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THE CONSTRUCTION OF GENDER

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TRANSGENDER IN THE UNITED STATES: A BRIEF DISCUSSION

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Transgender is a term which was created in the 1990s to describe individuals whose appearance, behavior, or self-identification varies from binary gender norms.

In one sense, *transgender* is a global term that encompasses crossdressers, transsexuals, and transgenderists.[1] However, when taken to mean *transgressively gendered,*[2] *transgender* can be seen as encompassing anyone who feels uncomfortable with, dislikes, or resists John Wayne/Marilyn Monroe gender stereotypes.

In this interpretation, gay men, lesbians, and bisexuals are transgendered because they transgress gender norms in regard to sexual orientation, and all women who are less than perfectly feminine and all men who are less than perfectly masculine (i.e., almost all of us) can thus be described as transgendered.[3]

The American society itself can be viewed as somewhat transgendered because for the past several hundred years it has been steadily relaxing strict male/female gender norms. This is perhaps most apparent in the changing sartorial styles and increasing civil equality of women. The casual dress of most contemporary American women would have been considered scandalous 50 years ago and was illegal less than 100 years ago, when women were routinely arrested for appearing in public in trousers. Changing gender norms are also reflected in the American workplace, in which women enter occupations and achieve levels of authority and responsibility once closed to them.

Transgender, then, is not only a new term but also an alternate way of looking at gender. Transgender sensibility blends elements of feminist, gay, and deconstructionist theory to posit that male and female genders are not natural categories but are socially constructed and vary from culture to culture and, over time, within cultures.

Under the medical model which prevailed from the mid-nineteenth century until the rise of this transgender sensibility in the mid-1990s, individuals whose gender presentation varied from binary norms were considered not merely different, but deviant. The transgender model has changed the locus of pathology from the gender-different individual to the society that will not tolerate difference. This shift has forced a reevaluation of traditional clinical categories to which these people have been assigned and cast light upon the often-erroneous and sexist assumptions of clinicians and researchers who have studied these populations.

Transgender sensibility has also enabled transgender and transsexual people to cast aside their shame and forge new and proud identities, and to come together as a community.[4]

TRANSGENDER HISTORY

Transgender history has been largely lost, sometimes deliberately repressed, because of societal sensibilities; sometimes misinterpreted as gay or lesbian or mainstream history; and, more usually, simply ignored.

Historians and anthropologists have begun to explore the fragmented historical record and are finding compelling evidence that the people called transgender today have existed from prehistoric to modern times in hundreds of cultures on six continents.[5] In fact, many societies have had formal and often honored social roles for transgender men and women.[6] Anthropologists have documented such roles in cultures including Polynesia,[7] Siberia,[8] Eastern Europe,[9] and Native North America.[10] Will Roscoe's *Living the Spirit* contains a six-page listing of North American Native tribes that had well-defined alternate gender roles.[11]

In the West, transgender traditions were systematically eradicated at about the time of the rise of Christianity.[12] Thereafter, transgender people lived largely in secret, but they left legal and other records which have provided hundreds of case histories.[13]

THE MEDICAL MODEL

During the nineteenth and early twentieth centuries, clinicians like Havelock Ellis,[14] Magnus Hirschfeld,[15] Richard von Krafft-Ebing,[16] and Karl Ulrichs,[17] began studying the people that today are called *intersexed*, *gay,* and *transgendered*. They devised categories based on supposed psychopathology which have evolved and differentiated over the years into terms currently in use: *transvestite, transsexual, gender dysphoria, transvestic fetishism,* and *gender identity disorder.*

Initially, homosexuality and gender variance were considered to be synonymous; it was not sexual orientation but *masculinity* in females and *femininity* in males which was considered the primary defining characteristic of homosexuality. Even after Hirschfeld[18] separated transvestism and homosexuality, homosexuality was still viewed as a psychopathology. It was included in the first edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association and remained until

1974 when it was moved to the back of the Second Edition *(DSM-II).*[19] With the publication of the *DSM-III* in 1980, homosexuality was removed entirely and has subsequently lost much of its stigma, but transsexualism was included for the first time in *DSM-III*[20] and both transsexualism and crossdressing remain in *DSM-IV* under the respective diagnostic categories *Transvestic Fetishism* (302.3) and *Gender Identity Disorder* (302.6 for children, 302.85 for adults).[21]

Many mental health professionals continue to view *crossdressing* and *transsexualism* as mental disorders and are unaware of, or choose to ignore, the growing body of evidence that suggests otherwise.

Clinical and other terms. Terms like *transvestite* and *transsexual* suggest pathology and were imposed upon transgender and transsexual people. Clinical terms tend to constrain and direct the ways in which transgender and transsexual people are discussed and viewed; for instance, *transvestite, transsexual,* and their analogs *Transvestic Fetishism* and *Gender Identity Disorder* are considered "diagnostic categories." Diagnosis supposes psychopathology. It is difficult to view people as whole and in positive terms when the language used to describe them argues otherwise.

Transgender and transsexual people have begun to experiment with new identities and new names which do not pathologize them. The term *transgender* has gained consensus, and many people who would once have called themselves transvestites or transsexuals now simply say "I am transgendered." The term *transgender* came into widespread use around 1994 and is now the most frequent term used by the gay and mainstream press, most researchers and clinicians, and many transgender and transsexual people. Transgender people do, however, use a variety of terms to refer to themselves, and some still prefer the clinical terms.

CROSSDRESSING

Crossdressing is a time-honored tradition in many societies. In America, it is common in films, on television, on the stage, and in novels. Female impersonation has long been widespread in gay nightclubs, even though it has always had a wide mainstream audience. "Womanless weddings" are still held from time to time in the South, and drag is common at Halloween and other times of celebration.

Crossdressing was long considered an activity practiced exclusively by gay males, but heterosexual males began meeting in private to crossdress in the 1950s and 1960s, often with great fear of exposure.[22] Men are now free to crossdress in public with little fear of arrest or harassment. Social and support groups can be found in many cities, and there is a small but thriving industry of publishers, makeover services, and manufacturers of silicone breast forms as well as women's shoes and clothing in larger sizes.

In the 1970s, heterosexual crossdressers created a national organization for socialization and support. Tri-Ess, the Society for the Second Self, was formed from two earlier organizations and was styled as a crossdressers' "sorority." From its inception, Tri-Ess vigilantly policed its ranks and excluded members who were openly gay, bisexual, or transsexual, or who were suspected of being so.[23] This is an embarrassment today in light of the political gains made by homosexuals. Most transgender community organizations and events are open to anyone, regardless of sexual orientation or gender identity.

Motivations for heterosexual crossdressing. Some heterosexual males find a strong erotic component in crossdressing; indeed, episodic partial crossdressing is common. Some men expand their crossdressing and begin to totally emulate females, depilating their bodies and wearing wigs and makeup. For many such men, the erotic and fetishistic aspects of crossdressing diminish or disappear over time, and their crossdressing is driven by a sense of internal femininity. It is at this time that crossdressing becomes an expression of the "woman within."[24] This replacement of the erotic by the personal is not well understood by researchers and clinicians, who tend to think of the crossdressing of heterosexual males as exclusively sexual. Some clinicians also believe there is a major difference between crossdressers and transsexuals. I personally feel this is often not the case. I have known hundreds of males who initially considered themselves *crossdressers* but eventually became gender dysphoric, identified as transsexuals, and pursued sex reassignment.

TRANSSEXUALISM

Technologies perfected in the late twentieth century—specifically surgery to alter genitalia and breasts, the synthesis of human sex hormones, and electrolysis—have made *sex reassignment* practical. Before the emergence of these technologies, passing as a member of the other gender was exceedingly difficult or impossible for most men, who were betrayed by their secondary sex characteristics. In general, women could pass more easily, which may be one reason why there are more accounts in the literature of *passing women* (i.e., women who pass as men) than *passing men*. Another reason given for women passing as men was to escape from social roles which did not allow them to vote, travel, work, or own property.[25]

History of transsexualism. In the early 1950s, a young American named George Jorgensen journeyed to Denmark and underwent hormonal and surgical treatments and returned to the United States as a woman.[26] The publicity upon Christine Jorgensen's return was enormous. Because of her, the world saw that gender was not necessarily synonymous with biological sex, and that individuals could change their appearance and social role from one gender to

another. Immediately, Jorgensen and her physicians were deluged by men and women desperate for a sex change.[27] This created a demand for sex change technologies which eventually led to the creation of a sex-change industry.

Harry Benjamin, a New York endocrinologist, was involved in the early treatment of people eventually known as transsexuals. In 1966, he published *The Transsexual Phenomenon* in which he defined the syndrome of transsexualism and postulated that sex reassignment was an effective treatment for those who were dysfunctional and unhappy in their gender of birth. His book was the first to popularize the term *transsexual*.[28]

The term *sex reassignment* originated in the laboratories of John Money, who edited *Transsexualism and Sex Reassignment* with Richard Green in 1969. This text provided a treatment protocol for Benjamin's transsexual syndrome.[29] Money was instrumental in opening the first gender identity clinic in the United States at Johns Hopkins University in Baltimore in 1966.

By the late 1970s, there were more than 50 gender clinics in the United States. In general, they were characterized by a cautious approach to transsexualism which resulted in rejection of most applicants, many for reasons which today appear sexist or otherwise discriminatory.[30] For example, applicants were rejected because they did not have the "proper" sexual orientations (i.e., pre-transition heterosexual and, thus, post-transition homosexual), because they would not "pass" as a member of the new gender, because they did not apply for treatment at an early enough age, because they did not appear sufficiently feminine or masculine,[31] or because they had already achieved some measure of success in their birth gender.

Most clinics were affiliated with universities and were, thus, centers for research as much as treatment. Most of the scientific articles published about transsexualism in the 1970s originated from these clinics, and were concerned with, not surprisingly, the diagnosis, treatment, and management of transsexual patients. In general, the literature of this period depicts transsexuals as immature, hysterical, or otherwise dysfunctional. This was likely due to the biased selection criteria used by the clinics as opposed to the nature of the transsexuals themselves. Reports also distinguished between primary and secondary transsexualism,[32] terms which may ultimately be an artifact of the assumptions and treatment regimens of the time.[33] Unfortunately, even as the new millennium begins, some gender programs are still applying unfair and biased selection criteria.[34]

A significant year for transsexualism. The year 1979 was a watershed year for transsexualism. First, feminist Janice Raymond wrote *The Transsexual Empire* that attacked transsexualism as a plot by male physicians to render women obsolete. Unfortunately, Raymond also campaigned to deny transsexuals the right to surgical and hormonal treatment.[35]

Second, Jon Meyer and Donna Reter wrote in *Archives of Gender Psychiatry* an outcome study which purported to show "no objective advantage" to sex reassignment surgery for male-to-female (MTF) transsexuals. Meyer, who was the director of the Hopkins gender clinic, timed the release of the article when John Money, the clinic's primary proponent, was out of the country. Meyer popularized his findings through press releases that attracted the attention of every major newspaper and magazine.[36]

But Meyer's methodology was sloppy, and his article came under immediate attack.[37] Eventually, the study was seen as likely fraudulent and as part of a plot to discredit sex reassignment.[38] It did, however, result in the closing of the Hopkins and a number of other gender programs.

Ironically, these closings proved beneficial to transsexuals because sex reassignment technologies were subjected to a market economy and became available to virtually everyone rather than the select few the clinics accepted.

Third, Standards of Care were developed by the Harry Benjamin International Gender Dysphoria Association.[39] They drew upon protocols developed at Johns Hopkins, most notably the *real-life test,* which required an individual to live fulltime as a member of the new gender before becoming eligible for a sex reassignment test. They also called for letters of authorization from counseling professionals before an individual was allowed access to hormones and surgery. These Standards are not codified into law but came into widespread use and are widely used today.

The Standards were updated most recently in 1998,[40] which marked the first time they saw significant (and controversial) changes, including new requirements for obtaining hormones and, for the first time, a position on surgery on individuals who are HIV-positive. The Standards are currently undergoing another revision, and will continue to evolve to reflect new ways of thinking.

FTM TRANSSEXUALS

This review would not be complete without discussion of transgender and transsexual men; that is, female crossdressers and transgenderists as well as female-to-male (FTM) transsexuals.[41]

Initially, FTM transsexuals were considered rarer than MTF transsexuals. The *DSM-IV,* for example, gives the prevalence of MTF transsexuals at one in 40,000 and FTM transsexuals at one in 100,000.[42] Many authorities now consider that there are many more FTM transsexuals than was once believed. It appears it simply took time for the FTM community to establish itself and come forward.[43] There are any number of reasons for this. First, females are able to be masculine without attracting undue attention in American culture, so they did not need to apply to gender

programs to dress and behave like nontranssexual men. Second, genital surgery for transsexual men to construct a phallus, although expensive and painful and with often questionable outcomes, has improved over the years, and good quality chest reconstruction surgery has become more available. Third, transgender and transsexual men were simply overshadowed by MTF transsexuals, who were getting more attention from researchers and the media.

The professional literature has only recently begun to recognize the variability of FTM transgender and transsexual persons.[44] Authorities have long stated that female crossdressers do not exist. Some clinicians still deny their existence, regardless of the fact that female crossdressers have been writing about their experiences for many years.[45] This denial seems to stem from two erroneous beliefs: that all male crossdressing is fetishistic in nature and that females do not show such fetishism. When the men's community began to come together in significant numbers, transgender and transsexual men discovered they were a diverse community with many different ways of identifying and expressing themselves.[46] It is now known that there are indeed female crossdressers, and that some receive erotic satisfaction from crossdressing. It is also known that many transsexual men are attracted to other men, and that some were quite feminine when living as females.[47]

SEXUAL ORIENTATION

It is also important to address the issue of the sexual orientation of transgender and transsexual people because the general populace and, unfortunately, many clinicians do not seem to understand that gender expression does not dictate sexual orientation.[48] Transgender and transsexual people show the same range of sexual attractions and orientations as the general populace. Transsexuals are either heterosexual, bisexual, or homosexual before transition. This orientation may or may not change after transition. Many transgender and transsexual people are attracted to other transgender and transsexual people. Unfortunately, the *DSM-IV* continues to classify transsexual people by their sexual orientation, and clinicians sometimes zero in on sexual orientation when the presenting problem is gender identity.[49]

COUNSELING THE TRANSGENDER CLIENT

Transgender and transsexual individuals often experience confusion and anxiety about their gender identity. In the past, guilt and denial were pervasive. But today many work through their issues without therapy by attending support groups, accessing Internet resources, and talking with individuals who feel positively about being transgender or transsexual. Most, however, seek counseling, either to help them with feelings of guilt and denial, to help with the disruption of their lives caused by the reactions of others, or to seek the requisite letters required for sex reassignment.

The role of therapists is to help the individual explore his or her feelings as well as the options available for self-expression. If the individual seeks sex reassignment, therapists can serve as a resource by locating needed services and making referrals. They can serve as a sounding board for issues that arise during transition. They can help family members and life partners deal with their often tumultuous feelings about the transgender issue. They can serve as educators for employers who wish to learn more about gender identity issues so they can accommodate the individual during transition.

When appropriate, therapists can refer the individual to a gender program; however, despite the existence of several excellent gender programs, most transsexuals prefer an "à la carte" approach to sex reassignment, in which they serve as the case managers to their own transitions: choosing which procedures to have, when they will be performed, and who will perform them.

The social pressures associated with transsexual transition or coming out as a crossdresser are significant and can be overwhelming. Even the most well-adjusted person may decompensate when faced with loss of employment, abandonment by friends and family, or ongoing harassment from neighbors or coworkers. Therapists can help the individual negotiate through a period of upheaval, pointing out constructive ways to deal with problems. It is not uncommon for transgender persons, especially transsexuals, to have histories of abuse which manifest as dissociative disorders or post-traumatic stress disorder. Guilt and shame can be overpowering. And, of course, transgendered and transsexual people are not exempt from psychiatric disorders.

As gender identity issues have come out of the closet and as resources have become widely available on the Internet, young people have begun to come forward in increasing numbers. Organizations designed for young gay men and lesbians are seeing increasing numbers of transgender youth and often are not sure how to serve them. Because runaway youth are at risk for exploitation and abuse, it is especially important that therapists work with families so transgendered young people will remain at home.

The transgender revolution is still in its infancy. It has already begun to change the ways in which Americans think about gender. It is having a profound impact on the ways in which transgender and transsexual people are treated by society and the ways they feel about themselves. Transgender people have begun to push for social change with considerable success. Already more than 20 cities and three of the 50 states have legislated civil rights protections for gender minorities.

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42. Early researchers described transsexuals in reference to their biological gender rather than the gender of identification. Thus, transsexuals transitioning from male to female were called *male transsexuals* and their female-born counterparts were called *female transsexuals.* Today, the terms *male-to-female transsexual* and *female-to-male transsexual* are more commonly used in the clinical literature. Many transsexuals prefer the term *transsexual women* and *transsexual men* to refer to, respectively, male-to-female and female-to-male transsexuals. Note that in this usage transsexual is an adjective rather than a noun and thus does not tend to objectify the individual.

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