct correlate of transsexuals' public appearance in groups greater than two, did not apply to excursions in the gay community. The rationale was that chances were good that one would get read in the gay community and if that happened it did not matter, for after all the gay community was a group transsexuals did not want to be incorporated into.

Still another audience was considered the ultimate test of passing. During full-time if transsexuals escaped getting read by children, this was regarded as a major accomplishment. Transsexuals could not explain the apparently uncanny ability of children to

question their gender performance. Children then were the ultimate passing test. Tales were rampant among transsexuals of children who had read them. Passing before children was applauded by all and considered an event of some importance in transsexuals' passing endeavors.

FOOTNOTES

CHAPTER XII

[1] I continue to use the term transsexual throughout. This is primarily a matter of semantic convenience but is emically a slur. Transsexuals, through immersion in full-time status as females regarded themselves as women, not transsexuals.

CHAPTER XIII

THE ECONOMICS OF FULL-TIME

The "Standards of Care" do not specifically require that transsexuals work as women, but many of the medical-mental health caretakers do. Working as women was also a normative expectation of transsexuals in this research population. Landing a job as a woman was an event of great significance in transsexual lives that was shared by others and was considered the ultimate test of "making it as a woman." It provided an external source of social role validation and consequently had implications for identity transformation. The work atmosphere fostered the development of new networks of people in transsexual lives since it was one of the most important fronts for the formation of "normal" networks.

While two different audiences--knowing and unknowing--have been discussed in terms of getting jobs as full-time women, the strategy of acquiring work with unknowing audiences deserves some some further attention. All those in my sample who were full time, with the exception of one who was unemployable, eventually secured jobs with unknowing audiences, even those who initially "changed over" in their old jobs.[1]

Transsexuals looked for work relatively soon after going full-time; the longest reported case of job hunting was about a year. Tanya, who had not been able to find work full-time,

supported herself through various social service programs. She was most unusual among the group in this respect. Beset by troubles in passing and emotional problems, she had looked for work intensively for a year. Although transsexuals understood that finding jobs was difficult and were remarkably supportive of each other's efforts, they did not condone living on city, county, state or federal welfare sources. Tanya's inability to find employment was one more indication of her "in-group" marginal status.

The normative expectation among the group was that transsexuals must find work as women. Any kind of work would do for there was little status differentiation allocated to jobs or careers when surgery was at stake. Working as women was the only expectation. If transsexuals really wanted to be women, then they had to work as women. The rationale was that before they could really consider living completely as women (i.e., have surgery), they had to be able to adjust to living on women's wages. If transsexuals could not adjust to the cut in pay, then they were not women, for after all women live on lower wages and manage to survive.

The responses of former employers were remarkably supportive. The very worst response a transsexual got was from a former blue-collar employer who told her he did not agree with what she was doing and that he would say only that she was employed as a woman at his establishment. Other reactions were exceptionally favorable. Transsexuals called and spoke to former employers, or wrote them letters with all the necessary documentation and personal

explanations of transsexualism, followed up with phone calls. One transsexual's experience with a former employer was typical of the favorable responses.

This particular transsexual had not informed her most recent former employer of her status change. However, she took a chance when using an employment agency, listing this previous employment as part of her work history. She took a calculated risk that the employment agency would not call her former employer. Because she had changed both her surname and first name, her previous place of employment received several calls for her under her new name. Her former employer had no idea who the employment agency was talking about. However, one determined employment counselor at the agency began comparing the transsexual's work record as listed with the employment agency with the previous employer's knowledge of his employees. Between the two of them they successfully matched the transsexual with her former male role. The employer's suspicions were aroused and he questioned several employees. One of them had been informed of the transsexual's change in status and the employer's suspicions were confirmed. When he received another call from the employment agency asking about the transsexual under her female name, he replied that "certainly she had worked here" and gave her an excellent recommendation. Later the transsexual, hearing that the employer knew about her, called him and explained the whole thing to him. He told her he would be happy to act as a reference for future employers and wished her luck. Knowing

employers could become cohorts then, in transsexuals' biographies as working women. This facilitated their entrance into new jobs where they could be totally accepted as women without male histories.

Getting jobs as women was not always easy for transsexuals. They worried about getting read, particularly if they were applying for work early in full-time. Other problems generally had to do with the high rate of unemployment, gaps in their work histories that potential employers might interpret this negatively, and jobs that transsexuals were qualified for but could not apply. For example, any job in which a physical examination was required was avoided, for obvious reasons.

Biographical editing also occurred when filling out medical history questionnaires. They were likely to be asked about menstrual periods and here they had to either lie, giving appropriate cycle information or use medical excuses such as a hysterectomy. This was not problematic since transsexuals were generally well read on the subject of female biology. By reading and questioning their genetic women friends about the subject, they were experts on women's cycles and "female" problems. This was one area in which they had to be competent in order to create biographical consistency.

Employment as women was rewarding for transsexuals. The work environment could provide a milieu of role integrity. Transsexuals often commented on how satisfying it was to be treated as women.

They enjoyed the female friendship networks that developed at work and had the opportunity to add to their repertoire of information on biographical editing. Work situations, then, often contributed to the creation of coherency in biography. Transsexuals shared with each other information on biographical editing acquired in their new status and expanding social networks. It was agreed that the best history of a personal past was one closest to the truth. Sasha, for example, explained her expertise on the military with the "fact" that she was married to a military man.

Transsexuals, in discussions with women co-workers, were liable to be asked personal questions about their past on subjects such as children, divorce, marriage, etc. The absence of children, for example, could be explained by an early hysterectomy. Whatever the story line, it had to be consistent.

To be accepted as one of the women at work, to share personal information about one's past, and to discuss relationships, were all sectors of female backstage behavior that transsexuals cherished and had missed in their male past. Their initiation into this backstage occurred as a consequence of closeness with g.g.s and the work environment provided the opportunity for more of these friendships. The more women they gained as confidantes, the more they learned about some of the more secret and invisible sectors of the female role.

Some employment situations allowed transsexuals to extend their female social networks and generate income at the same time.

Two transsexuals supplemented their incomes through house-to-house sales of women's products. These were female specific environments and were regarded as highly valuable experiences in those terms alone. The all-female sales meetings were also conducive to entrance into women's backstage. The small financial reward in such endeavors was offset by access to these private sectors of women's worlds, an aspect of work recounted time and again by transsexuals as essential for their maturation.

While the female networking portion of working as women was rewarding, the pay was not. This was because women were subject to financial discrimination in the work force and also because transsexuals had to eliminate parts of their work history and consequently sought occupations that paid less. Maria, for example, took the opportunity to go into business for herself, part-time as an artist, and part-time as a maid. Her former position as an electrical engineer provided her with approximately $18,000 a year; now she made $7,500. It was difficult for her to support herself as an artist, and maid pay was not the best. If, as a male, she had these same jobs, she would probably make the same amount. Because of her specialized skill in engineering and the social networks involved in that particular job, she was afraid that if her former employers became aware of her transsexualism, it would spread rapidly throughout the information networks of her particular job specialization. She chose not to take that chance and subsequently eschewed her former profession. In addition, as far as she knew,

there was not a single female employed in this particular career. She had no training in any profession that could lead to a career-oriented job. So she chose job autonomy as had another transsexual, self-employed in media communication. She, too, had training in a highly skilled profession, ironworking, and self-employment was chosen for similar reasons.

There was some transsexual prejudice against working in blue-collar jobs. It was generally thought that association with all male co-workers in these sectors was detrimental to presentation of self as women because it encouraged male non-verbal and verbal role expression. The case of one transsexual who had changed over on the job and was working full-time as a woman in a male-dominated blue-collar position (a plumber) was indicative. Transsexuals felt this environment encouraged her to act "masculine" and inhibited her performance as a female. Her role presentation became more credible when she exchanged her blue-collar job for a white-collar job in a female-dominated work environment. This particular individual was able to fall back on her college training to acquire her new job.

Another transsexual found herself seeking employment in a profession dominated by women. She tried to get a job in a management field for which she was qualified, but was not hired after numerous applications. She had high-level personnel skills, management training and experience, and had applied for jobs in a male dominated field. She was finally able to acquire employment

in a job that was not specifically sex dichotomous, but she suffered a drop in pay from $16,500 as a male to $10,000 a year. She also found out that the man that she had replaced in her new job made several thousand more a year than she did. She was not able to enter higher-level positions in the work force. As a result of personality conflict with her employer, she began to prepare herself for clerical work, a traditionally female field. Her experience in applying for jobs had reconciled her to the fact that as a woman she would have to enter a job position at a low level and hopefully work up to a more prestigious position. She was also at a disadvantage because she was an "older" woman and suffered additionally from age discrimination.

Amara's employment experience also involved discrimination against women. She had a high-salaried white-collar job and when she went full-time was able to use much of her former work history. She sought employment in the same field, again male dominated. As a male, she had received job offers from other companies who tried to pirate her from her former employer. As a woman, she sought the same job category with other companies (those she had no previous contact with in her male role) but she was not hired. In her former job she made $24,200 and had an expense account. Although she had hopes of maintaining the same income level, transsexual friends warned her that this was unrealistic for a woman. After numerous unsuccessful job applications, she lowered her income expectations. At present, the only work she could find was a $16,000 a year retail position that she regards as temporary.

Transsexuals working as women did not generally make as much money as they would had they remained men. In some cases, this was the result of leaving high paid, male-dominated blue-collar professions. But jobs as women in female-dominated fields required no less skill than comparable male occupations, yet reflected discrimination in the area of equal pay for equal work (see Feldman 1974: 56; Howe 1977: 236-40). Unfortunately, for the majority of transsexuals, becoming a woman led to a reduction in income. This did, however, encourage their understanding of current feminist issues, from the vantage point of firsthand experience.

While transsexuals were expected to work as women and to live with extraordinary cuts in pay, their expenses remained the same or even increased. They had to continue hormone therapy, electrolysis, pay for doctors' visits, medical monitoring, and therapists. Most therapists wanted to continue regular sessions for at least part of their full-time period. Transsexual monthly expenditures on hormones, therapy and electrolysis in relation to monthly income can be found in Table 7.

An additional cost was the female wardrobe for employment purposes, since a partial wardrobe would no longer suffice. If transsexuals decided to have other surgical feminization during full-time, it could be costly. Britt had to carefully plan to finance her castration that cost her $1,400, and $1,300 breast implants, both of which were standard prices in the geographical area of this research.

Table 7

Monthly Expenditures on Hormones, Therapy
and Electrology (in dollars)
(Figures obtained between Dec. 1980 and Feb. 1981)

Transsexual Number	Shots and Pills	Therapist/ Psychiatrist	Electrology	Monthly Total	Monthly Income (gross)	Total Spent on Electrology in Past (estimated March 1981)
1	64	140	140	344	1,150	500
2	37	60	140	237	540	1,150
3	30	120	120	270	625	6,000
4	35	120	140	295	1,250	875
5	87	-*	60	147	1,000	180
6	45	140	88	273	500	60
7	25	170	60	255	833	1,300
8	5	175	140	320	2,166	1,680
9	50	20**	120	190	350	30

*This is the only transsexual in transition not undergoing therapy. She will have to seek a therapist at some point. She is, however, successfully passing as a woman. She was able to get hormones from a medical practitioner who, at one point, did not require a psychological evaluation. He has, however, tightened his requirements.

**This transsexual uses a community mental health clinic where her fee is charged on a sliding scale reflecting her low monthly income.

During full-time and working as women, transsexuals planned the financing of the vaginal construction. This operation, obtained locally, cost between $5,500 and $10,000 depending on the surgeon. Unfortunately, transsexuals' financial capability as women least equipped them to pay for the high cost of surgery. It was difficult, with all the other expenses, to save money for surgery. Since insurance companies did not generally cover transsexual surgery, funds were sought from a variety of sources: banks, parents, friends, extra part-time jobs, and even prostitution.

Prostitution both before and after surgery has been reported by professionals in the field of gender dysphoria (Starr 1981: 180; Raymond 1979: 198; Kando 1973; Hoenig et al. 1974). The general tone taken by these authors was one of disparagement. For post-surgical transsexuals, Benjamin felt prostitution enhanced self-acceptance as women (1966: 51), while Stoller (in Kando 1973: 17) referred to prostitution as an example of post-surgical maladjustment. Pre-surgically, prostitution is obviously an opportunity to generate income to pay for the surgery and/or to keep up with the other expenses of transsexualism in the face of typically low, women's wages. Post-surgically the same low-income situation may explain why transsexuals resort to prostitution, only in this case to recover from the financial devastation of surgery.

In my sample three pre-operative transsexuals have engaged in prostitution. They did so under the auspices of business agencies. They split their pay on a 60-40 percent basis with transsexuals keeping 60 percent. The cover agencies screened clients and provided transsexuals some protection from entrapment by the police. Apparently there was and is a market for transsexual prostitutes among clients. Transsexuals earning incomes in this manner were specifically trying to save money for the surgery and to offset some of their other medical costs. None had a previous history of prostitution.

In view of the professional opinion of transsexuals who engage in prostitution and the legal repercussions, it was not surprising that transsexuals were hesitant to report it to caretakers. Why transsexuals engaged in prostitution could be explained quite simply without resorting to psychological explanations of maladjustment common in the professional literature. While psychological explanations might be part of the answer, money was the one explanation cross-cutting a variety of other motives. The need for money was also a structural concomitant of transsexuals' costly, but required, relationship to the medical-mental health sectors. It is somewhat ironic that the very people who were partially responsible for transsexuals' high cost of living were also those who cast aspersions on their prostitution that was, in many cases, the result of the need to defray medical-mental health costs.

FOOTNOTES

CHAPTER XIII

[1]The androgynous individual, Lydia, has been described as a special case and is not discussed in this chapter.

CHAPTER XIV

TRANSSEXUAL PERSONAL AND SEXUAL RELATIONS

As full-time transsexuals integrated themselves into society as women, they had more opportunity to develop social networks and confront the inevitable issue of sexual relations. As a concomitant of perfected role performances as women, they began to experience sexual objectification in their daily encounters. Many of these were of the faceless variety, at a distance. However, during full-time role occupancy transsexuals were presented with increasing opportunities for face-to-face encounters of a potentially sexual and personal kind.

Part-time status was a period of loneliness. In that period, when they led double lives, it was too dangerous to date or become intimate. Only one transsexual formed a relationship while in the part-time phase of transition. During this period, most of the transsexuals in the research population had friendships only with one another and with genetic women, along with relationships with their families. Full-time status was still a lonely period in terms of intimate contacts or sexual liaisons, for such contacts were potentially dangerous. It was during full-time status that transsexuals became integrated in their female roles to the point they passed exceedingly well, held jobs, and were in effect, except for the genitalia, almost complete women.

The final transformation was pending. The surgery became critical to transsexuals for their genitalia were increasingly discreditable attributes in the face of their personal and social identity transformation. Their genitalia limited their participation in public swimming, athletic clubs, and the like, where revealing attire necessitated their exclusion. But more importantly, their genitalia were obstacles to their private lives as women desiring intimate relationships.

To form relationships required meeting people, sharing time together, dating, and "going out." The desire to find someone to love and care for, even perhaps to have several lovers with whom they could be intimate, was a desire to be complete and whole with female genitalia. The transsexuals' morality system sanctioned disclosure of transsexualism when in a "serious" relationship, pre-surgically or post-surgically. They did not, however, feel compelled to inform people with whom they would be casually involved. As a result, dating and intimacy were difficult for full-time transsexuals. Some simply opted out, waiting until after the surgery to consider the prospects of dating, intimacy, and sex. Others were desperately lonely and longed for affective relationships. These relationships did not necessarily have to be of the heterosexual variety.

There were 10 affiliates of the Berdache Society who were full-time pre-operatives and two others who, in the course of research, had surgery. Of these 12, three chose to avoid intimate

or sexual relationships altogether until after the sex change. The others were intimate either in "serious" relationships or brief sexual encounters (one night stands or encounters that did not lead to more enduring liaisons), either in conventional or non-conventional modes of sexual expression.

Relationships

One transsexual had a year-long relationship with a bisexual lesbian woman. The lesbian, self-labeled, with stated bisexual tendencies, was active in utilizing lesbian subcultural networks and public outlets. Another transsexual also chose to have a relationship that could be considered a lesbian one, in the sense that both were women. But in this case, the lover was not a lesbian subculturally for she did not label herself as such nor did she utilize the lesbian community outlets. Both these transsexuals found loving others to share their lives with who were women and accepted them.

The transsexual-bisexual lesbian couple formed their relationship after the transsexual was living full-time as a woman. This relationship was satisfying in that the lesbian, Roxanne, provided the transsexual an affective as well as a sexual outlet. Intimacy enhanced the transsexual's self-confidence and was a valuable learning exprience. The relationship ended after some rocky times, and was resumed more casually, but still intimately after about 10 months.

Sexually both the transsexual and Roxanne considered their relationship a lesbian one. Although the transsexual used her penis to penetrate her lover coitally, she perceived this act through active fantasy as one in which she was, in fact, penetrated. In this regard, it must be remembered that penetration is not just a characteristic confined to penile-vaginal intercourse. Penetration of various sorts is a potential accompaniment of stimulation of the female genitalia as a facet of vaginal masturbation, oral, manual, dildo or other "sex toy" sexual activity. While among genetic women, penetration may or may not be the focus of each sex act, it is certainly an option of each sex act. Thus, transsexuals' fantasies of vaginal stimulation and penetration were not necessarily limited to the heterosexual sort, but could include lesbian penetration fantasies as well. Transsexuals' fantasies that they had vaginas that were penetrable and capable of stimulation were common. But the penis, in an active sex encounter, was also an antagonistic symbol, one that could not appear with a vagina. Therefore sexual experiences for transsexuals with knowing lovers could at once enhance their self-concepts as women and yet be potent reminders that their becoming was less than complete. Fantasizing a vagina in such situations was clearly an instrument of identity enhancement.

A transsexual-lesbian relationship could promote transsexuals' contacts and friendships with others in the lesbian community. This is not to say that the lesbian community was an outlet for

transsexual sexual liaisons, since many lesbians did not tolerate transsexuals. They regarded them in the same way they regarded drag queens: men who were impersonating women. Consequently, lesbian and bisexually-oriented transsexuals who were concerned about lesbian hostility were justified to some extent. Transsexual-lesbian relationships should therefore be considered as individual phenomenon, not subculturally condoned situations offering transsexuals the opportunity for relationships. Transsexuals' male organs in the lesbian community were as much a potential source of their stigmatization as they were in heterosexual society.

The transsexual involved with a woman who was not a self-identified lesbian had a stable, strong, and intimate relationship. This couple settled into what could be a life-long enterprise. Transsexuals in the group recognized this relationship as a most fortunate one for the transsexual, who had found a lover to share her life with, who supported her in her quest for surgery, and who was an important part of the transsexual's contentment and sense of completeness in all but one respect--her penis. This relationship was formed as the transsexual prepared for full-time. Her genetic woman lover became attached to the transsexual during her dual-role occupancy phase, a fairly unusual occurrence.

This relationship was considered an ideal one because of the mutual love and support between the two who became roommates. It was regarded by transsexuals as a situation most conducive to the

transsexual's quest for surgery. Love was highly valued among transsexuals in this population. Individuals, such as the women lovers described, were viewed as remarkable people who were few and far between. Transsexuals recognized that for the majority of the population a penis would disrupt a sexual encounter in which female genitalia were an assumed correlate of female social identity. Thus of the 12 transsexuals, it was not surprising that only two formed relationships that were enduring.

Sexual Encounters

Transsexual sexual options were limited. Heterosexual men were another source of sexual intimacy for transsexuals. Several transsexuals tried dating or "going out." Dating was nonetheless hazardous for at some point in the dating relationships sexual intercourse became an issue. Transsexuals were then faced with two choices: tell their partners they were transsexual, or make up excuses to protect their identity and avoid unpleasant, embarrassing or possibly dangerous situations. Because of more relaxed attitudes about sex, this issue could become crucial almost immediately. Transsexuals also contributed to this situation because they wanted to experience their sexuality as women too, even though vaginal coitus was not an option. Thus they were torn and frustrated. They wanted very much to kiss, fondle and otherwise experiment with their sexuality as women, but that invariably brought up the problem of intercourse.

One transsexual developed an ingenious strategy to cope with this dilemma whereby she could have limited sex as a woman (with an unknowing male) without revealing her penis. The most important facet of her plan was to prevent detection of her penis despite sexual abandon. To ensure this she wore a girdle, tucked her penis between her legs and placed a femininie hygiene pad over the penis and testicles. Over this were worn pantyhose. When in a sexual "clinch," she told her partner that she had female problems, specifically her vagina was a "bloody mess" so she could not have intercourse and "it was all just too embarrassing." This, however, did not prevent her from experiencing all other aspects of her sexuality or from satisfying a partner. She had used this technique, spent the night with a number of men who were unaware of her genital status. Her strategy was, of course, disclosed to other transsexuals.

Her own erections were not problematic because after a year of hormone therapy, erections, although still possible, were not spontaneous. Two other transsexuals found this strategy useful as a method for intimacy without discreditation or disclosure. Having warm bodies to touch and explore was a valued experience in the lives of transsexuals whose options for affective encounters were sparse. Such experiences were also reinforcing to their self-concepts as women, for role reinforcement was a symbol of the legitimacy of their performance. This strategy was still considered

dangerous and, for the majority, dating heterosexual men was avoided except for limited contact in public places.

Another intimacy strategy included exploring options available among other stigmatized groups. Sex on the margins of society, that is unconventional sex with unconventional people, was certainly one sexual possibility for transsexuals given their status. As previously mentioned, lesbian relationships were not emically viewed as marginal, but merely options for women. Thus sex with gay men, other transsexuals, transvestites, bisexuals, or bondage and discipline and/or sado-masochism were all possibilities. Sex with gay men was, however, generally avoided because gay men regarded transsexuals as men. Occasionally as in the case of two transsexuals, a rare encounter with gay men occurred, for sometimes sex with gay men was better than no sex at all. These encounters were described as unsatisfactory by those who participated and generally only happened when transsexuals were really desperate.

For transsexuals, sexual liaisons on the margins were considered intermediary or stop-gap endeavors, temporary excursions to fill the voids in their lives for intimacy and sexuality, legitimate options until the surgery. Relationships, as opposed to brief sexual encounters, with the stigmatized were not condoned by transsexuals. A line was drawn between forming relationships with compatriots in stigma and having sex with them. The party line was normalcy, but this could be negotiated somewhat since sexual outlets were regarded as a necessary part of transsexuals'

lives. As long as these were encounters and not a permanent way of life, they were not incompatible with the quest for a "normal" sex life that could be experienced after surgery.

Sex and intimacy within the stigmatized sectors of society provided one outstanding advantage for transsexuals: they could avoid explaining themselves. Transvestite lovers, for example, understood transsexuals' desire to make love while in the female role. With the stigmatized, transsexuals could also experience a broader range of sexual expression, as they could with any knowing partner, including anal intercourse. Anal intercourse was not usually part of sex with unknowing partners, since the potential for discovery of male genitalia was too great. But in the demimonde they were not so restricted and could enjoy anal penetration. Anal stimulation was one aspect of transsexuals' masturbatory activity and a possibility with any knowing lover who was willing. For transsexuals, anal penetration was a source of symbolic association with the vagina as well. As an act it fed into their self-conception as women and in that sense it was a functional equivalent of vaginal sex until they could experience the real thing. One transsexual even referred to her anus as a "surrogate vagina."

Sex on the sociocultural margins, while not overtly sanctioned by transsexuals, was not openly proclaimed, although the grapevine ensured that most were informed of one another's activities. Transsexuals sanctioned normalcy, acknowledged that marginal sex held rewards amongst each other, but did not openly approve of it. In

the case of two pre-operative transsexuals who were lovers, Ophelia and Pearl, most transsexuals thought their relationship was just too "fringy." Thus, when Ophelia and Pearl married in a gay church, the majority did not attend. A transvestite, Sasha, and I were the only guests.

Although they wore traditional garb in colors associated with the bride and groom, the ceremony was a spouse-to-spouse one, used in the gay community church for gay wedding ceremonies. There was some teasing about who was the bride, because both considered themselves brides of one another. Sasha and I each gave the brides away. Although Ophelia was dressed in the groom-style outfit, she received the more elaborate ring, with Pearl receiving a plain silver band. They successfully mixed the traditionally sex dimorphic cultural images of brides and grooms, such that neither was completely in the domain of one or the other. They viewed their marriage as a lesbian one.

When I asked my transsexual friends why they did not attend, I was told there was a deliberate boycott of the wedding. One transsexual said it was a "mockery." There was general concern should the press get wind of it. They felt this was not the image they wanted the Berdache Society or the Center for Identity Anomalies to present as characteristic of transsexualism, if an image was to be presented at all.

One transsexual reported a sexual encounter she had with a bisexual man and a bisexual woman. It provided her with a unique

opportunity for intimacy given her status. In this situation she experienced a broad range of sexual activity although she did not permit manipulation of her penis. She particularly enjoyed sexually arousing the male in concert with the bisexual woman, although she was more sexually attracted to the woman. She found a shower with the woman the most stimulating of the myriad experiences because of the complete body contact and overt sensuality. The male apparently was involved with some masochistic fantasies and she and the woman used some bondage and discipline techniques and spanking as well.

Sado-masochism (S and M) and bondage and discipline (B and D) were expressed in individual private sexual acts as variation in the range of sexual expression, or as part of a sado-masochistic subculture. Although a gay sado-masochistic ("leather") subculture was present locally it was not utilized by transsexuals to my knowledge. However, a sado-masochistic subculture, unaffiliated with the gay leather scene, expressed in terms of professional services, extensive networks, and semi-public outlets did include transsexual participants. This sado-masochistic subculture had affiliation with the group through a transvestite who used to be active in the S and M subculture as well as the Berdache Society, although he later relocated. The subculture was manifested publicly in several outlets including "Beats me Boutique" operated by a dominatrix (a professional sadist) and her husband, assisted by their slave. These three were part of a larger network of people who enjoyed sado-masochistic sex of all varieties.

Transsexuals in the group represented two types of sado-masochistic activity (including B and D unless stated otherwise). One type participated through the subcultural sector organized under the tutelage of the dominatrix, Mistress X. The second variety of S and M occurred in privacy, apart from subcultural affiliation and outlets.

Transsexuals had experience with bondage and discipline (the milder form of sado-masochism that focused on restraint as a source of sexual gratification) in both the personal, private sector and in the larger subcultural arena. Of those that I have information from on this subject (N = 12), five had been involved in the subculture of sado-masochism, and participated in what were called "scenes." Two had experienced bondage in privacy. Needless to say, the subcultural affiliation was difficult to separate from the private practice. The difference was between those who were experimenting with it as part of their fantasy expression either alone or with a lover, and those who were part of a larger network of individuals who used public outlets like "Beats Me Boutique." The latter were usually fronts for professional activities involving fees or exchange of goods and services. In addition, the S and M subculture was catered to by a number of sado-masochistic and bondage-and-discipline publications. These provided sources of contact for "scenes" and information on professional prostitutional types of encounters such as those provided by "Beats Me Boutique." Within the bondage and discipline

sado-masochistic subculture was a special category of sexual expression that focused on genetic men who dressed as women.

One transsexual, no longer involved with bondage and discipline fantasies and activities, gave me a stack of old magazines and books on the subject. Most focused on males who were forcibly dressed as women and subsequently sexually abused by dominant women and men. These books and magazines included a variety of titles such as "The Domination of Peter," "The Suffering of Marissa," "The Training of Vivian," "Ropes, Garters and Gags." They indicated a clear-cut domain of transvestite sado-masochistic subcultural interests represented specifically by such titles as "The Transvestite in Bondage," "Transformed into a Girl," and "Sadists in Skirts."

Submission was a major theme in transsexuals' sado-masochistic fantasies. Nine of the 12 transsexuals reported B and D fantasies. The submissive role was predominant with the exception of one whose fantasies consistently involved her as a dominant mistress. In all their fantasies they envisioned themselves as women. One transsexual for example, imagined she was a beautiful slave girl from a distant planet. Another described a fantasy in which:

> Leather covers the entire body. Ballet boots to the hip, leather corset with crotch strap to hold vaginal and anal dildoes in place, leather bra with bare nipples which have permanent rings in them as do nose and vaginal lips. Discipline helmet with severe gag, single glove for arms.

Bondage, including hanging, was added.

Another transsexual had an image of being restrained on a bed, with an anal plug inserted and other restraints. She also fantasized wearing a harness from neck to crotch that restrained her movements. In these fantasies the transsexual was the passive recipient of restraint and bondage.

Seven transsexuals had actual experience with bondage and discipline, the passive recipients and the dominatrix included. One utilized bondage techniques in masturbation, inserting anal dildoes and restraining her genitalia. This allowed her to express her masochistic role in the masturbation fantasy. Two had acted out scenes with partners. In these instances the partners enacted rape fantasies with the transsexual restrained physically while a dildo was inserted anally.

Others sought contacts through the sado-masochistic subculture. One arranged several meetings with male cross-dressers who wanted to share a scene. She revealed:

> Some were dominant, others both dominant and passive. The usual method of bondage was to rope the individual to the furniture or simply tie the rope on the body. I was usually the subject, but sometimes I helped with the bondage of another. I have been kissed, felt, masturbated and received a blow job while bound. All were done by males.

One transsexual was involved in bondage with a lover who was a professional dominatrix. Their scenes had not involved the really brutal aspects of dominance and submission, and seemed more confined to bondage and restraint, although some of the milder forms of sadism were used on occasion such as spanking, nipple pinching,

and slapping. For the most part, the transsexual was usually the recipient of sexual expression. Most professional dominatrixes maintain distance and only rarely does the masochist touch them sexually, although this varies.

Two full-time pre-operative transsexuals became slaves to a mistress. One of them was an occasional weekend slave; the other was a slave to Mistress X for several months. In this situation, she was also living full-time as a slave with Mistress X and her husband. Some of their interesting escapades included Mistress X forcing her to wear tampax anally, changing her name to "Labia," and making her wear a slave collar at all times. After several months the transsexual got tired of the situation and sought a relationship with a lesbian lover.

The one individual who preferred a dominatrix role found a few willing victims for her fantasy. She traced her dominatrix fantasy to her early life in grade school when a little girl had managed to be queen of the jungle gym. She recalled this little girl ordering all the other children about and preventing them from reaching the top of the gym. She thought to herself at the time that she wanted to be like this little queen. It was clearly an important memory, for she described it in detail. She believed this was her earliest memory of dominatrix desires. This transsexual acquired a dominatrix outfit, complete with garters. fish-net stockings, cape and black wig, with a small and elaborate dagger at her waist.

Transsexuals' apparent focus on the submissive role in B and D/S and M fantasies seems at first contrary to their feminist political stance. Although some women have difficulty reconciling a feminist political orientation with pleasure derived from ". . . rape fantasies or fantasies that portray male domination," these are by no means inevitably linked (Barback 1980: 119 in Masters, Johnson, and Kolodny 1982: 252). According to Nancy Friday, such fantasies in fact illustrate women's control for they are in charge of what their imagined assailants do (1973: 109 in Masters, Johnson, and Kolodny 1982: 256).

How do transsexual masochistic fantasies compare with genetic women's fantasies? Recent evidence suggests that masochistic fantasies are one of two core fantasies of women (Masters, Johnson, and Kolodny 1982: 257); they are more common for women than men (Offir 1982: 258). Women prefer the fantasy of being forced while men prefer fantasizing that they are doing the forcing (Offir 1982: 186). Fantasies of forced sexual encounters of the same category as the transsexual's B and D/S and M imaginings are the second most frequent fantasy of heterosexual women and are first among lesbians (Masters, Johnson, and Kolodny 1982: 252).

Transsexual fantasies, therefore, were not unlike women's prevalent fantasies in content. It is more difficult to assess and compare the actual incidence of S and M/B and D activities among transsexuals with the population at large. Although there are no statistics available on the number of people in the general

population who act out their fantasies, it is estimated that between 5 percent and 10 percent of the population participates in S and M sex (Masters, Johnson, and Kolodny 1982: 253, 349). By comparison 58 percent of the non-random sample of the research population participated in masochistic types of sex. While a psychologist or psychoanalyst could have a heyday explaining this pattern of erotism, a sociocultural explanation can offer insight into not only transsexuals' masochistic activity but also their fantasy lives.

Because transsexuals had so few sexual options, they drifted into the sexual margins of society. S and M was one of the few outlets available. But since there were other sexual margins to choose from, why did they select this particular one and could the two who were involved in this activity apart from the subcultural expression be accounted for? Why was the submissive, masochistic, and passive role chosen in behavior and fantasy? Quite possibly the S and M/B and D behaviors were ". . . an extreme way of acting out a cultural script that says that sex is about dominance and submission" (Offir 1982: 258). In their masochistic fantasies and activities transsexuals were enacting prominent cultural messages about sex and women. That they acted them out could be related to the fact that they had the opportunity to do so, while genetic women have other options. Transsexuals' stigmatized status could make it easier for them to pursue and act out fantasies generated by our culture because of generalized marginal drift.

It cannot be denied that there are prevalent cultural images that women are passive and submissive in sex, that they derive sexual gratification from suffering, and that they enjoy being raped. Whatever the origin of these cultural myths, they are prominent and easily available to people enculturated in American society. English believes that the cultural expectation that men have the dominant role sexually is reflected in prevalent fantasies of female bondage and rape (1980: 49). Transsexuals' masochistic fantasies could also be explained in the same way. An important facet of transsexuals' fantasies is that they were women who were being restrained or forced. They were clearly identifying with a cultural stereotype about the role of women in sex.

Unlike genetic women, transsexuals in transition rarely had the opportunity to experiment with alternative expressions of their sexuality. Transsexuals' entrancement with the passive sexual role in S and M fantasies and activity reflected the weakest aspect of their transformation as women: direct sexual experience. They lacked mainstream conventional experience and until they could get it they had to rely on cultural stereotypes. As they discovered more and more about women's sexual activity and beliefs through increasing networks of women friends and experienced some non-coital conventional sex play with heterosexual men and/or through lesbian encounters, there seemed to be a declining interest in S and M interests. The more they became women and developed their lives as women, the less their involvement with S and M activity

and fantasy. As they approached surgery there was a tendency to remove themselves from the sexual margins completely unless it was a source of income. The pattern I believe occurred, and this needs more research, was that S and M fantasies were initially a locus of sexual arousal and probably necessary for sexual gratification and in that sense were similar to a paraphilia, a non-normative sexual interest necessary for arousal. As transsexuals neared surgery, the fantasies were no longer necessary for arousal, but because they reflected prominent cultural themes they would continue as components of transsexuals' fantasy lives as they were in genetic women. Thus the focus on S and M could be a phase of their own misinterpretation of women's sexuality in response to cultural stereotypes and in the face of limited sexual options.

Before concluding, I would like to return to the transsexual whose interest resided in sadistic fantasies and activity. This transsexual, who preferred the role of dominatrix, was also reacting to a cultural image of womanhood portrayed in our society, that of the Amazonian female in garters, stockings, corset, and whip. This image is a prominent fantasy of males in our society according to Friday's report (1980). Although not as prominent an image of women as the submissive victim, it is available and represents a symbolic counterpart to the masochist stereotype. So this transsexual was also reacting to a portrayal of women in our society, albeit one not endorsed as widely.

Transsexuals therefore had limited sexual experience. They longed for intimacy and sex as complete women. And to be complete women included a sexual component, although transsexuals did not pursue the surgery so they could have sex per se. Sexual desire was not regarded as a good thing to reveal to therapists or surgeons. They knew therapists wanted to hear that they wanted to have the surgery so they could become "integrated." While this was, indeed, part of the reason, a significant factor was the somatic domain as it related to their ability to have intimate liaisons and relationships. What occurred was that transition had been a rite of transformation where they had become women in every sector but one, and this contrast made them all the most anxious for the final element of womanhood that they were denied: the option to have a "normal" sexual and intimate life. This was an important part of becoming a complete human being like all other people, but it was downplayed so as not to jeopardize their therapists' opinion of them as good candidates for surgery. Surgery set the stage for the final phase of transformation and birth as complete women.

CHAPTER XV

THE RITE OF INCORPORATION

Transsexuals who had lived as women for at least a year and had demonstrated that they were employable as women had met the minimal medical requirements in order to qualify for surgery. Their next step was, if they had not done so, to acquire a psychological evaluation from their primary therapist. This accomplished, a secondary psychological evaluation was also necessary. Of the two transsexuals who had the surgery in the course of this research, one was under the care of a psychiatrist for three years, who provided her with the primary evaluation. She sought her second evaluation from a psychologist. He based his evaluation on approximately three personal interviews and an interpretation of the transsexual's performance on the Minnesota Multiphasic Personality Inventory. The other transsexual, whose primary evaluation was made by an M.A. in clinical psychology, sought her second from a psychiatrist. He based his report on three personal interviews.

For the majority of the research population under the care of therapists who were neither psychologists nor psychiatrists, a second evaluation would be sought from a psychiatrist. This psychiatric evaluation would cost a great deal more per hour than

the primary one from their therapists. The therapists' per hourly charge in this research area was approximately $35, which was part of the reason transsexuals selected them for the long-term primary evaluation to begin with. The current fee for local psychiatrists was from $55 to $65 per hour. The second evaluation was considered a necessary evil by transsexuals. They were looking for "rubber stamps" who would evaluate them quickly, not for psychiatrists who would want to see them for another three months or longer at great financial cost. The second evaluators, therefore, were not considered in terms of the therapeutic endeavor by transsexuals, but rather as a medical hurdle.

Transsexuals on the verge of surgery could not afford extended treatment by psychiatrists at the current rate. Fortunately, local psychiatrists generally did not require that transsexuals see them for more than three or four hourly sessions for the second evaluation. These psychiatrists relied heavily on the opinion of the primary therapists in making their judgment of their clients' risk for surgery.[1] Several local psychiatrists had reputations as "good" second evaluators among transsexuals. A "good" second evaluator did not require more than a few sessions and hence was not too much of an additional financial drain.

Two surgeons performed transsexual surgery locally. Both were in private practice and transsexual surgery was one part of their practice. Neither were associated with gender clinics. Transsexuals preferred one surgeon, Dr. Smith (a pseudonym) over the

other, Dr. Williams (also a pseudonym), primarily because his fees were considerably lower. Dr. Smith was also well-known and also preferred because transsexual surgery was a much larger part of his practice.

The total cost of a surgical conversion by Dr. Smith was between $5,500 and $6,000 including hospitalization, while the operative and hospitalization costs of Dr. Williams' surgery were approximately $10,000. The cost of surgery was an important factor to transsexuals and, although Dr. Williams was, in general, regarded as equally skilled, Dr. Smith was generally favored because of the $4,000 savings. Of the two transsexuals who had the surgery in the fall of 1981, one chose Smith and one Williams.

Transsexuals were well-educated on the intricacies of the surgical conversion operation. They discussed and reviewed the techniques of the two surgeons who differed primarily in procedural details and in after-care regimes. The surgeons themselves contributed to transsexuals' education by providing information on the entire process of the surgery, from before-and-after pictures of their work to photographs taken during the operation illustrating the stages of the surgical agenda. In this area as well as others, transsexuals were also self-educated. They read anything and everything they could find on the subject. They also availed themselves of local post-surgical transsexuals. Although post-operative transsexuals did not generally associate with the Berdache Society, they were known through the transsexual grapevine and were willing to help educate their pre-surgical sisters

by providing information on the whole process from describing their pre-surgical preparation through their recovery after surgery, to visible testimonial of the results.

A number of descriptions of the surgery are available in the literature, from the excellent lay description by Feinbloom (1976: 27, 28) to the more technical account of Jones (1969: 313-24). There are several major surgical procedures in use for constructing a vagina in the genetic male (Laub 1981). These diverge in specific technique and in the tissue used for the lining of the vagina. The two local surgeons used the penile inversion procedure where the penile tissue is inverted to form the lining of the vagina, although this is not the only possibility. Laub (1981), for example, has employed tissue from the upper rectum as a "living pedicle graft which provides certain advantages, such as natural lubrication." Other surgeons have used segments of the intestine as vaginal lining (Laub 1981). Ongoing research among surgeons provides transsexuals with aesthetic, functional vaginas with minimal post-surgical complications.

Smith and Williams, as previously stated, utilized the tissue from the penis, inverted in a cavity constructed in the abdomen in a corresponding position of the natural vagina. The tissue from the testicular area is then fashioned into labial folds. The sensitive genital tissue is also the source of a clitoral-like bud

positioned appropriately, somewhat superior to the vaginal opening. The vagina is generally between 5-1/2 to 6 inches in depth.

There was a great deal of transsexual folklore around the realistic and authentic appearance of the constructed vagina. A favorite type of story focused on "fooling" gynecologists. In one such tale, a transsexual visited a gynecologist for a vaginal examination. The gynecologist in the course of the examination chastized the transsexual who had revealed that she had not had a pap smear. The gynecologist insisted on a pap smear and the transsexual finally told her that she was a transsexual and consequently had no cervix. This lore reinforced transsexual ideology of their total transformation as women. Through surgery they had become women, indistinguishable from the population of genetic women. The skill of the two surgeons was such that an average person would not, in fact, question the authenticity of the surgically-constructed vagina.

The operation was a major trauma to the body. Allyssa was hospitalized for nine days following Dr. Smith's surgery, and Britt for seven days subsequent to Dr. Williams' operation. Lois, a post-operative transsexual (unaffiliated with the Berdache Society) described the experience as: "feeling like someone has ripped open your guts and then has poured in cement." Allyssa reported the post-surgical sensation of a "phantom erection." This she attributed to the stretching of the penile tissue in the vagina that was then packed with gauze.

The vagina must be dilated in some manner after the surgery to keep the cavity open. Dr. Smith and Dr. Williams differed in the details of the after-care regime. Allyssa's vagina was packed with gauze that remained until the day before she was released, while Dr. Williams inserted a soft inflatable type of dilating device that could be deflated for insertion and inflated once in place. Britt wore this continuously for four weeks after the surgery, removing it 15-20 minutes two to three times a day. Allyssa was given a similar inflatable soft dilating device that she, too, was required to wear for four weeks post-surgically. In her case, the post-surgical regime prescribed dilation with the device three to four times a day for 20 to 30 minutes.

For both transsexuals, the after-care program included a gradual decline in dilating time. For example, Britt decreased the amount of time she wore the soft dilator so that at the end of two months she graduated to wearing it continuously only at night, with insertions several times a day of a firm device (a vibrator or dildo was often selected) for the next three months. After four weeks, Allyssa adopted a firm dilating device, and during the following three to four week period gradually tapered off dilation to once a day. Both continued to decrease the number of times and length of time of dilator insertion, so by the time they were approximatley six months post-operative, they maintained the vaginal opening by dilation two or three times a week (see Thompson 1969: 325). If they did not have active sex lives,

some vaginal dilation would be required to maintain the vaginal cavity after that period.

Transsexuals could begin sexual relations approximately six weeks after the surgery, although this varies individually. Apparently both Drs. Smith and Williams approved of sexual relation at this time as beneficial not only emotionally but also as a mechanism for dilating the vagina.

The dilators were uncomfortable and inserting them could be initially painful. For dilation with a firm device, a lubricating cream was used. The transsexual vagina created by the penile inversion technique had no mechanisms for self-lubrication and consequently libricating creams and jellies were necessary for intercourse too.

Reports of transsexual post-surgical orgasm are encouraging. Benjamin, for example, found orgasm fairly common among post-surgical transsexuals (1966: 108). Of the two post-operative transsexuals, one reported she was not only orgasmic, but capable of multiple orgasms. The other was in the process of learning to be orgasmic. Both were typical in the post-surgical response of deriving pleasurable sexual sensations from vaginal stimulation.

It could take some time after surgery before returning to work. Depending on the type of job, recuperation periods as long as six weeks might be necessary, although part-time desk type jobs could be resumed sooner. Both Allyssa and Britt were capable of some part-time work between 2-1/2 to 3 weeks after surgery.

The issue of returning to work as soon as possible was an important one to transsexuals who were often left financially destitute after the surgery. This was true in Allyssa and Britt's situations. One had borrowed money from a friend and the other had depleted all her resources by scavenging from savings and a trust fund. Both had to take time off from full-time jobs and this necessitated explanations. Allyssa used the excuse of a hysterectomy while Britt informed her supervisor of the truth. He was understanding and supportive and kept her secret from other co-workers.[2] Since that time, Britt continued to work for the same company, while Allyssa found a higher paying career-oriented position. None of their co-workers suspected they were or had ever been anything but natural-born women.

Both were happily adjusting after the surgery. Neither felt a need to continue therapy. Studies of post-surgical adjusment point to the sense of well-being engendered by the conversion operation and transsexuals generally feel better about themselves after the surgery than before it (Pomeroy 1967: 447). Allyssa pointed out one reason. Prior to surgery any financial setback could be "life threatening" since it could jeopardize the operation. Pre-surgically Allyssa felt financial crises had the power to entrap her in transition. After she had had the surgery and paid for it, she felt more comfortable in coping with financial setbacks, for after all, she quipped: "they can't repossess it."

Meaning and Ritual in the Rite of Incorporation

The surgical procedure and the resulting genitalia were symbols of transsexuals' incorporation into society. It was the culmination of a long and arduous passage. They could finally achieve the status of full-fledged women by fulfilling the cultural prerequisites of gender: people who claim the label female must a priori have vaginas. For transsexuals, the vagina opened up possibilities of womanhood denied them as women with penises. Several pre- and post-operative transsexuals described what the surgery meant to them. Their comments, presented below, all pointed to the perceived options inherent in the status of genital women.

> I want the surgery because it will permit me to express my sexuality in the manner appropriate to a woman.
>
> I want to look more like a woman. My life won't change much at all. All surgery will do for me is make me more happy that I can undress completely in a health spa, etc.
>
> It will allow me to have sex as a female and totally be a female.
>
> A long term monogamous relationship is important to me. I don't think I can really settle down as a normal person until after the surgery. With the final exception of intimate relationships, it won't change much.
>
> Surgery will make me whole like any other woman.
>
> I want my life to be complete. I am functioning about 95 percent of the time in the female role. The other 5 percent involves things that involve my sex organ, like not being able to join a health spa or having normal sex with a man.

> I want surgery so my body conforms to my spirit. It is discomforting to see yourself in a mirror with male genitalia and know it isn't right. Surgery will complete my external image.

Being able to have relationships or even brief sexual encounters was one component of transsexuals' bid for membership in "normal" society. Whether they chose to explore that option was not as important as just having the option as women, not as people who were regarded as "weird" males, transvestites or homosexuals. For transsexuals without the vagina, gender was problematic not only in terms of sexual intimacy but in other sectors as well. For example, pre-surgically, even something as innocuous as travel could be an issue. Transsexuals could acquire passports but it designated their sex as male. Rather than face potential harassment in foreign travel where passports were closely scrutinized, transsexuals avoided international forays, although it was not an issue for most since they were saving their money for surgery.

Travel in the United States was also an unpleasant prospect for pre-operative transsexuals. Some states still carried laws against males dressing in women's attire. A simple stop for a traffic violation could be extremely embarrassing or, worse yet, could lead to detainment or imprisonment. The evidence was on transsexuals' driver's licenses; the sex was male. Allyssa felt her surgery would diminish the "tension, pressure, and paranoia" that occurred with interstate travel.

These, then, were just a few examples of the problems pre-operative transsexuals faced. The list could go on to include a variety of situations common to all transsexuals and unique to some individuals. Perhaps inability to experience sex and intimacy as women as well as the other limitations cited were only a fraction of transsexuals' total life experience as women, but this fraction was substantial to those denied access. Surgery provided closure to the liminality of their transition. The greater their adjustment to their roles as women, the more glaring did their genitalia become as symbols of discontinuity. Surgery was the mechanism for transsexuals' integration into society. As one transsexual stated: "With the surgery I can be a member of the female club." It was their opportunity for humanness and "normalcy." Surgery was the final phase of their rebirth as women. Transition had been a period of ritual births and deaths, but the rite of incorporation was itself a metaphorical summation of these into a primary ritual of rebirth.

The rite of transition concluded with the rite of incorporation in which transsexuals were vested with symbolic keys to the full range of women's options. The gradual process of preparation for full incorporation had thrust them into life crises produced by their social and personal identity as women, yet was contradicted by the ever-present symbol of masculinity. These crises were ritually ameliorated by the medical profession (see Chapple 1970: 302). The rite of incorporation resolved the genital

disconformity and alleviated the somatic source of stigma. They could now confront a new system of social relations.

The surgery was much more than just a "technical affirmation" (see Feinbloom 1976: 232). It was a ritual rebirth: the birth of a woman. This symbolic birth followed transition. It will be recalled that the term transition referred to transsexuals' "real life test" as well as was also a medical term for the period of cervical expansion in the pregnant woman prior to the final phase of expulsion: birth of the infant. Semantically the analogy with birth is inescapable. Transsexuals were like infants, only in their case infancy followed their social puberty and maturity.

After the surgery, doctors provided written verification of the fact that transsexuals had been surgically reassigned. This statement was a metaphor for "it's a girl." On the basis of this affidavit, transsexuals could request either a new birth certificate or a modified one in which their sex was redeclared female. The surgical conversion expressed symbolically the ascription of sex at birth, a legal as well as social assignment. Through the remarkable surgical procedure transsexuals were symbolically reborn and "actually" reborn. The vagina was testimonial to their lives as women, as were their new or modified birth certificates.

The surgery was a ritual of rebirth that all transsexuals would participate in to acquire the full range of role options associated with their new legal and social status. Through the rite of incorporation, neophyte women acquired biographical

accreditation as well as the somatic means for full incorporation. Their social return coincided with their physical return from the hospital (see Van Gennep 1960: 46). Their recuperation marked their re-creation, transformation, and emergence from liminality and disorganization. They had become socially, legally, hormonally and genitally women.

Incorporation Post-Surgically

I have collected information from five post-surgical transsexuals. Two of these individuals were never associated with the Berdache Society and one was only an occasional visitor. None have reported any drastic changes in their lives. All but one were exploring sexual relationships and intimacy. These were not limited to heterosexual relationships as three of the individuals were bisexual and one lesbian.

Certainly some experienced similar growing pains as genetic women torn between a tradition that links sex and love and the new-found freedom to experience sexuality as an end in itself. One transsexual was trying to understand where the "one night stand" fit into her life. Another was enjoying the pleasures of a new-found romance and yet another was firmly attached to a lover.

Having a vagina necessitated medical care of the new genitalia and that required inside information not readily available to males. Here several transsexuals expanded their knowledge of female folklore considerably. This information was sought from

genetic women, not transsexuals who had previously provided so much of the information necessary for the rite of transition. Women and their cultural baggage, beliefs, and values had been esteemed by transsexuals, but now the relationship was as an insider, as woman to woman. One transsexual called and asked me about treating a yeast infection and I passed on female folk medical lore on yogurt and vinegar treatments. Yet this information would not be spread to a great degree through the transsexual grapevine. It was limited to those on the verge of surgery and post-operatives. By this time transsexuals' affiliation with their sisters was not actively continued. While special friends remained, transsexual sociality with one another was not nearly so great as previously.

Transsexuals' incorporation into society continued to be dependent upon stigma management. When they revealed to their lovers a transsexual past, as was considered the "proper thing" to do with serious relationships, they took a chance of rejection. Their incorporation was premised upon a contingency of interaction. They would be granted the full options of genetic women only if they did not reveal their "disreputable" pasts. They could be stigmatized if this information became common knowledge, for example, at their place of employment. The rite of incorporation, should it become known, was also potentially discrediting. Incorporation, therefore, rested on the continued management of a "spoiled identity" (Goffman 1963). Yet without the rite of

incorporation they would not have had the opportunity to drift into society as bona fide women. The rite of incorporation meant they could experience the full range of role options, duties, rights, and responsibilities of persons with vaginas.

While all people participate in stigma management to some degree (Goffman 1963: 138), transsexuals must maintain their front through biographical editing. The vagina was a technique of stigma management of their male past, for it redocumented their history as ascribed females. Transsexuals had the possibility of complete incorporation as a result of the rite of incorporation, but it was up to them not to reveal their transsexual status. They, like many others with an identity "blemish," could be prevented from entering certain sectors of society, namely, those careers where identities are scrutinized closely, including political careers, government careers such as the State Department or the CIA, and possibly some businesses where security checks are routine. They are not alone in not passing muster for these careers, and may find themselves in the same situation as people with psychiatric records, police records, histories of drug abuse, or other histories that may be marginally accepted, but are not approved of by mainstream employers.

Transsexuals have been incorporated tenuously, but they have the option for full incorporation by virtue of their genitalia. They have the same opportunities as all people who must manage their identities to some extent. Surgery was their source of

incorporation. It was their access to "normalcy." They could finally be treated as if they had always been women, yet always to some degree this was contingent upon their successful identity management. The value of the rite, in the words of Allyssa, lay in the "incorporation it permits."

A Concluding Thought

Gluckman (1962: 27) has said that ". . . modern societies reduce to a theoretical minimum the distinctions between male and female." Certainly it is true that rigid distinctions in sex-roles are becoming blurred. But what of transsexuals?

Through their rite of passage they illustrate an important cultural conception of gender. A gender is more than the sum of its roles. Although sex-roles may be overlapping, that is not the same thing as saying that there are minimal differences between male and female. These seemingly negligible distinctions loom large in the lives of genetic men who pursue womanhood. Transsexuals' becoming is far more awesome a process than simply changing sex-roles.

FOOTNOTES

CHAPTER XV

[1]This information is based on the two post-surgical transsexuals and a number of pre-operative transsexuals who acquired their second evaluation in anticipation of surgery. Five transsexuals expected to have the surgery within the next year or less.

[2]Since Britt's supervisor revealed he was gay, she felt some safety in telling him as a fellow compatriot in stigma.

BIBLIOGRAPHY

BIBLIOGRAPHY

American Psychiatric Association
1980 Diagnostic and statistical manual of mental disorders, 3rd edition. Washington, D.C., American Psychiatric Association.

Anderson, R.
1976 The cultural context. Minneapolis, Minnesota, Burgess Publishing Co.

Andrewski, S.
1972 Social science as sorcery. New York, St. Martins Press.

Angelino, H. and Shedd, C. L. A.
1955 A note on the Berdache. American Anthropologist 57: 121-26.

Balzar, M. M.
1981 Rituals of gender identity: Markers of Siberian Khanty ethnicity, status and belief. American Anthropologist 83(4): 850-67.

Barlow, D. H., Abel, G. G., and Blanchard, E. B.
1979 Gender identity change in transsexuals: Follow-up and replications. Archives of General Psychiatry 36: 1001-07.

Barlow, D. H., Reynolds, E. J., and Agras, S.
1973 Gender identity change in a transsexual. Archives of General Psychiatry 28: 569-79.

Barry, K.
1979 Female sexual slavery. Englewood Cliffs, New Jersey, Prentice-Hall.

Bateson, M. C.
1980 Continuities in insight and innovation: Toward a biography of Margaret Mead. American Anthropologist 82(2): 270-77.

Beach, F. A.
1973 Human sexuality and evolution. In reproductive behavior. W. Montagu and W. A. Sadler, eds. Pp. 333-65. New York, Plenum Press.

Benjamin, H.
1966 The transsexual phenomenon. New York, The Julian Press.

1967 The transsexual phenomenon. Transactions of the New York Academy of Sciences Series II, 29(4): 428-29.

1969 Introduction. In Transsexualism and sex reassignment. R. Green and J. Money, eds. Pp. 1-10. Baltimore, The Johns Hopkins University Press.

Bem, S.
1977 Psychological androgyny. In Beyond sex roles. A. G. Sargent, ed. Pp. 319-24. St. Paul, West Publishing Co.

Berger, J. C. et al.
1980 Standards of care: The hormonal and surgical sex reassignment of gender dysphoric persons. Galveston, Texas, The Harry Benjamin International Gender Dysphoria Association, Inc.

Bettelheim, B.
1962 Symbolic wounds. New York, Collier Books.

Blumer, D.
1969 Transsexualism, sexual dysfunction, and temporal lobe disorder. In Transsexualism and sexual reassignment. R. Green and J. Money, eds. Pp. 213-20. Baltimore, Johns Hopkins University Press.

Blumer, H.
1969 Symbolic interactionism: Perspective and method. Englewood Cliffs, New Jersey, Prentice-Hall.

Bogoros, W.
1907 The Chuckchee religion. Memoirs of the American Museum of Natural History. Vol. XI. Leiden, E. S. Brill.

Bolin, A. E.
1974 God save the queen: An investigation of a homosexual subculture. M. A. thesis, Department of Anthropology. Norlin Library, University of Colorado, Boulder, Colorado.

1981 Transsexuals: Caretaker and client interrelations. Paper presented at the Society for Ethnohistory, Oct. 29-Nov. 1. Colorado Springs, Colorado.

1982 Advocacy with a stigmatized minority (transsexuals): Problems and constraints to appear in Practicing Anthropology, Spring Issue.

Bossard, J. H. S., and Boll, E. D.
1948 Rite of passage--a contemporary study. Social Forces 26: 247-55.

1950 Ritual in family living. Philadelphia, University of Pennsylvania Press.

Brain, R.
1978 Transsexualism in Oman? Man 13(2): 322-23.

Braroe, N. W.
1965 Reciprocal exploitation in an Indian-white community. Southwest Journal of Anthropology 21(2): 166-78.

Brown, R.
1963 Social psychology. New York, The Free Press.

Burnett, J. H.
1975 Ceremony, rites, and economy in a student system of an American high school. In The Nacirema. J. P. Spradley and M. A. Rynkiewich, eds. Pp. 43-54. Boston, Little, Brown and Company.

Burton, R. V., and Whitney, J. W. M.
1961 The absent father and cross-sex identity. Reprinted from Merrill-Palmer Quarterly of Behavior and Development 7(2). The Bobbs-Merrill Reprint Series in the Social Sciences, A277. Pp. 86-95.

Butts, J. D.
1981 Growing up Black, gay and gender dysphoric: An analysis of 10 transsexuals. Paper presented at the 7th International Gender Dysphoria Association. The Harry Benjamin International Gender Dysphoria Association. March 4-8. Lake Tahoe, Nevada.

Campbell, D. T., and Stanley, J. C.
1963 Experimental and quasi-experimental designs for research. Chicago, Rand McNally and Co.

Caplan, N. and Nelson, S. D.
1973 On being useful: The nature and consequences of psychological research on social problems. In The use and abuse of social science. I. L. Horowitz, ed. Pp. 136-61. New Jersey, Transaction Books.

Casey, W. C.
1981 Transsexual lesbians. Paper presented at 7th International Gender Dysphoria Association. The Harry Benjamin Internal Gender Dysphoria Association. March 4-8. Lake Tahoe, Nevada.

Chapple, E. D.
1970 Culture and biological man: Explorations in behavioral anthropology. New York, Holt, Rinehart and Winston.

Chapple, E. L., and Coon, C. S.
1942 Principles of anthropology. New York, Henry Holt and Company.

Churchill, W.
1971 Homosexual behavior among males. New Jersey, Prentice-Hall.

Cohen, M. B.
1966 Personal identity and sexual identity. Psychiatry 29(1): 1-14.

Coon, C. S.
1971 The hunting peoples. Boston, Little, Brown and Company.

D'Andrade, R.
1970 Sex references in cultural institutions. In The ecology of human intelligence. L. Hudson, ed. Pp. 17-35. England, Penguin Books.

Davenport, C. W., and Harrison, S. I.
1977 Gender identity. Change in a female adolescent transsexual. Archives of Sexual Behavior 6: 327-41.

Dellaert, R., and Kunke, T.
1969 Investigation on a case of male transsexualism. Psychotherapy and Psychosomatics 17: 89-107.

Deutscher, I.
1966 Words and deeds: Social science and social policy. Reprinted from Social Problems 13(3). The Bobbs-Merrill Reprint Series in the Social Sciences, 5-569. Pp. 206-54.

Devereaux, G.
1937 Institutionalized homosexuality of the Mohave Indians. Human Biology 9: 498-527.

Dixon, J. et al.
1981 Psychosocial characteristics of applicants evaluated for surgical gender reassignment. Paper presented at the 7th International Gender Dysphoria Association. The Harry Benjamin International Gender Dysphoria Association. March 4-8. Lake Tahoe, Nevada. Pp. 1-8.

Douglas, J. P.
1971 American social order: Social rules in a pluralistic society. New York, The Free Press.

Douglas, M.
1973 Natural symbols. New York, Vintage Books.

Downie, D. C., and Hally, D. J.
1961 A cross-cultural study of male transvestism and sex-role differentiation. Unpublished manuscript. Dartmouth College.

Driscoll, J. P.
1971 Transsexuals. Transaction 8(5,6): 28-37, 66, 68.

Edgerton, R. B.
1964 Pokot intersexuality: An East African example of the resolution of sexual incongruity. American Anthropology 66(6): 1288-99.

Ehrhardt, A. A., and Meyer-Bahlburg, H. F. L.
1971 Effects of prenatal sex hormones on gender related behavior. Science 211 (4488): 1312-18.

Eicher, W.
1981 H-Y antigen in trans-sexuality. Paper presented at the 7th International Gender Dysphoria Association. The Harry Benjamin International Gender Dysphoria Association. March 4-8. Lake Tahoe, Nevada. Pp. 1-5.

English, D.
1980 The politics of pornography. Mother Jones 5(3): 20-23, 44, 48-50.

Evans-Pritchard, E. E.
1970 Sexual inversion among the Azande. American Anthropologist 72(6): 1428-34.

Fast, J.
1977 The body language of sex, power and aggression. New York, M. Evans and Company.

Feinbloom, D. H.
1976 Transvestites and transsexuals: Mixed views. USA, Delcorte Press/Seymour Lawrence.

Fiske, S.
1975 Pigskin review: An American initiation. In The Nacirema. J. P. Spradley and M. A. Rynkiewich, eds. Pp. 55-68. Boston, Little, Brown and Co.

Fleming, M., Steinman, C., and Bocknek, G.
1980 Methodological problems in assessing sex-reassignment surgery: A reply to Meyer and Reter. Archives of Sexual Behavior 9(5): 451-56.

Ford, C. S., and Beach, F. A.
1951 Patterns of sexual behavior. New York, Harper and Row.

Forester, G. M., and Swiller, H.
1972 Transsexualism: Review of syndrome and presentation of possible successful therapeutic approach. International Journal of Group Psychotherapy 22(3): 343-51.

41 sex change patients have no regrets.
1982 Rocky Mountain News. March 15: 13.

Garfinkel, H.
1967 Studies in ethnomethodology. Englewood Cliffs, New Jersey, Prentice-Hall.

Garfinkel, H., and Stoller, R. J.
1967 Passing and the managed achievement of sex status in an "Intersexed" person. In Studies in ethnomethodology. H. Garfinkel. Pp. 116-85. Englewood Cliffs, New Jersey, Prentice-Hall, Inc.

Geertz, C.
1972 Deep play: Notes on the Balinese cockfight. In Myth, symbol and culture. Pp. 1-33. New York, W. W. Norton & Co.

Glantz, S. A.
1980 Biostatistics: How to detect, correct, and prevent errors in the medical literature. Circulation 61(1): 1-6.

Gluckman, M.
1962 Les rites de passage. In Essays on the ritual of social relations. Max Gluckman, ed. Pp. 1-52. Manchester, England, Manchester University Press.

Goffman, E.
1961 Encounters. New York, The Bobbs-Merrill Co., Inc.

1963 Stigma: Notes on the management of a spoiled identity. New Jersey, Prentice-Hall, Inc.

1967 Interaction ritual. Garden City, New York, Doubleday & Co.

1969 Strategic interaction. New York, Ballantine Books.

1979 Gender advertisements. New York, Harper and Row.

Goldberg, R.
1962 War and its relationship with sexual tensions and identification conflict. Unpublished Senior Honors Thesis. Radcliffe College.

Goody, J.
1961 Religion and ritual: The definitional problem. The British Journal of Sociology 12: 142-64.

Gottlieb, A.
1980 Transsexualism and sexual identity. Paper presented at the Vail Psychiatric Conference. Beth Israel Hospital, Denver, Colorado. Feb. 2. Vail, Colorado. Pp. 1-29.

Green, R.
1966 Transsexualism: Mythological, historical and cross-cultural aspects. In The transsexual phenomenon. H. Benjamin, ed. Pp. 173-86. New York, The Julian Press.

1969 Childhood cross-gender identification. In Transsexualism and sex reassignment. K. Green and J. Money, eds. Pp. 23-36. Baltimore, The Johns Hopkins University Press.

1974a Sexual identity conflict in children and adults. New York, Basic Books.

1974b Children's quest for sexual identity. Psychology Today 7(9): 45-51.

Green, R., and Money, J.
1969 Transsexualism and sex reassignment. Baltimore, The Johns Hopkins University Press.

Green, R., Newman, L. E., and Stoller, R. J.
1972 Treatment of transsexuals. Journal of Contemporary Psychotherapy 6(1): 63-69.

Harrison, R. P.
1974 Beyond words. Englewood Cliffs, New Jersey, Prentice-Hall.

Hastings, D. W.
1969 Inauguration of a research project on transsexualism in a university medical center. In Transsexualism and sex reassignment. R. Green and J. Money, eds. Pp. 243-51. Baltimore, Johns Hopkins University Press.

Haviland, W.
1978 Cultural anthropology. New York, Holt, Rinehart and Winston.

Hill, W. W.
1935 The status of the hermaphrodite and transvestite in Navajo culture. American Anthropologist 37: 273-79.

1938 Note on the Pima Berdache. American Anthropologist 40: 338-40.

Hoebel, E. A.
1949 Man in the primitive world. New York, McGraw-Hill.

Hoenig, J., Kenna, J. C., and Yond, A.
1974 Surgical treatment of transsexuals. Acta Psychiatrica Scandinavica 47: 106-36.

Honigmann, J. J.
1978 The personal approach in culture and personality research. In The making of psychological anthropology. G. D. Spindler, ed. Pp. 302-29. California, University of California Press.

Humphreys, L.
1970 Tearoom trade: Impersonal sex in public places. Chicago, Aldine Publishing Co.

Imperato-McGinley, J., Guerrero, L. Gautier, T., and Peterson, R. E.
1974 Steroid 5a-reductase deficiency in man: An inherited form of male hermaphroditism. Science 186: 1213-15.

The Janus Information Facility
1980 Guidelines for transsexuals. Paul A. Walker, Director. 1952 Union Street, San Francisco, California 94123.

1980 Current recommended hormonal therapy for transsexuals. Paul A. Walker, Director. 1952 Union Street, San Francisco, California 94123.

Jones, H. W.
1909 Operative treatment of the male transsexual. In Transsexualism and sex reassignment. R. Green and J. Money, eds. Pp. 313-22. Baltimore, The Johns Hopkins University Press.

Kando, T.
1973 Sex change. Illinois, Charles G. Thomas.

Kaufman, S.
1981 Cultural components of identity in old age: A case study. Ethos 9(1): 51-87.

Karrie
1980 Is female hormone therapy for you? Reprinted from The Gateway, Feb.

Kemnitzer, D. S.
1977 Sexuality as a social form: Performance and anxiety in America. In Symbolic anthropology. J. L. Dolgin et al., eds. Pp. 292-309. New York, Columbia University Press.

Kessler, S. J., and McKenna, W.
1978 Gender: An ethnomethodological approach. New York, John Wiley and Sons.

Kimball, S. T.
1960 Introduction. In Rites of passage, Arnold Van Gennep. M. B. Vizedom and G. L. Caffee, trans. Pp. v-xix. London, Routledge and Kegan Paul. [original 1908].

Kirkpatrick, M., and Friedman, C.
1976 Treatment of requests for sex change. Surgery with psychotherapy. American Journal of Psychiatry 133(10): 1194-96.

Lakoff, R.
1980 Talking like a lady. In Readings in anthropology 80/81. E. Angeloni, ed. Pp. 49-53. Guilford, Ct., The Dushkin Publishing Group.

Langness, L. L.
1965 The life history in anthropological science. New York, Holt, Rinehart and Winston.

Laub, D. R.
1981 The natural vagina. Paper presented at the 7th International Gender Dysphoria Association. The Harry Benjamin International Gender Dysphoria Association. March 4-8. Lake Tahoe, Nevada.

Leach, E. R.
1968 Ritual. In International encyclopedia of the social sciences. D. Sills, ed. Vol. 13. New York, Macmillan.

Levy, R. I. Tahitian's: Mind and experience in the Society Islands. Chicago, University of Chicago Press.

Lowie, R. H.
1935 The Crow Indians. New York, Farrar and Rhinehart.

Lyman, S. M., and Douglass, W. A.
1973 Ethnicity: Strategies of collective and individual impression management. Social Research 40(2): 344-65.

Maccoby, E. E., and Jacklin, C. N.
1974 The psychology of sex differences. Stanford, Calif., Stanford University Press.

MacCormack, C., and Strathern, M., eds.
1980 Nature culture and gender. Cambridge, Cambridge University Press.

MacRae, D.
1976 The social function of social science. New Haven, Yale University Press.

McCall, G. J.
1966 Identities and interaction. New York, The Free Press.

Malamuth, N. M., and Check, J. J.
1980 Sex and violence: Pornography hurts. Science News 118: 170-72.

Male fantasies.
1980 Time 115(7): 50.

Martin, M. K., and Voorhies, B.
1975 Female of the species. New York, Columbia University Press.

Masters, W. H., Johnson, V. G., and Kolodny, R. C.
1982 Human sexuality. Boston, Little, Brown and Company.

Mead, G. H.
1934 Mind, self and society. Chicago, University of Chicago Press.

Meyer, J. K., and Reter, D. J.
1979 Sex reassignment. Archives of General Psychiatry 36: 1010-15.

Meyers, W. J., Finkelstein, J. W., Stuart, C. A. et al.
n.d. Physical and hormonal evaluation of transsexual patients during hormonal therapy. Galveston, Texas, The University of Texas Medical Branch at Texas. Pp. 1-18.

Meyer, W. J., Walker, P. A., and Suplee, Z. R.
n.d. Survey of transsexual hormonal treatment in twenty gender-treatment centers. [The Janus Information Facility, Departments of Pediatrics and Psychiatry and Behavioral Sciences, The University of Texas Medical Branch at Galveston, Texas]. n.p. Pp. 1-9.

Middleton, J.
1973 Some categories of dual classification among the Lugbara of Uganda. In Right and left: Essays on dual symbolic classification. R. Needham, ed. Pp. 369-90. Chicago, University of Chicago Press.

Miller, E. S., and Weitz, C. A.
1979 Introduction to anthropology. Englewood Cliffs, New Jersey, Prentice-Hall, Inc.

Money, J., and Ehrhardt, A. A.
1972 Man and woman, boy and girl. Baltimore, The Johns Hopkins University Press.

Money, J., and Primrose, C.
1969 Sexual dimorphism and dissociation in the psychology of male transsexuals. In Transsexualism and sex reassignment. R. Green and J. Money, eds. Pp. 115-36. Baltimore, The Johns Hopkins Press.

Money, J., and Tucker, P.
1975 Sexual signatures: On being a man or a woman. Boston, Little, Brown and Company.

Money, J., and Walker, P. A.
1977 Counseling the transsexual. In Handbook of sexology. J. Money and H. Musaph, eds. Pp. 1289-1301. n.p., Elsevier/North-Holland Biomedical Press.

Montagu, A.
1978 A Kinsey report on homosexualities. Psychology Today 62, 65-66, 91.

Montague, S. P., and Arens, W., eds.
1981 The American dimension: Cultural myths and social realities. Sherman Oaks, California, Alfred Publishing Co., Inc.

Munroe, R., Whiting, J. M., and Hally, D. J.
1969 Institutionalized male transvestism and sex distinctions. American Anthropologist 71(1): 87-90.

Myers, D. G.
1979 How groups intensify opinions. Human Nature 2(3): 34-39.

Nadel, S. F.
1954 Nupe religion. London, Routledge and Paul.

Needham, R., ed.
1973 Right and left: Eassays on dual symbolic classification. Chicago, University of Chicago Press.

Newton, E.
1972 Mother camp: Female impersonation in America. New Jersey, Prentice-Hall, Inc.

1977 Role Models. In Symbolic anthropology. J. L. Dolgin et al., eds. Pp. 336-48. New York, Columbia University Press.

Offir, C. W.
1982 Human sexuality. New York, Harcourt Brace Jovanovich, Inc.

Ohno, S.
1979 Major sex-determining genes. Berlin, Springer-Verlag.

Ortner, S. B., and Whitehead, H.
1981 Sexual meanings. Cambridge, Cambridge University Press.

Parker, S., Smith, J., and Ginat, J.
1975 Father absence and cross-sex identity. American Ethnologist 2(2): 687-706.

Pauly, I. B.
1968 The current status of the sex change operation. Journal of Nervous and Mental Diseases 147: 460-71.

1969 Adult manifestations of male transsexualism. In Transsexualism and sex reassignment. R. Green and J. Money, eds. Pp. 37-58. Baltimore, The Johns Hopkins Press.

1981 Outcome of sex reassignment surgery for transsexuals. Australian and New Zealand Journal of Psychiatry 15: 45-51.

Person, E. S., and Ovesey, L.
1974 The psychodynamics of male transsexualism. In Sex differences in behavior. R. C. Friedman et al., eds. Pp. 315-31. New York, John Wiley and Sons.

Pfafflin, F.
1981 H-Y antigen in transsexualism. Paper presented at the 7th International Gender Dysphoria Association. The Harry Benjamin International Gender Dysphoria Association. March 4-8. Lake Tahoe, Nevada.

Pomeroy, W.
1975 The diagnosis and treatment of transvestites and transsexuals. The Journal of Sex and Marital Therapy 1(3): 215-24.

Posinsky, S. H.
1962 Ritual, neurotic and social. American Imago 19: 375-90.

Raymond, J. G.
1979 The transsexual empire: The making of a she-male. Boston, Beacon Press.

Redfield, R.
1953 The primitive world and its transformations. New York, Cornell University Press.

Reik, T.
1940 Masochism in modern man. N. ork, Farrar, Straus and Co.

Rosen, A. C.
1969 The inter-sex: Gender identity, genetics, and mental health. In Changing perspectives in mental illness. S. C. Plog and R. B. Edgerton, eds. Pp. 654-71. New York, Holt, Rinehart and Winston.

Rosenberg, G., and Sutton-Smith, B.
1972 Sex and Identity. New York, Holt, Rinehart and Winston.

Sagarin, E.
1975 Sex rearing and sexual orientation: The reconciliation of apparently contradictory data. The Journal of Sex Research 11 (4): 329-34.

Sanday, P. R.
1981 Female power and male dominance. Cambridge, Cambridge University Press.

Sarason, S. B.
1981 An asocial psychology and a misdirected clinical psychology. American Psychologist 36(1): 827-36.

Schneider, D. M.
1980 American kinship. Chicago, The University of Chicago Press.

Schwartz, G., and Merten, D.
1975 Social identity and expressive symbols. In The nacirema. J. P. Spradley and M. A. Rynkiewich, eds. Pp. 195-211. Boston, Little, Brown and Co.

Schwartz, M. S., and Schwartz, C. G.
1955 Problems in participant-observation. Reprinted from The American Journal of Sociology LX. The Bobbs-Merrill Reprint Series in the Social Sciences, 5-503. Pp. 343-53.

Science 211 (4488): 1263-24.
1981 [A series of articles focusing on "Understanding the Bases of Sex Differences."]

Shepherd, G.
1978 Transsexualism in Oman? Man 13(1): 133-34.

Simmel, G.
1950 The sociology of George Simmel. K. H. Wolff, trans. and ed. New York, The Free Press.

Smith, D.
1981 Unfinished business with unformed consent procedures. American Psychologist 36(1): 22-26.

Smith, M. B.
1954 Anthropology and psychology. In For a science of social man. V. Gillen, ed. Pp. 32-36. New York, Macmillan.

Sontag, S.
1970 Notes on camp. In Against interpretation and other essays. Pp. 277-93. New York, Dell Pub. Co.

Spradley, J. P., and Rynkiewich, M. A., eds.
1975 The nacirema: Readings on American culture. Boston, Little, Brown and Co.

Star, R.
1981 Cutting the ties that bind. In Human sexuality 80/81. J. R. Barbour, ed. Pp. 178-85. Guilford, Ct., The Dushkin Publishing Group, Inc.

Starka, L., Sipova, I., and Hynie, J.
1975 Plasma testosterone in male transsexuals. The Journal of Sex Research 11(2): 134-38.

Steinman, D. L.
1981 The behavioral treatment of individuals presenting gender identity disorders: A serendipitous finding. Paper presented at the 7th International Gender Dysphoria Association. The Harry Benjamin International Gender Dysphoria Association. March 4-8. Lake Tahoe, Nevada. Pp. 1-18.

Stewart, O. C.
1960a Homosexuality among American Indians and other native peoples of the world. Mattachine Review 6(1): 9-15.

1960b Homosexuality among American Indians and other native peoples of the world. Mattachine Review 6(2): 13-19.

Stoller, R. J.
1968 Sex and gender: On the development of masculinity and femininity. New York, Science House.

1974 Forward. In Sexual identity conflict in children and adults. R. Green, ed. Pp. ix-xvi. New York, Basic Books.

1975 The transsexual experiment. London, Hogarth Press.

Thompson, P. H.
1969 Apparatus to maintain adequate vaginal size post-operatively in the male transsexual patients. In Transsexualism and sex reassignment. R. Green and J. Money, eds. Pp. 323-30. Baltimore, The Johns Hopkins University Press.

Turner, V.
1962 Three symbols of passage in Ndembu circumcision ritual. In Essays on the ritual of social relations. M. Gluckman, ed. Pp. 124-73. Manchester, England, University of Manchester Press.

1967 Betwixt and between: The liminal period in rites de passage. In The forest of symbols. V. Turner. Pp. 93-110. Ithaca, New York, Cornell University Press.

1968 The drums of affliction. Oxford, Clarendon Press.

1969 The ritual process. Chicago, Aldine.

1974 Dramas, fields and metaphors: Symbolic action in human society. Ithaca, New York, Cornell University Press.

1977 Process, system and symbol: A new anthropological synthesis. Daedalus 106(3): 61-80.

Van Gennep, A.
1960 The rites of passage. M. B. Vizedom and G. L. Caffee, trans. London, Routledge and Kegan Paul. [original 1908.]

Vernon, G. M.
1965 Human interaction. New York, The Ronald Press Co.

Walinder, J.
1967 Transsexualism: A study of forty-three cases. Goteborg, Scandinavian University Books.

1981 Cross-cultural approaches to transsexualism: A comparison between Sweden and Australia. Paper presented at the 7th International Gender Dysphoria Association. The Harry Benjamin International Gender Dysphoria Association. March 4-8. Lake Tahoe, Nevada.

Walinder, J., Lundstrom, B., and Thuwe, I.
1978 Prognostic factors in the assessment of male transsexuals for sex reassignment. British Journal of Psychiatry 132: 16-20.

Wallace, A. F. C.
1970 Culture and personality. New York, Random House.

Warren, C. A. B.
1974 Identity and community in the gay world. New York, John Wiley.

Weintraub, P.
1981 The brain: His and hers. Discover 2(4): 15-20.

Westermarck, E.
1956 Homosexual love. In Homosexuality: A cross-cultural approach. B. W. Corey, ed. Pp. 101-38. New York, Julian Press.

Whiting, J. W. M.
1969 The effect of climate on certain cultural practices. In Environment and cultural behavior. A. P. Vayda, ed. Pp. 416-55. New York, Natural History Press.

Wikan, U.
1977 Man becomes woman: Transsexualism in Oman as a key to gender roles. Man 12(2): 304-19.

Winick, C.
1970 Dictionary of anthropology. New Jersey, Littlefield, Adams and Co.

Wojdowski, P., and Tebor, I. B.
1976 Social and emotional tensions during transsexual passing. The Journal of Sex Research 12(3):193-205.

APPENDIX A

REVIEW OF THE LITERATURE

This appendix is provided as a more detailed and in-depth treatment of the literature for the interested reader. As some portions of Chapter II were excerpted in part from the present discussion, I must apologize for any redundancy the reader encounters. I have attempted to keep this to a minimum, but since this appendix is intended as a self-contained and complete unit, repetition is inescapable.

The literature in the field of gender dysphoria may be broadly classified as representing two major approaches. The first consists of medical, including psychiatric, and psychological research. This research will be referred to as clinical because of the focus on transsexualism as a syndrome subject to treatment and observation. The second approach is sociocultural in perspective. In this literature transsexualism is regarded as an epiphenomenon related to and existing within the larger sociocultural system. Generally these two types of literature vary in scope, research questions and methodology. Since overlap occurs between the two in both research orientation and methods, this twofold system of classification is necessarily idealized.

Although the medico-psychological literature is diverse, covering the gamut of possible interests, two salient issues emerge from this literature: (1) the question of etiology and (2) the question of surgery (i.e., Is surgery a valid solution to the problem of gender identity conflict in transsexuals?). The former concern with etiology is not just limited to the clinical literature. Those working in the sociocultural tradition have also mirrored this concern. There is, however, a difference in how researchers in these two traditions think about etiology and research it. The clinical

approach concentrates on the individual and searches for biological and psychological variables, the latter generated by family dynamics. Therefore, it may be characterized by a focus on internal, "person-centered" factors, with the family as the largest unit of external etiological influence (Caplan and Nelson 1975: 137). Conversely the sociocultural perspective on the question of etiology is dominated by analysis of external variables located in the extant sociocultural system. Rather than the individual or the family, the sociocultural researchers look at cultural conceptions of gender and the possible relationship of transsexualism to sex-role dichotomization. These distinctions between the two in locus of etiology is not invariable. Green (1974), for example, writing from a clinical perspective, stresses family dynamics and the influence of stereotypes about appropriate gender behavior.

Neither is the question of outcome of surgical reassignment restricted to the clinical approach. Kando's (1973) study in the sociocultural tradition focuses on the post-surgical adjustment of transsexuals. The division of the literature into two categories is therefore somewhat convenient. Some legitimacy for this dual classification can, however, be made on the grounds of overall perspective or world view of the researchers, what is considered problematic and respective methodologies.

While the clinical perspective focuses on transsexualism as a syndrome to be explicated and treated, the sociocultural approach takes a different tack. Transsexualism is not viewed as a syndrome

but as a category of people who are stigmatized in our culture but not necessarily others. Therefore they are investigated as a group of people existing within the broader confines of gender parameters constructed by society. Their violation of gender is perceived as revealing information about cultural norms and expectations regarding the issue of gender identity and roles. While the individual is considered important, he/she must be placed within his/her cultural milieu, so that the external factors inherent in a system of relations between individual and society are given a prominence not found in the clinical perspective.

Methodology is another source of disparity between the two approaches. The clinical perspective is dominated by the case-history or biographical method. This method is also prevalent in the sociocultural traditions but it is usually coupled with participant-observation. The reverse does not seem to be true, and participant-observation remains exclusively within the confines of the sociocultural tradition.

The foregoing discussion has highlighted and briefly reviewed some of the differences (and similarities) in the two major approaches deemed significant in the literature on transsexualism. The remainder of this chapter is a more detailed presentation of well-known contributors in the field. It is organized around salient theoretical formulations and questions found in each perspective and will serve to enhance the previous discussion.

Clinical Approaches: Etiology

Although the clinical literature is diverse, it is not inappropriate to categorize it into etiology and surgical outcomes as these emerge as two of the most conspicuous research questions. The question of transsexual etiology is related to the more general issue of gender identity formation in "normal" males and females. The study of transsexual etiology, therfore, has implications not only for the explication of cross-sex identity, but for understanding the majority of people whose gender identity is in conformity with gender role. Scientific concern over the formation of gender identity in transsexuals (and in the "normal" population for that matter) has centered on the relative primacy, influence, or interaction of biological and/or socialization variables (and to a lesser extent, the influence of other external factors such as cultural messages about gender) in the formation of a cross-sex identity.

The research on transsexual etiology is just one part of another significant literature dealing with genetic or endocrine anomalies which also seek to assess the relative influence of biology and socialization on gender identity. Transsexuals are unique among the population of the anomalous in gender identity and role because to date there is little evidence of a biogenic basis for cross-sex identity. If there is some genetic or endocrine factor it is not presently apparent although there is some evidence that new and different technological means for ascertaining biogenic

variables may well reveal genetic or hormonal components. Despite this evidence transsexuals are still regarded as a distinct clinical syndrome from hermaphroditism ("a congenital condition of ambiguity of the reproductive structures so that the sex of the individual is not clearly defined as exclusively male or exclusively female"), androgen insensitivity syndrome (genetic males who cannot absorb their own male hormones (androgens) and as a consequence have the external appearance of females but incomplete internal male structures), or Klinefelter's syndrome (genotype XXY, an example of cytogenic hermaphroditism, with "sporadic" evidence of gender identity anomalies in association) (Money and Ehrhardt 1972: 285, 108-14, 33, 245, 287).

The vast and growing literature on the formation of gender identity encompasses information gleaned from the study of transsexuals and the "prenatal detours" just cited (i.e., hermaphroditism, etc.) (Money and Tucker 1975: 49-62). It is a field in which gender anomalies play one part in a study of the importance of social and biological variables on gender identity acquisition, including numerous studies of sex differences in children (i.e., Maccoby and Jacklin, 1974) as well as animal studies in which hormones are experimentally manipulated.[1] The literature on the development of gender identity favors the relative importance of post-natal environmental influences, although prenatal sex hormones are considered to have a minor role (Ehrhardt and Meyer-Bahlburg 1981: 1312). The dominant position taken then, is an interactionist one in which biological and social factors interact with

one another with socialization variables accorded the same significant role in the formation of the "normal" individual's gender identity (Offir 1982: 142). The researchers of transsexualism reflect this theoretical disposition and at the same time through their own research with the gender dysphoric, contribute and enhance the view of the preeminence of socialization variables in the development of gender identity.

Nurture Theories

Those researchers who stress the importance of socialization variables are participating to some degree in an age old controversy of nature and nurture. The contemporary nurturist stance does not generally endorse nurture to the exclusion of nature in the development of the transsexual's atypical gender identity. Biological variables, although still yet to be definitively determined, are estimated by the nurturists as still playing some unknown role.

Money, with Ehrhardt (1972) and Tucker (1975), considers socialization variables as the most prominent factor in the development of a cross-sex identity with biology acting as a backstage coach. In order to build his case for the preeminence of socialization variables, Money cites a variety of data on the gender anomalies, illustrating that the sex of rearing seems to be the most important factor in gender identity. He uses matched pairs of hermaphrodites (similar in age, degree of hermaphroditic

appearance, and chromosome structure) to argue for the plasticity of gender identity. The remarkable point about each pair is that one hermaphrodite was reared as a male and the other a female. According to Money and Ehrhardt these pairs of hermaphrodites

> . . . concordant for diagnosis and discordant for gender identity wreck the assumption that gender identity as male or female is preordained by sex (XX, or XY) chromosomes . . . [This evidence] . . . also prohibit[s] the assumption that gender identity is automatically preordained by prenatal hormonal history . . . [Furthermore] . . . [l]ike hormonal status prenatally, hormonal status after birth does not have a preordained influence on the masculinity or femininity of gender identity. The evidence from hermaphroditism is confirmed by that from adolescents or adults who undergo spontaneous changes in sex-hormone balance, as from a hormone producing tumor (1972: 161).

In supporting his view of the primacy of sex of rearing (e.g., socialization factors) he cites the case of an identical twin, who during an accident of circumcision lost his penis. At 17 months this twin was reassigned as a female and at 21 months had preliminary surgery. In a six-year follow-up of this child, the former male developed a female identity and role, presumably as a result of socialization as a female (1972: 117-23).

Money has not completely disavowed the importance of biological factors in the process of gender identity formation. He believes that prenatal hormones ". . . influence various personality traits that, though not the exclusive preserve of either sex, are traditionally regarded and valued as sexually dimorphoric" (1972: 161). Just as he ascribes some biological influence on temperament differences which, in interaction with the postnatal environment, may mold the gender

identity in a given direction, so too does he regard the development of a cross-sex identity. He and his colleagues have not ruled out the possibility of some "undiscovered fetal metabolic or hormonal component" responsible for transsexualism (1972: 21). He acknowledges that prenatal factors cannot alone explain the development of a cross-sex identity in transsexuals (1972: 21). His view on formation of a transsexual's identity is summarized below:

> All available evidence points to the conclusion that this incompatible turn was directed by undercover signals from society, usually represented in early postnatal life by the mother. If there is a genetic or hormonal factor, pre- or postnatal, that predisposes some people toward transsexualism, diligent research has not yet found it (Money and Tucker 1975: 91).

Money, for the most part, supports the notion that transsexuals are made, not born. According to Money and Tucker, humans are wired to learn a gender, but environmental and social factors influence the direction gender takes, although certain behaviors stereotypically associated with males and females may make acquiring one gender easier than the other (1975: 88-90). It is the treatment of the child as a male or female in the critical period between 18 months and 3-4 years old that will determine the identity for the rest of the child's life (Money and Ehrhardt 1972: 16).

Stoller (Sex and Gender, 1968) has also written extensively on the development of transsexualism. Stoller, like Money et al., favors an approach emphasizing the relationship of infant and parent although he too does not deny the possibility of "some

biological force" as a contributing factor (1968: 139). Stoller's conception of etiology can be expressed in his axiom "too much mother made possible by too little father" (1968: 264). In effect, the little boy does not separate or individuate from a mother who is excessively (emotionally and physically) close to her child. The fathers are phantoms in the family, actually and psychologically absent. The mothers, who are overly protective and involved with their sons, have their own problems with gender identity and marital relations (1968: 94-96, 279).

As a consequence of maternal overprotection and excessive contact, the child, who does not separate from his mother's femininity, nor identify with the father as a role model, develops into an effeminate boy. And neither parent discourages this behavior (1968: 105).

Green's Sexual Identity Conflict in Children and Adults (1974a) is similar to the foregoing nurture theorists, in that he too accepts the possibility of hormonal prenatal factors. In this regard, he states:

> While hormones may influence the developing brain in modifying the ultimate expression of sexual identity, it may be that their role is that of supporting cast rather than principal player . . . Possibly a nonspecific input such as cuddliness or aggressivity is hormone influenced so that parent-child and peer-child relations are affected. As children shape parental behavior, and not just the reverse, mothers deriving more satisfaction from holding responsive children will tend to hold them more, and perhaps cultivate within them less autonomy (1974a: 303).

Green has developed an etiological pattern for the development of transsexualism (1974a: 216-24; 1974b 47, 51).[2] Green's etiological

pattern shares with Stoller's parental influence as an important variable in the development of transsexualism. And, like Stoller, he too views an effeminate childhood in transsexualism as a response to mothers who are overprotective and excessive in their attention to and physical contact with their sons. Neither parent discourages the proto-transsexuals' early expressions of feminine behavior such as cross-dressing. Green, however, adds the dynamic of channeling, including not only the family but peers as important in the development of a transsexual identity. As this feminine boy matures, peers become important yet he finds himself exclusively in the company of girls for several reasons: they are akin to this first major source of contact (his mother), and secondly his mother's overprotectiveness has prevented him from male company. This affects the father-son relationship which already may be distant. The father may now view his child as a "mama's boy" and feel personally affronted by his son's lack of interest in active male play.

When the child comes to be of school age, he may find he has problems in "same-sex peer integration" due to interaction with an exclusively female friendship network. As a consequence of the female interaction, the boy may not be able to fulfill male peer expectations of his male role. This may produce further estrangement from males and channel him further into the community of females. The parents, nevertheless, are unconcerned as to the boy's continuing selection of a female peer group. They may ascribe it to the boy's potential for being a "ladies' man" (Green 1974: 241).

The feminization process continues for the next few years elaborating to include feminine affectations such as vocal intonation and gestures. These manifestations of a confused gender schema lead to social stigmatization whereby the young boy may be called a "sissy."[3] The child, with the aid of this label and its attendant vilification, is further separated from "normal" children and is well on the way to becoming a transsexual (Green 1974: 216-41). In Green's model, effeminacy is thus both cause and effect in the development of a transsexual identity and career.

The foregoing authors (Money and Tucker, Money and Ehrhardt, Stoller and Green), while not denying the possibility of a prenatal hormonal influence, regard family dynamics in socialization as paramount. This approach appears at present the most widespread, although Rosen ("The Inter-Sex: Gender Identity, Genetics, and Mental Health," 1969) provides an excellent example of a middle of the road perspective. He believes no one factor, whether it be hormonal, genetic, psychological or social, is more important than any other in the development of transsexualism (1969: 661).

Nature Theories

Another perspective evident in the literature is that which considers biogenic variable pre-eminent (i.e., genetic, prenatal hormonal and/or fetal metabolic factors). These researchers elevate biolcgical variables (i.e., nature) to a more important position than merely supporting cast.

Benjamin (The Transsexual Phenomenon, 1966) endorses the contention that there may be some "unknown constitutional factor"

at work in the etiology of cross-sex identity (1966: 84). Benjamin's investigation of 122 transsexuals reveals that conditioning (e.g., socialization factors) could not be found in 56 percent of his research population (1966: 84). His study suggests that psychological conditioning may be important for some cases but not all, and even in the cases of socialization factor salience, some unknown biological variable may have initially set the stage for the subsequent effects of these factors.

Starka, Sipova and Hynie (1975: 134-38) propose that abnormal testosterone levels may be the culprit in gender identity and role anomalies. Their study is unique in finding abnormal testosterone levels in not only 17 male-to-female transsexuals, but 3 transvestites and 4 homosexuals. These researchers report testosterone levels lower in these three groups than in a control group of 79 "normal" males. The results of this study are atypical and should be regarded in light of a vast body of research (in which considerable effort has been spent in the search of postnatal hormonal discrepancies) that has yet to show any relationship between hormonal variables and transsexualism.

Another interesting line of research has been conducted by Blumer (1969: 218). Because of a known association between sexual anomalies and paroxysmal temporal lobe disorders and some evidence of an association of transvestism with electroencephalographic abnormalities, Blumer instigated an investigation of transsexual EEG patterns. While his study of 13 male-to-female and 2

female-to-male transsexuals did not indicate a correlation of abnormal EEG patterns and transsexualism, Blumer feels the small sample size prohibited any final conclusions on the subject (1969: 217). However, because of the ease with which three epileptic transsexuals were subsequently found (without any intensive search), and because of the evidence of an association of epilepsy with sexual anomalies, he suggests a study of a large number of transsexuals would be valuable in assessing the possibility of a high incidence of epilepsy in this population (1969: 218-19).

Another quest for the biological factors involved in transsexualism was conducted by Wolf Eicher et al. ("Transsexualism and H-Y Antigen") and presented at the 7th International Gender Dysphoria Symposium (March 1981). Eicher et al. have found some support for H-Y antigen anomalies among transsexuals (both males and females). "H-Y antigen is a cell surface component present in all male tissues" and absent in genetic females (Ohno 1979: 21). Consequently it is believed that normal males are H-Y antigen positive and normal females H-Y antigen negative. H-Y antigen is credited with an inductor role in the development of the undifferentiated fetal gonad into testes rather than ovaries (Ohno 1979:38, Eicher et al. 1981: 2). It should be noted that H-Y antigen is deemed responsible for the primary sexual characteristics that are ". . . not necessarily [determined] by the presence or absence of the Y chromosome" (Ohno 1979: 43). In an

initial study of 40 male-to-female, and 31 female-to-male transsexuals, 84 percent of the transsexuals (or 60 of the 71 transsexuals) were found to be H-Y antigen discordant (1981: 2-3). Engel et al. also report H-Y antigen discordance in transsexuals but only at the 64 percent level of frequency (1980 in Eicher et al. 1981: 3), although Eicher et al. question whether Engle's H-Y antigen determining system really tested for antigens (Eicher 1981: 3). As a result of a subsequent test of 20 additional transsexuals and a re-examination of some of the former test subjects designated discordant for H-Y antigen, Eicher and his colleageus re-evaluated discordance at the lower frequency of 50 percent. Eicher et al. are cautious about the interpretation of their results (which have not been replicated) and call for future studies before the role of H-Y antigen can be determined as an etiological variable in transsexualism.

Another researcher, Pfafflin(1981), has also conducted research on H-Y antigen and transsexualism using a control group of non-transsexuals. Not only did Pfafflin find no significant difference between transsexuals and "normals," but he found that approximately half of a normal population control group (N = 60) were H-Y antigen discordant and therefore questions the underlying premise that H-Y antigen is invariably present in males and absent in females (in Eicher 1981: 3; Pfafflin 1981). Undoubtedly research of the biogenic basis of transsexualism will continue and will be aided by improvements and increasing sophistication of medical technology used to test and measure various biological variables.

Summary

The foregoing discussion has covered some of the high points in etiological research, describing work in the clinical tradition classified simplistically as questions of nurture and nature in the development of transsexualism. Generally speaking, the theories seem to account for "some of the people some of the time," and as a consequence no definitive causal statements can be made. Nonetheless, "some of the people, some of the time" theories of etiology may be the very best that can be hoped for, for it is quite possible that transsexualism is a phenomenon with many causes, reflecting socialization variables, biogenic variables and the interaction of both in various individuals. Therefore, the theories described may be seen to have contributed a great deal to the understanding of the etiology transsexualism and should be regarded in light of the possible diversity of the population under study.

The theories attempting to assess etiology within the clinical framework share the common conception of transsexualism as a syndrome, and therefore a medical-mental health issue. The general approach is to focus on ". . . person-centered variables [those that lie in the individual] in statistical association with the social problem in question" (Caplan and Nelson 1975: 137). This, of course, is necessary and basic to the medical method as well as the psychological. The drawback to this perspective that labels transsexualism as a psychiatric syndrome is that

external variables beyond the family are not generally considered in the formulations.

Green, as mentioned previously, is a notable exception in his questioning the influence of effeminate stereotypes on the development of transsexualism whereby an individual may well be channeled into a transsexual career (1974). Solid research both in the psychological and the medical sectors has emerged from such an approach. But the labeling of individuals as a medical and psychiatric syndrome is also a cultural phenomenon illustrating cultural norms about societally approved behaviors of which the medical and mental health sectors are a part. To view transsexualism as a syndrome from an etic medical-mental health perspective is to ignore that perspective as one necessarily entrenched within western culture. The clinical theories themselves may be analyzed in terms of a meta-perspective, in which, by the very definition of transsexualism as a syndrome, reveals the cleavages and seams in societal definitions of gender, formalized in clinical terminology.

This is not to say that viewing transsexualism as a syndrome has not furthered or contributed to the understanding of transsexual etiology, but that the syndrome perspective has certain limits as to the types of questions that can be asked and the subsequent interpretation of the transsexual phenomenon. As discussed in Chapter VI ("Transsexuals and Medical-Mental Health Caretakers"), some insight can be added by an investigation of the etiology and

perpetuation of etiological theories by analyzing the social relations of transsexuals and medical-mental health professionals.

I suggest (in Chapter VI) that some etiological theories (particularly the ones in which dominant and overprotective mothers and absent fathers are given a major role in transsexual etiology) and even some of the established attributes of the syndrome are a product of the structure of the power relations between the medical and mental health sectors and transsexuals.

Clinical Approaches: Surgical Outcomes

The clinical literature shares another common concern related to the conception of transsexualism as a syndrome and that is the question of treatment. A lively controversy currently surrounds the surgical procedure. The battle lines are drawn around the issue of whether the surgery is an adequate solution for gender identity conflict. The majority opinion at this time is that once a transsexual's identity is fully crystallized, psychotherapy can do nothing to reverse it. The surgical solution is a logical outcome of the contention that role reversal and incorporation into society as women is the most successful therapy for the male-to-female transsexual. There are, though, a number of outspoken critics of this therapeutic stance. Some question whether the surgery really effects a positive change in the transsexual's life, while others question it on moral grounds. Still others look to psycho-therapeutic solutions for gender dysphoria and report psycho-therapeutic endeavors in which gender identity has been reversed in a few cases.

Follow-up studies of the outcomes of surgery are a major information source for assessing the efficacy of the sex change solution. In 1966 Benjamin published one of the earliest reviews of transsexual post-surgical adjustment based on 51 male-to-female transsexuals. He rated their adjustments good, satisfactory, doubtful, unsatisfactory or unknown and based his determination on: ". . . the physical and mental health, the emotional state, the social status . . . the attitude of the family, the position in society, and last but by no means least, the sex life . . ." (1966: 122). Of this population of 51, 52.9 percent had a satisfactory adjustment and 33.3 percent had a good adjustment, indicating a positive evaluation of the surgical enterprise.

Since Benjamin's early study, a great deal more information is available on surgical outcomes. At the time Benjamin's data were collected and consolidated (at the end of 1964), surgery was performed in the United States only occasionally and surreptitiously (1966: 119). It was not until Johns Hopkins instituted the first gender program, initiated in 1965, that the surgery was performed on a wider basis in the United States (Pauly 1981: 45). Since that time over 40 gender clinics with programs of evaluation and surgery have opened in the United States (Pauly 1981: 45). As of 1978, the surgery ". . . was routinely performed in at least 18 states," probably more by now (Star 1981: 148). A number of doctors in private practice are also performing the surgical conversion outside the gender clinic system. This has resulted in

an increase in information on the outcome of surgery, although most of the data are the result of investigations associated with medical clinics and hospital programs where careful experimental procedures are used to evaluate pre- and post-surgical adjustment. These outcome studies cover a wide range of time lapsed since surgery and include individuals who just a few months before have undergone the conversion, to follow-up studies ten and more years later.

In 1968, Pauly reviewed the state of knowledge of post-surgical adjustment known at that time and had noted that the surgical outcomes were "generally satisfactory" (Pauly 1981: 45). And, in 1981, Pauly, compelled by research in which the operation was seriously questioned, commenced an expansive review of the outcomes of surgery in an endeavor to update the literature on the subject. He reviewed data on the outcomes of surgery for 283 male-to-female transsexuals and 85 female-to-male transsexuals reported in 11 studies of postoperative adjustment (from the U.S. and Europe), spanning from less than 1 year to 19 years after the surgery was performed (1981: 45-51). He concluded from this investigation that 71.4 percent of the male-to-female transsexuals "were thought to have a satisfactory result" and 8.1 percent unsatisfactory. These results are similar to his study of surgical outcomes and the conclusions he reported in 1968. In the 1981 study, he reaffirms his earlier held estimation that "[a] satisfactory outcome, as indicated by improved social and emotional

adjustment is ten times more likely than an unsatisfactory result" (1968 in 1981: 47).

These conclusions should not be interpreted as indicating that all transsexuals have good surgical outcomes, but that generally the data indicate that the majority benefit from the surgery. There are those who have committed suicide after the surgery and those who have regretted it. Pauly reports 2.1 percent of the 283 male-to-female transsexuals committed suicide (1981: 47). In placing this number in perspective he compared suicide rates of those refused surgery with the post-surgical population and states ". . . it is not justified to conclude that surgery carries a higher risk of suicide or attempted suicide than does refusal" (Pauly 1981: 49). In assessing the cases of post-surgical regrets he notes these are in the minority. He cites Walinder, who in a study of 100 transsexuals found only five who regretted the surgery (1978 in Pauly 1981: 50).

A recent report by Satterfield confirms that regrets are negligible. In a follow-up study of 41 transsexuals operated on as part of the University of Minnesota Hospital Gender Identity Program (initiated in 1966), she found not a single regret (Rocky Mountain News, March 15, 1982: 13).

In summary, the majority of the studies reveal favorable outcomes and endorse the surgical solution as a legitimate technique supporting a therapeutic management program of

gender role reversal. Despite this overwhelming evidence, the surgery is still criticized on a number of grounds.

Meyer and Reter (1979) caused a furor among transsexuals and professionals alike with a study of pre- and post-surgical adjustment. This report was all the more dramatic because it roughly coincided with the discontinuation of surgical conversions at John Hopkins.

> In 1978 Johns Hopkins Hospital, the pioneer in sex-change surgery, began to phase out the operations, except for hermaphrodites. The decision was influenced by findings from a study by Jon K. Meyer, a psychiatrist at the hospital's gender entity clinic . . . (Offir 1982: 149).

Both the Meyer's report (as it is simply called in professional circles) and the closure of Johns Hopkins' surgical conversion program, caused a significant impact on the scientific community, enhancing the arguments against the surgery, and stimulating its proponents. In fact, Pauly states his recent review of surgical outcome was in part provoked by Meyer and Reter (1981: 45).

A brief look at Meyer and Reter's conclusions reveals the source of uproar over their work.

> Sex reassignment surgery confers no objective advantage in terms of social rehabilitation, although it remains subjectively satisfying to those who have rigorously pursued a trial period and who have undergone it (Meyer and Reter 1979: 1015).

Their conclusions were based on an evaluation of 50 patients (both males and females) requesting transsexual surgery. Of this population, 15 were operated on and 35 were not. The 35 unoperated patients were used as an "approximation" of a control group for

comparison with the operated group (Meyer and Reter 1979: 1011-12). These two populations were evaluated in follow-up studies initiated at the time of the conversion for the surgical group and at the time of an initial Gender Identity Clinic interview for the unoperated group. Evaluation of the transsexuals' adjustment covered an average period of 62 months for the operated group, and 25 months for the unoperated (1979: 1012). The evaluation was organized around three components of adjustment:

> . . . the more observable criteria of adaptation (e.g., residence, education, and job); . . . family relationships and adaptational patterns at major life intervals (e.g., grade school, high school); and . . . fantasy, dreams, and sexual activity.

Using these criteria, Meyer and Reter determined that there was no significant difference in the adjustment of unoperated and operated transsexuals (1979: 1014). Of the unoperated patients, 40 percent of these underwent the surgical conversion during the period of follow-up (1979: 1013), leaving a total unoperated population of 21 (1979: 1013). "The remaining 21 . . . still stated an active interest in sex reassignment . . ." (1979: 1013).

The Meyer and Reter report has been impugned on a number of grounds by proponents of the surgery. Meyer and Reter note that both groups showed an equal improvement in adjustment throughout the follow-up period (1979: 1014). In response to this evidence, Pauly retorts: "[t]he fact that this unoperated group showed significant positive change in adjustment is interesting, but hardly justifies the conclusion that surgery is not indicated for any

applicants" (1981: 50). Others such as Fleming, Steinman and Bocknek (1980) have criticized the study methodologically as has Gottlieb (1980). Gottlieb suggests that using the unoperated group as a control group for comparison is questionable since the unoperated group differed in significant ways. The unoperated group ". . . made more use of psychiatric contacts both before and after the initial interview" (Meyer and Reter 1979: 1014; Gottlieb 1980: 22). There was also a difference in duration of follow-up: 62 months for the operated group and 25 months for the unoperated group (Gottlieb 1980: 22).

Finally, it must be asked if it is justified to compare the unoperated and operated as two distinct groups since 14 percent of the unoperated transsexuals underwent surgery at Johns Hopkins, 26 percent "sought surgery elsewhere" and 60 percent were still interested in acquiring the surgery (Meyer and Reter 1979: 1013; Gottlieb 1980: 22).

A number of professionals have recorded cases of "curing" transsexualism through psychotherapeutic intervention. While not directly confronting surgery, implicit in such therapies in which a cross-sex gender identity is apparently reversed, is the notion that a therapeutic solution may seriously challenge the surgical one. Such evidence is easily interpreted favorably by opponents of the surgery. To date there are eight reports of successful psychotherapeutic regimes: Barlow, Abel and Blanchard (1979); Barlow, Reynolds, and Agras (1973); Davenport and Harrison (1979);

Dellaert and Kunke (1969); Kirkpatrick and Friedman (1976); Forester and Swiller (1971); Green, Newman and Stoller (1972); and Steinman (1981) (in Pauly 1981: 50, and Steinman 1981: 1). These reversions are limited to a small number of cases. For example, Barlow, Reynolds and Agras (1973), Davenport and Harrison (1977) and Dellaert and Kunke (1969) each describe therapies effective in the case of a single transsexual, while Steinman discusses gender reversal in four transsexual clients. These accounts defy the commonly held belief that a fully crystallized transsexual identity cannot be reversed. The argument that perhaps these individuals who were reversed were not "really" transsexuals begs the important question that such psychotherapeutic regimes may indeed be valuable for some individuals with gender conflict regardless of the degree of the gender confusion. In this regard Pauly states: ". . . I feel it best to acknowledge that one should explore all possible alternatives in the management of these challenging patients before recommending sex reassignment surgery" (1981: 50).

Lastly, one rather unique line of argumentation is proposed by Star. He feels the surgery is detrimental because the transsexual's children suffer by the parent's role reversal (1981: 183). Since transsexuals are required to divorce before surgery is undertaken, they do not characteristically continue to live with their wives and children. Such behavior would seriously jeopardize the transsexual's evaluation as a good risk for surgery. Neither

do all transsexuals have wives and children. Certainly in situations of transsexual parenthood, the children suffer as they do in other situations where families are torn by conflict. To suggest that surgery should be banned because of the children is to imply that divorce also should be banned because of its ramifications. Eliminating the surgery is not going to eliminate the problem for the male-to-female transsexual, with a wife and children. Given the literature to date, for the majority of transsexuals the surgery is their only hope for "normalcy."

Surgical outcomes are a vital part of a broad clinical literature which seeks to understand the transsexual phenomenon. Follow-up studies of post-operative adjustment are crucial to the clinical perspective in which treatment is a central concern. Given the evidence, the surgery still remains the most successful solution in a therapeutic management program where the transsexual becomes a woman: hormonally, socially and ultimately genitally. For the transsexual the surgery is her only hope for "normalcy" in a society where genitals are the minimum common denominator for gender role.

Sociocultural Approaches

As opposed to the clinical approach, the sociocultural approach is concerned with the relationship of the transsexual, and of transsexualism, to the culture at large. And unlike the former, the sociocultural researchers are less interested in

transsexualism as a syndrome and are more attentive to the socio-cultural parameters of gender anomalies whereby some behaviors come to be stigmatized. In general terms, this literature seeks to understand transsexualism within the context of the extant sociocultural system, considers how the sociocultural system affects the expression of transsexualism and asks what trans-sexualism can reveal about cultural conceptions of gender. These areas, considered problematic by the sociocultural researchers, are rarely discretely separated, and one, or sometime all, are investi-gated in a single work.

The sociocultural literature may be contrasted to the clini-cal in another way. Although not an invariable source of dichoto-mization, the majority of researchers in the sociocultural tradition tend to rely on the method of participant-observation, either alone, or in combination with the case study method dominant in the clinical approaches.

With this in mind, it is necessary to stress once again that segregation of the clinical and sociocultural literature according to perspectives, problems, and methods is at best an idealized conceptualization. This classification does not neces-sarily reflect the researchers' professional affiliation as Walinder, a psychiatrist, illustrated by his cross-cultural study of the sociocultural factors affecting the number of requests for surgery (1981). Furthermore, there are internal problems of classification within the sociocultural approaches. Given the

broad range of interests in cultural parameters of transsexualism, the question arises of how to make sense of this literature in an organized fashion which reflects diverse theoretical orientations.

The sociocultural literature can be roughly divided along disciplinary lines between sociology, in the school of ethnomethodology, and anthropology. The ethnomethodologists discuss transsexualism as a contemporary phenomenon whereby the methods used by people to construct gender in everyday interaction are exposed by the study of transsexuals. The anthropological literature integrates evidence from the cross-cultural record and analyzes gender anomalies of dress and role as a cultural institution.[4] These differences are at best superficial. For example, anthropologists have traditionally been concerned with what cultural margins reveal about norms, a perspective akin to the ethnomethodological one that focuses on how disruptions in the sociocultural system of human relations provoke the reconstruction of the expected. Consequently, it is at times difficult to separate the ethnomethodological research from the anthropological, so similar are the interests and even the methods of data collection. At such times I have had to resort to authors' claims to their work as being in the ethnomethodological tradition. Without that self-labeling, it would be a formidable task to discern that the particular research in question was not in fact anthropological, in the tradition of U.S. A. ethnography.

While the sociocultural approaches can in most cases be described as either ethnomethodological or anthropological studies, one endeavor defies classification within this dual scheme. Janice Raymond's The Transsexual Empire (1979) spans both approaches through her ecological examination of transsexualism as a phenomenon entrenched in a sex-dichotomous cultural context. However, her radical feminist orientation with an ardent overlay of lesbian feminist theoretical concerns and rhetoric, sufficiently establishes The Transsexual Empire in its own unique tradition.

Furthermore, Raymond's treatise on transsexuals is somewhat infamous in professional as well as transsexual circles lending additional credence to a separate discussion. Because Raymond has attained a kind of prominence through her notoriety, I shall discuss this work first, followed by a review of ethnomethodological studies and concluding with the anthropological research.

The Transsexual Empire (1979)

Raymond questions psychological theories of transsexual etiology where the mother is blamed (i.e., the dominant, overprotective mothers in Stoller's (1968) and Green's (1974) work). She credits ". . . a patriarchal society and its social currents of masculinity and femininity [as] the First Cause of transsexualism" (p. xviii). It is the rigid boundaries of our society's gender roles where feminine qualities in males are

negatively sanctioned culturally and labeled deviant by psychiatrists and psychologists that Raymond believes is the crux of the origin of transsexualism (p. 77). As a second cause vying in importance with the First Cause is the medical community and their male-to-female transsexual cohorts. According to Raymond, the medical community, a patriarchal conglomerate aided by psychologists and others (i.e., empire), are the "agents of transsexualism," creating transsexuals as their own progeny in an effort to usurp and take possession of women's creativity, inherent in female biology (pp. 75, xvi-xvii). Transsexuals and their male surgical "father-mothers" are attempting to ". . . make biological women obsolete by the creation of man-made 'she-males'" (p. xviii), an ancient myth of "single parenthood by the father" made possible by the transsexual surgery (p. 106).

Both transsexuals and the medical empire are deemed guilty of perpetuating the stereotypes that cause transsexualism initially. The medical overseers demand stereotypical feminine behavior from transsexuals, and transsexuals themselves because they are not "really" women, but merely constructed women, are the worst of both worlds, hyper-feminine women, yet prone to stereotypically masculine behavior on occasion (pp. 69-81). These characteristics coalesce in the lesbian-feminist transsexual, who operating in the patriarchal pattern described, is trying to ". . . co-opt women's energy, time, space and sexuality . . ." on a most profound level of womanness, that of the "woman-identified self" (pp. 111, 108).

It is the lesbian feminists' ". . . total giving of women's energy to women . . . that the transsexual who claims to be a lesbian-feminist wants for himself" (p. 108). Because lesbian-feminist transsexuals have the most insidious power of ultimately controlling women by entering the lesbian-feminist movement, and because transsexuals can never be "real women" as they were not born and raised women, Raymond's solution to this transsexual male hegemony is that they should form their own groups organized around ". . . their own unique gender agony . . ." (p. 176). Additionally, she proposes that transsexual surgery be stringently limited in an effort to curtail ". . . the social forces and medical institutions that produce the transsexual empire" (p. 179).

Raymond's analysis of the relationship of the medical and mental health sectors to transsexuals is unprecedented. The majority of research either considers transsexualism from the etic medico-psychological perspective, or in the case of contemporary sociocultural works on transsexualism ignores the influence of these sectors almost entirely. Her analysis of the web of stereotypes permeating the medical empire and in their treatment of transsexuals is a valuable contribution to the field of gender dysphoria. Her concern over the influence of rigid sex dichotomous stereotypes as a primary etiological factor is also of merit, adding to the research in the sociocultural tradition that focuses on the influence of external variables in the origin and expression of transsexualism (e.g., Green's model (1974) and some of the anthropological efforts).

Unfortunately her labors in the sociocultural direction are overridden by an approach remarkably akin to those she criticizes, psychologizing at the expense of sociocultural processes (p. 444). Her statement that transsexualiam is an assault of females by males bent on capturing female power of creativity by enacting an old "male-mothering" myth is illustrative. By recreating, in the case of the medical empire, and by acquiring, in the case of transsexuals, the biological organs which represent the female power of procreation, males are trying to co-opt a much vaster and "multidimensional" power inherent in female biology, that of ". . . bearing culture, harmony, and true inventiveness" (p. 107). Her premise of a male conspiracy motivated by the conscious and unconscious desire of men to capture women's all encompassing power of creativity, is reminiscent of Bruno Bettelheim's psychoanalytic analysis of genital mutilations in initiation ceremonies cross-culturally (1962). Bettelheim proposed that such initiation ceremonies are the result of male envy of women's "sexual apparatus, and functions" (i.e., procreative power) (1962: 45). He suggested circumcision ceremonies may have been a male substitute for the first menstruation of girls, and that subincision was a second effort to procreate, when the first attempt failed (1962: 108). Raymond's conception of transsexual surgery may easily be regarded as just one more example of "symbolic wounds," representing males' desire to possess women's creative spirit, in the Bettelheimian sense. It is ironic that Raymond should resort to a psychoanalytic

theoretical orientation, when it is just such a perspective that she has devoted much effort to undercutting (pp. 69-77).

Two other weaknesses to her approach should be mentioned: her suggestion that transsexuals form their own support groups, based on a transsexual identity, and the call for limited surgery. To assume that transsexuals cannot really be women because of their male biology and hence should be excluded from the female gender, is to selectively ignore the very information she finds so useful in analyzing the medical empire and the transsexual phenomenon: ". . . the gender defined social system . . ." (p. 44). While she considers the sociocultural system primary in causing transsexualism and influencing the development of gender identity in "normals," the issue of cultural concomitants in the construction of gender are disregarded. And although she claims biology is what makes females unique, she makes a great effort to discredit the research on biological influences on gender identity (pp. 43-68).

And, finally, her suggestion of limiting the surgery to only certain hospitals and clinics deserves appraisal. Limitations on the surgery to a few centers would have the effect of promoting that which she despises: stereotypes. It is the very clinics she accuses of "foster[ing] and reinforc[ing] stereotypical behavior in transsexuals" that she would place in charge of transsexuals if the surgery was limited (p. xvii). The private surgeons and mental health workers, who are disassociated from the gender clinics, would not survive in the competition for care and

treatment of transsexuals should the surgery be limited. It is just some of these individuals (especially the women in the mental health helping professions) who are less likely to impose stereotypes on the transsexuals. Should Raymond's suggestions of restriction come to pass, her worst fears might be realized.

Ethnomethodological Studies

Kando's Sex Change (1973), Feinbloom's Transvestites and Transsexuals (1976), and Kessler and McKenna's Gender: An Ethnomethodological Approach (1978) are all works that incorporate the ethnomethodological perspective in the analysis of transsexualism. Kando (1973) and Feinbloom (1976) focus on transsexuals, while Kessler and McKenna (1978) use the transsexual as one example in a much broader study of the cultural construction of gender in contemporary western society.

Ethnomethodology, as a school of thought in sociology, stems from the work of Garfinkel (1967). In his Studies in Ethnomethodology, Garfinkel establishes the parameters of ethnomethodology (1967: 75):

> The study of common sense knowledge and common sense activities consists of treating as problematic phenomena the actual methods whereby members of society, doing sociology, lay or professional, make the social structures of everyday activities observable.

The ethnomethodologist does not make assumptions about the construction of social meaning by ". . . imputing biography and prospects to the appearances . . ." but by disrupting what members of society take for granted, and interpreting how order is reconstructed out

of the disruptions (Garfinkel 1967: 77). The anthropological method of participant-observation is primary in ethnomethodology because social disruptions can be achieved in interaction by the participant-observer, who is on hand as the taken-for-granted substrate information is brought to the surface as reality is reconstructed (Garfinkel 1967: 36-76).

Garfinkel with Stoller (1967: 116-85) was the first to investigate transsexualism ethnomethodologically. Agnes, a male-to-female transsexual in the investigation, was considered an ideal case of a natural field disruption that avoids the sticky ethical and methodological issue of the investigator deliberately interfering in ongoing interaction. Agnes, by virtue of her transsexualism, revealed the rules of now gender is constructed in our society. These rules rest on premises that are regarded by society as "natural": that there are only two sexes and that these are inviolable and are determined by the genitalia. The transsexual violates these premises yet reconstructs an explanation of herself that rationalizes these basic beliefs about gender (pp. 127-85).

Kando (1973), Feinbloom (1976), and Kessler and McKenna (1978) reiterate Garfinkel's original quest for understanding the sources of the social construction of gender by investigating transsexuals. By the very nature of ethnomethodology, their perspectives, like Garfinkel's, are necessarily emic. They seek to understand how the transsexual who has violated the premises of

gender in our society constructs an ethnotheory supporting the notion that she is a bona fide woman. The researchers in question all rely on the in-depth interview, while Kando (1973) and Feinbloom (1976) embellish with the method of participant-observation.

In addition to the shared perspective of ethnomethodology, the researchers utilize Goffman's concepts of symbolic interaction in their analysis (1963). Kando and Feinbloom find symbolic interaction useful, particularly Goffman's views on stigma management, because of the intellectual fit with ethnomethodology (e.g., people's interpretations of reality emerge from interaction) (Kando 1973: 34; Feinbloom 1976: 246). Kessler and McKenna (1978) also appropriate Goffman's concept of symbolic interaction and stigma (1963), but like Garfinkel, view it as too limited and static. They regard Goffman's view of passing as a deceptive device, as too narrow because it ". . . overlooks the ongoing process of 'doing' gender in everyday interactions that we all engage in" (Kessler and McKenna 1978: 126; see Garfinkel 1967: 166-67).

Although the theoretical and methodological frameworks are similar, each of the three studies takes a different focus, which provides an interesting and diverse explication of ethnomethodological analysis of the phenomenon of transsexualism, as well as the possibilities and contributions of symbolic interaction as an analytic tool.

Kando (1973) concentrates on the postoperative adjustment of 17 male-to-female transsexuals. Although a question of clinical interest, his analysis is sociocultural, for he investigates the transsexuals' relationship to society at large and what their adjustment reveals about prominent conceptions of womanhood in our society (i.e., stereotypes). His investigation was part of the University of Minnesota gender project in which 26 males were operated on between 1968-1969 (pp. 6-7).

As an ethnomethodologist, one major thrust of Kando's research is to compare genetic male and female gender roles with transsexual gender roles. He uses five instruments to measure masculinity and femininity, attitudes toward cultural definitions of masculinity and femininity, role strain, sex definitions and gender identity, and attitudes toward transsexualism (pp. 19-31). From a comparison of genetic men and women and transsexuals on these scales, he concludes (p. 31):

> We have seen that a number of significant differences exist between transsexuals, males and females. Transsexuals were found to be more feminine than the other gender groups and also more conservative in their endorsement of transitional sex definitions. Consequently they are less aware of role strain in the area of sex roles than women. They also use sex and gender definitions which differ from those used by most of the male and female respondents, and it has been argued that this enables them to define themselves as real women. Finally they impute less intolerance to the public than do men and women, and than is actually the case.

The remainder of Kando's study is an emic and ethnomethodological approach to transsexuals' relationship to society. Kando

typologizes his research population into broad categories of relations vis-à-vis mainstream middle class society. This results in a fourfold typology representing disparate transsexual life-styles and career aspirations designated as: housewives, aspiring housewives, career women and strippers (pp. 38-78). Kando then assigns respectability scores to the four types with housewives ranking highest and strippers the lowest in respectability (p. 82). These four types are subsequently evaluated in terms of passing (defined according to the number of people who know about the transsexual's operation), with the housewives representing the passers, the strippers non-passers, and aspiring housewives and career women falling in between the two extremes (p. 82). Kando concludes his study of transsexual post-operative adjustment with a discussion of stigma management devices used by transsexuals in face to face interaction based on dynamics propounded by Goffman in his work on stigma (1963).

Kando has provided a valuable examination integrating quantitative and qualitative methods. His ethnographic and emic analysis of lifestyles, passing and stigma management has tried to come to grips with what it means to be sexually stigmatized. This view from the inside is commendable since it reveals transsexual conceptions of gender as resting on dominant cultural definitions. Unfortunately, there does appear to be some incipient sexism in Kando's interpretation of typologies whereby he assigns housewives the highest respectability scores (see Chapter IX

in the present work for further discussion of this issue). Additionally, Kando may be questioned on the homogeneous picture he presents of transsexual hyper-femininity in comparison to genetic women. There are a number of confounding variables that may account for such an impression: hyperfemininity is an artifact of the instruments, the system of selection of candidates for surgery, and the power relations of transsexuals to the medical-mental health sectors (see Chapter VI for discussion of medical-mental health caretakers and their transsexual clients).

Feinbloom's (Transvestites and Transexuals 1976) approach is again ethnomethodological with a heavy infusion of symbolic interaction. She highlights the pre-surgical male-to-female transsexuals' adjustment in period of transition, focusing on the coping strategies used to manage and maintain a reputable identity as natural born women. Feinbloom relies heavily on the method of participant-observation. Access to the transsexual population was gained by her role as director of the Gender Identity Service which she founded in 1972.

She combines symbolic interaction with ethnomethodology in seeking to understand the importance of gender as a learned and socially negotiated system manifested in everyday interaction. She, too, has found Goffman's insight into stigma management an important facet of transsexuals' interaction in a sociocultural

system where a person must be either male or female (p. 150). Like Kando she provides a detailed account of the passing strategies used by transsexuals to manage their spoiled identities (pp. 223-44). Feinbloom's study emerges as a significant contribution to the field of gender dysphoria, providing an excellent general background on the subject, as well as important information on transsexuals' coping strategies in everyday life. It is firmly rooted in the anthropological tradition of ethnography in that Feinbloom covers many facets of the transsexuals' mundane life. With her capacity for research and interpretation, it is somewhat regrettable that Feinbloom did not explore in-depth transsexual relations with the medical and psychological professions, as this would have rounded out her holistic perspective on transsexual fields of interconnection and interaction in larger society.

Kessler and McKenna's Gender: An Ethnomethodological Approach (1978) serves as an appropriate conclusion to the ethnomethodological studies, as well as an introduction to the anthropological literature, since the cross-cultural record is employed to buttress their argument that gender is a cultural construction. This is the most focused of the ethnomethodological research, completely dedicated to the understanding of gender as a sociocultural phenomenon. Transsexuals are just one line of evidence supporting Kessler and McKenna's contention that social interaction

is the basis for ascertaining gender. The transsexual as a gender anomalie, according to Kessler and McKenna, provides information on how people "attribute gender." However, Kessler and McKenna are interested in both the "exceptional cases" like transsexualism, and in "non-exceptional" cases where gender is taken for granted (p. viii). They believe no one in our culture is immune from the pervasiveness of social definitions of gender. Even scientists involved in gender research (i.e., psychologists, sociologists, anthropologists and biologists") are themselves investigating gender based on societally defined rules and premises (p. x).

Following Garfinkel (1962), Kessler and McKenna (pp. 112-41) explore culturally constituted "natural attitudes" about gender revealed by transsexuals who through their violation of these "natural" attitudes (see previous discussion of Garfinkel and Stoller) paradoxically support American cultural beliefs about gender: there are only two genders that are fixed and cannot be changed or transferred, genitals are primary insignias of gender, exceptions to the dual gender system ". . . are not to be taken seriously," one is either a male or a female (not in between), and the dichotomization of gender into males and females is natural (pp. 113-14). According to Kessler and McKenna, these attitudes are culturally emic ones, transformed by scientists into having etic validity. They question the premises of the scientific literature that regard gender as an "inevitable dichotomy," and maintain rather that it is

continuous. They cite evidence by Money and his colleagues on prenatal detours (1972, 1975), note that not all men carry semen and not all women bear children, as arguments against the notion that biological differences are discrete (pp. 42-80). From this they conclude that "[b]iological, psychological and social differences do not lead to our seeing two genders. Our seeing two genders leads to the 'discovery' of biological, psychological and social differences" (p. 163).

Transsexuals are seen to fit within this cultural paradigm and along with their scientific advocates, reinforce the notion of two discrete genders. The phenomenon of transsexualism is itself a symptom of this dual classification. In this regard, Kessler and McKenna state (p. 120):

> In a society that could tolerate lack of correspondence [between gender and genitalia], there would be no transsexual individuals. There would be men with vaginas and women with penises or perhaps different signs of gender.

Their argumentation along this line leads them to review the anthropological literature on the cross-cultural construction of gender--they reinterpret this body of literature in light of their premise that gender is not dichotomous (pp. 21-41). In Chapter II they focus on the literature of the Berdache, an institutionalized role cross-culturally characterized by gender role reversal (usually males who cross-dress and adopt the female role) (pp. 21-41). From the evidence of the Berdache, they contend that a dual gender classification system is merely a cultural

construction. They view the Berdache as indicative of a cross-cultural conception of a third gender role and include the ". . . possibility of a third gender category, separate from male and female" (p. 29). For Kessler and McKenna, the Berdache role reveals that male and female are not universal categories of gender dichotomization (p. 30). Neither can western conceptions of male and female based on genitalia be regarded as salient cross-culturally, for in some cultures, gender role is the central defining feature of gender. Consequently, Kessler and McKenna assert (p. 40): "What we consider a correlate of gender may be seen by others as its defined feature. Similarly, what we consider the defining feature of gender may be seen by others as merely a correlate."

Kessler and McKenna have contributed substantially to the study of gender as a cultural construct. The weakness in their approach is perhaps taking a good thing too far. Their criticism of the scientific research on gender as an emic construction, bowing to a biological altar that itself is a cultural notion, is perhaps too harsh. Beach (1973: 333-65), for example, provides an excellent discussion of the issue of the cultural and biological domains of gender. He distinguishes between the concepts of male and female as reproductive and hence qualitative distinctions of gender (i.e., expressed by vaginas and penises) and quantitative differences that are continuous and merely statistical differences. Additionally, he differentiates between male and female, as both discrete and continuous conceptions of gender, and masculine and

feminine that are cultural constructs that include components of sexuality, gender identity and gender role (pp. 336-40).

Kessler and McKenna's conclusions, based on evidence from the cross-cultural record that they maintain is clouded by lack of consensus in terminological usage (Berdache, transvestite, homosexual, etc.), small sample size, and subject to problems of interpretation because of anthropologists' ethnocentrism, are somewhat premature. In fact, they may be subject to the same critique they level at the anthropologists: interpreting data on the basis of the researchers' preconceptions of gender (p. 31). Because Kessler and McKenna are so dedicated to perceiving gender as purely a cultural phenomenon, they have biased their interpretation of the Berdache as a third gender category, outside male and female, serving as an example of the non-essentialness of genitalia as a defined feature of gender.

It is just as likely that the Berdache role may well be considered another role for a male, that is, in fact, based on the defining characteristic of genitalia. In such a case, genitalia may be conceived of as a defining characteristic of male and female that may be regarded as a conceptualization of gender existing somewhat apart from gender role. It is possible, for example, that the male Berdache is comprehended as a person with a penis, who adopts the role predominantly associated with people who have vaginas, and it is having the penis that is a central defining attribute of that role. Thus, instead of a third gender, what is available is another role for men, or people with penises.

Indeed this is speculative, and such mental meanderings are still inconclusive. However, it is important to consider the possibility (in the face of Kessler and McKenna's gender hypothesis) that the Berdache illustrates a countervailing proposition about gender and genitalia. Genitalia may indeed be a universal concomitant of a universal dual classification system, but that there may be more than two sex roles available to the two genitally defined genders. Gender is far more complex than that described by Kessler and McKenna, and includes gender as something apart yet intimately tied to gender role.

The Anthropological Studies

The ethnomethodological studies share with the anthropological an interest in the emic (i.e., how transsexuals view themselves as people who have penises but who are women and how their perception of themselves as women relates to cultural norms and beliefs about gender). Unlike the clinical perspective that focuses on transsexualism as a psychiatric syndrome to be treated, the ethnomethodological and, as will be seen, the anthropological perspective regards the syndrome approach as a culture bound conceptualization. The latter studies are more concerned with gender role anomalies as they exist within a lived, day to day cultural matrix that can be best understood through a method appropriate to the lived facets of culture, e.g., participant-observation.

Kessler and McKenna's (1978) work serves as a bridge between the ethnomethodological and the anthropological because of their

interest in drawing information from the cross-cultural record in bolstering their argument that gender is a cultural construction. It is the cross-cultural record that has served as a distinguishing characteristic of the anthropological approach, both in terms of ethnography (participant-observation within a single culture and the interpretation of cultural attributes within the integrated whole of the culture under investigation) and ethnology (studying cultures comparatively).

At the recent meetings of the Harry Benjamin International Gender Dysphoria Symposium (1981), a session in an otherwise clinical field of presentations, hosted a special session on sociocultural issues in transsexualism. Two of these were clearly in the anthropological tradition. One by Walinder, a noted psychiatrist in the field of gender dysphoria, presented a cross-cultural study (comparing Australia and Sweden) of the sociocultural factors affecting the number of requests for surgery by transsexuals. He found that rigid sex-roles, sex-role disparity and anti-homosexual feelings contributed to a lower percentage of transsexuals requesting surgery, while sex-role equality is correlated with an increase in the proportion of those seeking surgery (1981).

The other study by Butts (1981) is like research by anthropologists of contemporary American culture. As part of the Howard University, Department of Psychiatry, Outpatient Clinic, Butts investigated 10 Black transsexuals in an effort to ascertain the influence of Black subcultural dynamics on the expression transsexualism. For example, he notes that the extended Black family

may well be a factor in transsexualism due to a tolerance for cross-dressing derived from the Black matriarchal system.

These two investigations of transsexualism from an anthropological perspective, represent a recent spate of interest acknowledging the importance of cultural and subcultural factors in the investigation of gender and gender anomalies (i.e., Sanday 1981; MacCormack and Strathern 1980; Ortner and Whitehead 1981). However, anthropologists began investigating gender role anomalies as early as 1906, in the ethnological work of Edward Westermarck (1956: 101-38). As opposed to the clinical approach that focuses on individual gender aberrances, anthropologists have described the Berdache as an institution, a special cross-gender role with rules, rights and privileges found cross-culturally. Like the later ethnomethodologists, anthropologists share a concern with understanding the cultural meaning of the institution of the Berdache, and how it relates to the culture in which it is embedded.

The Berdache in broad terms is a gender role anomalie. The Berdache is usually a genetic male (although incidences of emale Berdaches are found in the literature) who dresses partially or completely as a female, adopts the female role to various degrees, and in some cases assumes facets of culturally approved female sexual behavior (Churchill 1971: 81; D'Andrade 1970: 34; Ford and Beach 1951: 130). The Berdache has been variously referred to as an example of cross-cultural homosexuality (Ford and Beach 1951: 130), transvestism (Rosenberg and Sutton-Smith 1972: 71) and transsexualism (Green 1966: 179-83). It is difficult to ferret out whether the

authors are referring to sexual object choice, dress or identity or combinations of these. The institution of the Berdache emerges as a diverse phenomenon in which all three western categories may be expressed under different cultural conditions. It is possible, also, that some manifestations of the Berdache may be something altogether different and untranslatable into our western categories, perhaps another gender (as suggested by Kessler and McKenna 1978: 29) or more possibly another role for males.

Stewart (1960a), after Angelino and Shedd (1955), called for a more rigid usage of the term Berdache and transvestite in the cross-cultural context.

> Restricting the use of these words seems to be to me entirely proper. Where there is no evidence of sex relations accompanying the wearing of clothes of the opposite sex the word transvestite alone should be used. Berdache should always carry with it the implication of sex relations between members of the same sex. If the Berdache is also a transvestite, the two words could be used to designate this. There is also the question of physiological and anatomical hermaphroditism . . . [also referred to in the literature as intersexuality, see Edgerton 1964] . . . An anatomical hermaphrodite could be a Berdache and/or transvestite or neither . . .
>
> The inconsistent and rather fuzzy use of the words transvestite and Berdache has probably grown out of the fact that anthropologists and travelers were frequently uncertain whether the man dressed as a woman did in fact indulge in homosexual love (1960a: 13) (My brackets).

Despite Stewart's call for more precision in the definition of the terms Berdache and transvestite, inconsistency is rampant. The most prevalent usage in the literature is that the Berdache is a cross-dressing homosexual, a merging which implies a relationship of cross-dressing with homosexual object choice. In addition, the

issue of transsexual Berdachism is problematic because the term is one referring to a behavior, and does not indicate motivation or gender identity.

It is beyond the present scope of this work to ascertain which, if any, of the expressions of Berdachism found cross-culturally are, in fact, examples of transsexualism. But since the behavioral correlates of transsexualism include cross-dressing and performance of the female role, it is not unfounded to include studies of the Berdache in this review of the literature on the subject.

Westermarck (1956: 101-38) seems to have been one of the first to systematically study the Berdache, however, a number of other anthropologists have contributed to its documentation. Omer Stewart records its occurrence for Kroeber's Culture Element Distributions (1937-1943) and in "Homosexuality Among American Indians and Other Native People of the World" (1960a: 9-15; 1960b: 13-19). Devereaux cites the case of the "alyha" among the Mohave Indians as a Berdache role (1937: 498-527). Hoebel also notes it is present among Plains Indians' groups (1949: 458-59) as does Lowie (1935: 48). Evans-Pritchard reports Berdachism among the Azande (1970: 1428-34), Hill among the Navajo (1935: 273-79) and Pima (1938: 338-40), and Bogoras for the "soft man" of the Chukchee (1904-1909: 449).

A number of authors provide extensive reviews of the anthropological literature on the Berdache. From a review of Martin and Voorhies (1975: 84-107), Westermarck (1956: 101-38), Green (1966:

173-86), Stewart 1960a: 9-15; 1960b: 13-19), Ford and Beach (1951: 125-43), and Kessler and McKenna (1978: 21-41), a fairly extensive list of societies with the Berdache is revealed. I have chosen to include only those studies in which cross-dressing and adoption of some or all of female role attributes are described as correlates, in order to match behavioral correlates of transsexualism. This list is not to be construed as definitive, but by way of example to illustrate that cross-dressing and cross-gender role behavior are not limited to western society (see Figure 4).

Apart from describing the phenomenon, anthropologists have also been interested in understanding how the institution of the Berdache relates to sex-role dichotomization. Hoebel explained the Berdache among the Plains Indians as an option for males who could not fulfill the demands of the aggressive male warrior role (1949: 458-59). However, Goldberg (1962), in a cross-cultural study of 21 societies, found no support for Hoebel's contention that there may be a relationship between warfare-bravery and the cross-dressing Berdache role (in Munroe, Whiting and Hally 1969: 87). Downie and Hally (1961), in a similar investigation found that cross-dressing roles were more often found in societies that have little sex-role disparity (Munroe, Whiting and Hally 1969: 87). They concluded that societies which have overlapping and less segregated sex-roles will be more accepting of those males who wish to adopt the female role. In a retest of Downie and Hally's (1961) findings, Munroe, Whiting and Hally (1969), in a sample of 47 societies (controlled

Aleut	Illinoise	Patagonian
Amhara	Iroquoise	Pima
Apache	Isneg	Plains Cree
Arapaho	Kamchadale	Pitt River
Araucanian	Karen	Sac
Assiniboine	Klamath	Sak a lauas
Azande	Kodiak	Samoa
Bugis	Koniag	Santa Ana Pueblo
Chamorro	Konkan	Sioux
Cheyenne	Koryak	Tahatian
Chippewa	Lango	Tanala
Choctaw	Makassar	Tinguron
Chukchee	Mandan	Ts ecates
Cocopa	Marquesan	Tubatulabal
Crow	Miami	Winnebago
Dakota	Modoc	Wiyot
Diakite-Sarracolese	Mohave	Yakut
Dyak	Navajo	Yokut
Flathead	Omaha	Yuman
Fox	Omani	Yurok
Goajiro	Onondaga	Zulu
Hausa	Ontong-Java	Zuni
Hidatsa	Palauan	
Iban	Papago	

Figure 4

Cross-Dress, Gross-Gender Role Berdachism
(in alphabetical order)

Compiled from: Westermarck (1956); Green (1966); Evans-Pritchard (1970); Levy (1973); Devereaux (1937); Hoebel (1949) Wikan (1977); Thayer (1980); Stewart (1960, 1960a); Munroe et al. (1969); Ortner and Whitehead (1981); and Ford and Beach (1951).

for diffusion), correlated the presence of the institution of the Berdache with the absence of highly differentiated sex-roles (1969: 87-90). From this they surmised that there must be an innate propensity for cross-dressing since the Berdache appeared where sex-roles are not severely dichotomized. They proposed that it was easy for the transvestite in such societies to change roles, since there was "comparatively little" that must be changed where "distinctions are few" between males and females (1969: 89-90).

Levy (1973), in his work with the Tahitians, supported Munroe, Whiting and Hally's (1969) correlation between low sex-role disparity and Berdachism, but differed in his analysis. According to Levy, the Mahu (the Tahitian version of the male cross-dresser), carried vital information about the differences in male and female sex-roles, in a society where there was very little divergence between the two. The Mahu role allowed the differences between the sexes to become apparent. The Mahu was viewed in this case as a reactive role, focusing attention on the dichotomization of males and females in a society in which sex roles did not make the difference obvious (1973: 472).

More recently, Wikan (1977: 304-19) investigated the relationship of the Omani Xanīth to Omani conceptions of gender roles, in much the same tradition as Hoebel (1949) and Levy (1973). Wikan considered the Omani Xanīth an example of transsexualism, although it is not very clear why she chose this term with its specific reference to a lifelong cross-sex gender identity. Wikan described

the Xanīth as a male who adopted the clothing and role of the opposite sex and who had sexual relations with other men. He may revert back to the male role without sanction, or switch back and forth between Xanīth and the male role (1977: 306). From this description it would seem more appropriate to use another term, or the word Berdache, for Wikan has not demonstrated that Xanīth does have a female identity that is lifelong and all-pervasive, all she has shown is that there was a cross-gender behavioral role (see Brain 1978: 322-23, and Shepherd 1978: 133-34).

Apart from the conceptual problem of not segregating the issue of gender identity from gender role, she has contributed to the line of investigation that seeks to understand the institution of the Berdache as a cornerstone to understanding cultural concepts of sex and gender. Wikan maintained that the Xanīth ". . . provides an unusual opportunity to explore more thoroughly the basic properties and preconditions of male and female roles" (p. 317). The Xanīth role threw into relief Oman conceptions of female virtue, the Omani "laissez-faire" attitude about crime and deviance, and functioned as a legitimate sexual outlet for males in a society where women by nature of their virtue and as the property of males, were sexually tabu until they are married (pp. 310, 314-15).

Continuing this line of research, Thayer (1980: 287-93) has reinterpreted the role of the Berdache among Northern Plains Indians taking a socio-religious approach. The Berdache was viewed as a symbolic mediating figure, like others whose power was

derived from the Plains visionary complex (e.g., shamanistic callings), who was in an interstitial position between the secular-human world and that of the sacred and divine. As neither male nor female, yet both male and female, the Berdache also ". . . had powers to mediate or cross sexual boundaries and roles . . ." (pp. 292). A consequence of this interstitial position and role was that he transcended normative cultural categories. And by virtue of the powers of transcendence, the Berdache ". . . did not threaten, abuse, or collapse preexisting categories . . ." but maintained, enriched, and enhanced existing social and sexual classifications (pp. 292).

Thayer (1980), like Wikan (1977), Hoebel (1949) and Levy (1973), took an idiographic approach to understanding a cross-gender institutionalized role. These anthropologists, concerned with what a specific Berdache role in a particular culture or cultural group reveals about the cultural parameters of gender roles in those societies, may be contrasted with the nomothetic approaches of Goldberg (1962), Downie and Hally (1961), and Munroe, Whiting and Hally (1969) who tried to establish whether there are general properties of sex-role disparity that may be associated with cross-dressing and cross-gender roles. These writers (classified here as idiographic and nomothetic) view the Berdache role as a cross-dressing and cross-gender role, and unlike the clinical tradition have not investigated the issue of cross-sex identity.

Cross-sex identity has, however, been explored cross-culturally by anthropologists in the work of Burton and Whiting (1961) and Whiting (1969). They have proposed "the absent father and cross-sex identity" hypothesis. Although this hypothesis was not specifically related to the issue of transsexualism since it was proposed as an explanation for severe male initiation ceremonies found cross-culturally (Burton and Whiting 1961: 90), it certainly is relevant to a review of the literature on the subject. Burton and Whiting's hypothesis shares several of the features in the dominant-mother absent-father etiological models of transsexualism proposed by Stoller (1968: 264) and Green (1974a: 216-40; 1974b: 47, 51). Like Stoller (1960) and Green's (1974a, 1974b) etiological premises, their hypothesis is based on the absence of the father in the socialization process, that when combined with excessive maternal closeness expressed by mother-son sleeping arrangements, will result in a cross-sex identity in the son. In such situations where the male infant sleeps exclusively with the mother, and a long post-partum sex tabu exists, the child will have the exclusive attention of his mother (1961: 89). Since the societies under investigation are polygamous, the father, denied sexual access to the mother, will cohabit with another wife and by implication will be absent from the child (Whiting 1969: 416-55). As the young male's primary association is a maternal one, he assumes that the mother is the keeper of certain desired resources and he envies her status, not the father's. The child who has equated

female status with desired resources, will then covertly practice her role and the optative identity from which he is ultimately barred by virtue of being male (Burton and Whiting 1961: 89). Since these societies are partilocal ones, where the male role is regarded as superior, the boy must be taken from the subordinate world of women with which he strongly identifies. The solution to this cultural dilemma is the severe male initiation ceremony designed to alter the young man's cross-sex identity (Burton and Whiting 1961: 89).

This hypothesis can be criticized on several grounds. First it assumes cross-sex identity without demonstrating it (Parker, Smith and Ginat 1975: 689). Secondly, it ignores the literature on transsexualism that supports the immutability of gender identity once it is established by three to five (Money and Ehrhardt 1973; 1972: 16). And finally it supposes that there are no other male role models available in these polygamous societies with whom the growing boy could identify, and that the mothers themselves are incapable of reinforcing a male identity and male behavior in their sons. This neglects the importance of role models and reinforcement in children learning a sex-appropriate gender identification (Brown 1965: 395).

Despite these shortcomings, Burton and Whiting's hypothesis has, through a ". . . process of gradual acceptance . . ." in the anthropological literature gained a de facto validation, at the expense of testing ". . . the intervening variable of ambivalence

in sex (gender identity) . . ." upon which the hypothesis rests (Parker, Smith and Ginat 1975: 687).

Stimulated by the scientific neglect of such a test of the cross-sex identity variable in the Burton and Whiting hypothesis (1961), Parker, Smith and Ginat (1975: 687-706) sought to remedy the situation. They investigated cross-sex identity in a polygamous Mormon community in the U.S. This group was considered a comparable test population because the ethos of the community was one of male dominance and superordination, fathers were absent due to economic necessity, mothers were the primary socializers, and consequently mother-child relationships were very close. "According to the [Burton and] Whiting model, these factors would indicate that young boys in father-absent homes develop a primary feminine identity" (Parker, Smith and Ginat 1975: 697). In testing this hypothesis, Parker, Smith and Ginat compared two groups of boys in this community: one group whose fathers were absent during their first three or four years, and a second group whose fathers were not absent during this period. Using a variety of tests of masculine-feminine identity, the researchers found no differences in masculine identification between the two groups of boys. Cross-sex identity was not demonstrated, nor was father-absence found to be a critical variable (Parker, Smith and Ginate 1975: 700-03). The results of this study seriously question Burton and Whiting's intervening variable (cross-sex identity) in the correlation between polygamy and severe male initiation ceremonies.

Sagarin's (1975: 329-34) interpretation of the "guevedoce" phenomenon provides an appropriate conclusion to the review of the anthropological literature related to the issue of transsexualism. Since it offers an excellent contrast between the clinical approach, that views cross-sex identity as an etically defined syndrome and the anthropological approach that incorporates an emic analysis with an eye on the sociocultural concomitants of gender identity and role.

Sagarin has reinterpreted from an anthropological perspective Imperato-McGinley et al.'s report of 18 pseudohermaphroditic males (known locally as guevedoce) in Santo Domingo (1974).[5] These males constitute a unique population in a village of 4,300. As a consequence of a recessive gene exacerbated through inbreeding, these men ". . . were born 'with ambiguity of the external genitalia,' were reared as girls, and had marked virilization at puberty. At this time, it is claimed, they changed their gender identity and behaved as males . . ." (Imperato-McGinley et al. 1974 in Sagarin 1975: 331). Imperato-McGinley et al. believe that the gender identity change of these males and their subsequent interest in females as the desired sexual object choice, points to the predominance of hormone over socialization factors in determining gender identity and psychosexual orientation. Imperato-McGinley et al. credit the primacy of "testosterone exposure in utero and again at puberty . . ." with the gender identity role switch (Imperato-McGinley et al. 1974 in Sagarin 1975: 329).

Sagarin proposes an alternative interpretation of the guevedoce's apparent change in gender identity at puberty and their libidinal interest in women as an "appropriate" male sexual object choice. He utilizes an emic analysis of the guevedoces and proposes that the guevedoces are not reared "as girls" but "like girls" (p. 331).

Sagarin believes that "guevedoce" is a special indigenous classification in which the guevedoce are regarded as special kinds of male children, ". . . who have female-like characteristics in childhood, but who are being prepared to be, or rather to become, males" (p. 331). By understanding the guevedoce as a folk classification, Sagarin has proposed an explanation for understanding the guevedoce's apparent remarkable shift in gender identity and their male psychosexual orientation, without having to assume the influence of hormones in the process. His perspective provides insight on the contemporary clinical nature-nurture arguments by illustrating that neither may be applicable in a situation where the individual is not reared as a male or a female but something else, a guevedoce, reared like a woman but who will become a man.

FOOTNOTES

APPENDIX A

[1]Raymond presents a review of the animal behavior research and its interpretation in light of the issue of biological influences on the development of gender identity (1979: 53-60). In a series of articles in Science (211 (4488): 1263-1324, March 20, 1981), an excellent review of the literature, focusing on the biogenic basis of gender identity and sex demorphic behavior, is presented.

[2]From a sample of 50 young boys (normal male anatomy) who are usually effeminate in behavior, Green was able to isolate several characteristics that might in combination confuse a male's gender identification.

> "I do not have a simple explanation of what causes boyhood femininity. . . . For the moment however, we must settle for a list of possible contributing factors, based on the cases we have evaluated. Eventually we may learn which, if any, of the following factors are necessary or causative, and which, if any, must appear together in constellation to produce a transsexual adult.
>
> 1) Parental indifference to feminine behavior in a boy during his first years.
> 2) Parental encouragement of feminine behavior in a boy during his first years.
> 3) Repeated cross-dressing of a young boy by a female.
> 4) Maternal overprotection of a son and inhibition of boyish or rough and tumble play during his first years.
> 5) An inborn low level of aggressivity which makes the games and toys of girls more appealing than those of boys, and the activities of mother more compatible than those of father.
> 6) Excessive maternal attention and physical contact resulting in lack of separation and individuation of a boy from his mother.
> 7) Absence of an older male as an identity model during a boy's first years or paternal rejection of a young boy.
> 8) Physical beauty of a boy that influences adults to treat him in a feminine manner.
> 9) Lack of male playmates during boys' first years of socialization.
> 10) Maternal dominance of a family in which the father is relatively powerless." (Green 1974b: 47, 51)

[3]Gender schemas are the meaning or symbolic value of belonging to a particular sex coupled with the knowledge of behaviors that are considered culturally appropriate for each sex (Money and Tucker 1975: 8-9, 88).

[4]Whether cross-dressing as an institutionalized phenomenon (in the cross-cultural record) is a manifestation of homosexuality, heterosexuality, transvestism, transsexualism or something else entirely, is still an unresolved issue. This will be discussed later in this appendix in the section "Anthropological Studies."

According to Winick, an institution is defined as: "[a] fairly permanent cluster of social usages" (1970: 287).

[5]Money and Ehrhardt (1972: 290) discuss pseudohermaphroditism/hermaphroditism:

> "The prefix was once used to denote the fact that gonads were not hermaphroditically mixed (ovarian plus testicular tissue) as in true hermaphroditism, but were either testicular (male pseudohermaphroditism) or ovarian (female pseudohermaphroditism). In modern usage, the preferred terms are male, female and true hermaphroditism."

APPENDIX B

CONSENT FORM AND BEM SEX ROLE INVENTORY

PROJECT TITLE: IN SEARCH OF EVE: AN INVESTIGATION OF THE ETIOLOGY AND DEVELOPMENT OF TRANSSEXUALISM

PROCEDURE: You are invited to participate in a study of transsexualism conducted by Anne Bolin, of the Department of Anthropology, University of Colorado. The information obtained for this study will provide the base data for my dissertation which will be published by Norlin Library, University of Colorado. It will be available to the public. I hope to also derive articles for journal publication from this research. The information you furnish will result in a collection of material about your life which is known as the case study. This research will involve a series of questions and interviews. These questions cover a variety of topics from attitudes about homosexuality and sex roles to biographical information concerning your development. As some questions may be regarded as very personal, or if for any other reason you do not wish to answer a question(s), please feel free to do so.

Information from these questions will be valuable in understanding the phenomenon of transsexualism from a sociocultural perspective. This research will also supply insight that may be used to facilitate the often difficult transition involved in changing one's gender status. As I will be in constant interaction with you, you will be kept aware of the findings and goals of this project. Your opinions are an important part of this study.

For the written questions, please fill out your name on the first sheet only. Your name and code will be removed and secured in a locked file. For the interviews, your code only will be used by the interviewer, and the same security procedure will be followed. Data will be analyzed using your special code. All information will be confidential and removed from association with your real name. Your anonymity is guaranteed. Your name and code is necessary for the organization of your case material. However, you will be further protected by the disguising of any personally distinguishing characteristics and through the use of false names, features, age, dates, etc.

You are free at any time to withdraw your consent without obligation to any subsequent interviews, questions, or tests.

There is no monetary reward involved.

I, Anne Bolin, will answer any questions you might have concerning the procedure. I can be reached at: [phone number supplied].

Questions concerning your rights as a subject can be directed to the Human Research Committee at the Graduate School of the University of Colorado and upon request you may receive a copy of this Institution's General Assurance from the Human Research Committee Secretary, Graduate School, University of Colorado, Boulder, Colorado 80309.

I understand the above information and give my voluntary consent for participation in the study entitled: In Search of Eve.

_____ _____

Signature Date

INVENTORY

On the following page, you will be shown a large number of personality characteristics. We would like you to use those characteristics in order to describe yourself. That is, we would like you to indicate on a scale from 1 to 7, how true of you these various characteristics are. Please do not leave any characteristic unmarked (Bem 1977: 320-21).

Example: sly

Mark a 1 if it is NEVER OR ALMOST NEVER TRUE that you are sly.

Mark a 2 if it is USUALLY NOT TRUE that you are sly.

Mark a 3 if it is SOMETIMES BUT INFREQUENTLY TRUE that you are sly.

Mark a 4 if it is OCCASIONALLY TRUE that you are sly.

Mark a 5 if it is OFTEN TRUE that you are sly.

Mark a 6 if it is USUALLY TRUE that you are sly.

Mark a 7 if it is ALWAYS OR ALMOST ALWAYS TRUE that you are sly.

Thus, if you feel it is sometimes but infrequently true that you are "sly," never or almost never true that you are "malicious," always or almost always true that you are "irresponsible," and often true that you are "carefree," then you would rate these characteristics as follows:

Sly	3	Irresponsible	7
Malicious	1	Carefree	5

DESCRIBE YOURSELF

1	2	3	4	5	6	7
Never or almost never true	Usually not true	Sometimes or infrequently true	Occasionally true	Often true	Usually true	Always or almost always true

1.	Self-reliant
2.	Yielding
3.	Helpful
4.	Defends own beliefs
5.	Cheerful
6.	Moody
7.	Independent
8.	Shy
9.	Conscientious
10.	Athletic
11.	Affectionate
12.	Theatrical
13.	Assertive
14.	Flatterable
15.	Happy
16.	Strong personality
17.	Loyal

18. Unpredictable

19. Forceful

20. Feminine

21. Reliable

22. Analytical

23. Sympathetic

24. Jealous

25. Has leadership abili[illegible]

26. Sensitive to the needs of others

27. Truthful

28. Willing to take risks

29. Understanding

30. Secretive

31. Makes decisions easily

32. Compassionate

33. Sincere

34. Self-sufficient

35. Eager to soothe hurt feelings

36. Conceited

37. Dominant

38. Soft-spoken

39. Likable

40. Masculine

41. Warm

42. Solemn

43. Willing to take a stand
44. Tender
45. Friendly
46. Aggressive
47. Gullible
48. Inefficient
49. Acts as a leader
50. Childlike
51. Adaptable
52. Individualistic
53. Does not use harsh language
54. Unsystematic
55. Competitive
56. Loves children
57. Tactful
58. Ambitious
59. Gentle
60. Conventional

APPENDIX C

LETTER OF SELF DEFINITION

Name (male or female)_____

As most of you know, my name is Anne Bolin and I am a Ph.D. candidate in the Department of Anthropology at the University of Colorado (Boulder). I am in the process of collecting information for my dissertation. The title of my dissertation is In Search of Eve. It is an investigation of transsexualism and transvestitism. Many of you have already provided me with a great deal of help and I am indebted to you. Because of the extreme sensitivity of your respective positions I am guaranteeing you complete and total anonymity. I will disguise the location in which this study is taking place. Any other information which might in any way identify you will also be altered (for example, someone in the field of cosmetology would be assigned to a career as a fashion consultant for dissertation purposes). While the person will be protected the integrity of the data will be maintained. Of course, code names will also be used. After this study is completed I will return to you any questionnaires or tests you have agreed to take.

I am seeking your help once again. In the next few weeks or so I would really appreciate it if you would write me a response to the following proposal:

I would like you to pretend that you have just met someone you like very much. This person might be a potential lover or perhaps good friend. This person does not reside in _____ but is planning to return for a visit or to relocate here. You would like that person to know you are a transvestite or a transsexual before he or she returns. You decide to write that person a letter explaining your situation as a transvestite or transsexual.

I would like you to write that letter using any number of pages you choose (I have provided one and a half pages). Please use one side of the page. Feel free to take any approach you like. My phone number is [phone number provided]. If you have any questions about this request or my research in general, feel free to call me any time. I don't know how I can thank you all for the help you have given. However, I am delighted to provide assistance to any of you with makeup, hair, clothing, shopping and going out in public. Thank you again for your cooperation.

APPENDIX D

FRIENDSHIP NETWORK QUESTIONNAIRE

Your Name_____

I'm bugging you again. Again anonymity guaranteed.

This time I'm interested in friendship networks.

1. Name your best friends (you may substitute names. I'm primarily interested in their genetic sex and identity).

2. Are any of these ts's, tv's, heterosexual males, females, gay, etc.

   their names

   ts's — Where did you meet?

   tv's — Where did you meet?

   gay — Where did you meet?
   Do they know?
   Do they accept?

   other — Where did you meet?
   Do they know?
   Do they accept you?

3. Of your good friends, answer the same questions.

   their names

   ts's — Where did you meet?

   tv's — Where did you meet?

   gay — Where did you meet?

heterosexual

Where did you meet?

Do they know?

Do they accept you?

4. Of your acquaintances, those you see socially, on occasional basis, are any of these tv's and ts's? On what occasions do you see them? How often?

APPENDIX E

MEDICAL EXPENDITURE QUESTIONNAIRE

I am interested in medical expenditure.

Would you please provide the following?

Name

How much do you spend per month on the average for shots and pills?

How much do you spend per month on:

therapist_____

psychiatrist_____

How much do you spend per month on electrolysis (average)?

How much have you spent in the past (total) on electrolysis?

Have you had any other surgery related to your pursuit of sex reassignment?

describe_____

From your own research can you tell me what surgery (ts) will cost?

Name doctor_____

Doctor's cost_____

Hospital cost_____