

DUBIOUS ACHIEVEMENTS EXTRA: VIVA NEWT!

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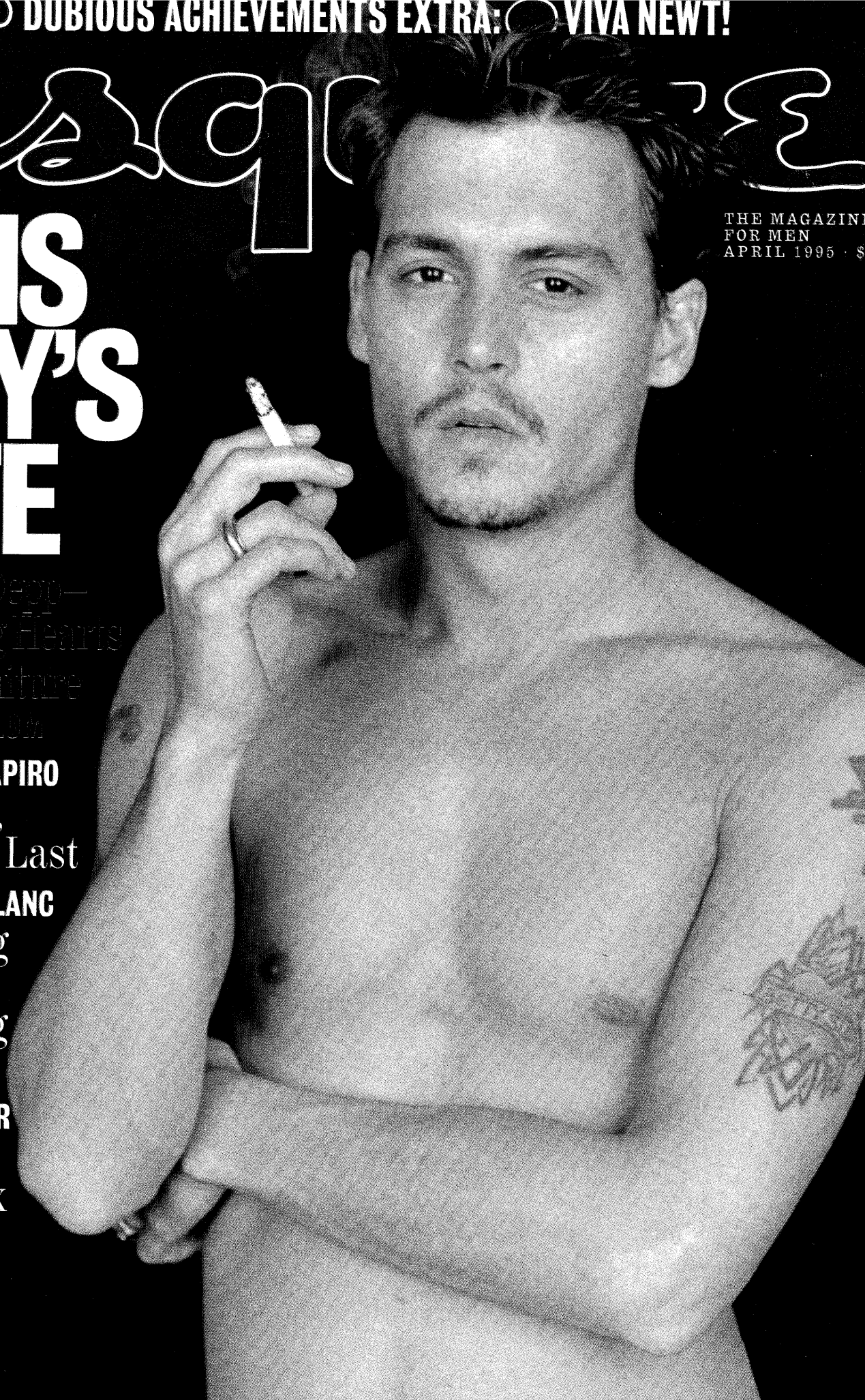
THIS BOY'S LIFE

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Third Sex



“DRESSING UP like a cowboy is a form of drag,” says Phyllis Frye. “It’s as fetishistic as any cross-dressing. We call them *transwestites*.”

AT DINNER ONE NIGHT, during a large family reunion over the Christmas holidays, I created a ferocious argument when I suggested that transsexuality ought to be accepted.

“It’s not *normal* and shouldn’t be accepted as *normal*.”

“But they were born this way.”

“No, it’s partly choice. It’s a man choosing to wear women’s clothes, choosing to have his penis cut off.”

“If you accept it as normal, what else are you going to accept?”

“What about incest?”

“Forget incest. What about bestiality?”

“Right. What *about* bestiality?”

“And what about someone who wants to cut his ears off? Is that normal?”

The argument became so bitter that some people began exchanging insults; others, flinging down their napkins, stalked from the dining room enraged, and the differing factions spent the rest of the evening muttering darkly among themselves.

The professional debate over the transgendered and sex-reassignment surgery has been equally intense. It began in 1952, when George Jorgensen, a young World War II veteran, underwent surgical castration at a Danish hospital and changed his name to Christine. *EX-GI BECOMES BLONDE BEAUTY* read a headline in the *New York Daily News*.

Psychiatrists widely deplored this “miracle of modern medicine.” They denounced it as “collusion with delusion” and “psychosurgery.” “If a man cuts off his own penis, they call him a schizophrenic, but if he can persuade a surgeon to cut it off for him, then they call him a transsexual,” the psychiatrist Thomas Szaz has written.

But the procedure spread. In the 1960s, John Money, who specialized in treating children with genital deformities at Johns Hopkins University, advanced the notion that gender was distinct from sex, possibly because of prenatal hormonal influences. Around the same time, Johns Hopkins became the first university to establish a gender-identity clinic and to perform sex-reassignment surgery. Others followed suit. By the late seventies, some forty universities had set up such clinics.

These clinics helped legitimize transsexuals by “medicalizing” their condition. But, since most surgeons will perform sex-change operations only if at least two therapists attest that the patient is a “true” transsexual, the therapists at the clinics also exercised a peculiar sort of tyranny over their patients. Not everyone who wanted the surgery was considered a “true” transsexual. The therapists tried to separate those who only *thought* they needed castration from those who *really* needed it.

Then, in 1979, Jon Meyer, a psychiatrist at Johns Hop-

kins, published a study of patients at the university’s gender clinic that he claimed showed that those who had not had surgery subsequently led more “satisfied” lives than those who had. While the study’s methods were attacked, it proved influential, forcing Johns Hopkins to stop offering sex-reassignment surgery. Other university hospitals did the same, and by the end of the eighties, only one of the forty university-based gender clinics remained open.

Now, even some transgendered activists oppose sex-reassignment surgery. They question the whole notion of medicalizing gender dysphoria, that is, of treating it as a disease that can be cured by surgeons. Szaz, one of the foremost critics of the procedure, asks, by way of analogy, whether a black person who feels he is a white person trapped in a black body suffers from the “disease” of being “transracial”? Or does he instead suffer from a delusion brought about in part by internalizing the racism he has encountered in society? Such “presenting symptoms” are not primarily medical, in this view. They have a large social component. As Janice Raymond writes, “There is no demand for transracial medical intervention *because* most blacks realize it is their society, not their skin, that needs changing.”

For the same reasons, Szaz and Raymond argue, it is society and not the sex organs of the transgendered that needs changing. This seemed a compelling position, and I mentioned it one afternoon to Dallas Denny while we were sitting in the book-lined den of her home in suburban Atlanta. Denny, a transsexual scholar, is the author of the seven-hundred-page bibliography *Gender Dysphoria: A Guide to Research*.

“What would be wrong with having a pill that could change your skin color?” Denny asked. “Then anybody could be whatever color they wanted.”

This idea, like sex-reassignment surgery, initially seems to violate some sense of natural order, of the essential humanity of people. It would be the ultimate expression of the trend Thomas Szaz has argued against: the growing dependence on science to provide technological or medical solutions to what are in fact fundamental ethical or social difficulties. But perhaps technology will provide the ultimate solution to intractable problems like racism. After all, what really would be wrong with reducing race to a matter of personal preference? Would it be accommodating bigotry or circumventing it?

And similarly, is there really anything wrong with making gender a question of choice? In her view, Denny said, transsexuality was just one more manifestation of the human urge to transform the body, an urge that throughout the centuries has expressed itself in foot-binding, earlobe stretching, nose bones, lip-distending shells, and, in contemporary society, circumcision, liposuction, breast implants, nose jobs, face-lifts, and lip-thickening collagen injections.

If it is all right to alter your face beyond recognition—and in London a woman named Cindy Jackson has, without letters from any therapists, undergone plastic surgery to make herself look like Barbie—why not your genitals? In

Cross Dressing, Sex, and Gender, the historians Vern and Bonnie Bullough ask, "Is it the mystical power of the sex organs, with all of their magical and religious connotations, that makes the decision so fraught with meaning that plastic surgery for a face does not have?"

MARTINE WILL BE OUT in a minute," the secretary said. "She's on a conference call." I was in the sleek, bone-white reception area of an office on K Street in Washington, D.C. It housed a consulting firm that arranged venture capital and provided regulatory advice to satellite-communications companies. One of its executives is Martine Rothblatt, a transsexual with a law degree and an M.B.A., who is the vice-chairwoman of the bioethics committee of the International Bar Association and who just completed a book called *The Apartheid of Sex*.

In the book, Martine compares today's sexual segregation to the Jim Crow era of the South and calls for the abolition of gender distinctions in America: eliminating the categories of male and female from official documents like driver's licenses and marriage licenses; getting rid of same-sex bathrooms; replacing words such as *he* and *she* with gender-neutral neologisms such as *heesh*. But what interested me was less the specifics of her utopian agenda than her insistence in the book that her transsexualism was purely and simply a consumer option, and an effortless one, too, supported by her colleagues, her spouse, and her four children, including her twelve-year-old son and ten-year-old daughter.

"Hello, John."

Martine had long black hair tied in a ponytail. Her eyes were large and dark, her jaw somewhat square. She wore a brown skirt and flat shoes. She had a quiet, deliberate manner and a soft handshake. We settled into expensive chairs in a glass-walled conference room.

"I never felt I was a woman trapped in a man's body," Martine told me. "I was as regular a man as you can imagine." Growing up in Southern California, she said, she surfed, skied, climbed mountains, played racquetball. And she partied. "I've done as many six-packs with the guys as anyone."

Martine started cross-dressing during college. "It was like changing your identity. I felt the sort of exhilaration you feel skiing down a steep slope." Unlike many spouses, Martine's wife, who is black and thus already in what Martine calls a "transracial marriage," never had any problem with it. "She said, 'I love you for yourself.'" By the time Martine was in her midthirties, she had begun to think it might be interesting to spend the second half of her life as a woman.

Many transsexuals speak of loathing their male organs. In one case cited by the psychologist John Money, a transsexual who was denied surgery announced his intention to castrate himself in front of the hospital unless the operation was performed. I asked Martine if her decision to change her sex was accompanied by self-hatred.

"No."

"It wasn't an agonized, torturous process?"

"No. I thought it would be neat to have a renaissance of body in midlife."

"But why not just live as a woman? Why have surgery?"

"It was there. I'm the kind of person who, if I'm going

to do something, I'm going to do it to the max."

I asked about the effect on Martine's children. Her eighteen-year-old son, she said, encouraged her. Her seventeen-year-old daughter was equally receptive, and since she had already been cross-dressing for years at home, her two younger children, who still call her Dad, didn't notice much change after the operation. "The little kids are asked at school, 'Is it true your dad's a girl?' They say, 'Yeah, so what?'" The adults Martine knew were equally supportive. "My fellow workers said, 'Go for it, girl,' and some of the neighbors came up and hugged me."

I asked Martine whether, since she'd gone to all the trouble of actually having a vagina constructed, she had ever felt like having intercourse with a man.

"I've always been attracted to women."

"But didn't you want to at least try it out, test it?"

"I felt no urge to have a man make love to me. I love my spouse. I love my new body. We love our sex."

Martine said one reason she had the surgery was that it eliminated the need to take hormones, which often wipe out the sex drive of pre-op transsexuals. "I was orgasmic within three or four weeks of the operation," she said.

By the time I saw Martine, it seemed to me irrefutable that gender dysphoria had some sort of genetic origin; like left-handedness or cleft palates, it was an infrequent but regularly recurring phenomenon in the human gene pool. I understood why, for political reasons, the transgendered resist such theories, which suggest they suffer from an abnormality that could one day be cured. Nonetheless, a central feature of human experience is the attempt to explain human experience. Transsexuality should be no more exempt from this enterprise than masculinity, so I was mystified by Martine's refusal to admit that a cause might exist for it.

"It's a lifestyle choice," she said. She was dismissive of both psychological and sociobiological explanations. "They're bullshit."

There was something maddeningly opaque about Martine's answers. It is almost impossible to imagine that someone would view such a drastic, irreversible step as sex-reassignment surgery in the spirit of a recreational experiment. Gender, she was suggesting, was just a marketing decision, a way you can choose to present yourself. But if that is true, then Martine, and, by implication, all of us, are nothing more than the sum of our lifestyle choices. We have no essential, irreducible selves.

Or maybe what is essential and irreducible is the mystery of our selves. Maybe our mistake, our delusion, is to forget that, for all our efforts, human life can never in the end be satisfactorily explained. The transgendered embody mystery. If, in doing that, they create what Marjorie Garber called "the crisis of category itself," undermining our faith not just in gender but in our very ability to conceptualize the world, they at least make the rest of us aware that we, too, are part of the mystery.

Toward the end of our conversation, Martine was trying to explain what it *felt* like to be a woman. When I said that I had always found women, with their greater capacity for intimacy and their less competitive conversational styles, more interesting than men, she suddenly brightened and said in a triumphant tone, "You're transgendered!"

"In that sense," I said, "I guess everyone is."

"Exactly." ■