IN SEARCH OF EVE

Transsexual Rites of Passage

BY ANNE BOLIN

In this first comprehensive study of transsexual "rites of passage," Anne Bolin illuminates the array of social, psychological, and physical changes experienced by people in the process of changing gender.

In these stories of symbolic death and rebirth, the author illustrates how the rituals that accompany each stage of transition are integral to successful transformation. Her case studies also poignantly represent the extent to which gender roles are culturally constructed.

As one transsexual comments,

"Ms. Bolin places the emphasis where it should be—on the fact that the life of a pre-operative transsexual is a quest for identity not unlike anyone else's . . . that while my search for truth, change, growth, and comfort was not taking place in a usual fashion, it was, and is, a search common to all people."

"Highly stimulating, informative and at the same time a sincere and valid direction in a quest for a better understanding of transsexualism and cross-gender behaviors."
—Ariadne Kane,
The Human Outreach & Achievement Institute

"A fascinating study, perceptive and well-written, an excellent piece of work."
—Martin S. Weinberg
Indiana University

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Transsexuals and Medical-Mental Health Caretakers

Apart from the Berdache Society, two other reference groups have a major impact on transsexuals: the medical community (psychiatrists, surgeons, endocrinologists, etc.) and the mental health professions (psychologists, counselors, social workers, etc.). The interaction of transsexuals and their medical-mental health caretakers is the focus of this chapter.

The medical and mental health caretakers are crucial to the transsexual's transition from male to female. They provide the services of therapy, hormonal management, and surgical reassignment. The link betweeen caretaker and client is established through medical policy that directly bears on the transsexual client consumers, a policy formulated by the Harry Benjamin International Gender Dysphoria Association, whose membership consists of psychiatrists, surgeons, endocrinologists, and mental health professionals.

The formalized *Standards of Care* (Berger et al. 1980) that transsexuals must follow outlines the rite of transition, providing agenda and ordeals. These standards are ritualistic in the sense that they are "prescribed, rigid [and uniform] and have a sense of rightness about

them" (see Bossard and Boll 1950: 14). Chapple suggests "[m]uch of what is being developed under the name of therapy, administrative medicine and the like is ritual in disguise . . ." (1970: 302). Indeed the guidelines set forth for the care of transsexuals can be viewed as the medical and mental health caretakers' "management of life crisis" through ritual mediation (cf. Chapple 1970: 302). The medical and mental health sectors are providing medical policy that in a general sense helps modern people cope with change by formulating procedures that, if followed, make things right. By devising medical policy that provides guidelines for the transsexual's transition, the caretakers are regularizing the transsexual's transition in the form of stages and schedules for changing status (cf. Chapple 1970: 303). They are specialists of change, operating in the role of "officiating personages" in their own secular rituals, restoring equilibrium and stability to individuals' lives and to their relations to society; they are akin in many ways to the role functions of the shaman (see Posinsky 1962: 384–85; Chapple and Coon 1942: 397).

The medical requirements that the transsexual must fulfill are functionally equivalent to rites in less technologically sophisticated societies, as these ensure a greater chance of success. To follow the ritualized requirements set forth by the Harry Benjamin International Gender Dysphoria Association is to avoid disaster. These ritualized ordeals are based on medical-mental health research to date and are designed to weed out the poor surgical risks. If the transsexual accomplishes all the requirements in the *Standards of Care*, she is considered to be a good risk for surgery.

The *Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons* (Berger et al. 1980) is a document, the first of its kind, initially approved by the attendees of the Sixth International Gender Dysphoria Symposium in 1979, and subsequently revised and approved in 1980 and 1981. The purpose of the *Standards of Care* is to provide an "explicit statement of the appropriate . . . [treatment] to be offered to applicants for hormonal and surgical reassignment." It is an effort to provide uniform care where previously a plethora of ideas on the subject abounded and is, therefore, a document that may be referred to by the caretakers and whose minimal requirements are recommended strongly (Berger et al. 1980: 2, 5).

The item described in *Standards of Care* as most important to the pre-operative individual is the "psychological evaluation." It is simply

the caretaker's estimation of whether the applicant is a good risk for hormonal and surgical reassignment. Before she may obtain hormones, the transsexual must procure a written recommendation for such therapy from a psychiatrist or psychologist who has known her in a "psychotherapeutic relationship" for a minimum of three months. In order to qualify for surgical reassignment, she must present the surgeon with two written recommendations: one from a psychiatrist and the other from a psychologist or psychiatrist. One of these recommenders must have known the client in a psychotherapeutic relationship for six months. In addition, the transsexual must provide evidence that she has lived for one year in a full-time capacity as a female (Berger et al. 1980: 7, 9).[1]

Living full-time as a woman means adapting to the female gender role 100 percent of the time. This is the "real life test" in which the transsexual must demonstrate that she has been "rehabilitated hormonally, socially, vocationally, financially and interpersonally" in her new role as a woman (Money and Walker 1977: 1292). Any surgeon who performs surgical sex reassignment without obtaining two recommendations indicating these requirements have been fulfilled and that the transsexual in both the psychiatrist's and/or psychologist's estimation is a good risk for surgery is considered guilty of "professional misconduct" (1980: 5, 7–9).[2]

The *DSM-III*, the *Diagnostic and Statistical Manual of Mental Disorders*, published and endorsed by the American Psychiatric Association (3rd ed., 1980), justified the *Standards of Care*. It is a manual of criteria to aid the medical and mental health caretakers in assigning a client to a psychiatric category. An "accurate diagnosis" of a client's psychiatric condition is considered a prerequisite for therapy (MacRae 1976: 204). In this sense, the *Standards of Care* require that the psychological evaluation

> for hormonal and/or surgical sex reassignment should, in part, be based upon . . . how well the patient fits the diagnostic criteria for transsexualism . . . in the *DSM-III* category 302.5X to wit:
>
> A. Sense of discomfort and inappropriateness about one's anatomic sex.
> B. Wish to be rid of one's own genitals and to live as a member of the other sex.
> C. The disturbance has been continuous (not limited to periods of stress) for at least two years.

> D. Absence of physical intersex or genetic abnormality.
> E. Not due to another mental disorder, such as schizophrenia (1980: 5).

It is undeniable that the *Standards of Care* are valuable in preventing irreversible surgical mistakes. These guidelines ideally provide protection for both the clients and the caretakers. Yet, inherent in the *Standards of Care* and in the policy relations of caretaker to client is an inequity in power relations such that the recommendation for surgery is completely dependent on the caretaker's evaluation. This results in a situation in which the psychological evaluation may be, and often is, wielded like a club over the head of the transsexual who so desperately wants the surgery.

Such power dynamics often breed hostility on the part of transsexual clients. Amara, a transsexual, summarizes her feelings of anger typical of transsexuals toward caretakers:

> If, as a preteen you express your desires, you'll be told it's a "phase" and you'll grow out of it. And if you don't grow out of it, you'll be sent to a doctor who will "put you away" for being crazy. Since at this point you can't even put a label on your feelings, how can you argue? As a teenager you'll probably discover the label for what you think you might be, but because most of the information available is written for professionals, you won't be mad. Should you again present your thoughts to your parents/doctors/teachers/counselors you'll probably be told you're not transsexual, you're gay and even if you are transsexual, couldn't you please switch to gay anyway? As an adult, you'll not only figure out what you are, you'll take some action to correct what you perceive to be a gross injustice. At this point you will be told you will have to convince two "mental health specialists" that your feelings are real and you are emotionally stable, that you must work at a job for which you were not trained since your job skill will not be transferrable, you must save a year's wages or more for the surgery since insurance companies define it as voluntary, cosmetic, non-essential surgery, that you must do all this while conforming to the doctor's idea of a woman, . . . not necessarily yours, and that even if you meet all the requirements and go ahead with the surgery you'll be no happier than you are now—in effect, all the hassle will produce no net change in your life so why do you want to bother? And through it all, you'll get

the impression the "professionals" not only know less about the subject than you, they're more interested in protecting their malpractice insurance than your well being. The attentive listener will have noted one common element about the preceding scenario: at no point are the transsexual's feelings acknowledged as legitimate and deserving of action. How else could we feel but hostile?

While Amara's hostility may be more open and articulate than most, I have noticed generalized animosity toward the psychiatric profession indicative of an inherent imbalance in power between mental health caretakers and transsexuals. Taking this into consideration, many of the professionals' claims that transsexuals are resistant to counseling may be viewed in light of such dynamics (Star 1982: 18; Pomeroy 1975: 217). Inequity in transsexual power relations, vis-a-vis their caretakers, is a far more reasonable interpretation for resistance to therapy than resorting to psychodynamic explanations such as "immaturity and inability to separate from her mother" (Star 1981: 182) or the inability to want to deal with "deep seated conflictive tensions, desiring only superficial treatment by a sympathetic professional" (name withheld).[3] My own research indicates that most transsexuals have spent a significant portion of their time coping with their existential gender *angst*. Finding the label transsexual and applying it is not an overnight event. Transsexuals are consequently deeply analytical, based on a long history of self-questioning.

In order to protect the practitioners and the transsexual from an irreversible mistake, power weighs on the side of the caretaker, and this fosters resentment by transsexuals. It is certainly a dilemma, especially in light of Pomeroy's view that one of the major tasks of a therapist in treating a transsexual is to promote a nonevaluative and nonjudgmental therapeutic encounter (1975: 3218). Yet this evaluation is at the crux of the unequal power relations and one that is unavoidable.

In this lopsided interaction the client is vulnerable to the caretaker's subjective conceptions about what constitutes evidence for a *DSM-III* classification of transsexualism and a good surgical risk. As innocuous as the *DSM-III* criteria for diagnosis appear, a great deal of reading between the lines occurs via the transsexual literature that is used by the professional in a subjective estimation of the client's status.

It is at the interface of diagnosis and the psychological evaluation

that the problems of theoretical misconception, stereotypical expectation, and generalization occur. The mental health caretakers struggle to understand a phenomenon that in its surgical resolution dates from 1953. In order to treat a client they must rely on the research in the field of gender dysphoria. This research includes alleged commonalities of transsexualism that become elevated to the level of diagnostic criteria. My own research, including a reading of the literature, attendance at the 7th International Gender Dysphoria Association meetings, and communication with transsexual caretakers, suggests the widespread use of etiological correlates and behavioral characteristics attributed to transsexuals as diagnostic criteria.

Stereotyping clients occurs on two levels. One is the presumed homogeneity of transsexuals, but another more fundamental assumption about the phenomena is embodied in the *DSM-III*. Germane to the *DSM-III* is a "mental illness paradigm" for diagnosing an individual's problems (Smith 1981: 23). "[It] . . . assumes a priori an intraorganismic locus of all psychic ills" (Schacht and Nathan 1977 in Smith 1981: 23). Social and cultural variables are then necessarily subordinated to the mental illness perspective (Sarason 1981: 827). It is paradoxical that concepts of mental illness are actually rooted in the sociocultural matrix that then spawns a "social policy that has called people sick, and therefore, has had to find illnesses for them (MacRae 1976: 230).

The transsexual is labeled mentally ill and ipso facto in need of psychiatric care. This premise is formalized through the psychological evaluation requirements in the *Standards of Care*. The problems of stigma and the possible impact of the mental illness label are overlooked. The "intraorganismic" or person-centered approach considers the therapeutic encounter as the primary factor in transsexual mental health, yet a great deal of conflict resolution occurs simply through adopting the full-time female role. Living and working as a woman for a year may be the single most important factor in resolving gender identity conflict. In fact, in a personal communication to Feinbloom, Richard Green "suggested from his follow-up of transsexuals, that presurgical counseling was not necessarily the major factor in postsurgical adjustment" (1976: 54). I am by no means intimating that the presurgical counseling is not necessary as a concomitant of a real life test, but that the mental illness model overestimates the importance of psychiatrists and other mental health professionals as diagnosticians.

Perhaps their importance resides instead in their roles as caretakers, gatekeepers, and legitimizers. These roles of practitioners are a major contribution to the transsexual rite of transition, providing order and invaluable cultural support. Mental health caretakers, like medical professionals, provide symbolic and hence "real" validation for the transsexual's pursuit of womanhood. They legitimize the societally held beliefs that people who are women should have vaginas. Like shamans in other cultures, the medical and mental health practitioners "heal and protect the community from harm. . . ." (Miller and Weitz 1979: 555–56) supplying an official and dramatic way for people with penises to become people with vaginas, the only proper claimants of the female gender role. This protects our cultural notions of the relations of genitalia and gender role and ensures that the female gender will not be profaned by a permanent class of genital imposters.

Practitioners are possibly overlooking their important ritual functions in assisting the transsexual's transition by providing guidelines and ordeals that are interpreted symbolically as acts of becoming by the transsexual and validation for her claim as heiress to the female role. At the same time, the *DSM-III* categorization of transsexualism as a mental disorder lends propriety and respectability to the role of the caretaker, particularly to psychiatrists, legitimizing their affiliation with transsexuals. Transsexualism is now recognized as a bona fide medical and psychiatric condition. One psychiatrist's comment at the 7th International Gender Dysphoria Symposium indicates the priority of caretakers' concerns for their own validation within their profession via the *DSM-III*. This particular psychiatrist, a most sensitive therapist and advocate of transsexuals, states:

> Although consumers don't like the *DSM-III* classification . . . it has legitimized gender dysphoria . . . in that it is now a legitimate psychiatric diagnosis. While the surgeons of gender dysphoria are feeling out of mainstream medicine . . . , the psychiatrists have been getting more acceptance now that they are validated by the *DSM-III*.

Thus psychiatrists have enhanced their own credibility at the expense of stigmatizing their clients as mentally ill.

Of course, caretakers within their own professions are victims of the pollution of stigma attached to their clients (see Goffman 1963: 30).

The caretakers, by giving psychiatric status to transsexuals, are engaged in their own stigma management. The gender dysphoria professionals validate their own position by declaring transsexualism a medical problem rather than a moral or social problem. Medical labeling through the *DSM-III* is a mechanism whereby psychiatrists, psychologists, and other mental health workers can keep their own identities pure and uncontaminated.

The imbalance of power relations germane to transsexual-caretaker interaction along with transsexual resentment of psychiatric classification as a mental illness has culminated in transsexual hostility and distrust towards caretakers, particularly psychiatrists. Such feelings unfortunately override, and in some ways offset, the great concern and advocacy efforts of many psychiatrists and psychologists.

The *DSM-III* classification is one mechanism whereby all transsexuals are lumped together and pigeonholed. Concepts of transsexual homogeneity are perpetuated in other ways, such as the application of popular and prevalent notions about etiological and behavioral concomitants. I have isolated four such alleged attributes proposed by well-known researchers of gender dysphoria. These are: 1. dominant and overprotective mothers in association with absent fathers, in a physical or emotional sense (Stoller 1968; Green 1974a and 1974b); 2. effeminate childhoods (Green 1974a and 1974b; Stoller 1968; Money and Primrose 1969); 3. the penis as an organ of hate and disgust (Benjamin 1966; Green 1974a and 1974b); and 4. heterosexual orientation; males are deemed the appropriate sexual object choice for the transsexual since her gender identity is female (Benjamin 1966; Walinder et al. 1978; Pomeroy 1975; Kando 1973; Raymond 1979).

I have found no support in my own research that any of these conceptions are invariably associated with transsexualism. What is significant is the *heterogeneity* of careers in the transsexual research population. They could not be typified except in the sense they each have had a long history both of wanting to become a woman and of cross-dressing. They are a diverse group with complex biographies, psychosexual histories, and a variety of strategies for coping with gender identity conflict. While some evinced one or more of these characteristics, others conformed to none. Among the transsexuals I have questioned on these items, I found no justification for the use of any of these characteristics, either alone or in combination as diagnostic markers, predictive of transsexualism.

My research on these four attributes of transsexualism is subject to the same critique as much of the literature on transsexualism. Statistical analysis of transsexual correlates is largely dependent on sample size.[4] To base etiological correlates on a small and obviously self-selected sample is certainly methodologically unsound. Much of the research is unfortunately grounded on just such samples, and even where sample size is large, a number of confounding variables can affect the results such that bias and the question of representativeness are pertinent.

Although the results of my research on these four attributes of transsexualism may be influenced by regional bias and the uniqueness of the research population, one cannot attribute the heterogeneity of this population solely to these factors. This heterogeneity bears some scrutiny.

Mother-Blame Theories

The first of these correlates is what I shall refer to as the "smother mother," absent-father theories, or theories of mother-blame.[5] My data on mother-blame etiological theories, as in the case of the other three diagnostic markers of transsexualism, come from interpretation of psychosexual history questionnaires and through participant-observation that serves as a check on the questionnaire data. Transsexuals, in discussion and in questionnaire responses, do not resort to mother-blame/absent-father theories as an emic explanation for the phenomenon. They simply state they just do not know, although they are certainly aware of popular etiological theories. In their own histories, transsexuals were for the most part struck by their own normal lives. Eleven transsexuals responded to questions about their family histories and relations formulated to assess the impact of dominant mothers and absent fathers. Of these, one is from a divorced family and another's father died when she was twelve. The former individual was without a father between the ages of nine and twelve, at which point the mother remarried. The stepfather in this case traveled a great deal and was not a significant influence in this transsexual's subsequent junior high and high school years. The latter individual's father was a solid partner in the family until his death when the transsexual was twelve. Thus two transsexuals had a physically absent father after nine and twelve, respectively. The remaining nine transsexuals grew up in rather mundane, two-parent households, reflected in Eunice's quip: "I grew up in an Ozzie and Harriet family."

The fathers emerged as traditional males who were disciplinarians. They were not overly warm or affectionate in the families of eight transsexuals. The other three transsexuals report close, warm, and loving relationships with their fathers.[6]

Relationships with mothers also run the gamut of parent-child relations. The transsexual who lost her father at twelve grew to resent her mother's expressions of love, although as adults they have a very warm and loving relationship. Her mother is one of the few mothers who unequivocally accepted her child as a female. The others' relationships may be categorized as warm and loving (N = 5), solid but not particularly close (N = 3), rocky (N = 1), and distant (N = 1). Nine of the eleven have stable relationships with their mothers expressing variation in terms of maternal expressions of love. Two have distant and unpleasant relationships with their mothers.

In assessing dominance in family dynamics as an indicator of smothering mothers, mothers and fathers are equally dominant in different domains or in the same spheres of influence (N = 8), mother dominant (N = 1), and father dominant (N = 2). The eight relationships in which dominance and authority are shared reflect traditional concepts of fathers' formal authority and role as disciplinarian and mothers' informal power in child rearing and other areas of decision making. Additionally, none of the transsexuals slept in the same bed with the mother, a characteristic sometimes associated with smothering, overly close, and protective mothers (Green 1974a: 231–32).

In searching for other evidence of dominant and overprotective mothers, transsexuals were asked, in an open-ended fashion, if any had a special relationship with a family member. Of these, one mother is cited as the source of a special relationship in that she would talk and play a great deal with the child. The others responded: no special relationship with any particular family member (N = 7), a special relationship with sister (N = 2), and a special relationship with grandmother (N = 1). Of those who had special relationships with women (N = 4), none reported excessive physical contact.

Illness is a possible concomitant of maternal overprotection. I found nothing unusual in the medical history of childhood and adolescence in eight of the eleven transsexuals. Of those with unusual medical

histories, one transsexual noted an undescended testicle that was removed at age six. Another had constriction of the urethra at about age three, and one had yellow fever when she was nine years old. These three illnesses afforded opportunities for overprotectiveness, yet their descriptions indicate that this did not occur.

A variant of the "smother mother" theme and another source of mother-blame theories found in the literature relates to the issue of cross-dressing. The mother who suffers her own gender conflict (Stoller 1975: 38–55; Rosen 1969: 661), who desired a female child, or who, for any reason, may dress the boy in female clothing (Green 1974a: 217–19) is, however, not the only source of cross-dressing for the little boy. Regardless of motivation, Green (1974a: 217–19), Rosen (1969: 661), and Driscoll (1971: 30) note the influence of other people who facilitate the prototranssexual's cross-dressing. Green has found mothers (in 15 percent of the cases), sisters (in 18 percent of the cases) and grandparents (in 10 percent of the cases) cross-dressed the child, thereby setting a precedent for future feminine behavior. In contrast, my research revealed not a single transsexual in the present population had been aided or encouraged in cross-dressing by a family member or external source.

The outcome of my research into dominant-mother/absent-father etiological correlates suggests that this theory is not necessarily a predictor or correlate of transsexualism. Transsexuals may have average family histories and still suffer gender identity conflict. An unremarkable family history is not necessarily a contraindication of a transsexual's status.

Effeminate-Childhood Theories

It has also been proposed that one characteristic of transsexuals is an "effeminate" childhood (Stoller 1968: 251; Green 1974a: 212–13; Money and Primrose 1969: 131). Stoller goes so far as to suggest that only the most effeminate males with a history of effeminacy should be operated on (1968: 251). Effeminacy can be expressed in a number of ways, but Green believes that accusations of "sissy" are a good indicator of effeminacy and a source of later gender confusion (Green 1974a: 241; Money and Primrose 1969: 119). The label sissy can exacerbate other aspects of the child's life that enhance confusion and

prevent normal social relations with other children. Of those who responded to a question on this subject (N = 11), five had been called sissy on occasion in their childhood and six had not. The insult sissy was used by other children generally as a result of the transsexual's avoidance of contact sports. Those who were not labeled sissy were active in sports, and several transsexuals used sports to hide their secret. Others report thinking that if they engaged in male sports activities, pursuing the male role with a vengeance, their conflict would go away and they would become males like other boys. This latter strategy is akin to imitative magic whereby the male role carries with it an identity that can be coopted; thus to act as a male was to be a male.

It is difficult to assess whether an individual was called a sissy because she was an effeminate boy or because she did not participate in traditional male sports activities. One transsexual, who was called a sissy in grammar school, later pursued the role of a "brain" in high school. The sissy name calling ceased when she found another male role option outside the traditional athletic sector.

Of the ten transsexuals I saw in their male roles prior to significant changes as a result of hormonal reassignment, only one was effeminate in a manner associated with effeminate or "nellie" homosexual men. This individual revealed a long history of being called sissy. She also is the only transsexual who has trouble passing as a full-time woman. She no longer is called sissy but when in public is called by the adult insult equivalent of "queer" or "faggot."

The labeling of sissy and later homosexual is an important issue in the diagnosis of secondary transsexualism. According to Person and Ovesey (1977: 316–24) and Money and Walker (1977: 1289–90), the secondary transsexual is an individual whose sexual object choice is male, who is effeminate in mannerisms, and whose transsexual identity is evoked in response to stress, such as losing a significant other. Secondary transsexuals may seek the surgery as a more legitimate expression of their male-to-male sexual object choice than being a homosexual. Effeminacy must therefore be carefully evaluated as a characteristic of secondary transsexualism that calls into question surgery. If transsexualism is a homosexual solution to stigma or stress, then will the surgery fulfill its purpose as conceptualized in the *Standards of Care* as "improving the quality of life as subsequently experienced . . ." (Berger et al. 1980: 4)? Some, such as Gottlieb (1980: 11–12), have questioned whether an effeminate childhood is a nec-

essary concomitant of primary transsexualism defined by Person and Ovesey as neither predominantly heterosexual or homosexual in history of sexual object choice and essentially neutral in gender presentation (1974: 316–24). Such a definition questions effeminacy as a diagnostic marker in primary transsexualism.

The Penis as an Organ of Hate and Disgust

Benjamin is largely responsible for suggesting that transsexuals view their penises as organs of hate and disgust (1966: 21, also Green 1974a: 190). My own research population holds a variety of attitudes, from those endorsing Benjamin's views to those who perceive the organ as simply there, although unwanted. The latter have a more relaxed attitude about it such that an individual can masturbate without guilt, enjoy the sensations of pleasure and orgasm, and mitigate sexual utilization of the penis through fantasy by imagining penetration or manipulation as a woman with vagina.

In the responses of eleven transsexuals, three prevalent attitudes about the penis and its sexual use emerged. One individual did not use her penis at all as a sexual organ. In this regard she stated: "I can't stand to use it any more even for those necessary daily functions." Two masturbated with the penis, but felt guilty about it afterward, such as one who revealed: "After masturbation I feel extreme distaste, and immediately after the waves [of orgasm] I feel dirty and sick." Others (N = 8) use the penis in masturbation or in a sexual encounter. They would rather be rid of it but had the perspective that "it's there," "it gives one pleasure, so why not use it?" These transsexuals fantasize that the penis is a vagina and they are women. Several quotations from transsexuals illustrate this perspective:

> I view my penis as eventually being my vagina so the pleasure I am deriving from it now just happens to have the form it has. While masturbating I don't see it as my male organ.
>
> I don't feel bad about using any part of my body for physical pleasure.
>
> The penis is part of my body and it is capable of giving me pleasure. Why should it not be used for that purpose?

These transsexuals did not suppport Benjamin's idea that the penis is an organ of hate and disgust. This may be a result not only of greater tolerance and acceptance of one's sexuality pervasive in society, but of small group dynamics, whereby masturbation is approved, given credibility, and viewed as a natural outlet that did not jeopardize the individual's status as a transsexual.

In addition, transsexual folklore about masturbation has developed that provided additional validation for the majority attitude. It is most difficult to ascertain whether there is any truth to this lore at all, but the important point is that it is accepted by many of the members of the group. This lore was summarized by one transsexual who said: "If you don't use it [the penis] you'll lose it." One of the side effects of female hormones is atrophy of the genital tissue. It is this penile tissue that is inverted to form the vagina and the testicular tissue is used as the basis of the labia. Transsexuals in the group were concerned about the possibility that their penises might atrophy and that there would not be enough penile tissue to create an adequate vagina. Therefore, in order to rectify this potentially hazardous situation, the folklore stated it was important to masturbate to keep penile tissue healthy and to keep the penis from shrinking. This reflects the transsexual's concern over surgical issues and also provides a subcultural validation for the prevalence of masturbation among this group. However, this lore also may be used as explanation to the medical-mental health caretakers who question the authenticity of a transsexual who uses her penis as a source of pleasure. In any case, transsexuals are people who can use their penises for sexual gratification without jeopardizing their personal identity or self-concept.

Heterosexuality

A final correlate of male-to-female transsexualism often cited in the literature is heterosexuality; that is, a hetrosexual object choice for a transsexual is a male. A lesbian sexual object for a male-to-female transsexual is a woman. This scheme regards gender identity as primary in defining gender rather than genetic or genital attributes. A concept of hetrosexuality as the appropriate choice is embedded in this correlate.

Benjamin's work on the sexual preferences of transsexuals relies on

FIGURE 1

Orientation Typology

Exclusively heterosexual	1
Heterosexual preference but open to bisexuality	1
Bisexual but prefers males	1
Bisexual	6
Exclusively lesbian	6
Lesbian preference but open to bisexuality	1
Don't know	1

a typology of transvestite and transsexual preferences. As the classification proceeds toward the classic transsexual, sexual orientation (translated here according to gender identity, not *genetic* sex as in Benjamin's original formulation) proceeds from bisexuality favoring heterosexuality to exclusive heterosexuality for the classic transsexual (1966: 22). Thus a long-term and deeply abiding attraction to genetic males is viewed as intrinsic to true transsexualism. And this characteristic is one most ingrained in the hearts of heterosexual caretakers.

Seventeen transsexuals have provided data on sexual orientation (see Figure 1). Of the seventeen only one was exclusively heterosexual. Three of the six exclusive lesbians were living with women (genetic), one bisexual was living with a lesbian female, and two transsexuals were living with each other in a lesbian relationship.

The assumption behind the conception of transsexual heterosexuality is that if one wants to be a woman then the only appropriate sexual object choice is male. One vignette of a caretaker-client interaction is illuminating in this repsect. Tanya, a preoperative transsexual, saw a psychiatrist as part of an agency employment requirement. Because in this situation the psychiatrist was not going to conduct her psychological evaluation, Tanya, a bisexual, discussed a recent lesbian encounter and her openness to a lesbian relationship postoperatively. The psychiatrist was incredulous. He asked, "Why do you want to go through all the pain of surgery if you are going to be with a female lover?"

My data indicate a high degree of acceptance of bisexuality in this

population as well as evidence of exclusively lesbian choices. Transsexual lesbianism, much less bisexuality, is, however, largely unreported in the literature, although it is common knowledge among transsexuals (see also Casey 1981). Despite data presented here and reports from a few other professionals, it is still considered an "aberrant" choice for transsexuals and places the bisexual or lesbian transsexual as a poor risk for surgery.

Does aberrant sexual preference increase postsurgical risk? Walinder et al. (1978: 16–29) in a study of 100 transsexuals found five who regretted their decision for surgery. According to these researchers, one of the concomitants shared by the five was a history of sexual relationships with women. Although sample size was small (N = 5), the results could easily be interpreted as mitigating against the surgery. An alternative view would acknowledge that transsexuals who have relationships with women (even as men) might well do so out of lesbian interests. This attitude of caretakers toward transsexual lesbians is exemplified in the statement of one psychiatrist who described his transsexual lesbian client as "overidentifying with mother's feminine behavior and expressing hostility to males." Such interpretations overlook the broad range of sexual orientation among humans and confuse what every transsexual knows: her female identity is independent of her sexual object choice.

How, then, are these misconceptions perpetuated? The preoperative individual recognizes the importance of fulfilling caretaker expectations in order to achieve a favorable recommendation for surgery, and this may be the single most important factor responsible for the prevalent medical-mental health conceptions of transsexualism. Transsexuals feel that they cannot reveal information at odds with caretaker impressions without suffering adverse consequences. They freely admitted to lying to their caretakers about sexual orientation and other issues.

Although caretakers are often aware that transsexuals will present information carefully manipulated to ensure surgery (Money and Walker 1977: 1290), they have only to scrutinize several of their most prominent diagnostic markers available in the literature to realize the reason for the deceit. If caretakers would divorce themselves from these widely held beliefs, they would probably receive more honest information.

Transsexuals are patently aware of most caretaker expectations due to their voracious appetite for reading anything and everything about transsexualism, including the medical literature. As a consequence of their awareness and concern for saying nothing that could possibly interfere with a favorable psychological evaluation, they are active agents in contributing to the maintenance of caretaker diagnostic criteria. The majority of transsexuals with whom I worked had either read or had some familiarity with the distinguished scientists in the field of gender dysphoria (Kando 1973: 43). Feinbloom notes this in her work, pointing out that such availability of medical-mental health diagnostic criteria may be used by transsexuals to "provide a schema to sell oneself appropriately to those who hold the key to sex reassignment" (1976: 231).

Information about caretaker expectations is gleaned and spread through transsexual interaction, and this information becomes part of transsexual lore. Transsexuals have widespread networks extending nationwide. They keep tabs on what the caretakers are up to and on what their latest theories are. Transsexual lore is rich with information on manipulation and utilization of caretaker stereotypes. Transsexuals know what they can honestly reveal and what they must withhold. This lore consists of "recipes" for dealing with caretakers and the management of information that they know would discredit them in the eyes of their caretakers should it be revealed. They necessarily exploit caretakers' expectations for their own ends by presenting a transsexual identity in conformity with caretakers' conceptions of classic transsexualism. In so doing they unfortunately validated the caretakers' stereotypes about transsexuals (cf. Goffman 1963: 10, 91, 112, 138; Braroe 1965: 166–67).

In the process of interacting with the caretakers, transsexuals are merely engaging in something they have learned as a consequence of transsexualism. They are fabricating personal identities in order to present caretakers a picture consistent with caretakers' own research and the literature on transsexualism. The therapeutic encounter is ideal for such false oral documentation and "biographical editing" (see Goffman 1963: 61–62, 83).

Transsexuals have learned through the literature, personal experience, and the grapevine to be dishonest with therapists. Kass, a preoperative transsexual is typical in her remarks:

> [Psychiatrists and therapists] . . . use you, suck you dry, and tell you their pitiful opinions, and my response is: What right do you have to determine whether I live or die? Ultimately the person you have to answer to is yourself and I think I'm too important to leave my fate up to anyone else. I'll lie my ass off to get what I have to . . . [surgery].

Caretaker-client interaction is fraught with dishonesty, distrust, and hostility that undermines the benefits of the therapeutic encounter. Effective therapy cannot occur in a climate in which transsexuals feel they must superficially conform by hiding significant portions of their lives such as their sexual history and experience. In addition, they now have the extra burden of the stigma of the *DSM-III* label of mental illness. Their only recourse is one in which they contribute to the perpetuation of stereotypes and generalizations and thereby foster impressions of a homogeneous population. This leads to a self-fulfilling prophecy and promotes a situation in which both caretakers and clients suffer.

This is not to say all caretaker-client relationships are of this nature. In this population some honest therapy also occurs. Several transsexuals were seeing women therapists who were neither psychologists (Ph.D.) nor psychiatrists, but rather social workers or clinical psychologists (MAs). For the most part, these therapists were unfamiliar with transsexualism until they met their clients and hence had no professionally preconceived notions. Hope, who counseled eight of the transsexuals in this research population, is such a therapist. One transsexual had successful therapy with a male psychiatrist for three years. That psychiatrist, like several of the women therapists, had no previous experience with transsexualism.

Word spread about various local therapists. One psychiatrist had a bad reputation among transsexuals because of their belief that he did not like to recommend clients for surgery. Another psychologist was liked and endorsed by many who went to him for testing on the Minnesota Multiphasic Personality Inventory and for evaluation of masculinity and femininity. His analysis in a favorable direction was well known among transsexuals who used the evaluation to obtain hormones; one had only to take the test and interview with this psychologist for a few sessions. Another psychiatrist also had a reputation

for fast and favorable psychological evaluations. These particular caretakers did not generate hostility but rather were looked upon as kindly men who facilitated the transsexual's transition. Because of the brevity of the therapeutic encounters, no deep relationships developed. On the other hand, neither was used as a *primary* evaluator for surgery.

Among this population of transsexuals, women caretakers were preferred. Because the available women therapists were not psychiatrists or psychologists, their rates were lower, which a financially burdened population preparing for surgery appreciated. Additionally, transsexuals for the most part distrusted male caretakers whom they believed imposed their male views of womanhood on transsexuals. Women therapists were preferred simply because they were women. They had something to offer besides therapy. They were role models for the transsexual and by virtue of their own history as women knew what all genetic women know, something highly valued by transsexuals.

In addition, female therapists, like women in general, were regarded as more accepting of transsexuals and less threatened by their gender switch. These therapists were effective because of the transsexual's loneliness. In efforts at stigma management, transsexuals segregated themselves from former networks and friends. While they were living two roles it was difficult for them to be close and intimate with people lest their secret be discovered. As they anticipated going full-time and actually adopted the female role full-time, it was still difficult to establish new friendship networks. Thus female therapists could fill a void in the transsexual's sparse network of people who knew and who accepted them. Transsexuals preferred female therapists because they felt they could be more honest with them and at the same time develop rapport in woman-to-woman interactions. It was also felt that women therapists had few preconceived notions about them because women themselves were aware of their own heterogeneity and were inherently more tolerant of variation.

What has emerged in this discussion of the alleged correlates of transsexualism is a portrait of transsexual heterogeneity, people whose conformity to caretaker's expectations is superficial and a result of dynamics that fostered deceit. There is diversity in this population in terms of personal history, sexual orientation, etc., yet there is continuity and consistency in their transformation into women. Diversity is integrated and organized by the common threads of meaning, symbol, and agenda embedded in the rite of transition.

Notes

1. These time frames are considered minimum requirements. Other caretakers suggest longer qualifying periods; Money and Walker advise two years of living full-time in the role of the female (1977: 1292).
2. The *Standards of Care* explicitly states: "The analysis or evaluation of reasons, motives, attitudes, purposes, etc., requires skills not usually associated with the professional training of persons other than psychiatrists and psychologists" (1980: 4). Furthermore:

> Hormonal and/or surgical sex reassignment is performed for the purpose of improving the quality of life as subsequently experienced and such experiences are most properly studied and evaluated by the behavioral scientists (psychiatrists or psychologists) (1980: 4).

This apparent medical and psychological (in many states a psychologist legally can be a Ph.D. only) colonialism is a sore point for many of the helping mental health professions who are members of the Harry Benjamin International Gender Dysphoria Association and actively involved as caretakers of the gender dysphoric. The requirement that one evaluator must be a psychiatrist has clear implications of male control in medical policy relating to transsexuals. The psychiatric profession under the auspices of the medical sector is clearly male dominated and oriented (see Raymond 1979 for a discussion of male sovereignty and jurisdiction by the medical community in the lives of transsexuals). The majority of mental health professionals at the 1981 meetings of the Harry Benjamin International Gender Dysphoria Association such as MSWs, guidance counselors, and MAs in clinical psychology were women and they strongly objected to their exclusion in the *Standards of Care*. Transsexuals also objected to this state of affairs. The Center for Identity Anomalies prepared a position paper on the *Standards of Care* that was placed in the appropriate channels in the Harry Benjamin International Gender Dysphoria Association for review and consideration. An excerpt from this position paper reflects not only this population's views but those of many other transsexuals:

> The strongest recommendation for revision of the *Standards of Care* that we would make at this time has to do with the restriction on the psychological diagnosis of gender dysphoria to psychiatrists and psychologists. It has been the experience of many of our members that the best and most experienced therapists they have been able to come in contact with were either clinical psychologists with MAs, or licensed social workers with MSWs. . . . [Y]our consistent references to psychiatrists and psychologists in combination with restrictive state laws provides a heavy burden for a

population which is in your own words, "In a financial status which does not permit them to pay excessive professional fees." . . . [I]n the absence of a clearly defined, scientifically validated body of knowledge, we have discovered that the most important qualification for a successful psychological therapy are an educated concern and open mind, qualities as likely to be found in licensed social workers and clinical psychologists as psychiatrists and PhD psychologists.

Transsexuals preferred women therapists in the mental health professions and could better afford their therapy that generally cost (in the area of this research) approximately $30–35 an hour versus psychiatrists who locally charged $55–65 an hour.

3. Transsexual caretakers must also be granted anonymity like their clients but for different reasons. Because of the perspective taken in this chapter, should the views of these caretakers become common knowledge to transsexual clients, their efficacy as therapists might be adversely affected.

4. For a discussion of sample size in transsexual research, refer to chapter three. Glantz also provides an outstanding review of the general medical misuse of statistical methods (1980: 1–6).

5. "Smother mother" is an expression used by the therapist referred to as Hope in the present work.

6. These figures include a description of father relations of the two transsexuals whose fathers were absent after nine and twelve years of age as do subsequent analysis of family relations focusing on the periods in which their fathers were present.

SIX

The Rite of Transition: A Becoming

The transsexuals in this study were participants in a rite of passage that dramatized their movement from one status to another. The rite of passage was specifically a rite of transition in which transsexuals become women. Their becoming was a multifaceted transition; it was a total process and it implied much more than a simple switch of status. "Becoming" included the transmutation of the personal identity, defined here as how a person conceives of her/himself including gender identity, gender role identity ("a set of expectations about what behaviors are appropriate for people of one gender" [Kessler and McKenna 1978: 11–12]), self-concept, and world view ("the way we see ourselves in relation to all else") (Redfield 1953: 85–86). The transformation of personal identity was linked to the conversion of social identity. Social identity is defined as a "pattern of observable or inferable attributes [that] 'identifies' . . . the self and others; his [her] identity is a socially labeled object which is of great concern and frequently revaluated both by the person and others in the groups in which he [she] is a member" (Miller 1963 in Schwartz and Merten 1975: 196). It also includes the construct of gender role (sex role) as those culturally approved behaviors associated with males and females,

TEN

Strategies and Rituals of Passing

It was commonly agreed that in order for transsexuals to create a coherent picture as social women they should spend as much time as possible cross-dressing. The Berdache Society provided a sympathetic ambience for early passing endeavors. Here transsexuals had a group of experts on the subject who had been watching and observing women all their lives, and who knew how to translate their knowledge of female presentation into techniques of passing. The Berdache Society from time to time had special presentations on makeup, hair, wigs, dressing, where to shop for larger sizes, how to pad breasts and hips until the effects of hormones were visible, and the like. Transsexuals in the Berdache Society meetings and through social networks were a responsive and helpful audience. For a while in meetings, a feminine evaluation form (see Figure 3) was given out by Sasha to help individuals improve their presentation. It fell into disuse because many felt it too impersonal and perhaps hurtful because it was out of the context of personal interaction. This form covered the major areas that transsexuals considered important in passing: self-image, overall appearance, hairstyle, makeup, apparel, mannerisms, etc. Four areas of

gender attribution are generally used by transsexuals themselves to evaluate passability: physical body, demeanor (areas of nonverbal response), verbal expression, and biography (see also Kessler and McKenna 1978: 127). Of primary importance is the physical body. The private and public body is altered through hormone therapy, electrolysis (permanent removal of facial and body hair), letting the hair grow and styling it in a feminine hairstyle, shaving body hair, thinning arm hair with electrolysis and bleaching it, piercing the ears, growing the fingernails and manicuring them, and possibly having cosmetic surgery such as a tracheal shave and breast augmentation surgery. These techniques leave one physical attribute at issue: the genitalia. Before full-time passing, the genitalia were not as critical as during full-time status but were still problematic and had to be hidden. This was achieved by a device known in drag queen argot as a "gaff." It is similar to a string bikini bottom and it holds the penis and testes between the legs, pressed tightly against the body. Another device which is used is pantyhose with a girdle on top that keeps the genitalia tucked tightly between the legs and unobtrusive. Careful selection of pants and slacks is necessary to maintain the invisibility of genitalia.

Demeanor includes presentation in terms of overall appearance, along with nonverbal communication such as mannerisms. Appearance is dictated by the rule of naturalness. Thus, in the majority of cases, transsexuals prefer underplayed and conservative styles, after outgrowing a period of exaggerated and hyper-feminine dress.

As soon as possible, transsexuals begin to let their hair grow. This is inhibited to some degree during dual-role passing because transsexuals may be still working as males. Until separation occurs, they might have to wear wigs, but according to transsexual passing theory, wigs should be natural and unaffected.

The results of the hormone therapy that ultimately propel transsexuals into separation and transition can be hidden when in their male roles, but revealed and emphasized when they dress as females. These can also be augmented by breast and hip padding and brassieres, if development is not sufficient. This aspect of overall appearance contributes to the presentation of a female social identity. Appearance, however, can be discredited if the nonverbal aspects of the performance are shoddy. Transsexuals become experts in nonverbal presentation, having developed a knowledge of female kinesics from watching and through experience.

FIGURE 3

Feminine Evaluation Form

The purpose of this evaluation is to give the person being evaluated the opportunity to find out how she appears to others and to compare the comments with her own opinion of herself in an effort to find out the things she may need to work on to improve her femininity and personal appearance. (ca. Jan–March 1980)

BE HONEST AND COMPASSIONATE!

Name_____

Self-Image (Does she project confidence or fear in public?)

_____

Overall Appearance (Neatness, etc.)

_____

Hairstyle, Wig, Own Hair (Look natural? Good color? Good style?)

_____

Apparel (Color match? In style? Fit? etc.)

_____

Ability To Pass in Public

_____

Mannerisms (Posture? Speech patterns? Walk? etc.)

_____

Needs To Work On (which of the above?)

_____

Best Feminine Asset (Hair? Figure? Makeup?)

_____

Shows Most Improvement With

_____

Other Comments (Any advice?)

_____

DO NOT SIGN YOUR NAME

Transsexuals consciously and deliberately alter the way they walk, taking smaller steps and keeping the arms close to the body. They sit with their knees together, imitating the style encouraged by a generation of traditional parents. The development of breasts fosters protective movements around that area of the body in the manner of genetic females. They explicitly work on graceful, flowing movements in walking, standing, and sitting (cf. Fast 1977: 18–19).

A number of transsexuals participated in a course, taught by an actress, on body movement and voice geared to transsexuals' specific needs. She provided exercises in dance movement for transsexuals who were acutely aware of the subtle differences between the way men and women move in contemporary dances. From this instructor the participants learned to move their hips more freely and less stiffly. Knowledge they gleaned from this course was rapidly spread throughout the wider transsexual network. Information on nonverbal behavior was consciously organized into a complex lore of kinesic syntactic rules for presentation. It included the obvious, such as walking, along with the more subtle gestures such as the difference in ways men and women smoke cigarettes.

Another significant domain in passing is the verbal sector. Again, a number benefited from the transsexual workshop in which the actress gave them pointers on articulation, pitch, rhythm, word choice, etc. Several had speech therapists who were successfully altering their pitch into a higher, more typically female pattern. Voice and speech patterns are important for transsexuals' overall presentation, especially when they go full-time and talk with potential employers on the telephone. However, voice and speech patterns do not progress as rapidly as appearance in the passing arena, and much initial public passing is traumatic for transsexuals because of this. Perfection in speech takes some time and practice for most.

Apart from recognizing that pitch and tone in most cases need to be raised, transsexuals are aware of paralinguistic and sociolinguistic gender disparities in speech. They know that females generally raise pitch at the end of a sentence and use tag questions, such as "isn't it?" (see Harrison 1974: 104; Lakoff 1980: 51–52). They are also sensitive to female lexical usage. They consciously use weaker expletives, choosing to be generally more polite than males, and they opt for women's adjectives such as lovely, cute, darling, and the like, which, if used by males, would impugn their integrity (cf. Lakoff 1980: 50).

These transsexuals are not participating in a feminist speech revolution; they simply want to pass. They practice female voice and speech patterns until they become habitual and are no longer a conscious effort.

A final significant aspect of passing is biographical editing: creating personal histories as females that can be used in the negotiation of the finer details of the role performance. This process begins when transsexuals first choose female names for their female personae, names that seldom change in the course of the transition into womanhood. Later, as full-time approaches, they have legal name changes, sometimes keeping the same last name, sometimes using a middle name as a last name, or picking an altogether different surname. Early in the passing strategy, no legal or official changes are made. Despite this, a female name is an important statement of imminent womanhood.

A coherent female biography becomes increasingly important to full-time transsexuals, as they are likely to meet people with whom they may have to exchange life history information. Prior to full-time, this history is less critical than during full-time, when they actively reach out and extend their social networks to include people who know them only as women. During dual-role occupancy, transsexuals are not eager to get to know others while in the female role lest their male personae should become known. But even in this phase there are situations demanding an explanation of traditionally male abilities such as competence in mechanics or military experience. A consolidated biography that can explain nontraditional female careers, for example, can prove to be a useful tool.

Whether part-time or full-time, the audience is important because of its potential to become a "knowing audience" (cf. Goffman 1963: 66). In the management of identities, all audiences are potentially knowing and hence capable of discrediting transsexuals' role performances. By creating a female biography, transsexuals are facilitating the development of their personal and social identities as women, and this recreated history becomes an explanation for being. Through biographical editing, transsexuals establish continuity in their lives around the "theme" of women—past, present, and future (cf. Kaufman 1981: 54). A consistent biography is therefore an important component of transsexual "face" (cf. Goffman 1967: 5). By slipping up on their biographies, their performances can be discredited.

Much of learning to pass is in the "doing of gender" through interaction with an unknowing audience. However, if a passing performance is marginal, this audience can make a tentative gender assignment. At this point the unknowing audience can become knowing by searching for gender signals and cues to confirm or disconfirm the tentative attribution. In such cases transsexuals realized the equal prominence of all the domains of gender in passing: the physical body, demeanor, verbal expression, and biography in contributing to a credible social identity performance.

In addition to these four areas, transsexuals acknowledge the importance of confidence in negotiating with an unknowing audience, also confirmed by Kessler and McKenna (1978: 135) and Feinbloom (1976: 238). Confidence in one's presentation takes time and practice. Transsexuals concur that confidence is part of presenting themselves as natural women and increases their ability to pass. In turn, success in passing enhances their self-confidence in a positive feedback loop.

Transsexuals feel that it is difficult enough to pass in the early phases with an unknowing audience. The cost of interacting with a knowing or sensitized audience is too high. They unequivocally disagree with Money and Walker's (1977: 1300) statement: "As the syndrome of transsexualism becomes more well-known and less stigmatized, it will be increasingly feasible for transsexuals not to have to hide their change of status." From the transsexuals' perspective, a knowing audience has the power to imprison them in the category transsexual.

An opportunity arose for transsexuals to consolidate ideas about their status as a result of group affiliation and the formation of the Center for Identity Anomalies, with its advocacy and education goals. In September 1981, a crisis crystallized their beliefs on stigma reduction and helped form the educational goals of the Center, as well as bringing out clearly their views of the audience's role in passing. A local television program wanted the Center to do a special on transsexuals. The spokesperson for the program felt it would be a good opportunity to inform the public about transsexualism and dissipate any myths and stereotypes they might have about the phenomenon. Sasha opened the floor for discussion, and at times the arguments became heated because a few members, primarily transvestites, could not understand why the majority of transsexuals were opposed. The gist of the discussion was that public media events, where transsexuals actually appeared either in photographs or in person were, in fact, sensitizing

the community to their presence, thereby making it more difficult for them to pass. Allyssa maintained that, "It is very easy for a transsexual to become notorious. It is almost impossible for a transsexual to achieve respect if the fact of their transition becomes general public knowledge."

Because many transsexuals were taller and larger than the average genetic woman, they felt these attributes alone could discredit their social identitites as women. In short, where transsexuals previously passed as women, a sensitized audience could make it more difficult for them to pass undetected. If an audience was aware that transsexuals tend to have deeper voices than genetic women do, statistically speaking, then social identity could be questioned. If, indeed, an audience was sensitized to the fact that so many transsexuals shave the hair on their arms because they feel that their arm hair growth reflects a male pattern, that could also cause social identity discreditation. While one discrepant gender cue would not necessarily discredit the entire performance, a sensitized audience might not accept gender as an eternal verity, making the job of passing more difficult for transsexuals. Therefore, the majority of transsexuals opposed the idea of educating the community at large and believed focus should be on areas of interaction where efforts could do the most good, namely the medical and mental health professions as well as the legal sector. It is important to transsexuals that gender remain unproblematic for the majority of people.

Not only did this population shy away from media presentations, although there were always some for whom fame was its own reward, but they felt those who went "professional" were indirectly threatening others' ability to pass by sensitizing the audience (cf Goffman 1963: 86). Most transsexuals agree that the less the public knew about them the better. They do not want a destigmatized transsexual status, but rather acceptance as "normal" women. Professional transsexuals would sensitize audiences to the fact that gender can be socially constructed while passing transsexuals simply reinforce the social order. For transsexuals, the real heroines are transsexuals who slip into society as women, although they have a great deal of respect for transsexual pioneers such as Christine Jorgensen and Renee Richards, who will never be accepted as women by society.

There is evidence that transsexuals accurately perceive the dangers of non-naive audiences. I had presented a series of seminars on sex and gender under the auspices of a mental health agency during my

research. One transsexual slipped into the class unnoticed, ostensibly as a student. She passed well, and I received no questions or other indication that anyone thought of her as anything but a "natural" woman. However, when Sasha agreed to come and talk to this small audience about transsexualism, the other transsexual thought it in her best interests to drop out of the seminar at that point. Following Sasha's presentation, participants in the workshop made a point of taking me aside and questioning me about the departed transsexual's identity. Although she had passed, class members were now sensitized to her "male" voice and other gender attributes that could be construed as masculine.

Another incident was also revealing. A friend was visiting who had suffered a pituitary disease that resulted in the development of extremely large hands, feet, and head. She was a genetic female and had no gender conflict. In the midst of our discussion another friend dropped by. She came in and proceeded to the kitchen with me, and in a whispered voice, apologized for interrupting me because she thought I was interviewing a transsexual informant. This friend had met several transsexuals who, recognizing a sympathetic other, had revealed their transsexualism to her. As a consequence, she questioned this woman's gender on the basis of her large hands and had ascribed to her the transsexual status.

Sensitization of the audience interferes with the transsexuals' careful separation of audience, segregating those to whom they reveal themselves and separating themselves from those who knew them as males. For transsexuals a sensitized audience is an additional danger to their social role performance, an uncontrolled factor in their efforts at stigma management.

Passing is also the foundation for the transsexual age mate system, in which age mates reckon social age, based on their ability to pass and on their approaching full-time status. The ultimate evolution of the age mate system comes when individuals no longer feel they are passing, but are women and merely expressing their inner essence. They are then no longer colleagues in transsexualism, but women friends in collusion. Age mates become increasingly important in the process of separation and transition. In the early stages of passing, transsexuals rely on their age mates and others attending the Berdache Society meetings for help and instruction in passing. Both in meetings and throughout the transsexual social network, passing theory is ex-

changed. It is a body of lore that provides a set of rules on how one is likely to ensure a successful performance.

One theory includes the belief that late night food marts and fast food houses are places that one is sure to "get read" (not pass). When asked why this is so, the answer is that the people of the night in a heterogeneous urban milieu have seen everything the city has to offer. They are sensitized to female impersonators and are, as a consequence, clever at reading the gender cues that are likely to give transsexuals away. These situations are, therefore, excellent barometers of passing expertise. Passing at late night spots is considered a real indication of absorption in the female role and not likely to occur until transsexuals are well on their way to full-time or have gone full-time.

Other lore includes the idea that the more transsexuals are out in public together, the greater the chance of getting read, particularly if these are individuals who are neophytes in passing. Passing is best done as a one-woman experience with the aid of a cohort, preferably a g.g. (genetic girl). As mentioned, genetic women are regarded as having the *mana* of a lifetime of experience as women and consequently are highly valued as cohorts in the passing process. Having a g.g. who was either a roommate or a friend who spent a lot of time with the transsexual is regarded as a special source of passing insight on two counts. First, she can act as a direct tutor, sharing that history of special "for women only" information. Secondly, there is almost an aura of contagious magic about her. It is as if her femininity or femaleness rubs off on her transsexual friend by her physical proximity, sharing and doing things together. She also acts as a real life role model in many respects.

Genetic women are given a special status in transsexuals' initial passing experiences or "rites of the first time." Rites of the first time dramatize and impress upon transsexuals the dynamics of the system they will enter as women. All passing, until habitual, has this function. Through rites of the first time and other self-conscious passing endeavors, transsexuals learn to act out their future role and interact in their future role relations. According to Van Gennep, rites of the first time are the most prominent rites of passage because they symbolize the status transformation. The first act of passing in public is symbolic of entering the new role as women. The second act is the "beginning of habituation" (see Van Gennep 1960: 175; Chapple and Coon 1942: 485).[1]

Rites of the first time are shared with other transsexuals, lauded, and elevated to a position of importance as premonitions of future gratification in the new role. As time passes and habituation increases, passing is eventually taken for granted. A waitress calling a transsexual "Ma'am" or "Miss" is a significant event retold and spread throughout the transsexual grapevine. Others, anticipating this rite of the first time share the experience vicariously. Many of those well into approaching full-time and in full-time role occupancy are bored by such minor accomplishments, as they face more challenging tasks.

The most desirable condition for the first passing adventure is at night with a "genetic girlfriend" in a heterosexual bar. I had occasion to share this rite of the first time with Elise, whose excitement and tension were visible both before and during the event. I acted as her cover since she was unsure about her voice at the time. I could not detect a ripple of discreditation in the audience around us. In fact, two males were obviously engaging in nonverbal expressions of interest in and approval of the tall, slender, striking, golden-haired woman who was my companion. She did not notice this as she was too concerned about getting read. It was an intriguing experience, for she was so wary of interaction in a new world she had not experienced before. She was keenly aware and "on" in her performance. I suspect that if rites of the first time were not so exciting and absorbing, culture shock might have set in.

Broad daylight public passing in a shopping center is considered a more difficult rite of the first time. It usually follows nighttime passing and habituation to bars, restaurants, and movies. The daylight rite of the first time is a qualitatively different experience from the nighttime one. Here transsexuals do not have the protective cover of darkness. In the daytime they have to worry about the details which the cover of darkness filters, such as a five o'clock shadow or other potentially discrediting attributes.

Other rites of the first time include symbolic statements of the transsexual's ensconcement in womanhood and blossoming naturalness, such as shedding hip and breast padding, going braless (and having one's knowing friends acknowledge this), switching from pancake makeup to a lighter foundation because electrolysis has progressed to the point that such a heavy cover was no longer necessary, etc.

Another rite of the first time was most poignant. I had styled the natural hair of one transsexual in a female manner as a rite of the first

time and her friend, an age mate, subsequently invited us both to her house and asked me if I would do the same for her. Styling was significant because both had worn wigs in passing. While this is not possible for all transsexuals since some are balding, it is still considered an ideal to strive for. Medium length hair can be managed for dual role occupancy: styled in a traditional male style at work and, with the use of hair technology, given a female facade for passing. Wigs are considered suspect for transsexuals who are full-time and do not have the excuse of balding because they are symbolically associated with female impersonation, drag queens, and transvestism. Styling is a powerful and symbolic rite of the first time as an omen of new naturalness. Habituation comes with expertise in learning to handle various hair technology and equipment. The power of that symbolic event was expressed in tears of gratitude by both transsexuals. Discarding the wig was a highly charged and very emotional event for all concerned.

Note

1. These were transsexuals' first attempts at interacting with the new system, i.e., a world in which they were regarded as females. Repeated passing endeavors prepared them by habituating them to new role expressions. Habituation was, of course, the key to a natural self-confident and unself-conscious presentation that could not occur until, through self- awareness, transsexuals became keenly aware of their new role boundaries. The crux of these self-conscious performances that occurred in rites of the first time and other early passing attempts was the initiation of habituation to the new status.

ELEVEN

Full-Time Status and Passing

Transsexuals share an ideology about the best way to enter full-time. Although not every transsexual follows this strategy, it is considered the ideal method for approaching full-time status. This strategy incorporates maximum separation from the past so that transsexuals' emerging identities as women have the greatest opportunity for pristine development unhampered by others who "knew them when." Ideally, this is accomplished by leaving the work force as men. Through the course of having spent more and more time as women and having initiated physical feminization of their bodies, they reach a critical psychic level of discomfort with their role as men. These variables, along with the fact that colleagues at work may have noticed the changes caused by hormones, make full-time a necessary step.

Quitting work is regarded as the "right" way to go about full-time because transsexuals realize to "change over" on the job is likely to cause undue stigma and difficulty in what is already a difficult process. In changing over on the job, co-workers may label transsexuals and, consequently, they may not have the opportunity to escape the label and be accepted only as women. Co-workers are also likely to continue

to relate to them as men in women's clothing, as transvestites, or perhaps as homosexuals—an equally unappealing category to transsexuals. Thus there are a number of reasons to leave work and seek new employment where they are known as women. Yet some transsexuals, because of institutional affiliation of the educational and career-training sort or simply because they really like their jobs and/or the income, change over on the job.

Both strategies were practiced by the transsexuals with whom I worked. Of the seven who went full-time during the course of research, four changed over while in their current jobs or in their institution of training; three did not. Of the other five transsexuals, full-time when I met them, one had changed over on the job while the remaining four had not adopted this strategy.

The experience of those who changed over in the same employment setting contributed to the idealization of the proper ethno-strategy for full-time. All but one (the androgynous individual) had bad experiences. The other four suffered a great deal of stigmatization from their co-workers. This milieu was intolerable, and within a year they found other jobs or situations where they could begin anew. One escaped by graduation from her institute of training in fashion. Their experiences were retold as horror stories among their transsexual compatriots, exemplifying the problems of not following the right path to womanhood. Those following the right path, who quit their professions as men and later pursued employment as women, had their stories retold as examples of success.

Transsexuals did not regard finding work as women easy. It was known that this could take some time, but then finding positions as women was considered an intrinsic part of full-time and thus unavoidable. To prepare for this period of adjustment that could take many months, transsexuals saved as much money as they could while working as males to tide them over. In addition to financial difficulties, transsexuals had certain problems to overcome in job placement, such as nontraditional training and expertise, inability to use all of their male occupational histories, references, and the like. Thus, it could take a great deal of time and energy for them to consolidate and edit their work biographies to make themselves employable.

Quitting their employment as men, living on savings, and gaining experience as full-time women were regarded as necessities to their transition despite the heavy financial burden. Certainly the social con-

comitants of changing over on the job were considered far too costly in terms of psychic stress.

Going full-time is a dramatic event, ushering in symbolic birth and death. In characterizing full-time, transsexuals (in the early stages of full-time prior to role habituation) frequently used the terminology "to wake up" or "to awaken" as a woman. To awaken as a woman is a qualitatively different experience from spending the weekend as a woman. To awaken as a woman is a symbolic act with reference to beginning a new phase of life wherein one would nevermore sleep and wake up as a man. The symbolic aspects of awakening are analogous to birth as a woman. This experience is the being of womanhood, not just living on its fringes.

By waking up as women, transsexuals are establishing the fixity of their place in the world as women. Prior to full-time, although they are working towards full-time, dual role passing is not firmly separated from the behaviors of drag queens and transvestites. By going full-time, transsexuals are participating in a ritual act, dramatizing their status as women, distinct from transvestites and drag queens. To wake up for the first time as women is a ritual of the first time with portents of what they will be and what they are no longer.

This rebirth or awakening is a drama of separation from their former worlds as men. It is not just simply one manifestation of the numerous symbolic murders of the men they were, but rather it is the core of the full-time experience. It is expressed in the majority of transsexuals' antagonism to androgyny, as the following account illustrates.

Hope, a local therapist, concocted an androgynous strategy for transsexuals' transition into womanhood and encouraged several clients (only one was part of this research population) to take this alternative. Androgyny entailed gradual feminization in which transsexuals at one point in this process would appear gender-ambiguous. Hope liked the idea of androgyny because she felt this gradual feminization would prevent transsexuals from "going from one stereotypical box [male] to another [female]." This perspective did not consider transsexuals' hyper-feminine phase (in which they likened themselves to young females going through biological and social puberty) as a meaningful and important part of their transformation.

Lydia was the only Berdache Society affiliate who chose the androgynous strategy. She gradually feminized herself on the job. She had long hair as a man that she wore in a pony tail or with a bandana over her brow. She continued to wear similar clothes, opting for slacks

and tee-shirts, but adding gender cues such as clear nail polish and a little mascara. Several people at work started noticing the change in her appearance, including her breast development. She then announced her situation to her supervisor and told a few other co-workers. The upshot of this was that her supervisor had no objections either to her transsexualism or the gradual feminization that she continued to pursue.

Lydia's transition and the issue of androgyny caused quite a stir among transsexuals. One evening Hope sponsored a discussion of the subject with several of her proandrogyny clients, whom she brought to a Berdache Society meeting. There was a lively discussion, with the majority of the present research population strongly objecting to it. Lydia's success in the endeavor was attributed to her uniqueness. She was regarded as the kind of person who could succeed at anything she tried, even if it happened to be androgyny. She was considered a very special type of person, liked and respected by all for her positive attitude, her warmth, and her caring nature.

The majority felt androgyny was a terrible way to approach womanhood. They considered it improper, unsound, and the antithesis of what transition was about. In full-time, transsexuals have the opportunity to become destigmatized as transsexuals and begin their full incorporation into society as natural women. To feminize themselves gradually leads to an unnecessary period of stigmatization. In addition, to appear androgynously is to relate and interact with people as freaks or anomalies. An important facet of transsexual identity development as women is attributed to full-time status when they interact with people who respond to them only as women. That, in fact, is one of the advantages of separation from their former employment as men.

In going full-time transsexuals continue biographical editing, creating documented histories of themselves as female. This includes creating the paper trails of personal and social identity verification as women so necessary for a number of reasons. If they are going to work as women, they need to alter bank, social security, and educational records, for example. Since they were full-time role occupants they also needed to have conformity in checks, bank accounts, credit cards, and a variety of other documents to match their social personae as women. In short, documentation is one facet of biographical editing that entails producing a history of womanhood. Information on what changes to make and how to make them is readily available from other transsexuals. Changes of legal documents and financial records occurs

just prior to separation from employment as men or immediately after quitting and going full-time. As transsexuals approach full-time or change over, they pursue document changes with a fervor. Sometimes they effect multiple changes in one day such as bank accounts, driver's licenses, social security cards, and credit accounts. An impressive array of these items can be changed as the result of one initial legal change—the name.

The legal change of name is critical in the rite of transition. It is an important rite of the first time in the building of the female biography. Although Feinbloom considers the legal name change as a "crucial rite of passage," it is actually one of many rites of the first time in a rite of passage. Transsexuals, in effect, reverse the ordering of birth and adolescence, going through adolescence first as preparation for the birthing process. Changing names legally is one expression of resurrection as legitimate women. It also helps the transsexuals in creating life histories in their own image, that of females reinterpreted and recreated through documentation. This fosters the creation of integrated biographies where history, documentation, and social identity are isomorphic (see also Feinbloom 1976: 263; Kaufman 1981: 56; Kando 1973: 98–99). The legal name change can be viewed as the ritual creation of tangible "identity pegs" (Goffman 1963: 38–39), something on which the female identity can hang.

The core group of twelve transsexuals all had legal name changes. The legal name change was accomplished by first going to the county clerk's office and filling out an application explaining the reason for the name change. Changing gender was the reason given by transsexuals. Transsexuals were advised to appear in the female role when requesting the change of name to enhance the credibility of the request. The same afternoon an appearance before a judge in court was required. At that time, the judge could make comments (e.g., the name change could not be used for fraudulent purposes) and place conditions on the name change (e.g., all creditors had to be notified). Following this, the judge signed a court order for the name change. The order had to be published in a local newspaper in the county of petition for three sequential days. A local magazine not widely read, which published legal notices of all kinds, was usually used by those transsexuals living in the largest county. The cost for the name change was twelve dollars and the publishing fee approximately nine dollars.

The legal name change provides the option of changing all other

documents legally. It is however, more than a key to other documents. In asking one transsexual what it meant to her to have a name change, she stated, "It's a new beginning. It makes you feel like a person. I'm really this person. It was a milestone for me. I had lived in the female role for three days; I'll never forget the day. It gives you an identity as a human being."

As elsewhere, in the area of this research, the name change could not be used to change the designated sex on certain documents. These changes were contingent upon a surgeon's written statement that genital reconversion surgery had been performed. However, there is variation from state to state and room for slippage in the system. The change of sexual designation, while not theoretically permitted for the driver's license, is somewhat negotiable. One transsexual in another state had a legal name change before relocating to the area of this research. Her driver's license story illustrated slippage in the system. She stated,

> The driver's license was quite a fluke. I went in to get a police I.D., which has a photo but doesn't mention sex. They wouldn't give me an I.D. since I already had a driver's license. In explaining it to the people in charge they simply decided to change the sex on the driver's license. It blew me away.

College transcripts can be changed with little problem. Transsexuals send copies of the name change and usually confer with someone in charge as to the situation. The colleges, from all reports, are most cooperative. If sex is stated in the transcripts, this is changed to female. Bank accounts, credit cards, and the social security cards are also changed rapidly after the legal name change. Coherent documentation as females is thus created. These documents are important for transsexuals when they go full-time and seek employment as women.

Legal documentation is symbolic of their move from dual-role occupancy to single-role occupancy. Male pictures on their driver's licenses and other forms of identification are replaced with female pictures, female names, and possibly new sex designations. Their male roles and male pasts, given credibility through a trail of documents, are obliterated. They are given a death blow, and pen and ink traces of former male existences are methodically destroyed.

Systematic destruction of their former male persons is also expressed by transsexuals' riddance of their male clothing. Transsexuals, prior

to entering the rite of transition, share with transvestites a history of systematic purges of their *female* clothing. They acknowledge these purges as part of the quest to be normal, to rid themselves of the desire to wear women's clothing. These are symbolic and ritual attempts of the most personal kind: to become right with the world and to try to live their lives without the conflict symbolized by female apparel. When transsexuals eliminate their *male* wardrobes, it is a rite of the first time not shared by transvestites or dual-role transsexuals. It is a symbolic statement that they are not transvestites. Through this act their male vestiges are removed from their immediate and not so immediate lives. Closets that previously had two separate sections for clothing now held only female clothing. By taking their male clothing literally out of the closet and dispensing with it, they are symbolically coming out of the closet as women.

The wardrobe purge is a move out of the liminality and betweenness of dual-role occupancy. The consolidation of identity is reiterated by the consolidation of openly displayed female artifacts including makeup, hair accessories, jewelry boxes, and other gender-labeled cultural baggage that formerly cast suspicion on their identities.

Lexically, too, full-time emerges as a symbolic death and rebirth. It is common for transsexuals to refer to their male role as dying during this phase with statements such as "Robert or George died," when they describe going full-time to knowing others. Sometimes such statements introduce the topic of their assumption of full-time status.

During full-time their male role is also referred to as that "other person." Many ban their male names from their own lexicon and that of their close friends. When they discuss their male past, euphemisms such as "during my past life" are used. It is as if the male life happened to someone else. In a sense it is true, for through these symbolic expressions of exit from the male world, female identity is reinforced.

Transsexuals recognize implicitly that full-time brings something unique to their womanness. They openly state, "You can never know what it really feels like to be a woman until you go full-time." Full-time is a distinctive period when the final touches are put on the female role performance as well as a period of immersion in which habituation to the role facilitates the all important quality of naturalness. All in all, transsexuals regardes full-time as a very special, almost magical phase where the inner essence of womanhood blossoms, and everything that had been so consciously studied becomes second nature.

During full-time a transsexual learns to perceive the world through the eyes of a woman and to interact as a woman. The inner development of the primary female identity and the transsexual subidentity is reinforced by interaction in their new role. Feedback from their social environment encourages their self-concept as females. Through interaction with a new system, where they are related to more and more as women, they discover some aspects of a female world view they had not encountered before.

An incident occurred that made this aspect of their transition all too clear. Rose, a full-time transsexual, was leaving a Berdache Society meeting one night. Another transsexual, Alma, it was later disclosed, had noticed a naked man walking near the sidewalk of the narrow, tree-lined residential street where the Berdache Society meetings were held at the time. Alma had disregarded his presence, thinking "There sure are a lot of weirdos out there" and had driven on home. Rose, who left some time later, noticed the shadow of a man down the street but she paid him no heed. As she got in the car, she was accosted by this man who threatened her with an ice-pick-like weapon and attempted to stab her. Fortunately, she was able to deflect the weapon and slam the car door, just as a car came down the street shining headlights that scared him off. Rose believed she was fortunate because she offered more resistance than he was expecting.

This incident focused transsexuals' interest on the subject of "thinking like a woman." Rose and the other transsexuals were concerned that her initial response, as well as Alma's, was based on a typical male attitude of invulnerability. They all agreed in a discussion at the next Berdache meeting that a genetic woman would not have been in Rose's position, for a g.g. walking down the street alone, late at night, in a high crime area, would have been cautious and aware of movements on the street. In short, a genetic woman would have been more conscious of her surroundings that particular night and more attuned to the potential for attack.

This incident launched a conversation about how transsexuals have to learn to perceive the world in the same way as women. It was not a sexist discussion about women as fragile creatures, but one that reflected the reality of a crime-ridden environment where women are victimized by rape and assault to a much greater degree than men. Local women were aware of potentially dangerous situations and, through experience, understood that they were sexually objectified and that this was a facet of crime against women. Rose's encounter raised

transsexual consciousness about thinking as if they had a lifetime of women's history.

Living full-time, despite its drawbacks, gives transsexuals a sense of the world view of women that they only encounter sporadically by living two roles. Full-time status is equated with the realization every day that there is the potential for sexual objectification and criminal victimization. Paradoxically, sexual objectification by males when in public and in mixed contacts is further confirmation of their social identity as women. Yet transsexuals want to be taken seriously as persons, not just sex objects. When living as men, this was not particularly an issue for them.

Certainly male admiration is very rewarding to transsexuals, and incidents of male appreciation are retold and treated as indicative of transsexual success in passing. Transsexuals derive a great deal of social role performance validation from such encounters. This reinforcement, appreciated during passing endeavors and full-time status, can be a double-edged sword because full-time also raises the question of sexual objectification in the form of sexual harassment.

For example, Greta (a full-time transsexual) was in a store and noticed a man obviously eyeing her. He followed her around the store and when she stopped to examine some merchandise, he came up behind her and patted her on the backside. She turned around and gave him a nasty stare and stormed off. That did not seem to discourage him for he followed her again and did the same thing. This time she responded by saying, "If you don't leave me alone, I'll call the store manager." Numerous incidents such as these heightened transsexuals' sense of what it means to be sexually objectified, something they had not encountered as men. Sexual harassment was thus added to their psychic repertoire of what it means to be women.

Full-time status facilitates the development of a full-fledged female primary identity as well as having repercussions for transsexual status and affiliation with the Berdache Society. Transsexuals begin the process of disaffiliation from the group as they approach and become embedded in their roles as women. Affiliation with age mates who are at the same stage in social and identity development continues and perhaps increases as they adjust to their new place in society as women.

Although full-time transsexuals phase themselves out of the Berdache Society, there is still a sense of loyalty to the group for all it had given them. Ceremonial returns to the group provide reinforcement for accomplishments out there in women's everyday world. And

they, in turn, become success models for other, "younger" transsexuals. While socially younger affiliates of the Berdache Society are still transsexuals, full-time transsexuals are becoming women. They prefer the company of age mates in a similar stage of growth. The full-timers explained that the meetings bored them. Instruction in the art of passing and other transsexual tips focused on those at an earlier stage; more advanced full-timers had weaned themselves from the meetings in which transsexuals, not real women, interacted.

One full-time transsexual even felt that the meetings were detrimental. She believed that being around younger transsexuals, who were still rough around the edges in passing techniques, caused her to relapse, to act and behave in ways that had masculine connotations. She preferred to stay away from the meetings for this reason. When she was around normals, she claimed to have no problems in maintaining her feminine role.

As transsexuals sever their ties with the Berdache Society, they deny their transsexual identities. They no longer regard themselves as transsexuals (although transsexualism as a subidentity is still prominent and could be invoked by issues of biography, genitalia, etc.). Their core identity is female, and passing consequently becomes a slur conceptually.[1] They have eliminated symbols of their male histories, and in doing so, the term passing is avoided. It implies they are passing themselves off as something they are not; it is a deception. As they become women, passing is no longer applicable for they are no longer imposters but presenting themselves as they really are.

In the course of full-time, transsexuals advance to the point that it is rare that they are questioned by an unknowing audience. However, a knowing audience is another matter. Since most knowing audiences are also stigmatized, it matters little that their role performance might be questioned by these groups. As a result, passing before a knowing audience can now be the height of reinforcement for transsexuals and a barometer of their excellence in incorporation in the female role.

One of Britt's greatest successes in passing occurred during a ceremonial return to the Berdache Society after a long absence. She attended with a transvestite friend of hers, Leah. One of the new transsexual members commented to Leah how attractive his wife was and how wonderful it was that she was so supportive of Leah's transvestism. Britt related this incident with a great deal of pride even though she had lived full-time for over two and a half years and was about four months postoperative at the time.

Another example of passing among one's own kind came from Sasha. She was in a gay bar one night, continuing her friendships from her former days in the gay community, and noticed a beautiful woman sitting at the bar. In her words, she "checked her out" for telltale gender cues that only transsexuals are really aware of: the Adam's apple, hands, neck, hair on the arms, etc. She had Sasha "fooled" until a gay friend informed her otherwise. Sasha had nothing but awe for this transsexual who could pass before an expert gender reader, another transsexual.

The homosexual community (both male and female) is another group of insiders who, through their experience with drag queens, are a sensitized and knowing audience. The gay subculture also serves as a barometer of successful role performance although it is not actively sought out by most. It is, however, acknowledged that "if you don't get read in the gay community, you won't get read anywhere."

The gay community provides intermittent opportunities for younger transsexuals to practice cross-dressing in a fairly tolerant atmosphere, as well as an opportunity for transsexuals to get together in larger groups in public. Thus, concern over getting read because of appearing in public in a group larger than two, does not apply to excursions to the gay public outlets. The rationale is that chances are good that one will get read in the gay community anyway and if that happened, it does not matter, for after all the gay community is not a group transsexuals want to be incorporated into.

Still another audience is considered the ultimate test of passing. During full-time, if transsexuals escape getting read by children, this is regarded as a major accomplishment. Transsexuals cannot explain the apparently uncanny ability of children to question their gender performance. Children then are the ultimate passing test. Tales are rampant among transsexuals of children who have read them. Passing before children is applauded by all and considered an event of some importance in transsexuals' passing endeavors.

Note

1. I continue to use the term transsexual throughout. This is primarily a matter of semantic convenience but is emically a slur. Transsexuals, through immersion in full-time status as females, regard themselves as women, not transsexuals.

TWELVE

The Economics of Full-Time

The *Standards of Care* do not specifically require that transsexuals work as women, but many medical-mental health caretakers do require it. Working as women is also a normative expectation of transsexuals in this research population. Landing a job as a woman is an event of great significance in transsexual lives that is shared by others and is considered the ultimate test of "making it as a woman." It provides an external source of social role validation and consequently has implications for identity transformation as well as survival. It fosters the development of new networks of people in transsexual lives since it is one of the most important fronts for the formation of normal affiliations.

While two different audiences—knowing and unknowing—have been discussed in terms of finding employment as full-time women, the strategy of acquiring work with unknowing audiences deserves some further attention. All those in my sample who were full-time, with one exception, eventually secured jobs with unknowing audiences, even those who initially changed over in their former positions. (The

exception was the androgynous individual, Lydia, who is a special case and not discussed in this chapter.)

Transsexuals look for work relatively soon after going full-time; the longest reported case of job hunting was about a year. Tanya, who had not been able to find work full-time, supported herself through various social service programs. She was most unusual among the group in this respect. Beset by troubles in passing and by emotional problems, she looked for work intensively for a year. Although transsexuals understand that finding jobs is difficult and are remarkably supportive of each other's efforts, they do not condone living on city, county, state, or federal welfare sources. Tanya's inability to find employment was one more indication of her in-group marginal status.

The normative expectation among the group was that transsexuals must find work as women. Any kind of work would do, for there was little status differentiation allocated to jobs or careers when surgery was at stake. Working as women was the only expectation. If transsexuals really wanted to be women, then they had to work as women. The rationale was that before they could really consider living completely as women (i.e., have surgery), they had to be able to adjust to living on women's wages. If transsexuals could not adjust to the cut in pay, then they were not women, for after all, women live on lower wages than men and manage to survive.

The responses of former employers were remarkably supportive. The very worst response a transsexual received was from a former blue-collar employer who told her he did not agree with what she was doing and that he would say only that she was employed as a woman at his establishment. Other reactions were exceptionally favorable. Transsexuals called and spoke to former employers or wrote them letters with documentation and explanations of transsexualism and followed up with phone calls. One transsexual's experience with a former employer was typical of the favorable responses.

This particular transsexual had not informed her most recent former employer of her status change. However, when using an employment agency, she listed this previous position as part of her work history. She took a calculated risk that the placement agency would not call her former employer. Because she had changed both her surname and first name, her previous place of employment received several calls for her under her new name. Her former employer had no idea whom the placement agency was talking about. However, one determined

employment counselor at the agency began comparing the transsexual's work record as listed with the placement agency with the previous employer's knowledge of his employees. Between the two of them they successfully matched the transsexual with her former male persona. The employer's suspicions were aroused and he questioned several employees. One of them had been informed of the transsexual's change in status and the employer's suspicions were confirmed. When he received another call from the employment agency asking about the transsexual under her female name, he replied that "certainly she worked here" and gave her an excellent recommendation. Later the transsexual, hearing that the employer knew about her, called him and explained the whole story to him. He told her he would be happy to act as a reference for future employers and wished her luck. Knowing employers could then become cohorts in transsexuals' biographies as working women. This facilitates their entrance into new positions where they can be totally accepted as women without male histories.

Getting jobs as women is not always easy for transsexuals. They worry about getting read, particularly if they are applying for work early in full-time. Other problems generally have to do with the high rate of unemployment, gaps in their work histories that potential employers might interpret negatively, and positions that transsexuals are qualified for but for which they cannot apply. For example, any job in which a physical examination is required is avoided, for obvious reasons. In addition, biographical editing occurs in filling out medical history questionnaires. They are likely to be asked about menstrual periods, and here they either have to lie, giving appropriate cycle information, or use medical excuses such as a hysterectomy. This is not problematic since transsexuals are generally well read on the subject of female biology. By reading and questioning their genetic women friends about the subject, they become experts on women's cycles and "female" problems. This is one area in which they have to be competent in order to create biographical consistency.

Employment as women is rewarding for transsexuals. The work environment can provide a milieu of role integrity. Transsexuals often comment on how satisfying it is to be treated as women at work. They enjoy the female friendship networks that develop at work and have the opportunity to add to their repertoire of information on biographical editing. Work situations, then, often contribute to the creation of coherency in biography. Transsexuals share with each other infor-

mation on biographical editing acquired in their new status and expanding social networks. It is agreed that the best history of a personal past is one closest to the truth. Sasha, for example, explained her knowledge of the military with the "fact" that she was married to a military man.

Transsexuals, in discussions with women co-workers, are liable to be asked personal questions about their past on subjects such as children, divorce, marriage, etc. The absence of children, for example, can be explained by an early hysterectomy. Whatever the story line, it has to be consistent.

To be accepted as one of the women at work, to share personal information about one's past, and to discuss relationships are all sectors of female backstage behavior that transsexuals cherish and have missed in their male past. Their initiation into this backstage occurs as a consequence of closeness with genetic women. The work environment provides the opportunity for more of these friendships. The more women they gain as confidantes, the more they learn about some of the more secret and invisible sectors of the female role.

Some employment situations particularly facilitate the extension of transsexual female social networks and generate income at the same time. Two transsexuals supplemented their incomes through house-to-house sales of women's products. These were female specific environments and were regarded as highly valuable experiences in those terms alone. The all-female sales meetings were also conducive to entrance into women's backstage. The small financial reward in such endeavors was offset by access to these private sectors of women's worlds, an aspect of work recounted time and again by transsexuals as essential for their maturation.

While the female networking portion of working as women may be rewarding, the pay is not. This is because women are subject to financial discrimination in the work force and also because transsexuals have to eliminate parts of their work history and consequently seek occupations that pay less. Maria, for example, took the opportunity to go into business for herself, part-time as an artist and part-time as a housecleaner. Her former position as a highly specialized electrical engineer provided her with approximately $18,000 a year; now she earned $7,500. It was difficult for her to support herself as an artist, and the income from housecleaning was not high. Because of her specialized skill in engineering and the tightly knit social networks

involved in that particular field, she was afraid that should her former employer become aware of her transsexualism, it would spread rapidly throughout the information networks. She chose not to take that chance and subsequently eschewed her former profession. In addition, as far as she knew, there was not a single female employed in her particular field locally. She had no training in any profession that could lead to a career-oriented position. So she chose job autonomy, as did another transsexual, self-employed in media communication. She, too, had training in a highly specialized profession, ironworking, and self-employment was chosen for similar reasons.

There is some transsexual prejudice against working in blue-collar jobs. It is generally thought that association with all male co-workers in these sectors is detrimental to presentation of self as women because it encourages male nonverbal and verbal role expression. The case of one transsexual who had changed over on the job and was working full-time as a woman in a male-dominated blue-collar position (a plumber) is indicative. Transsexuals felt this environment encouraged her to act masculine and inhibited her performance as a female. Her role presentation was acknowledged by her peers as more credible when she exchanged her blue-collar job for a white-collar position in a female-dominated work environment. This particular individual was able to fall back on her college training to acquire her new position.

Another transsexual found herself seeking employment in a profession dominated by women. She tried to acquire work in a management field for which she was qualified, but was not hired after numerous applications. She had high-level personnel skills, management training, and experience and had applied for jobs in her profession, a male-dominated field. She was finally able to acquire employment in a position that was not specifically sex dichotomous, but she suffered a drop in pay from $16,500 as a male to $10,000 a year. She also found out that the man whom she had replaced in her new job made several thousand more a year than she did. She was not able to enter higher-level positions in the work force. As a result of personality conflict with her employer, she began to prepare herself for clerical work, a traditionally female field. Her experience in applying for jobs had reconciled her to the fact that as a woman she would have to enter a job position at a low level and perhaps work up to a more prestigious position. She was also at a disadvantage because she was an older woman and suffered additionally from age discrimination.

Amara's employment experience also involved discrimination against women. She had a high-salaried white-collar job and when she went full-time was able to use much of her former work history. She sought employment in the same field, again male dominated. As a male, she had received job offers from other companies who had previously tried to pirate her from her former employer. As a woman, she sought the same profession with other companies (those she had no prior contact with in her male role), but she was not hired. In her former job she made $24,200 and had an expense account. Although she had hopes of maintaining the same income level, transsexual friends warned her that this was unrealistic for a woman. After numerous unsuccessful job applications, she lowered her income expectations. At the time of this research, the only work she could find was a $15,000 a year retail position that she regarded as temporary.

Transsexuals working as women do not generally make as much money as they would had they remained men. In some cases, this is the result of leaving high paid, male-dominated blue-collar professions. Positions as women in female-dominated fields require no less skill than comparable male occupations, yet reflect discrimination in the area of equal pay for equal work (see Feldman 1974: 56; Howe 1977: 236–40). Unfortunately, for the majority of transsexuals, becoming a woman leads to a reduction in income. This encourages their understanding of current feminist issues, from the vantage point of firsthand experience.

While transsexuals are expected to work as women and to live with extraordinary cuts in pay, their expenses remain the same or even increase. They have to continue hormone therapy, electrolysis, doctors' visits, medical monitoring, and therapy. Most therapists want to continue regular sessions for at least part of their full-time period. Transsexual monthly expenditures on hormones, therapy, and electrolysis in relation to monthly income can be found in Table 7.

An additional cost is the female wardrobe for employment purposes, since a partial wardrobe can no longer suffice. If transsexuals decide to have other surgical feminization during full-time, it can be costly. Britt had to plan carefully to finance a castration that cost her $1,400 and $1,300 breast implants, both of which were standard prices in the geographical area of this research.

During full-time and working as women, transsexuals planned the financing of the vaginal construction. This operation, obtained locally,

TABLE 7

Monthly Expenditures on Hormones, Therapy, and Electrology (in dollars) (Figures obtained between Dec. 1980 and Feb. 1981)

TRANSSEXUAL NUMBER	SHOTS AND PILLS	THERAPIST/ PSYCHIATRIST	ELECTROLOGY	MONTHLY TOTAL	MONTHLY INCOME (GROSS)	TOTAL SPENT ON ELECTROLOGY IN PAST (ESTIMATED MARCH 1981)
1	64	140	140	344	1,150	500
2	37	60	140	237	540	1,150
3	30	120	120	270	625	6,000
4	35	120	140	295	1,250	875
5	87	— *	60	147	1,000	180
6	45	140	88	273	500	60
7	25	170	60	255	833	1,300
8	5	175	140	320	2,166	1,680
9	50	20**	120	190	350	30

*This was the only transsexual in transition not undergoing therapy. She would have to seek a therapist at some point. She was, however, successfully passing as a woman. She was able to acquire hormones from a medical practitioner who, at one point, did not require a psychological evaluation. He later, however, tightened his requirements to include the evaluation.
**This transsexual used a community mental health clinic where her fee was charged on a sliding scale reflecting her low monthly income.

cost between $5,500 and $10,000, depending on the surgeon. Unfortunately, transsexuals' financial capability as women least equipped them to pay for the high cost of surgery. It was difficult, with all the other expenses, to save money for surgery. Since insurance companies did not generally cover transsexual surgery, funds were sought from a variety of sources: banks, parents, friends, extra part-time jobs, and even prostitution.

Prostitution, both before and after surgery, has been reported by professionals in the field of gender dysphoria (Star 1981: 180; Raymond 1979: 198; Kando 1973; Hoenig et al. 1974). The general tone taken by these authors is one of disparagement. For postsurgical transsexuals, Benjamin feels prostitution enhances self-acceptance as women (1966: 51), while Stoller (in Kando 1973: 17) refers to prostitution as an example of postsurgical maladjustment. Presurgically, prostitution is

THIRTEEN

Transsexual Personal and Sexual Relations

As full-time transsexuals integrate themselves into society as women, they have more opportunity to develop social networks and confront the inevitable issue of sexual relations. As a concomitant of perfected female role performances, they begin to experience sexual objectification in their daily encounters. Many of these are of the faceless variety, at a distance. However, during full-time role occupancy transsexuals are presented with increasing opportunities for face-to-face encounters of a potentially sexual and personal kind.

Part-time status is a period of loneliness. In that period, when transsexuals lead double lives, it is too dangerous to date or become intimate. Only one transsexual formed a relationship while in the part-time phase of transition. During this period, most of the transsexuals in the research population had friendships only with one another and with genetic women in addition to some relationships with their families. Full-time status is still a lonely period in terms of intimate contacts or sexual liaisons, for such contacts are potentially dangerous. It is during full-time status that transsexuals become integrated in their female roles to the point where they pass exceedingly well, hold jobs,

APPENDIX

Review of the Literature

The literature in the field of gender dysphoria may be broadly classified into two major categories. The first is medical in approach, including psychiatric and psychological research. This research will be referred to as clinical because of its focus on transsexualism as a syndrome subject to treatment and observation. The second approach is sociocultural. In this literature, transsexualism is regarded as an epiphenomenon related to and existing within the larger sociocultural system. Although these two approaches vary in scope, research questions, and methodology, there is also some overlap between the two in both orientation and methods. Therefore, this classificiation is necessarily idealized.[1]

Clinical Approaches

ETIOLOGY

Etiology and surgical outcomes are the two most conspicuous research foci in an otherwise diverse clinical literature. The question of trans-

sexual etiology is related to the broader issue of gender identity formation in "normal" males and females. The study of transsexual etiology, therefore, has implications not only for cross-sex identity, but for understanding the majority of people whose gender identity is in conformity with gender roles.[2] Scientific concern over the formation of gender identity in transsexuals, and in the normal population for that matter, has centered on the relative influence, or interaction of biological and/or socialization variables (and to a lesser extent, the influence of other external factors such as cultural messages about gender) on the formation of a cross-sex identity.

Those researchers who stress the importance of socialization variables, such as family dynamics, are the intellectual heirs of the age-old nature *vs.* nurture controversy. The contemporary nurturist position, however, does not exclude biological factors entirely from the explanation of the formation of the atypical gender identity. Biological variables in transsexualism are thought to have some as yet unknown influence.

Among the well-known researchers who consider socialization variables as the most prominent factors in the development of cross-sex identity, with biology playing an inferior role, are: Money and Ehrhardt (*Man and Woman, Boy and Girl*, 1971); Money and Tucker (*Sexual Signatures*, 1975); Stoller (*Sex and Gender*, 1968); and Green (*Sexual Identity Conflict in Children and Adults*, 1974a). Of the socialization factors contributing to transsexualism, Stoller (1968: 263–74) and Green (1974a: 216–40; 1974b: 47, 51) concur that dominant, overprotective mothers in association with absent fathers (in a physical or emotional sense) are salient factors in the etiology of the syndrome. Green (1974b: 216–41) is notable for adding the dynamic of channeling and the labeling of the young transsexual boy as a sissy, thus including not only the family, but peers and sociocultural processes in his causal scheme.

The other perspective evident in the clinical literature considers biogenic variables pre-eminent (e.g., genetic, prenatal hormonal, and/or fetal metabolic factors). Researchers taking this perspective elevate biological variables (i.e., nature) to a more important position than a merely supporting role. Those suggesting that there may be a biogenic basis to gender identity anomalies include: Benjamin (*The Transsexual Phenomenon*, 1966); Starka, Sipova, and Hynie ("Plasma Testosterone

in Male Transsexuals," 1975); D. Blumer ("Transsexualism, Sexual Dysfunction and Temperal Lobe Disorder," 1969); and Eicher et al. ("Transsexuality and H-Y Antigen," 1981).

SURGICAL OUTCOMES

Besides the etiology, the clinical literature is concerned with the question of treatment. Battle lines are currently drawn around the issue of whether surgery is an adequate solution to gender identity conflict, and follow-up studies are essential to assessment of the efficacy of surgery as a solution.

Among those who endorse the surgical procedure and provide evidence that the results are satisfactory in terms of transsexuals' postoperative emotional and social adjustment are Benjamin (1966), Pauly (1968; 1981), and Satterfield (*Rocky Mountain News*, March 15, 1982).

Although a majority of these researchers report favorable outcomes of surgery and support surgical resolution as a legitimate technique accompanying a therapeutic management program of gender role reversal, Meyer and Reter (1979) have challenged this position, basing their determination on fifteen operated and thirty-five unoperated transsexuals. They conclude: "Sex reassignment surgery confers no objective advantage in terms of social rehabilitation [for transsexuals]" (1979; 1915). This controversial report has been criticized on a number of grounds by Pauly (1981), Fleming, Steinman, and Bocknek (1980), and Gottlieb (1980).

Although the most prevalent position at this time is that once a transsexual's identity is fully crystallized it cannot be reversed, a number of professionals have recorded cases of curing transsexualism through psychotherapeutic intervention. Among these are: Barlow, Abel, and Blanchard (1979); Barlow, Reynolds, and Agras (1973); Davenport and Harrison (1979); Dellaert and Kunke (1969); Kirkpatrick and Friedman (1976); Forester and Swiller (1972); Green, Newman, and Stoller (1971); and Steinman et al. (in Pauley 1981:50; Steinman et al. 1981:1). These reversions are, however, limited to a small number of cases and must be regarded in that light. Given the evidence to date, surgery seems to lead to the most successful resolution of the problem of gender identity conflict.

Sociocultural Approaches

In contrast to the clinical approach, the sociocultural approach is concerned with the relationship of the transsexual, and of transsexualism, to the culture at large. And unlike the former, sociocultural researchers are less interested in transsexualism as a syndrome and are more attentive to the sociocultural parameters of gender anomalies. In general terms, this literature seeks to understand transsexualism within the context of the extant sociocultural system, considers how the sociocultural system affects the expression of transsexualism, and asks what transsexualism can reveal about cultural conceptions of gender. The sociocultural literature is roughly divided along disciplinary lines between sociology, expecially the school of ethnomethodology, and anthropology.[3]

ETHNOMETHODOLOGICAL STUDIES

Ethnomethodology, as a sociological school of thought, stems from the work of Harold Garfinkel (1967). In his *Studies in Ethnomethodology*, Garfinkel establishes the parameters of this school of thought (1967: 75):

> The study of common sense knowledge and common sense activities consists of treating as problematic phenomena the actual methods whereby members of society, doing sociology, lay or professional, make the social structure of everyday activities observable.

The ethnomethodologist does not make assumptions about the construction of social meaning by "imputing biography and prospect to the appearance," but by disrupting what members of society take for granted and interpreting how order is reconstructed out of the disruptions (Garfinkel 1967: 77). Garfinkel, in association with Stoller (1967: 116–85), was the first ethnomethodologist to investigate transsexualism. Agnes, the male-to-female transsexual in the investigation, was considered an ideal case of a natural-field disruption. Agnes, by virtue of her transsexualism, revealed the rules by which gender is constructed in our society. These rules rest on premises that are regarded by society as natural: that there are only two sexes, that these are inviolable, and that they are determined by genitalia. The transsexual violates these premises, yet reconstructs an explanation of herself that rationalizes these basic beliefs about gender (pp. 127–85).

Kando's *Sex Change* (1973), Feinbloom's *Transvestites and Transsexuals* (1976), and Kessler and McKenna's *Gender: An Ethnomethodological Approach* (1978) are all works which incorporate the ethnomethodological perspective in an analysis of transsexualism. These authors reiterate Garfinkel's original quest to understand the sources of the social construction of gender. In addition to the shared perspective of ethnomethodology, they utilize Goffman's (1963) concept of symbolic interaction to various degrees. Although the theoretical and methodological frameworks are similar, each of the three studies has a different focus, providing an interesting and diverse explication of ethnomethodological interpretations of the phenomenon of transsexualism.

ANTHROPOLOGICAL STUDIES

Anthropological approaches, like ethnomethodological ones, are characterized by a view of atypical gender and role as firmly rooted in the cultural context. Anthropological studies integrate evidence from the cross-cultural record and analyze gender anomalies of dress and role as an institution.

The most widespread gender anomalous institution is the berdache. The berdache is usually a genetic male (although evidence of the female berdache is found in the literature) who dresses partially or completely as a female, adopts the female role to various degress and in some cases assumes facets of culturally approved, female sexual behavior (Churchill 1971: 81; D'Andrade 1970: 34; Ford and Beach 1951: 130). The berdache has been variously referred to as an example of cross-cultural homosexuality (Ford and Beach 1951: 130), transvestism (Rosenberg and Sutton-Smith 1972: 71), and transsexualism (Green 1966: 179, 83). The literature on the berdache is included in this review of transsexualism, despite lack of definitional consensus, because transsexualism shares with the institution of the berdache the behavioral correlates of cross-dressing and performance of the female role.

While Westermarck (1956: 101–38) seems to have been one of the first to study systematically the berdache, as early as 1906, a number of other anthropologists have contributed to its documentation. Omer Stewart recorded its occurrence for Kroeber's *Cultural Element Distributions* (1937–1943) and for "Homosexuality Among American In-

dians and Other Native Peoples of the World" (1960a: 9–15, 1960b: 13–19). Devereaux cited the case of the *alyha* among the Mohave Indians as a berdache role (1937: 498–527). Hoebel also noted it was present among Plains Indians groups (1940: 458–59) as did Lowie (1935: 48). Evans-Pritchard observed berdachism among the Azande (1970: 1428–34) and Hill among the Navajo (1935: 273–79) and Pima (1938: 338–40), and Bogoros described the "softman" of the Chukchee (1907: 449–51).

Apart from describing the berdache, anthropologists are interested in understanding how the institution relates to sex-role dichotomization. Hoebel explained the berdache among the Plains Indians as an option for males who could not fulfill the demands of the aggressive male warrior role (1949: 458–59). Goldberg (1961), in a study of twenty-one societies, found no support for Hoebel's contention that there may be a relationship between warfare-bravery and the cross-dressing berdache role (in Munroe, Whiting, and Hally 1969: 87). Downie and Hally (1961), in a similar investigation, reported that cross-dressing roles were more often found in societies that had little sex-role disparity, as did Munroe, Whiting, and Hally's (1969) retest and confirmation of the former's finding (Munroe, Whiting, and Hally 1968: 87–90).

Levy (1973), in his work with the Tahitians, proposed a relationship between Tahitian low sex-role disparity and the *Mahu* (berdache). The Tahitian version of the male cross-dresser, according to Levy, carries vital information about the differences in male and female sex roles in a society where there is very little divergence between the two. The *Mahu* role allows the differences between the sexes to become apparent, where otherwise such differences are blurred.

Wikan (1977), in her work among the Omani, discussed what a specific berdache role in a particular culture reveals about the cultural concomitants of gender roles. The Omani berdache (*xanith*) throws into relief Omani conceptions of female virtue and laissez-faire attitudes about crime and deviance, and functions as a legitimate sexual outlet for males in a society where women by nature of their virtue and as the property of the males, are sexually taboo until they are married (1977: 310, 314–15).

Continuing this line of research, Thayer (1980: 287–92) has reinterpreted the role of the berdache among Northern Plains Indians, taking a socioreligious approach. Thayer viewed the berdache as a

symbolic mediating figure, like others whose power was derived from the Plains visionary complex (e.g., shamanistic callings) and who were in an interstitial position between the secular-human world and that of the sacred and divine. As neither male nor female, yet both male and female, the berdache also "has powers to mediate or cross sexual boundaries and roles" (1980: 292). A consequence of this interstitial position and role was that he transcended normative cultural categories. And by virtue of the power of transcendence, the berdache "did not threaten, abuse, or collapse pre-existing categories" but maintained, enriched, and enhanced existing social and sexual classification (1980: 292).

Although anthropologists have been interested in cross-sex role behavior, few have explored the related question of cross-sex identity. However, Whiting (1969), in his work with Burton (1961), studied cross-sex identity using the "absent-father and cross-sex identity" hypothesis. Burton and Whiting's hypothesis shares several of the features of the dominant-mother/absent-father etiological models of transsexualism advanced by Stoller (1968: 264) and Green (1974a: 216–40, 1974b: 47, 51). Burton and Whiting (1961: 89) maintain that, in cases where an infant boy sleeps exclusively with the mother and where a long postpartum sex taboo exists, the child will have exclusive attention of the mother. In polygynous societies, the father, denied sexual access to the mother, will cohabit with another wife and by implication be absent from the young boy (Whiting 1969: 416–55). As the child's primary association is the maternal one, he assumes that the mother is the keeper of certain desired resources and he envies her status, not the father's. The child, who has equated female status with desired resources, will then covertly practice her role and the optative identity from which he is barred (Burton and Whiting 1961: 89). But as these are societies where the male role is still superior, the boy must be taken from the subordinate world of women with which he identifies. The solution is the male initiation ceremony designed to alter the young man's cross-sex identity (Burton and Whiting 1961: 89).

In an ingenious study, Parker, Smith, and Ginat (1975: 687–706) tested the Burton and Whiting hypothesis in a polygynous Mormon community in the United States. According to the Burton and Whiting hypothesis, the necessary variables were present for a certain group of Mormon boys in the community to develop a cross-sex identity. In comparing this group of boys with a control group in the same com-

munity, a variety of tests of masculine-feminine identity were employed. The researchers found no difference in masculine identification between the two groups of boys. Cross-sex identity was not demonstrated, nor was father absence, as suggested by Burton and Whiting, found to be a critical variable (Parker, Smith, and Ginat 1975: 700–703).

Sagarin's (1975: 329–34) reanalysis of the Imperato-McGinley et al. report (1974) of eighteen pseudohermaphroditic males, known in the study site of Santo Domingo as *guevedoce*, provides an appropriate conclusion to this review of the anthropological literature.

The *guevedoce* has been discussed from the clinical perspective of Imperato-McGinley et al. as an example of the primacy of hormonal factors over socialization factors in determining gender identity and psychosexual orientation. The *guevedoce*, due to a recessive gene expressed through in-breeding, were at birth genitally ambiguous. They were reared as girls until puberty when radical virilization occurred, their gender identity changed, their behavior became masculine, and they chose females as their sexual objects. Imperato-McGinley et al., according to Sagarin, attribute this change to the impact of testosterone in utero and at puberty.

In contrast, Sagarin proposed an emic interpretation of the pseudohermaphrodites' seemingly remarkable gender reversal. He noted they were not raised as girls but as members of a special indigenous category of children with female characteristics who will become males at puberty (Sagarin 1975: 331). By understanding the *guevedoce* as a folk classification, Sagarin has offered an explanation from a sociocultural perspective which challenged the Imperato-McGinley view that testosterone accounted for the reversal of gender identity, role behavior, and female sexual object choice. Thus, according to Sagarin, the *guevedoce* was not someone who had a cross-sex identity problem that needed reversing, but rather was someone who was expected to become a male at twelve.

Notes

1. For an in-depth review of this literature, see Anne Bolin, "In Search of Eve: Transsexual Rites of Passage" (Ph.D. Diss., University of Colorado, Boulder, 1983), pp. 318–79.

2. "Gender role: everything that a person says and does, to indicate to others or to the self the degree to which one is male or female or ambivalent . . . gender role is the public expression of gender identity, and gender identity is the private experience of gender role" (Money and Ehrhardt 1972: 2, 84). Gender role is also referred to as sex role (Kessler and McKenna 1978: 11).

3. Although the sociocultural approach can in most cases be classified as either ethnomethodological or anthropological, one endeavor defies classification within this dual scheme. Janice Raymond's *The Transsexual Empire* (1979) spans both approaches. This work is a radical feminist treatment of transsexualism and the medical empire associated with the phenomenon. Raymond regards rigid sex-role stereotypes as a first cause of transsexualism, with the medical profession and their male-to-female transsexual cohorts as the second cause of transsexualism. Her interpretation relies on a sociopsychoanalytic version of a male conspiracy theory. Reminiscent of Bettelheim's (1962) theory of male vagina and womb envy, Raymond proposes that males (the medical community and transsexuals) are trying to co-opt women's power of creativity inherent in female biology through a male birthing process, i.e., transsexual surgery (1979: 107–8).