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GENDER Blending

TRANSVESTISM (CROSS-DRESSING)
GENDER HERESY
ANDROGYNY
RELIGION & THE CROSS-DRESSER
TRANSgendERN HEALTHCARE
FREE EXPRESSION
SEX CHANGE SURGERY
WHO LOVES TRANSVESTITES?
THE LAW AND TRANSSEXUALS
AND MUCH MORE…
Transgender: Some Historical, Cross-Cultural, and Contemporary Models and Methods of Coping and Treatment

Dallas Denny

The ways in which transgendered and transexual persons are treated are highly dependent upon the ways in which they are viewed by society. Expectations about sex and gender that channel the individual into pre-programmed channels of self-expression can result in unhappiness, depression, and various forms of self-destructive behavior, including suicide. Ideally, we should be working to examine a variety of current and historical models and to develop a variety of ways, or models, by which transgendered and transexual persons can identify themselves and be viewed by society. These models should maximize individual self-expression and self-determination, while simultaneously minimizing the chance of harm coming to the individual from his or her interactions with medical and psychological professionals.

I have provided some initial criteria by which such models can be evaluated. Table 1 represents but a “first pass” at such criteria. As they begin to actually be applied to the various models of transgender and transexual behavior, they can and should be modified and expanded.

Some Non-Western Roles

I have been able to identify more than thirty ways of looking at the transgender and transexual experience. Table 2 lists them, giving the cultures in which they have been found and citing one or more authorities for each.

Hijra (Nanda 1989, 1994), Khushra (Gooren 1992), and Acault (Coleman et
Table 1

Some Criteria by Which to Evaluate Various Models of Transgender and Transexual Behavior

- How has the model impacted the way transgendered and transexual persons see themselves and the way they are viewed by others?
- Does the model treat the transgendered and transexual individual with self-respect and dignity?
- Does the model maximize the amount of choice of the transgendered and transexual individual (allow the individual to set his or her own pace, to participate in decisions to change/not change the body, and to decide upon particular life goals)?
- Does the model require the individual to surrender autonomy?
- Does the model build a sense of transgendered and transexual persons as healthy and productive, or does it pre-suppose abnormality and pathology?
- Does the model allow a healthy range of personal styles, as opposed to promoting gender stereotypes?
- Does the model provide a variety of outcome choices, including sex reassignment, genital surgery, hormonal therapy, androgyny, transgenderism, and remaining in the original gender role?
- Does the model provide procedural safeguards for medical procedures and treatment?
- Does the model provide continuity from early “coming-out” stages through coping with circumstances of the new life?
- Does the model provide the individual with opportunities to explore alternative gender roles before taking irrevocable steps? Does it allow “fall-back” positions when a step proves undesirable?
- Does the model provide for a hierarchy of treatment, with less aversive and intrusive methods considered before more aversive and intrusive methods are tried?
- Does the model provide for peer support?
- What are the relative costs associated with the model?
- What have been the outcomes of past applications of the model?
al. 1992) are institutionalized roles that are found in traditional Indian, Pakistani, and Myanmar (Burmese) societies, respectively. Like the Polynesian Mahu role (Besnier 1994) and Native North American Two-Spirit roles (Roscoe 1988, 1990; Williams 1986), these roles provide a “fit” for transgendered persons in society. Often, these roles are intermediate between those of males and females, comprising a “third sex” role.

The Xanith of Oman (Wikan 1977, 1982) comprise a fluid “third sex” role into which a male can enter or exit. Xaniths have an intermediate role in Omani society, wearing clothing which is much like that of women, but distinctly different from both men and women. Like the Hijras of India, Xaniths are often prostitutes, however, emasculation lies at the core of Hijra (and, presumably, Khushra and Acault) roles, while Omani men can opt to move in and out of the Xanith role.

Transgender behavior is often associated with shamanism. It has been commonly believed in many “primitive” societies that the liminal role of the transgendered person allowed him/her special insights into the human condition and the spirit world. Dr. William Dragoin, at the conference that inspired this book, distributed a tracing of a cave painting over 15,000 years old, showing a transgendered priest(ess). Hijras, who inspire both fear and awe in the larger society, are thought to have a variety of powers, and for this purpose are sought out to bestow blessings at births and weddings (Nanda 1994).

Historical Western Roles

Although factions within the Christian church, both in the Middle Ages and at the present time, have worked hard to eradicate any mention of transgendered behavior from the Bible and from history (and, indeed, sometimes to eradicate transgendered persons themselves), there is considerable evidence of transgender roles throughout Western history (Bullough and Bullough 1993; Feinberg n.d.). For a time, the worship of the Magna Mater, or Great Mother, co-existed with other religions in ancient Rome (O’Hartigan 1993)—but for the most part, transgender roles were underground or legitimated only when nontransgendered persons considered it fashionable or expedient to have transgendered persons around. For instance, when it was deemed unsuitable for women to take stage roles in Elizabethan England, men (or rather, for the most part, young boys) were sanctioned to take female roles. Non-Western cultures—for instance, the Japanese—have similar stage roles (Ackroyd 1979; Bullough and Bullough 1993; Garber 1991). Similarly, castration was considered acceptable (if controversial) in Europe because it produced persons with voices desirable for certain opera roles
Table 2
Some Historical, Cross-Cultural, and Contemporary Models of Transgenderism

<table>
<thead>
<tr>
<th>Non-Western</th>
<th>Culture</th>
<th>Authority(ies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hijra</td>
<td>India</td>
<td>Nanda 1989, 1994</td>
</tr>
<tr>
<td>Khushra</td>
<td>Pakistan</td>
<td>Gooren 1992</td>
</tr>
<tr>
<td>Acaut</td>
<td>Burma</td>
<td>Coleman et al. 1992</td>
</tr>
<tr>
<td>Xanith</td>
<td>Oman</td>
<td>Wikman 1977, 1982</td>
</tr>
<tr>
<td>Mahu</td>
<td>Polynesia</td>
<td>Besnier 1994</td>
</tr>
<tr>
<td>Two-Spirit (Winkelte, Berdache)</td>
<td>North American Indian</td>
<td>Williams 1986</td>
</tr>
<tr>
<td></td>
<td>Bantu</td>
<td>Roscoe 1988, 1990</td>
</tr>
<tr>
<td></td>
<td>Various</td>
<td>Bolin 1993</td>
</tr>
<tr>
<td>Female Husbands</td>
<td></td>
<td>Dragoon 1995</td>
</tr>
<tr>
<td>Shamanism</td>
<td></td>
<td>Ackroyd 1979</td>
</tr>
<tr>
<td>Eunuchs</td>
<td></td>
<td>Ackroyd 1979</td>
</tr>
<tr>
<td>Stage and Ceremonial Roles</td>
<td></td>
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</tr>
</tbody>
</table>

| Western, Historical  |               | Roscoe 1994   |
| Transgendered Priest(esses) |           | O’Hartigan 1993|
| Castrati             |               | Bullough and Bullough 1993|
| Passing Women/Passing Men |           | Judd 1988     |
|                      |               | Dekker and van de Pol 1989|
|                      |               | Wheelright 1989|
| Stage Roles          |               | Garber 1991   |
| Circus Freaks        |               | Fiedler 1978  |
| Uranians             |               | Ulrichs 1994  |
| Mannish Lesbians     |               | Devor 1995    |

| Western, Contemporary|               | Garber 1991   |
| Stage Roles          |               | Singer 1977, 1989|
| Androgyny            |               | Bell-Meterereau 1994|
| Gender Blending      |               | Devor 1989    |
| Butch/Femme          |               | Burana et al. 1994|
|                      |               | Nestle 1992   |
| Female Impersonator  |               | Baker 1968    |
| Queens               |               | Alpert 1975   |
| Drag Queen           |               | Woodlawn 1992 |
| Drag King            |               | Feinberg 1993 |
(Judd 1988). As a blue-collar equivalent to the castrati, intersexed and transgendered persons were openly exhibited as freaks by circuses in both North America and Europe (Fiedler 1978).

Because openly transgendered persons were historically persecuted and sometimes executed for their manner of dress (as was Jean d’Arc [Bullough and Bullough 1993]), most transgendered persons in Western society have lived in secrecy. By examining historical records, Dekker and Van de Pol (1989) were
able to discover several hundred instances of "passing women" (women who live as men) in the Netherlands during the Middle Ages. Females have been especially adept at passing for men in the military services (Wheelright 1989). Several hundred "male" soldiers in the American Civil War were female (Meyer 1994). There are also accounts of passing men, but they are less frequent, perhaps because without hormonal therapy (which was not available before the 1950s), it is more difficult for males to pass as females than vice-versa.

When homosexual identity began to be consolidated in the late nineteenth century (cf. Duberman et al. 1989), gay men were considered to have feminine spirits, and gay women to have masculine spirits. This was the result of the writings of Karl Ulrichs, whose works have been only recently translated into English (1994). This view of the effeminate gay male and the masculine lesbian was the dominant one until the 1950s (Devor 1995). Recently, in the wake of the publication of Leslie Feinberg’s Stone Butch Blues (1994), there has been a re-emergence of butch identity among some members of the lesbian community. Certainly, there are ever-increasing numbers of female-to-male cross-dressers and transsexual people visible in the support groups of the transgender community.

**Contemporary Western Roles**

Due to the writings of Virginia Prince (cf. Prince, 1962; Prince and Bentler 1972), it has been frequently proclaimed that most cross-dressers are heterosexual, and a large community of predominantly heterosexual cross-dressing males has formed. However, if there are large numbers of heterosexual cross-dressers, there are also large numbers of gay and bisexual cross-dressers. Their relative absence from the “transgender community” is not necessarily evidence of a low incidence (Denny 1994a). Gay cross-dressers congregate in large numbers in bars and at pageants, and bisexual cross-dressers communicate by way of sexual contact ads in newspapers and magazines, which outsell the magazines and newsletters of the “transgender community” by orders of magnitude. Fetishistic transvestites engage in solitary dressing for their own sexual pleasure; their sexual orientation may be toward males, females, or other transgendered persons (Docter 1988).

Following the media feeding frenzy about Christine Jorgensen that began in late 1952, the category called transexualism arose (Bullough and Bullough 1993). This was a condition in which individuals insisted that they required medical intervention, and it gave rise to a pathology-based system that was very damaging to the individual’s view of him- or herself as a whole and actualized person (cf. Barr et al. 1974; Lothstein 1983; Milliken 1982). For several decades, those who were transgendered could escape from the traditional male and female cate-
gories only at the price of being fit by the medical community into the categories ("boxes") of heterosexual transvestism or transexualism (Denny 1992). This resulted in a large number of "heterosexual" cross-dressers who were actually gay or bisexual or who had transexual issues that they hid to escape peer pressure from other "heterosexual" cross-dressers who often had similar issues (Denny 1994b). Only the gay and lesbian community had nonpathology-based roles. These included drag queens, who used cross-dressing as a form of empowerment, both political and personal (Serian 1988); drag kings (Feinberg 1993); female impersonators, who made their living as performers (Baker et al. 1994); transgendered sex workers (Newton 1979); butch lesbians; "nellie" males; she-males (also called "chicks with dicks") (Blanchard 1993); or as "queens," a catchall term that included all of the above (in the male-to-female direction), as well as transexual persons who had found a home in the gay community (Alpert 1975).

For many years, transexualism was considered a "condition" that was "cured" by sex reassignment (Benjamin 1966). An emerging sensibility—or rather, a paradigm shift, in the classic Kuhnian (Kuhn 1962) sense—has made it clear that this is not the inevitable outcome of being transexual, or even a desirable one. I have called assimilation "the closet at the end of the rainbow." Other transexual people call those who wish to assimilate "woodworkers" or "stealth" transsexuals. More and more transexual people are accepting their transgendered condition as a permanent state of being; this has opened the door for political and scientific activism and, moreover, to the realization that being pre-operative is not inevitably a way-station on the road to surgery, but perhaps a permanent state of non-operativeness. The clinical community is learning this lesson as well, with this new sensibility being discussed by Anne Bolin (1994), Walter Bockting (1995), Bockting and Coleman (1992), and others.

The changing of the paradigm has led to the emergence of a class of people known as transgenderists (Boswell 1991). Transgenderists define themselves, rather than asking or allowing themselves to be defined by helping professionals, doing as little or as much as they wish to their bodies, but stopping short of genital surgery. Transgenderism encompasses an older term, androgyne, as well as the "gender blending" observed by Devor (1989), who studied women who were socially perceived to be males in some contexts, and females in others. Cross-dressers are increasingly coming to realize that they need not "pass" (Goffman 1963) or even strive to emulate women or men—they can just dress as they damn well please (Berendt 1995).

Recently, the proliferation of computer networks like the Internet has opened the door to what I call "virtual gender." In cyberspace, one's gender is limited to a "handle," and sex reassignment can be as easy as changing one's log-on name. I find this similar to the adoption of feminine personae via correspon-
dence, as happened with the writer William Sharp, whose “Fiona MacCleod” personality became very real to him (Alaya 1970). Sharp’s experience as a “social female” is the cybernetic equivalent of social males in Bantu (Bolin 1993), and sworn virgins in Slavic tribes (Gremaux 1994), in which women take on the dress and social status of males.

If all of the ways of looking at transgender behavior seem arbitrary, dependent upon the sensibilities of the observer, so too do the terms male and female, man and woman. Many writers, including Kate Bornstein (1994), Judith Butler (1990, 1993), Leslie Feinberg (1994), and Martine Rothblatt (1994), take the view that these categories are no less constructed than any other, and exist not in reality, but only in the ways in which we are enculturated to believe in them. Any number of other societies believe there are more than two sexes (for some examples, see Bolin 1993), and even within the framework of Western science, there are those who believe there are more than two (Fausto-Sterling 1993).

Notions of a highly pathological condition called “gender dysphoria” are giving way to an empowerment model in which it is not the unwillingness or inability of some persons to fit into the rigidly bipolar gender roles of Western society, but the inability of society to look beyond binary roles that is viewed as pathological.

There are doubtless many ways of looking at gender other than those I have written about in this article. It would be of interest to identify them and examine them empirically in light of the evaluation criteria in table 1.

Based upon my personal experience and after a great deal of thought about the various ways of looking at transgender and transexual experience I have presented, I have some suggestions for future research.

1. Develop models that allow the greatest range of personal choice without forcing individuals into fixed outcomes. Models with fixed outcomes will inevitably force people into outcomes that may not be best for them. Individuals must not only be made aware that they have a range of choices, but also must be allowed to choose among them.

2. Develop models that provide procedural safeguards while at the same time maximizing individual autonomy. There is a delicate balance between the right of the individual to the freedom of his or her own body, and the duty of a medical or psychological professional to do what is in the best interest of the client. This balance will be reached only by ongoing, respectful dialogue between those who are transexual or transgendered, and those who provide the services they need. The recent rise of a class of transgendered and transexual physicians, psychologists, anthropologists, sociologists, and researchers is already providing valuable input in this area.
3. Avoid use of stigmatizing language in research reports (use of quotations around pronouns; use of terms like “male transexual,” “female transsexualism”; use of terms like “deviancy”). Instead, use more identity-affirming terms, such as “transsexual woman” and “transsexual man,” and the words transgender and transexual instead of pathology-based terms like “gender dysphoria.” Much of the supposedly objective literature of transsexual and transgender issues is needlessly pejorative. Authors have tended to let their personal biases prevail, and editors have been very lax in catching and removing offending statements and usages. This shows a fundamental lack of respect for transgendered and transexual persons that must be resolved if respectful communication is to take place.

4. Look closely at the research question that is being asked. Does it reinforce obsolete models? Is it needlessly pathologizing? Do we really need one more research paper about the ways in which the MMPI scores of transgendered and transexual people differ from a control group? The assumptions that have driven much of the research have been faulty, based on the assimilationist model of transsexualism, and upon the presupposition that transgender feelings are a sign of weakness or sickness. For future research to have any meaning or usefulness, underlying assumptions must be closely examined.

5. Avoid the ivory-tower syndrome. Base research questions on the realities of transgendered and transexual people, rather than the highly pathologizing existing literature. Take advantage of sociological and anthropological studies of transgendered and transexual people. The attacks on transsexualism have been made by those who know the least about the phenomenon. Janice Raymond (1979, 1994) interviewed only fifteen transexual people before writing her antitranssexual polemic, *The Transsexual Empire: The Making of the She-Male*. Raymond made a career of talking against transsexualism, going so far as to testify against SRS (sexual reassignment surgery) to the U.S. government. Paul McHugh, a psychiatrist who reported having gone to Johns Hopkins University specifically to shut down their gender clinic (McHugh 1992), in a letter to another physician in 1994, expressed disbelief at the idea that a postoperative transexual woman could be attracted to other women. Such “contributions” to the literature are political, and not scientific, and must be considered as such, while valuable work by anthropologists, sociologists, and transgendered scholars must not be ignored.

6. Don’t needlessly empower genital surgery. Avoid use of words like “pre-operative,” “post-operative,” and “non-operative,” which define the entire transgender and transexual experience as secondary to one three-hour event.
Structure research so that it focuses on landmarks other than surgery (e.g., beginning of a real-life test). There is a great tendency in our society to define maleness and femaleness by the absence or presence of a penis, and neither transexual persons nor helping professionals are immune to this type of thinking. Bullough (1994) has noted that it was the synthesis of artificial sex hormones in the third decade of this century, and not modern surgical techniques, that made modern-day sex reassignment possible. This should constantly be kept in mind by those doing research with transexual persons.

7. Understand that the logical goal of sex reassignment is not necessarily assimilation, but rather integration of one’s transgendered or transexual status into one’s self-identity. The idea that sex reassignment and subsequent assimilation into the dominant culture were a “cure” for transsexualism led to a great deal of shame and guilt. With this model, transexual people were once again in the closet and could never live with dignity or pride; instead, they had to hide, out of communication with one another. Those whose physical characteristics did not lend themselves to “passing” were especially likely to be disempowered.

It was only when transexual people began to realize that assimilation was not the inevitable consequence of sex reassignment that it became possible to develop a sense of transgender pride and begin to build community. Many people having sex reassignment will wish to assimilate, and if they so desire, they should not be discouraged, but it is important that they be given the information that there are other options.

My purpose in this article has been to describe a number of ways in which transgendered persons have been viewed throughout history, in our society and in others, and to provide tools by which to evaluate these and future models and to guide future research.

Notes

1. In keeping with the emerging transexual sentiment that those who are transexual have the ultimate right of self-definition, throughout this paper I have used the word transexualism rather than the more commonly used transsexualism.

2. This condition is unfortunately still common today. Organizations for heterosexual cross-dressers often act as if it were a defection when someone acknowledges his or her bisexual or transexual issues.
References

Cross-Cultural


Western, Historical


Feinberg, L. N.d. Transgender liberation: A movement whose time has come. World View Forum, 55 W 17th St., 5th Floor, New York, NY 10011.


**Western, Contemporary**

**GENERAL**


**ANDROGYNY**


**BUTCH/FEMME**


**DRAG, FEMALE IMPERSONATION**


**GAY CROSS-DRESSING**

HETEROSEXUAL CROSS-DRESSING


TRANSVESTIC FETISHISM


TRANSEXUAL (ASSIMILATIONIST)


TRANSEXUALISM (FEMALE-TO-MALE)


ANTTI-TRANSEXUAL


TRANSEXUAL (PATHOLOGIZING)

TRANSEXUAL (EMPOWERMENT)


Wilchins, R. 1994. Clothes are for closets, not transpersons. Tapestry 70.

TRANSCENDENT


MISCELLANEOUS


