

# AEGIS NEWS

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## *The Paradigm Shift Is Here!*

In the nineteen fifties, science historian Thomas Kuhn realized that the history of science, which had theretofore been thought to progress smoothly, instead moved ahead with a series of fits and starts as old models of looking at the world gave way to new ones. What happens is a revolution of sorts, as the new model brings with it new methods and techniques, and results in a general overhaul of the science. This is called a paradigm change, or shift.

A prime example of paradigm shift is the Copernican revolution, in which the realization that the earth revolves around the sun, rather than vice-versa, caused a general reappraisal of the importance of humankind in the universe.

Something very similar seems to be happening in the field of gender. The idea that there are only two genders is being questioned, both on the medical front by people like Anne Fausto-Sterling, in the anthropological literature by Anne Bolin, Gil Herdt, Will Roscoe, Walter Williams, and others, and in the popular literature by authors like Kate Bornstein, Leslie Feinberg, and Martine Rothblatt.

Certainly, the two-gender system is alive and well, but now there is an alternative which makes a great deal of sense to those who are uncomfortable in the tightly constraining boxes marked "Male" and "Female."

One effect of this revolution is that

it provides a new platform from which to view gender-transgressive people—crossdressers, transgenderists, and transsexual people. Suddenly, it is not they who are aberrant, but a society which is unable to deal with them.

This has tremendous relevance for the interactions between transgendered and transsexual persons and the health care professionals upon whom they depend for medical and psychological care. Previously, this care was provided from within a psychopathological framework. Transsexual people were viewed as having a mental disorder. Surgical and hormonal sex reassignment did not cure this disorder, but could make life more bearable for the individual.

Because of this "man trapped in the body of a woman / woman trapped in the body of a man" view, treatment options tended to be limited to two: sex reassignment, or no sex reassignment. Intermediate solutions were not even considered.

We would like to make it clear that this was not the fault of medical and psychological professionals, or of transsexual and transgendered persons. This was just the way *everyone* in this culture viewed gender. The paradigm shift had not yet occurred.

With the new way of looking at things, suddenly all sorts of options have opened up for transgendered people: living full-time without genital surgery, recreating in one gender role

while working in another, identifying as neither gender, or both, blending characteristics of different genders in new and creative ways, identifying as genders and sexes heretofore undreamed of— even designer genitals do not seem beyond reason.

The literature which was published under the old paradigm suddenly seems quaint, its flaws and biases plainly visible. The research questions seem to a large degree irrelevant, and the attitudes of the researchers plainly show through.

This is not to say that this literature is useless, or that those who did it were foolish— it was because of the hard work and compassion of those who wrote it that we are now able to see its limitations.

This is the very nature of science.

The paradigm shift is a clear sign that not only have the inquiries into the nature of transgendered and transsexual people finally yielded fruit— even if it is unexpected fruit— but that they have helped society, or at least the most forward thinkers in society, come to a more mature understanding of what sex and gender are— an understanding, I might add, that much more accurately mirrors nature than the binary system which it is replacing.

So hooray for the paradigm shift. Let us celebrate that it is occurring, and work together, caregivers and transgendered persons alike, as new vistas and opportunities arise.

# The Paradigm Changing Has Changed

# Then

Nine FTMs (some just beginning their transition and several old-timers and two friends) came to Get-Together #3, held in September.

—FTM Newsletter, December, 1987

**Number of Pages in Directory of  
Organizations and Services in TV-TS  
Tapestry, issue #46, 1985:**

**8**

Ten transvestites with no other major deviant behavior and five transvestites with pronounced transsexualism were treated. Nine of the uncomplicated transvestites were rated much improved at the end of treatment and the tenth was improved. . . . Other deviant patterns of sexual behavior did not replace the deviant behavior eliminated by aversion treatment. (p. 403)

—Gelder, M.G., & Marks, M. (1969). *Aversion Treatment. In Transvestism and Transsexualism. In R. Green & J. Money (Eds.), Transsexualism & Sex Reassignment, pp. 383-403. Baltimore: The Johns Hopkins University Press.*

In the simplest form transvestism may be said to be a form of compulsion neurosis in which the individual's desire for the genitals of the opposite sex is displaced to the clothing of the opposite sex. In every case of transvestism there is a definite exhibitionistic element. There is good reason to believe that cross-dressing is a desire to be identified with the opposite sex, and to seek love and affection of both sexes. In such a transformation the transvestite feels himself to be bi-sexual.

—From Podolsky, E., & Wade, C. (1960). *Transvestism Today, pp. 17-18. New York: Epic Publishing Co.*

**("Can We Play, Too?")**

**New World Body to Set  
Standards of Care for  
Transsexuals**

*by Garrett Oppenheim*

Formation of a world association to improve the quality of care for sex-change candidates was announced on Feb. 24 [1979] . . . In addition to setting standards of care, the new association will act as a center for gathering and distributing information of help to sex-change candidates and the professionals who treat them.

The question of laymen was raised as to whether the new association should open its membership to laymen . . . It was decided that laymen will be admitted, and our application for membership has already been filed.

— *Transition*, #9, 1979

Transgender is here, and it has changed everything. The categories "crossdresser" and "transsexual," once considered mutually exclusive, are now seen by many as sub-categories within the larger constellation of behaviors. And the pathology which was once visited upon the categories is now seen to lie within a society which cannot accept diversity, rather than within the individual who dares to be or cannot help being different. Not everyone, of course, accepts this sense of things. However, if not universal, it is certainly pervasive, and is affecting the way transgendered and transsexual people see themselves, and they way they are viewed by society. Here are a few examples of how things have changed— *Ed.*

# The Paradigm Shifts Changing Has Changed

# Now

Major Frank Jordan proclaimed this past weekend, August 18, 19, and 20, 1995 "FTM Conference Weekend in San Francisco" as over 360 female-to-male (FTM) transgendered people, transsexual men, their families and friends, along with medical practitioners and psychologists, convened here for the first international all-FTM gender conference ever held in North America.

-FTM International Press Release, 21 August, 1995

**Number of Pages in Directory of  
Organizations and Services in TV-TS  
Tapestry, issue #72, 1995:**

# 21

The development of SRS did not, however, empower the client; it simply shifted the power to the team made up of surgeons, psychiatrists and psychologists. This raises the question as to who should make the decision as to whether an individual should have SRS. Is it the highly trained medical and psychological team, or is it the individual? A few years ago, the question would not have been asked, but the consumer movement puts a new light on the question. SRS is plastic surgery, yet in the major centers, the requirements make it seem to be much more. Is it the mystical powers of the sex organs, with all of their magical and religious connotations, that make the decision so fraught with meaning that plastic surgery for a nose does not have?

- Bullough B., & Bullough, V.L.. *Transsexualism: Historical Perspectives, 1952 to Present*. In press, D. Denny (Ed.), *Current concepts in transgender identity: Towards a new synthesis*. New York: Garland Publishers.

**I am tired of lying. I was born that way. I have had those feelings, those longings all my life. It is not unnatural. I am not sick because I feel this way. I do not need to be helped. I do not need to be cured.**

-- Jennai character in *Star Trek: The Next Generation*

**HAS NO  
CLUE**

The consumers consisted of two subgroups within the gender dysphoria landscape: biological females (of the type who have sexual relations with other biological females)—in the DSM III-R, known as "homosexual transsexuals." Biological females with gender dysphoria of the "nonhomosexual" type are exceedingly rare, although some case reports have been appearing in the literature. . . The most common subgroup of gender dysphorics attending the meeting consisted of biological males and of the type who have a history of transvestic fetishism and sexual attraction to biological females.

- From a posting on the Sexnet mailing list (a part of the Internet) by Dr. Ken Zucker, talking not about his patients, but about his peers at the Northridge Conference.

Transgendered persons often feel that they're being indulged, and frankly treated like children by some providers and members of the academic community. There has been an us-versus-them climate established that is very patronizing . . . The transgendered community has professional people in all walks of life. I think there needs to be an atmosphere formulated with a little less of them in it and a lot more of us in the mixture, and then maybe we'll all be able to breathe a little bit easier. If other professionals want to ride on this carousel with us, that's great—I'm all for it— but I don't think they should be telling us to just watch. Because it's our god damn merry-go-round.

- Excerpt from a talk given by Kim Elizabeth Stuart, *International Congress on Cross-Dressing, Sex, & Gender Issues, Northridge, CA, February, 1995*



# Editorial

## Paradigm Shift

This issue of *AEGIS News* acknowledges the very significant changes in the way gender is coming to be viewed in our society, and the ways in which we view ourselves.

Forty years ago, Dr. Virginia Prince was working to popularize the message that there walked on this planet men who liked to dress in womens' clothing, and yet were sexually attracted only to women. She called these individuals heterosexual crossdressers.

At about the same time, Dr. Harry Benjamin was realizing that there were men who were much more suited to go through life as women, and women more suited for life as men; he named these people transsexuals.

Also about thirty years ago, at Johns Hopkins University, Dr. John Money separated sex and gender. Virginia Prince was an early bearer of the message that sex and gender are not the same thing, that sex is between one's legs, and gender, between one's ears.

Over a thirty year period, these various ideas took hold, slowly gaining strength. The categories of heterosexual crossdresser and transsexual, if still confusing to the general public and even to some helping professionals, became firmly established.

But if these categories created spaces in which people with gender issues could feel comfortable to explore their feelings and identities, they eventually proved to be too confining for many. If one were transsexual, a man in a woman's body or a woman in a man's body, then those without that identity were by default crossdressers (it was, after all, the only other available box). If one didn't fit comfortably in the cross-

dresser box, then one must be transsexual. Those who didn't fit in either of those two boxes were confused and uncomfortable, often feeling that there was something wrong with them.

Virginia created the term "transgenderist" to describe those "in-between" people like her, who crosslived full-time without genital surgery. But in the last analysis, transgenderist was but another box with a narrow definition.

As the eighties wore on and the nineties began, people began to color outside the lines, experimenting with physical presentations and gender identities for which there were no terms, or for which new terms had to be created: genderfuck, gender transient, stone butch, she-male, drag king, Supermodel. Eventually, over Virginia's objection, transgender, a term derived from the word she had invented to describe herself, came to stand for the entire community of persons with transgressive gender identity and behaviors—crossdressers (gay straight and bisexual), transgenderists, and transsexuals (gay, straight, and bisexual). There has been some opposition to this usage, primarily because of the threat it poses to established categories—Davina Anne Gabriel, for instance, has written about the "incredible shrinking transsexual identity" — but transgender has entered the common parlance and is the term most widely used to describe the transgender community.

With this term has come a new way of looking at gender and sex, and the realization by many that the categories we most commonly accept—male and female—are rooted more in the particular way in which our culture views sex and gender than in any objective reality. "Man" and "woman" are labels which we affix to ourselves, but other cultures may affix other or additional labels, which are just as "real" to

them, and which may reflect "reality" no less accurately than our terms.

This is a difficult concept for some people to accept, or even to understand—but look at it this way: until there was a Presbyterian Church, it was impossible to identify as Presbyterian. Presbyterianism is not a Universal Truth, but an identity that human beings in this culture and at this time can take for themselves. Similarly, homosexual and heterosexual, as Stephen Whittle demonstrated in Volume I, No. 5 of *Chrysalis*, (our journal), are identities that are only about a century old. Before then, there were other sexual identities, and there was certainly behavior which we would, by today's standards, call homosexual, but it did not carry that label and the stigma associated with it.

Our beloved (if only decades-old) categories of crossdresser and transsexual are not immutable, are not fixed by nature, are not realities, except as we make them so. As people reject them in favor of newer (but no less "real") identities, they lose their consensual power.

This is what is happening in the mid-nineties. While some portion of the community embraces the old terms, more and more people reject them, and the community evolves.

This necessarily creates tension between those whose identities are built upon the "traditional" terms, and those whose identities are not. Since some of our communities' organizations are built upon the "old" model, they seem increasingly old-fashioned and rigid to that portion of the community which rejects the model upon which they are built.

In the next *Chrysalis*, which we call the "Transgender Gothic" issue, we will be looking in some detail at this paradigm shift, and what it means and will mean to the transgender community and its various organizations.