

Transsexual Empires and Transgender Warriors

Anti-Discrimination (Homosexual Vilification) Repeal Bill; the Pre Surgery (HIV/AIDS Tests) Bill; the Pornographic Publications/Video Sales and Display (Prohibition) Bill; and the Unborn Child Protection Bill, amongst others.

8. As Lacan's (1977) notion of the 'ideal I', and Kristeva's (1982) analysis of the 'proper body' have made clear, the attainment of absolute coherence, or of what Lacan calls the Phallus, is impossible, and it is this impossibility or inability to live up to the symbolic law, that keeps meaning and identity open or in-process.
9. Newton (1972)
10. See, for example, Davis' (1999) reading of the French performance artist Orlan; Gabb's (1998) analysis of the work of Del LaGrace Volcano; Bell *et al.*'s (1994) account of lipstick lesbian and gay male skinheads; and Morkham's (1995) reading of *The Crying Game*.
11. See, for example, Jagose (1996), Harper (1999), and Schrift (1995).
12. See Meyjeau-Ponty (1962; 1964).
13. For further elaboration of this idea see Hennessey (1995), Sandell (1994), and Fraser (1999).
14. Similarly, Prosser (1998a) reads Venus' murder as symptomatic of the triumph of the heterosexual matrix.
15. Champagne (1995) offers a much more 'positive' reading of the ways in which *Paris Is Burning* could be said to offer a critical account of racism as a form of economic exploitation.

DURING THE 1980S CRITICAL THEORISTS became increasingly fascinated with the notion of ambiguity and, in particular, with bodies, genders, sexualities, and practices which appeared to defy traditional forms of categorisation. This focus on ambiguity continues in Queer Theory's concern with transsexual or transgendered bodies which, it is often claimed transgress, and thus help to dis-mantle binary oppositions such as male/female, nature/culture, heterosexual/homosexual, and so on. In this chapter we will look at some of the ways in which transsexualism and transgenderism have been understood and experienced and what kinds of politics such understandings have made possible.

Although the terms transsexual and transgender have been coined only relatively recently, a variety of forms of gender ambiguity can be found throughout history and in a huge range of cultural contexts.¹ Moreover, gender inversion, rather than being a new object of critical enquiry, was debated and written about by the early sexologists mentioned in Chapter 1. In fact, Prosser and Storr suggest that it was sexology that enabled the emergence of the terms and treatments that are available today (1998: 75). At the same time, Prosser argues that the recent shifts which have taken place in transgender theory and politics enable us to re-read the notion of inversion as it functions in sexology texts (1998b: 117). According to Prosser, the term inversion, at least as it was used by Krafft-Ebing, Ellis, Ulrichs, Westphal, and Hirschfeld, refers not to homosexuality (sexual inversion), but rather, to gender inversion, which may have little, or at times even nothing, to do with homosexuality.

This is apparent in Krafft-Ebing's *Psychopathia Sexualis* in which we find a discussion of what the author identifies as the four degrees of inversion. They are as follows: First degree: the 'simple

reversal of sexual feeling' which is attained when a person is attracted to someone of the same sex and yet simultaneously retains a measure of attraction for those of the opposite sex. Second degree: the masculinisation or feminisation ('eviration and defeminisation') of one's psyche and one's desire resulting in attraction only to those of the same sex. Third degree: 'stage of transition to change of sex delusion'. What this refers to is a state in which 'physical sensation is also transformed in the sense of *transmutatio sexus* [change of sex]' (cited in Bland and Doan 1998: 79). Fourth degree: *metamorphosis sexualis paranoica* [Delusion of Sexual Change]. This final stage consists of a transformation or inversion of sex. As Prosser states, in current terminology these degrees of inversion would be referred to as bisexuality, homosexuality, transsexualism, and intersexuality, respectively. If this is the case, same-sex desire 'constitutes only one of four (and the second least extreme) symptoms of inversion' (Prosser 1998b: 120).

Similarly, in *Studies in the Psychology of Sex*, Havelock Ellis originally used the term *sexo-aesthetic inversion* to describe gender ambiguity, but later decided that the term inversion was problematic due to its association with homosexuality. He thus coined the term *eonism* which is derived from the figure of the Chevalier d'Eon de Beaumont, an eighteenth-century French nobleman who was said by many to be female-bodied. Again, in 1910 Magnus Hirschfeld developed an account of four 'types' of gender ambiguity that cannot simply be reduced to, or explained in terms of, homosexuality. Hirschfeld's thesis rests on the claim that there are four things that differentiate the sexes, namely, sex organs, secondary sexual characteristics, the sex drive or inclination, and what he refers to as 'other emotional characteristics' (cited in Bland and Doan 1998: 97). The 'absolute' woman according to this model, would be someone who has a vagina, ovaries and other reproductive organs associated with female biology, secondary characteristics such as a 'womonly pelvis', not much body hair, a high voice, and so on, who is sexually passive and desires to be the object of male desire, and whose passions and emotions fit with those deemed 'feminine'. Interestingly, Hirschfeld states that 'these kinds of absolute representatives of their sex, are . . . only abstractions, invented extremes' (in *Ibid.*: 97). In reality, he claims, such creatures do not exist. Rather, every person contains, at least to a small degree, elements of the 'other' sex.

Further along the continuum, Hirschfeld identifies what he

refers to as 'sexual intermediaries', that is, people in whom a significant degree of discontinuity between the elements or gender characteristics outlined above is apparent. Consequently, it is possible, Hirschfeld claims, to classify gender ambiguous people in relation to the four categories. The first group consists of those with ambiguous sexual organs such as intersexed people. The second group is made up of people whose secondary sexual characteristics are supposedly at odds with their sex organs. For example, 'men with womanly mammary tissue . . . and women without such; women with manly hair such as manly beards . . . men with womanly pelvis (sic) . . . men with womanly bone and muscular structure . . . women with manly movements' (in *Ibid.*: 98).

Under the third heading we find 'persons divergent with regard to their sex drive'. What Hirschfeld means by this is passive men and sexually aggressive women, men who are attracted to butch-looking women, women who are sexually attracted to both 'feminine' men and 'masculine' women (bisexuals), those who desire people of the same sex (homosexuals), and so on. Finally, in group four we find 'men whose feminine emotions and feelings are reflected in their manner of love . . . their gestures . . . their sensitivity . . . [M]en who more or less dress themselves as women and live totally as such' (in *Ibid.*: 99), and vice versa. In short, Hirschfeld's work, like Krafft-Ebing's, identifies a range of forms of gender inversion, only a small portion of which (one in four) is consistent with sexual inversion or homosexuality.

One of the most interesting things about Hirschfeld's analysis is that he does not equate – as many of us are likely to – the donning of 'female' attire (by a man) with homosexuality. In fact, Hirschfeld argues that in most cases of transvestism – a term he coined to refer to 'the erotic drive to cross dress' – there is no evidence whatsoever of same-sex desire. One could argue that, on the one hand, the term transvestite allowed Hirschfeld to identify one particular example of gender inversion (to give it a 'special scientific stamp', as he put it) that is not necessarily coextensive with, or symptomatic of, sexual inversion. On the other hand, however, Hirschfeld was not entirely happy with the term since it seemed to him to refer only to the external side of the phenomenon, that is, to clothing (in *Ibid.*: 104). From his case studies he was led to believe that what he called transvestism also included, at least in some cases, something 'deeper', a desire or drive to sexually metamorphose.

earliest known case, he says, occurred in 1882 and involved the masculinisation of the genitals of Sophie Hedwig who then became known officially as Herman Karl. What such an intervention in fact involved is unclear and Nataf notes that details regarding the case are, at best, sketchy. In 1933 Niels Hoyers published an account of the Danish painter Einar Wegener's experience of various surgical interventions aimed at enabling her³ to live as her 'true' self – as Lili Elbe. Whilst some of the procedures attained a degree of success Lili died soon after an operation to construct a vagina.⁴

Both Nataf and Prosser also discuss the case of the British author and doctor Michael (née Laura) Dillon who in 1939 took advantage of very recent developments in the field of endocrinology and self-administered testosterone therapy. Dillon went on to have a double mastectomy and by 1945 (after thirteen operations over a six-year period) became 'the first FTM (female to male) transsexual to have full sex reassignment surgery' (Nataf 1996: 11). However, since the term transsexual was as yet unavailable, Dillon, and others like him, were forced to understand or articulate their identities using other, perhaps less appropriate, terms. As Prosser states, from the early 1900s homosexuality had begun to gradually replace inversion in medical literature, and concomitantly psychoanalysis began to gain precedence over sexology. What this meant was that a complex range of gender inversions now became equated with or collapsed into a fairly homogenous account of sexual inversion. As a result of such shifts, argues Prosser, Dillon and others were forced to articulate their transsexualism 'under the rubric of homosexuality' (1998b: 126). Nevertheless, as Prosser notes, Dillon's dissatisfaction with the available terminology is apparent in his book *Self: A Study in Ethics and Endocrinology* (1946) in which he attempts to differentiate between the homosexual in which he 'imitates and acquires' the traits and desires of the so-called opposite sex, and another type of being (the as-yet-unnamed transsexual) who 'seems to develop naturally along the lines of the other sex' (Dillon, cited in Prosser 1998b: 126), and who has always felt as if she or he were in fact a member of the so-called opposite sex. This nameless being is not represented in Dillon's text as someone who is in need of psychotherapy (which was the recommended clinical response at the time to homosexuality), but rather, as a person in need of physical alteration so that his or her body fits his or her mind – a claim Benjamin would reiterate a

Prosser reads Hirschfeld's dissatisfaction as symptomatic of the fact that 'his category of transvestite includes the transsexual' (1998b: 121) – a conceptual category or identity which at the time did not exist. Bullough and Bullough take a similar position, suggesting that of the seventeen cases of transvestism discussed by Hirschfeld, 'four might have become transsexuals had they lived at a later time' (cited in Prosser 1998b: 122). Thus for Prosser, Hirschfeld's work is evidence of the fact that sexology with its focus on gender (rather than sexuality) played a pivotal role in 'the discursive emergence of the transsexual' (*Ibid.*: 121).

The term transsexual, or more particularly, *psychopathia transsexualis*, was first used by David O. Cauldwell in 1949. In an article of the same name, Cauldwell, obviously alluding to Krafft-Ebing's *Psychopathia Sexualis*, describes the desire to live as a member of 'the sex to which ~~one~~ does not belong' (2001: 1) as a pathology or psychological disease which it may be possible to 'cure' but which it is ultimately better to somehow prevent. The category (transsexual) was subsequently depathologised, at least to some extent,² by Harry Benjamin, an American endocrinologist, who in the 1960s and 1970s played a crucial role in the development of sex-reassignment procedures and the establishment of gender identity clinics. For Benjamin, transsexualism is understood as a medical condition that can be cured in and through surgery. It is not a psychological illness, nor can it be equated with homosexuality.

In *The Transsexual Phenomenon* (1966) Benjamin posits an important difference between transvestism and transsexualism which hinges on the status of the sexual organs. He claims that 'true transsexuals', unlike cross-dressers, feel that 'their sex organs, the primary... as well as the secondary... are disgusting deformities that must be changed by the surgeon's knife' (*Ibid.*: 13–14). Whilst this distinction is important in that it enables us to think about the differences (as well as the similarities) between specific forms of gender ambiguity, it has nevertheless resulted in a number of problematic assumptions and practices that I will outline in due course. For the moment, however, I want to briefly explore the possibility that what we would now call transsexualism could have existed long before the term itself was coined.

Whilst Christine Jorgensen is most often cited as the first person to have undergone sex reassignment surgery in 1952, Zachary Nataf suggests that 'surgical intervention in sex conversion began to appear at the end of the nineteenth century' (1996: 10). The

decade or so later. As Dillon puts it: 'Surely where the mind cannot be made to fit the body, the body should be made to fit, approximately at any rate, the mind' (cited in *Ibid.*: 126).

Again, this attempt on the part of Dillon, and later Benjamin, to articulate an ambiguous form of identity that does not fundamentally consist of a desire for persons of the same sex, could be said to be double-edged in terms of its effects. On the upside, it makes visible significantly different forms of non-normative embodiment that require quite different responses, but on the downside, it tends to forge what in time comes to be an almost inextricable link between transsexualism and surgery. Such an association is something that most of us presume and many definitions of the term transsexual reinforce it. For example, in the glossary of *Lesbians Talk Transgender*, transsexual is defined as 'anyone who [1] wants to have or [2] has had, a sex-change operation, including [3] non-surgical transsexuals' (Nataf 1996: 63).⁵ This definition raises the question of exactly what a 'sex change operation' is, and what effects it produces. If it is not the case that one can entirely change sex through a single operation then what would we call a person who, for example, undergoes a mastectomy (breast removal), but chooses not to opt for phalloplasty (the construction of a penis)? We will return to this dilemma regarding definitions later in the chapter.

If we accept the idea that surgery is an essential aspect of transsexualism – and this is something that many transgender theorists have argued against – it is then necessary to ask who has been granted access to reassignment procedures, and under what conditions. In the ground-breaking paper 'The Empire Strikes Back: A Posttranssexual Manifesto' (1991), Sandy Stone claims that gaining access to surgical procedures is a difficult and often devastating experience. Those desiring surgery or hormone therapy must meet various requirements, and basically prove that they are in the 'wrong body', and that surgical intervention will 'rectify' this 'problem'. In the USA, for example, the Harry Benjamin International Gender Dysphoria Association Incorporated (HBIG-DA) has developed a set of standards that most physicians use in order to decide whether or not surgical and/or hormonal assistance is appropriate. Physical attractiveness, for example, is one factor that Judith Shapiro (1991) claims seems to feature significantly in clinical decisions about whether or not male to female reassignment surgery should take place. Stone makes a similar point when

she describes the Stanford Clinic (established, along with a number of similar institutions, in the late 1960s in the USA by Benjamin and others), as a 'grooming clinic' or 'charm school' (*Ibid.*: 290) that taught (MTF) transsexuals how to perform femininity in so-called appropriate ways.

Perhaps the primary criteria for access to surgery (presuming of course, that one could gain access to the clinic in the first place),⁶ was, and to some extent still is, the sense of being in the 'wrong body'.⁷ In fact, Stone argues that "'wrong body" has come, virtually by default, to *define* the syndrome' (1991: 297). This image of the transsexual as a man in a woman's body, or a woman in a man's body is common in transsexual autobiographies, and is epitomised in the following description of entrapment from Jan Morris' autobiography *Conundrum*. The post-operative Morris says:

If I were trapped in that cage [a male body] again nothing would keep me from my goal... I would search the earth for surgeons, I would bribe barbers or abortionists, I would take a knife and do it to myself. (1974: 169)

Not only does this impassioned statement illustrate the sense of being in the wrong body, it also seems to support Benjamin's claim that 'in the absence of surgery, transsexuals will engage in self-mutilation or suicide' (Califa 1997: 59). One could presume from this that transsexuals feel nothing but disgust for their 'biological' bodies, and in fact such feelings are read as indicators of transsexualism by many medical practitioners. Associated with this assumed self-loathing is the belief that (pre-operative) transsexuals cannot experience erotic pleasure from their genitals. Stone explains that in the heydays of gender dysphoria clinics such as Stanford, transsexuals who wished to be accepted for surgery would not dare to admit that they ever experienced genital sexual pleasure or that they masturbated, since such desires and pleasures would invariably lead to the charge of 'role inappropriateness' and would result in disqualification from the programme.

As Stone, Shapiro, and others note, prior to the emergence of (alternative) transgender discourses and activism, it was deemed appropriate and even necessary for pre-operative transsexuals to demonstrate a fetishistic obsession with genitals: to be rid of the ones they had, and to obtain the ones they wanted. This kind of relationship with one's genitals may sometimes seem strange to those who are not required to express such feelings, but as Shapiro points out 'transsexuals are... simply conforming to their culture's

criteria for gender assignment' (1991: 260). It is this sort of conformity though that has led to the accusation that far from challenging gender norms, transsexuals reinforce them. Sheila Jeffreys takes this position, stating that transsexuals are 'more loyalists than rebels. They demonstrate the extraordinary power of heterosexuality as a political system and are involved in the constant reproduction of its basic dynamic, masculinity/femininity' (1998: 89). Similarly, Thomas Kando says:

unlike militant homophiles, enlightened therapists, and liberated women, transsexuals endorse such traditional values as heterosexuality, domestic roles for women, the double standard of sexual morality, the traditional division of tasks and responsibilities, and the discreditation of deviant sexuality. Unlike various liberated groups, transsexuals are reactionary... they are the Uncle Toms of the sexual revolution. With these individuals, the dialectic of social change comes full circle and the position of greatest deviance becomes that of greatest conformity. (1973: 145)

It may be worth briefly raising the question here of whether or not it is the intention or the desire of most transsexuals to challenge patriarchy and heteronormative notions of gender, and whether or not it is right of us to suppose that transsexuals should desire to undertake such tasks. For many transsexuals it may well be the case that a crucial aspect of their survival is their capacity to 'pass'. Passing means being accepted as the gender one presents oneself as. It means not being denied a job, laughed at, beaten up, or even killed because one is 'weird'. This is a point raised by Ki Namaste (1996) in her critique of the tendency amongst contemporary critics to naïvely celebrate the subversive potential of transgender or transsexualism whilst ignoring the material difficulties and discriminations faced by transpeople on an everyday basis. Nevertheless, whilst the desire to pass may well be understandable, passing, or becoming invisible as a transsexual also has its downside. According to Stone, passing necessarily involves forgetting one's past or at least denying aspects of it that do not fit neatly with one's gender of choice. Passing involves telling a story, living an identity, that is supposedly seamless and unambiguous. As Stone notes, a 'transsexual who passes is obeying the... imperative: "Genres are not to be mixed. I will not mix genres"' (1991: 299). And here genre refers, at least in part, to gender: genders must not be mixed, one must be either a man or a woman.

Of course, not mixing genders essentially means performing

gender in a totally unambiguous way: it means being a perfectly feminine woman or a perfectly masculine man - a creature which Hirschfeld claims does not exist. And being a perfectly feminine woman or a perfectly masculine man necessarily involves reiterating heterosexual gender norms. So, for example, in Benjamin's scheme of things a 'successful' MTF transsexual would, for example, pass as a woman, marry a man who is older and wealthier than her, take on appropriate 'wifely' duties, and even keep her secret past well hidden.⁸ The embodiment of these sorts of norms and desires is nowhere more apparent than in the case of Venus Xtravaganza whom we discussed briefly in the previous chapter. However, rather than simply accusing transsexuals of being dupes or unthinking agents of heteronormativity, it may be more productive to think about the ways in which transsexuals, like everyone else, are both agents and effects of the world in which they live. Non-transsexuals also perform gender roles and identities in ways that are both conformist and transgressive. In fact, Shapiro claims that 'transsexuals make explicit for us the usually tacit processes of gender attribution... [T]hey make us realise that we are all passing' (1991: 257).

It is clear that for the most part, the medical establishment (and the values and beliefs that inform its practice) is intolerant of, and works to annihilate or 'rectify' ambiguity of any kind. In this sense, sex reassignment surgery and/or hormone therapy could be said to play a normalising, corrective role, at least as far as the medical profession is concerned. As Susan Stryker puts it, the medical profession's 'cultural politics are aligned with a deeply conservative attempt to stabilize gendered identity in the service of the naturalized heterosexual order' (1994: 242). Despite this, those who have undergone surgery and/or hormone therapy do not necessarily conceive of themselves as passive victims of an evil order who have unwittingly become tools of that order. Stryker adds: None of this, however, precludes medically constructed transsexual bodies from being viable sites of subjectivity. Nor does it guarantee the compliance of subjects thus embodied with the agenda that results in a transsexual means of embodiment. As we rise up from the operating tables of our rebirth, we transsexuals are something more, and something other, than the creatures our makers intended us to be. (Ibid.: 242)

Whilst at the beginning of this chapter it may have seemed that defining the term transsexual would be a pretty straightforward

task, what we have seen thus far is that transsexualism has been interpreted, evaluated, and constructed in a range of often conflicting ways, by both transsexuals and non-transsexuals. For example, transsexualism and homosexuality have sometimes been lumped together – perhaps inadvertently – under the term ‘inversion’ and, at other times, the two have been represented as unconnected modes of being. Furthermore, some people have argued that transsexualism is not just the same thing as homosexuality, but that transsexuals are homosexuals who are in denial. For example, Leslie Lothstein, an American writer who has been accused by many of transphobia, says:

the clearest motivation for transsexualism in both sexes has always been a despised homosexuality which caused men and women to believe they could not love their own sex without mutilating their bodies and professing to a new sexual identity which would make them really ‘heterosexual’. (cited in Jeffreys 1998: 81)

On the other hand, there are transsexuals such as Mario Martino (1977) (a FTM) who are adamant that they are (and were prior to surgery) heterosexual men who love heterosexual women. Then, again, there are MTF transsexuals like Katherine Cummings (1993) who are sexually attracted to women and identify as lesbians. It is this latter group, transsexual lesbians, or more particularly transsexual lesbian feminists that Janice Raymond sees as epitomising patriarchy’s attempt to appropriate or even annihilate ‘real’ women.

In her infamous book *The Transsexual Empire* (1979) Raymond, a self-proclaimed radical feminist, says:

the male-to-constructed-female who claims to be a lesbian-feminist attempts to possess women . . . under the guise of challenging rather than conforming to the role and behaviour of stereotyped femininity [as is the case with the non-lesbian, non-feminist MTF]. (1998: 306)

Basically Raymond, whom California so aptly describes as ‘the Cassandra the goddesses of fundamentalist feminism have appointed to warn the rest of us against taking this Trojan horse [the transsexual lesbian feminist] into our gates’ (1997: 92), conjures up a dystopian scenario, a transsexual empire, reminiscent of *The Invasion of the Body Snatchers*’ (Shapiro 1991: 259). Here we find ‘she-males’ (MTFs) – as Raymond, refusing to recognise the possibility of transition, calls them – going to unbelievable lengths to possess

women’s bodies and, more particularly, the spirituality and sexuality of lesbian feminist women. The problem (as Raymond sees it), is that ‘male-to-constructed-female’-lesbian feminists do not renounce their masculinity. Evidence of this can be found, she says, in the fact that they are dominating, obtrusive, and desire to be in the limelight and in positions of power. Mary Daly, whom Raymond cites, goes one step further and argues that since MTF lesbian feminists have not suffered to the same extent as ‘ordinary’ women have under patriarchy, then they are likely to appear stronger, more confident, and self-assured than ‘female’ lesbian feminists. The fear is that this may well lead to a situation in which MTFs look like better candidates for lesbian feminism than ‘real’ women do. However, Raymond is quick to add that such an appearance is misleading since the MTF lesbian feminist ‘can only *play the part*’ (1998: 308) of the lesbian feminist, she (or he as Raymond would put it) can never really be one.

Far from supporting lesbian feminism, what in fact the MTF lesbian feminist does is appropriate ‘women’s minds, convictions of feminism, and sexuality’ (Ibid.: 308), penetrate the most sacred of women’s spiritual, sexual, and physical spaces, and ultimately, commit rape. As Raymond notes:

Rape . . . is a masculinist violation of bodily integrity. All transsexuals rape women’s bodies by reducing the real female form to an artefact, appropriating this body for themselves. However, the transsexually constructed lesbian-feminist violates women’s sexuality and spirit as well. (Ibid.: 308)

Now one may well argue that since the post-operative MTF lesbian feminist has been castrated – not only physically, but also symbolically – she is unlikely to have the sort of power that Raymond and Daly seem to unquestioningly accord her, the kind of power to violate that is associated with rape. However, Raymond counters this sort of claim by arguing that castration does not constitute what we might call de-phallicisation. In fact, quite the opposite is the case, at least as Raymond, following Daly sees it. Raymond says:

Because [MTF] transsexuals have lost their physical ‘members’ does not mean that they have lost their ability to penetrate women – women’s mind, women’s sexuality. Transsexuals merely cut off the most obvious means of invading women so that they seem non-invasive. However, as Mary Daly has remarked in the case of the transsexually

constructed lesbian-feminists their whole presence becomes a 'member' invading women's presence and dividing us once more from each other. (Ibid.: 309)

The phenomenon of 'men without members' is not, we are told, a new thing, and Raymond suggests that feminists would do well to examine the role that such people have played in other patriarchal cultures. Here she cites the figure of the eunuch, the memberless man whom other more powerful men have used to keep women in (their) place, that is, in the house, in the bedroom, in the harem. But whilst eunuchs were attached to women's spaces, even and especially those barred to other men, they were apparently also (and as a result) accorded great status. Similarly, MTF lesbian-feminists have, according to Raymond, gained access to women's spaces closed to other men, and consequently can, and do, 'rise in the Kingdom of the Fathers' (Ibid.: 310), since they serve the state well in the ways outlined above. On this rather lofty note I feel compelled to quote Califia who says 'with such fervour as this, the Roman Catholic Church put Galileo under lifetime house arrest for saying the Earth moved around the sun' (1997: 92).

Obviously Raymond's position is not one that is shared by all lesbians and/or feminists, although it is important to note that it has engendered and continues to inform debates about whether or not MTFs should be granted access to women-only spaces. A number of objections have been raised over the years in response to Raymond's book, and also to the work of feminists such as Daly and Jeffreys who, for the most part, share Raymond's position. One of the main problems that has been noted is Raymond's unquestioned acceptance of the euphemism 'once a man always a man' – regardless of what kind of surgical procedures and/or hormone treatments one undergoes. This is apparent in her use of the term 'male-to-constructed-female' and her insistence on the pronoun 'he' when referring to a MTF transsexual. One could argue then, as Califia does, that 'Raymond is a true-blue gender essentialist' (Ibid.: 93). If this is the case, then Raymond's position seems to be at odds with the anti-essentialist attempts to understand gender and embodiment that the majority of feminists have been formulating for the last three or four decades.

One could also argue that Raymond's disregard for, or silencing of, the experience and/or identity of transsexuals has an 'othering' effect that is anathematic not only to transsexual/transgender politics, but also to feminism. Raymond never allows transsexuals

to speak, nor does she recognise that the term transsexual inevitably includes a homogenous range of people from diverse racial groups,⁹ age groups, family groups, classes, who have different, and often conflicting sexualities, political beliefs, religious commitments, social positions, physical capacities, aspirations, desires, problems, and so on. This tendency in Raymond's work has been read by some as symptomatic of both transphobia and of a fear of difference more generally.

Another possible criticism that could be made of Raymond's thesis is that her explanation of why some people (men in Raymond's terms) would go to such extreme lengths to gain access to women's bodies and spaces, seems unconvincing. Raymond seems to offer two reasons. First, because this is one way to 'rise in the Kingdoms of the Fathers', and, second, because 'of the recognition of the power that women have, by virtue of female biology' (Raymond, cited in Califia 1997: 94). The first explanation seems particularly questionable given that there are all sorts of other, simpler, less painful, and more socially acceptable ways for men to gain social status. Moreover, it is debatable whether in fact MTFs are regarded by patriarchs and heteronormative institutions in the way that Raymond claims they are. Some would argue that as a result of being seen to have chosen an 'inferior' social position (the position of woman) the MTF, rather like the male homosexual, is reviled and punished by individuals and institutions that value the masculine principle.

In relation to the second explanation, Califia claims that the MTF's supposed attempt to possess what Raymond describes as 'female creative energies' associated with, but not reducible to, birthing, reads like a biological-cum-mystical myth of womb envy. Moreover, she argues that it is problematic, particularly for feminists, to equate the essence of woman with procreative capacities, even tangentially. One reason being that woman who do not or cannot give birth are then, by implication, relegated to the realm of non-woman. If this is not the case, says Califia, if the non-fertile (whether by choice or 'accident') woman nevertheless partakes of the mystical essence Raymond refers to, then why can't the MTF transsexual? And what of the intersexed person?

Raymond's response to the gender dissatisfaction experienced by transsexuals is to claim that this is not the result of an illness or disorder, but rather, is caused by patriarchy. Furthermore, she says that such feelings – although expressed using different

terminology – are also experienced by feminists. In a nutshell, then, the ‘problem’, as Raymond sees it, is not transsexualism (which is a mis-diagnosis), but ‘sex-role oppression’, and the ‘cure’ will not be found in reassignment surgery and/or hormone treatment, but in a (lesbian) feminist revolution, which ironically, as Califia notes, the MTF transsexual will not be welcome to participate in.

These kinds of debates over transsexualism and its relationship to both the medical profession and to radical politics, gave rise in the late 1980s to the notion of transgender. This term was originally coined by those who did not feel that the term cross-dresser was appropriate, given their commitment to full-time gender bending, but who did not desire to undergo sex reassignment surgery and thus did not seem to ‘qualify’ as transsexuals. It is now used to refer to a wide range of gender-ambiguous identities including cross-dressers, drag queens and kings, intersexed people, hermaphrodites, people who modify their bodies in a variety of ways and to varying degrees with or without hormones and/or surgery, butch dykes, fairies, she-males, bi-gendered individuals, those who see themselves as belonging to a ‘third sex’, androgynes, transsexuals, cyborgs, queers, and so on. In a sense, the term transgender provides an identity category and a sense of belonging to all those who have been excluded from gender identity programmes and denied access to surgery, and to all those who have felt marginalised by heteronormative values and institutions more generally. This collective sense of transgender could be said to inform and be informed by queer politics and the celebration of ambiguous and non-unified subject positions. It also allows people to identify as something other than a man or a woman, and, as Califia notes, ‘question[s] the binary gender system that generates these labels’ (1997: 225).

By the mid-1990s the popularisation of postmodern ideas, the shift away from a civil rights approach to queer politics, the emergence of a larger and more visible FTM contingent and of transgender studies, combined with a number of other important factors to ‘produce a change in the tone of transgender activism and its agenda’ (Ibid.: 223). Whilst transgender people and organisations continued (and still, by necessity, do) to lobby for greater access to surgery, policies which would enable changes to be made to official documents such as birth certificates, the right to marry, the right to adopt children, and so on, a more outspoken and ‘in your face’ kind of approach became increasingly popular amongst

those who, like Stone, felt it imperative to expand the bounds of culturally intelligible gender, and to speak in their own voices rather than ‘passing’ into silence and invisibility.

In most accounts of transactivism, at least as it developed in the USA, two events are cited as central: Camp Trans, and the Brandon Teena case. The first of these involves an annual protest by the activist group Transsexual Menace that first took place in 1994 outside of the Michigan Womyn’s Music Festival, an event for ‘womyn-born-womyn’ only. Transsexual Menace challenged the organiser’s concept of ‘woman’ and eventually gained the right for transsexual women to attend the festival.¹⁰ The second event which galvanised transactivists was the 1993 murder of a young gender-ambiguous person named Brandon Teena (or Teena Brandon) and the ensuing trial of those held responsible. A week before the murder the twenty-one-year-old Brandon had been abducted and raped by John Lotter and Marvin Thomas Nissen who were eventually charged with the murder of Brandon and two others. No doubt, these events and the lead-up to them would not have received international press coverage, nor have been the subject of heated debates, if it were not for the fact that they revolved around a gender-ambiguous person. It is even less likely that a film (*Boys Don’t Cry*) would have been made.

One of the interesting things about this tragic case is the competing ways in which the figure or corpse of Brandon has been classified, interpreted, judged, and fought over. As in *Boys Don’t Cry*, prior to his (or her) murder, Brandon wore what we would usually think of as men’s clothes, bound his (or her) breasts, used a prosthetic penis, had sexual relationships with women whilst claiming not to be a lesbian, and used names usually presumed to be male (Billy, Brandon, Charles). Nevertheless, according to C. Jacob Hale, at the hospital Brandon attended after the rape, the hospital chart was amended to read ‘Teena Brandon/F’ once it was ‘discovered’ that Brandon had a vagina rather than a penis (1998a: 311–12). The sheriff of Richardson County (Charles Laux) who dealt with the rape report was less convinced of Brandon’s female status, callously referring to Brandon as ‘it’. At least in *Boys Don’t Cry*, Brandon, when questioned by the authorities in connection with warrants for petty offences claims that he (or she) is experiencing a sexual identity crisis, although exactly what this means or entails is unclear. As Hale notes:

a state of crisis over identity, sexual and otherwise, characterizes not

only 'Brandon's' brief life but also the media attention devoted to this murdered youth. Much of this crisis finds its focal point in the necessity of being named. (Ibid.: 312)

As we have seen already, Brandon was classified as a female, an 'it', a non-lesbian, and someone whose sense of self was in 'crisis': he (or she) has been referred to as Brandon Teena and as Teena Brandon, as 'he' and as 'she'. So, which of these identities is the 'true' one?

Rather than attempting to define Brandon, it might be more useful to ask what the effects of naming are, who particular names serve, how and why. For transpeople, gays and lesbians, and in fact anyone who has been othered by dominant discourses and institutions, the importance of naming is abundantly clear, and in particular, the necessity to resist categories that are imposed by others and that are detrimental to the self. Transactivists are sensitive, as Hale notes, to the ways in which transgender or transsexual subjectivity can be rendered invisible, in and through the use of names and pronouns (1998a: 312-14). For example, calling the gender-ambiguous person who was raped and murdered by Lotter and Nissen, Teena Brandon, or referring to Brandon as 'she' or 'her', covers over any sense of ambiguity, or denies the chosen gender of the subject concerned as is apparent, for example, in Raymond's use of the pronoun 'he' when discussing MTFs.

Given this, it is not surprising that self-naming is a right held dear by transgender activists such as the following contributor to *TNT: The Transsexual News Telegraph* who states, 'It is Brandon Teena (never, not ever Teena Brandon) ... He (not Her, not ever Her because We decide who We are)' (cited in Hale 1998a: 313). Taking the same stance, Transsexual Menace protested against Donna Minkowitz's (1994) article in *Village Voice* entitled 'Love Hurts: Brandon Teena Was a Woman Who Lived and Loved as a Man: She Was Killed for Carrying It Off', arguing that Brandon was not really a woman who masqueraded as a man, and that Brandon's murder was not a case of misogyny. Rather, they claimed that Brandon was a transgender man (or even an M2M)¹¹ whose murder is an example of the most extreme kind of transphobic violence.

So, in short, there are those who refer to Brandon as 'he', those who use the pronoun 'she' to describe the murdered youth, and those who are not sure what to say or not to say. So where would we situate *Boys Don't Cry* in all this? Does the film portray Brandon as a girl masquerading as a boy, as a boy who just happens to

have a cleavage that we, along with Lana get a glimpse of, or as indeterminate? There are probably all sorts of responses to this question and it would be interesting to consider why we read the character of Brandon in the ways that we do, what sort of filmic devices and conventions encourage or discourage particular readings, and how, what effect the choice of an actress like Hilary Swank (who plays the part of Brandon) might have on our responses to the story, the character, and the issues of transgender and transphobia. Rather than engage in this sort of analysis here, I want to briefly mention a common tendency amongst students when discussing the figure of Brandon. Whilst most students in the Queer Theory course that I teach are happy enough to refer to Brandon as 'he', there nevertheless comes a point, or more particularly two points, at which this becomes extremely difficult. The two moments in the film that create a dis-ease with the use of the male pronoun are the rape scene, and the scene in which Brandon begins to menstruate. At this point in the seminar discussion almost everyone begins – more or less unconsciously – referring to Brandon as 'she': 'when she is raped', 'when she gets her period'. What this illustrates is the degree to which bodily being is culturally intelligible only within very strict gender parameters. For most people, the notion of a man who menstruates is even more unfamiliar (and therefore unintelligible) than a giant caterpillar who smokes a hookah. But if, as Judith Halberstam argues, gender is a fiction which we all live in varying ways, then it must also be possible to rewrite bodily being, to 'rewrite the cultural fiction that divides a sex from a transex, a gender from a transgender' (1994: 226).

If we fail to deal with unfamiliar modes of embodiment by rendering them intelligible in terms of existing gender categories – that is, by 'proving' that, for example, Brandon really was a man or a woman – then we reinforce the idea that subjectivity is singular, unified, unambiguous, and knowable. We also, as Hale points out, overlook or deny our own complicity in the construction of the other – a construction that is informed by one's own norms, political investments, embodied history, sexuality, and so on, and not necessarily those of the person concerned. Thus one could argue that any naming of Brandon, no matter how well intentioned, appropriates the transgendered body by explaining away or veiling over any ambiguous or incongruous elements that might disturb the coherent image that we desire.

Hale claims that locating Brandon solely in terms of any one identity category constitutes 'a refusal to acknowledge that this person was a *border zone dweller*: someone whose embodied self existed in a netherworld constituted by the margins of multiple overlapping identity categories' (1998a: 318). Such a position involves recognising that identity categories are never discrete or self-contained. Rather, the supposed boundaries between them are permeable, undecidable, constantly shape-shifting. Perhaps then we might understand transgender as an attempt to move beyond dichotomies, to embrace the figure and the logic of the 'border zone dweller', or 'monster' in Susan Stryker's (1994) terms.

Whilst this may seem like a simple enough solution to the divisiveness caused by the debates surrounding transsexualism and, to some extent, transgender, it nevertheless can lead to quite different (and possibly contradictory) theoretical and political positions and forms of activism. For example, Kate Bornstein in suggesting that the word transgender be used inclusively to mean 'transgressively gendered' advocates a kind of queer utopia, 'one great big happy family under one great big happy name' (1994: 134) in which unity takes precedence over, or blissfully ignores, diversity. As we saw in Chapter 3, this sort of notion of inclusiveness ignores the fact that different sub-groups within a group have different histories and different goals and agendas. As Rita Felski puts it, transgender's 'elevation to the status of universal signifier . . . subverts established distinctions . . . but at the risk of homogenizing differences that matter politically' (cited in Prosser 1997: 321). It is for this reason that, for example, Hale (1998b) develops an analysis of the differences between FTMs and non-transsexual men, and more specifically of their relationships to feminist theory and practice; Halberstam (1994; 1998) examines the continuities and discontinuities between FTMs and butch lesbians; Cromwell (1999) considers the relationship between female-bodied individuals who, in the past, lived as men for socio-economic reasons, for (homo)sexual reasons, or because they identified as men; and Roen (2001) explores why it is that transgender issues 'might require different subversive strategies, and different theoretical workings, according to the racial positioning of the transpeople concerned' (Ibid.: 261). What all this points to is the need to recognise that

Many bodies are gender strange to some degree or another, and it is time to complicate on the one hand the transsexual models that assign gender deviance only to transsexual bodies and gender normativity to

all other bodies, and on the other hand, the heteronormative models that see transsexuality as the solution to gender deviance and homosexuality as a pathological perversion. (Halberstam 1998: 153-4)

NOTES

1. See, for example, Krafft-Ebing's (1965) account of the case history of Count Sandor; Havelock Ellis' (1908) discussion of Miss D., and the Chevalier d'Eon de Beaumont; the story of Herculeine Barbin edited by Foucault (1980); Shapiro's (1991) discussion of the *berdache* of North America, the *xanilh* of Oman, and woman-woman marriage in various parts of Africa; Donoghue's (1993) account of 'female hermaphrodites' and 'female husbands'; and Epstein's (1990) analysis of the figures of the hermaphrodite and the transvestite in European history.
2. Nevertheless, whilst Benjamin's theory and treatment of transsexualism were widely accepted, transsexualism was added to the *Diagnostic and Statistical Manual (DSM) III* of the American Psychiatric Association in 1974 - the same year that homosexuality was removed from the list of psychosexual disorders.
3. As far as is possible I have chosen to use the pronoun preferred by the person under discussion.
4. For a fictional account of Einar/Lili's life, see Ebershoff (1999).
5. One of the problems that results from the association of transsexualism and surgery, is that divisive hierarchies then form between and amongst transsexuals. See, for example, Denny (1995).
6. Obviously not everyone had equal access to such institutions. Factors such as race, class, age, criminal history, religion, and so on, would all impact on an individual's experience of transsexualism or gender ambiguity and on his or her (capacity to) access discourses, information, and institutions surrounding and informing sex reassignment.
7. Cromwell (1998), like many other contemporary transgender theorists, argues that "'wrong body" is an inadequate description of an individual's experience of their body not being part of their "self"' (Ibid.: 127). He suggests that rather than accepting such a notion, we instead ask 'for whom is the body "wrong", . . . for whom is surgery "corrective"' (Ibid.: 127) and isn't this sense of 'wrongness' in fact the result of sexed/gendered ideologies that mandate what it is that constitutes 'femaleness', and 'maleness' (as the only possible modes of being)?
8. See, for example, Benjamin (1966) pp. 125-6.
9. For an interesting account of the ways in which race effects the experience of transsexualism, or 'gender liminality', as she calls it, see Roen (2001).

10. For a more detailed account of Camp Trans, see Califia (1997), and Wilchins (1997) who also discusses other activist events organised by Transsexual Menace.
11. According to Califia (1997), M2M (male-to-male) is a relatively new term that 'disputes the idea that transgendered men were ever women' (Ibid.: 232).

7

Queering 'Straight' Sex

AS MANY COMMENTATORS HAVE pointed out, despite the considerable amount of research on 'sexuality', heterosexuality remains, for the most part, relatively unquestioned.¹ It is, as Kitzinger and Wilkinson put it, 'always a silent term' (1993: 3). Heterosexuality has, in contemporary Western culture at least, attained the status of the natural, the taken for granted. This is evidenced not only in the dearth of critical analyses of heterosexuality, but also more literally in the 1970 edition of *The Shorter Oxford English Dictionary* which defines 'heterosexual' as 'pertaining to or characterised by the normal relation of the sexes' (cited in Overall 1999: 295). By the 1985 edition, however, the definition of 'heterosexual' had changed to that which 'involv[es], [is] related to, or characterised by a sexual propensity for the opposite sex' (Vol. 2: 2634).

So, according to this second definition, heterosexuality describes or names a desire for, or sexual contact with, someone whose sex/gender is different from, and opposed to one's own. This particular definition of heterosexuality is informed by, and informs, a dichotomous understanding of sex/gender, and here sex/gender is, at least implicitly, represented as something that just is, something innate, natural, unquestionable, or - in the terms of the earlier definition - normal.

However, presuming or tacitly accepting that heterosexuality is 'natural' or 'normal' does not simply make it so. In fact, if, as Foucault and others have argued, sexuality is a discursive construct that takes culturally and historically specific forms,² then heterosexuality is no more normal or natural than any other form of sexual relations. So why do most people accept, to varying degrees, cultural myths regarding the naturalness of heterosexuality? Richard Dyer offers the following explanations: