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Transsexualism At 40

by Dallas Denny, MA

Forty years ago, Christine Jorgensen was in Copenhagen, Denmark, and not just to see the sights. She was undergoing the final stages of a series of hormonal and surgical treatments that would enable her to live the rest of her life as a woman, even though she had been raised as a boy, had duly grown into a man, and had even served a hitch in the U.S. Army. Her "sex change," as it came to be called, was hardly the first, but when the story was leaked to the newspapers, the headlines shocked the world, creating a media circus which has lasted for forty years.

Christine was the first indication most Americans, even those Americans with the same problem, had that such a thing as a change of gender was possible, or even conceivable; indeed, there was not even a commonly accepted label to assign to her. Now there is a word, of course, but the media circus has had its effect: to this day, the notion of transsexualism seems bizarre to most Americans, and transsexual people are commonly viewed in a stereotypic, one-dimensional fashion, rather than as the highly individualistic and talented people that they are. Even serious magazines look at transsexualism in a myopic way, dwelling upon transsexual people either as sex objects or focusing upon their pain or the miracle of their transition, missing the point that here is a phenomenon of great social and scientific significance.

So now here I come to deconstruct this fascinating phenomenon for you, to point out a little of what so many have missed. Why, of all people, me? I've asked myself that question many times. What moves me to write on a subject which most people find simultaneously intriguing and disgusting? Why do I

not take my assigned place in the ranks of manhood or womanhood (as the case may be) and take gender for granted like everyone else?

The reason is that for many years it was impossible for me to take gender for granted. I had one; I wanted another. It was not something I chose for myself, but something which arose unbidden and could not be made to go away. The story of my personal quest is another story for another article, but its significance is that I have looked at transsexualism and its developing treatment system from both sides now, from up and down, from the bloody underside, as a transsexual person, as well as from above, as a social scientist. I have seen the wisdom and the follies of both perspectives, and, like a holograph, a vision has risen up, incorporating elements of both, and yet transcending them. This vision is one of transsexualism stripped of its newsworthiness, its sensationalism. It is Transsexualism, with a capital T, and it is an awesome and powerful entity, with multiple arms like a Hindu deity.

With the help of medical and other professionals, transsexual persons physically deconstruct and reconstruct their bodies, their behavioral patterns, and their social roles in order to bring them into consonance with their gender identities. This makes them biological, psychological, and social engineers; never before in history has there been such profound self-engineering.

Christine Jorgensen is a case in point. Her presentation as a woman was quite convincing. Slim and stylish, and reasonably pretty, there was nothing about her to suggest that she had not always been a woman. This made her transformation at the hands of her medical team all the

more astonishing in an age in which refrigerators were white, telephones were black, boys were boys and girls were girls, and there were no shades of gray in between.

Articles about Christine, usually accompanied with "before" and "after" photos, were everywhere. She was in newspapers, magazines, newsreels, on the radio, and on that enfant terrible, television. Although the treatment was sensationalistic and carnival-like, the message was clear: here was a miracle of science, a man who had been turned into a woman by a series of surgical procedures. In an age of hydramatic transmissions and atom bombs, the average American believed that scientists could do virtually anything, that all of life's little problems could be fixed by a simple application of technology.

In terms of the medical treatments she had received, Christine's sex reassignment (a term not yet coined) had consisted of hormonal therapy and two surgical procedures: castration (removal of the testicles) and penectomy (removal of the penis). Later, after her return to the US, she was to quietly have yet a third procedure, vaginoplasty, in which a vaginal cavity was created in the Barbie-Doll-like groin her Danish surgeon had given her. But if her operations were what constituted her *sex change* in the popular imagination, it was the feminization caused by female hormones and electrolysis which shouted *woman* to the American public. Her surgery sites were invisible, but that smooth face, those blonde curls, those slim hands were right out there for everyone to see. If she was any less than a woman, it was not because of her appearance or demeanor, but only because of the particulars of a past which had been laid open by journalists as deftly as Christian Hamburger had once laid her male parts open with a scalpel. Christine was a new sort of person, a woman who had not always been a woman, a human

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being who had not been content with her biology and had, by damn, done something about it.

It was not physicians who had actually accomplished Christine's sex reassignment. No lancet, no hormone tablet can make a woman of a man. Christine herself was the driving force in her own sex reassignment. Certainly the medical procedures helped by making her outside congruent with her social presentation, but it was the sheer force of her will which set the process in motion, persuading reluctant physicians to undertake such a novel set of procedures. Although she did not wield the knife, Christine did her own sex change, moving into the female role with confidence and aplomb.

Jorgensen was a prime example of the intersection of the human condition and modern technology. Pills made from the urine of pregnant farm animals, plastic surgery techniques developed to correct deformities and repair disfigurements, doctors from Denmark—these were merely tools she used in orchestrating the metamorphosis she sought. She managed to conceive of the possibility of changing her sex, figure out that she would need medical help in order to do so and recruited physicians to give her that help; the project manager of a bold social experiment which lasted until 1991, when she died of cancer.

Christine was not only a medical pioneer, but a social pioneer and a role model for an emerging class of people. With no socialization or training at womanhood, she put on her high heels and went out into the world to slay dragons. She lived with dignity, and died with dignity, a spokeswoman for transsexualism, a pioneer, a woman.

Transsexual people redesign their bodies in the same way that some future bioengineer might redesign the human body for optimal functioning on a heavy gravity planet, or for underwater living. They monitor the cutting edge of medical and other knowledge and apply it to themselves, usually without the help and often without the permission of family, friends,

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clergy, teachers, governments, and helping professionals. They use hormones, plastic surgery, and electrolysis to fashion their bodies into a form that they find more acceptable than the ones their genes designed for them, and then they wear those bodies, venturing into society and creating a place for themselves. They similarly redesign their mode of dress, grooming, and hairstyles, coming to clothe and accessorize themselves in ways which are characteristic of their gender of choice. They change their careers, relationships, affiliations, and sexual liaisons. They change their names and identifying documents, disguise their paper trail, and in some cases, even concoct Orwellian retrohistories, fabricating past lives as the little boys or little girls that they never were.

Transsexual people must also alter their speech patterns, gestures, major motor patterns, and other aspects of their behavior so that they will be consonant with their new gender roles. This requires the unpacking of a great deal of psychological baggage, for they must unlearn behavior and thinking patterns which are typical of the gender in which they have been forced to live throughout their lives, and which they have been forced to exhibit. These must be deconstructed before the individual can learn to talk, move, and think like any other member of their chosen gender.

This human re-engineering, and not the actual genital surgery which morbidly fascinates the American populace, is the true significance of transsexual change. What is significant is not that penises and scrotums can be fashioned into vaginas or that a phallus can be made from the flesh of the arm, but that someone who is easily identifiable as

a man can come to be identifiable as a woman, and vice-versa, by sheer will of self-determination (with hormonal assistance). This is exciting stuff, subject matter for science fiction stories, and it is happening now, in every city in America, and in practically every small town in America.

Not only are transsexual people self-designers of their new selves, but they must do their work in the face of the generalized ignorance and in the face of the hostility of society, and despite their own feelings of guilt and self-doubt. They re-engineer themselves without specialized training, usually without assistance of parents, spouses, authorities, and helping professionals, and often in the face of extreme financial adversity. They forge these new frontiers not with federal dollars in spotless laboratories, but under battlefield conditions, trying to change their bodies while simultaneously trying to preserve social relationships, get educations, keep jobs, have their teeth cleaned, and maintain the other trappings of a normal life.

Most transsexual people learn early on to play their gender cards close to their chest, for their attempts to reach out are frequently rebuffed—sometimes violently. Those who would ordinarily be turned to for help—parents, grandparents, siblings, teachers, clergy, lawmakers, friends, and neighbors—are unlikely to understand, and even psychologists, counselors, and physicians are usually distressingly ignorant—sometimes even those who proclaim to specialize in the treatment of gender dysphoria. Those who are sympathetic and knowledgeable can be difficult to find, and resource material, although it exists, is rarely readily available.

Transsexual people have been maligned in the medical literature for being readers of that selfsame literature, as if their attempts at self-discovery were somehow shameful or presumptuous. Medical writers have seemingly not realized that it is the desire for self-exploration and discovery, the lack of support from the medical and other helping professions, and the general

unavailability of self-help books which drives transsexual people to the stacks of the medical libraries. Certainly, these critics have seemed unaware of their bias in making criticisms that they would never make about less stigmatized classes of people like diabetics or heart patients. After all, would a cancer patient be criticized in print in a medical journal for reading a book about cancer? Obviously not.

It is truly amazing that so many transsexual people are able to sort out their feelings, locate the appropriate medical references, diagnose themselves, and begin to seek treatment. It is even more amazing when they supervise their own treatment, for it is a near-impossible task to fill the roles of psychologist, social worker, physician, and vocational rehabilitation counselor. It is an indictment of these professions and of our society as a whole that so many transsexual persons have so often had to face their difficult journeys without help.

The history of the treatment of transsexual people is filled with injustice, hatred, ignorance, and occasionally, sympathy. Few minorities have been so discriminated against, and few things are so difficult to contemplate as changing one's gender. Transsexual people have been and continue to be viewed as so bizarre that they are usually not thought of as a minority, even by those who should know better. Like other minority groups before them, they are devalued—and being devalued, there are no safeguards and few checks to ensure their proper treatment, or safety.

Nevertheless, transsexual people have insisted on their right to self-determination, even to the point of civil disobedience. When I was unable to obtain treatment in the late '70s—when I was refused help by one of the university-based gender clinics and told that I was not dysfunctional enough to be a candidate for sex reassignment, that it was their decision that I would remain a man, and that as there was nowhere else to go, I could like it or lump it—I refused to allow them the right to that determination. I promptly found an extramedical and

extralegal source for female hormones, and in essence reassigned myself. I was not the only one to do so, either. Not by a long shot. In the face of fear and confusion, thousands and perhaps tens of thousands of transsexual men and women have used every available means, legal or otherwise, to bring about the desired changes to their bodies. And having done so, many of us have become activists to ensure that those who come after us will not have to break the law in order to obtain treatment.

The parallel here to abortion is obvious, even though there is not the complicating issue of whether a speck of fetal tissue is or is not a human being. Both abortion and transsexualism have to do with the right of the individual to the freedom of the his or her own body, and both have come under attack from persons who would restrict that right. The opponents of abortion are the opponents of transsexualism, although they have in general been too busy with the former to give more than lip service to the latter. But

the right to choose somehow disappears when genital modification becomes involved; many who support the right to terminate pregnancy cannot conceive that a mentally healthy human being would want his or her breasts or genitals altered to resemble those of the other sex.

Much more than abortion, transsexualism is the logical gameboard on which to determine the freedom of the individual to his or her own body. No other individual or

potential individual is involved to cloud the issue; there is only one person, and his or her desire to change the genitals and secondary sex characteristics.

It is forty years since the "birth" of transsexualism, forty years since the notion of "sex change" burst upon the American scene like a supernova. Just as television, which is also for all practical purposes forty, transsexualism has begun to mature, to show its true nature, its potentialities. From *I Love Lucy* to *Star Trek: The Next Generation*, from Christine Jorgensen to Caroline Cossey, both television and transsexualism have matured. And as the horizons of television have broadened, giving us larger screens, hundreds of channels, home video recording, rental movies, and interactive video, so has transsexualism begun to broaden our notions of sex and gender, of the potentialities of human experience. Our culture is richer for transsexualism. Perhaps in another forty years, we will understand just how much richer.



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